Subject Access Request

Patient	Mrs Alexandra Clarke
Date of birth	27-May-1965 (age 61)
Gender	F
NHS number	5644/7/65/873
Patient's address	3 Bramble Avenue Kinnaird Village LARBERT FK5 4ZL
Date range selected	Full record
Organisation	MMA Legal
Reference	100942

Problems

Active

23-Mar-2026 Mrs Sally Baillie (SB1)
Essential hypertension

29-Feb-2024 Nurse Susan Davis (SDA)
Pre-diabetes

Significant Past

12-Aug-2016 Mrs Susan Hannigan (SH)
[X]Depressive episode, unspecified
+ anxiety

06-Nov-1984 Mrs Susan Hannigan (SH)
Infertility - female

Minor Past

08-Apr-2025 Ms Gillain De Felice (GF)
Knee joint pain

08-Feb-2024 Dr Dawn Harrington (DHA)
Stress at work

26-Aug-2020 Ms Audrey Harris (AH)
Removal of Mirena coil
removed with mepivacaine block

15-Jun-2019 Mrs Peggy Scott (PS)
Effusion of joint
Polyneuropathy Lower Leg

09-May-2019 Mrs Peggy Scott (PS)
Bronchoscopy NEC
And attempted Removal of Foreign Body

19-Mar-2018 Mrs Susan Hannigan (SH)
Contusion, chest wall
Left

31-Oct-2006 Mrs Susan Hannigan (SH)
Corneal abrasion

15-Mar-2002 Mrs Susan Hannigan (SH)
Motor vehicle traffic accidents (MVTA)
back strain

09-Aug-2001 Mrs Susan Hannigan (SH)
Closed fracture proximal phalanx, toe (Left)
5th toe

24-May-1996 Mrs Susan Hannigan (SH)
Urticaria

19-Sept-1994 Mrs Susan Hannigan (SH)
Motor vehicle traffic accidents (MVTA)
Whiplash

20-Sept-1993 Mrs Susan Hannigan (SH)
Endometriosis

17-Sept-1993 Mrs Susan Hannigan (SH)
Marsupialisation of Bartholin gland (Left)

THIRD PARTY COPY

17-Sept-1993 Mrs Susan Hannigan (SH)
Dilation of cervix uteri and curettage of uterus NEC

17-Sept-1993 Mrs Susan Hannigan (SH)
Hydrotubation of fallopian tube

06-July-1993 Mrs Susan Hannigan (SH)
Dyspareunia

06-July-1993 Mrs Susan Hannigan (SH)
Cyst of Bartholin's gland

21-Jan-1992 Mrs Susan Hannigan (SH)
Motor vehicle traffic accidents (MVTA)

07-Sept-1990 Mrs Susan Hannigan (SH)
Other otitis externa (Left)

20-Jan-1985 Mrs Susan Hannigan (SH)
[D]Epistaxis

19-Dec-1984 Mrs Susan Hannigan (SH)
Tattoo
***** tattoos

13-Mar-1980 Mrs Susan Hannigan (SH)
Head injury
Fall

30-Jun-1979 Mrs Susan Hannigan (SH)
Iron deficiency anaemias

26-Jun-1979 Mrs Susan Hannigan (SH)
Appendicectomy NEC

26-Jun-1979 Mrs Susan Hannigan (SH)
Mesenteric adenitis

Consultations

31-July-2026 Ms Ashleigh Roy (AR1) Stenhouse PracticeMain Surgery

Comment	Comment MMA legal called asking for update on email sent to us on 2/5 - have advised to call back on monday when office manager is available.

28-May-2026 Dr Amnah Cheema (AC1) Stenhouse PracticeMain Surgery

History	History tc &gt rt knee issues , struggling with ework , community Nurse . cant kneal on it , is quite painful and slightly swollewn , has artheritis in it . has seen staff physio last week and they have recommended some time offf , doing exercises etc .
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Right knee pain; Duration: 28/05/2026 - 11/06/2026)*
Read Code	Medication review done
Medication	Medication Ibuprofen Gel 10 % 50 gram Apply 3 times daily

29-Apr-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / You are due an annual health review. Please contact Stenhouse Practice Reception to book an appointment. Depending on your medical condition you may require more than one appointment. For respiratory reviews please bring inhalers to your appointment. Thank you.

31-Mar-2026 Nurse Susan Davis (SDA) Stenhouse PracticeMain Surgery

Problem	Essential hypertension	
New Referral	New Referral 8H...: Referral for further care (SCI Gateway Referral)	
Comment	Comment Attends for check BP following new HTN diagnosis, commenced on amlodipine 5mg OD. BP today in target, brought HBPM readings (see Docman) which show gradually reducing BPs, yesterday evening 138/90. Routine bloods taken to update, will hand in urine for ACR. Routine referral for ECG sent. Advised make appt for May for check BP with PN. Needs ASSIGN scoring - no FH CHD/CVA&lt60 yrs.	
Examination	Systolic blood pressure	125 mm Hg
Examination	Diastolic blood pressure	80 mm Hg
Examination	O/E - height	160 cm
Examination	O/E - weight	65.4 Kg
Examination	Body Mass Index	25.55
Social	Ex smoker	
Social	Alcohol consumption	2 units/week

THIRD PARTY COPY

23-Mar-2026 Mrs Sally Baillie (SB1) Stenhouse PracticeMain Surgery

Problem	Essential hypertension	
Comment	O/E - BP reading Attended for bp check. . Has brought in home bp readings. Discussed with Dr Harrington and prescribed 5mg Amlodepine. Given appointment for bp check with PN next week	
Examination	Systolic blood pressure	160 mm Hg
Examination	Diastolic blood pressure	85 mm Hg

23-Mar-2026 Dr Dawn Harrington (DHA) Stenhouse PracticeMain Surgery

History	History On triage list Says BP high Lightheaded Checking BP this week Quite high 169/98 Checked due to light-headed Thinks normal was 100/50

18-Jun-2025 Ms Linda McFarlane (LMC) Data Entry

Comment	Medication requested - Tolterodine 4mg, Lansoprazole 30mg 2 month supply. Lansoprazole - pt has been on this since 2022 - added to repeats
Comment	Comment Tolterodine - already issued on 17/06 - further supply of 56 tabs issued to give 56 days supply total
Medication	Medication Lansoprazole Capsules (Gastro-Resistant) 30 mg 56 capsule ONE TO BE TAKEN EACH MORNING

17-Jun-2025 Dr Amnah Cheema (AC1) Stenhouse PracticeMain Surgery

History	History f2f &gt last one wekk coughing a a lot , thick phyl;em , feeling tired and hot and cold . staff nurse , works as district nurse . coughing a a lot . no nasal congestion , pain on the Left side of chest wall but better now . it was there and then coughing started , was away on holiday in a cruise , nio immobiliyy or leg swellign
Examination	Examination afebrile , sats99% , hr 80 , chest clear .
Comment	Comment delayed antlb , wsg . supply issied with tolterodine 4mg M/R , below issued in place .
Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS
Medication	Medication Tolterodine Tartrate Tablets 2 mg 56 tablet ONE TABLET TWICE DAILY

12-Jun-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Please note that due to exceptional demand prescription requests can take up to 5 full working days to be processed. Please re-order prescriptions when you have around 10 days supply left. If you run out of any medication, please approach your community pharmacy to request an emergency supply.

29-May-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Stenhouse Practice will be closed Monday 2nd June. We will re-open at 8am on Tuesday 3rd June. Should you require medical attention during this time, please contact 111. Always call 999 in an emergency.

15-May-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / PRACTICE CLOSURE Please be advised that Stenhouse Practice will be closed for staff training this afternoon (15/05/25) from 1pm onwards. During this time, the practice will only be available to manage urgent clinical emergencies that cannot safely wait until we reopen on Friday morning. Routine enquiries, including prescription queries and non-urgent matters, will not be processed during the closure. We appreciate your understanding as we undertake essential training to maintain and improve the quality of care we provide.

08-May-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of ***** message sent to patient / Message from Stenhouse Practice Dear Alexandra Clarke, We have recently issued a prescription at the request of another healthcare provider. This will be at your nominated community pharmacy within 2 working days. Stenhouse Practice 01324 570570

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07-May-2025 Ms Helen Fallan (HF) Data Entry

	Medication	Medication Estradiol Pessaries 10 micrograms 24 PESSARY INSERT ONE TWICE A WEEK
	Read Code	Medication started as above.
	Read Code	Drugs not issued Remote working.
05-May-2025	History	Outpatient clinic letter received FV Gynae e-form

07-May-2025 Ms Helen Fallan (HF) Data Entry

	Medication	Medication Viveca Biomed Contrelle Activgard Vaginal Insert For Stress Incontinence Size 1, V010001P30, 30 devices + applicator 2*1 device AS DIRECTED
	Read Code	Medication started as above. Each pack has 30 devices.
	Read Code	Drugs not issued Remote working.
05-May-2025	History	Outpatient clinic letter received Rx request see docman

29-Apr-2025 Ms Gillain De Felice (GF) Stenhouse PracticeMain Surgery

	Problem	Knee joint pain
	History	History onoging right knee pain , has improved a little with ex's but remians limping , keen for CSI , pt is aware of potential side effects
	Examination	Examination no redness , no heat or swelling , rom 2-120
	Comment	Comment imp - imporving but remians troublesome , 40 mg kenalog injected into right knee , see docman fr sheets , pt aware to seek urgent medical attention at any signs of infection , r/v 4/52 if required . pt happy with this plan
	Read Code	Consent given for minor surgery procedure
	Read Code	Minor surgery - enhanced services administration
	Read Code	Minor surgery done - injection

17-Apr-2025 Mr Anonymous User (ANON) MJog

	Read Code	SMS text sent to patient Summary of text message sent to patient / Stenhouse Practice will be closed Friday 18th and Monday 21st April. We will re-open at 8am on Tuesday 22nd. Should you require medical attention during this time, please contact 111, or 999 in an emergency.

10-Apr-2025 Dr Michael Baillie (MB) Data Entry

	History	History sr meds
	Medication	Medication Lansoprazole Capsules (Gastro-Resistant) 30 mg 56 capsule ONE TO BE TAKEN EACH MORNING
	Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN
	Medication	Medication Tolterodine Tartrate M/R capsules 4 mg 56 capsule ONE DAILY

08-Apr-2025 Ms Gillain De Felice (GF) Stenhouse PracticeMain Surgery

	History	History several years history of right knee pain , no prev physio , struggling to walk without the vbrace community - DN , no ***** , no locking , has give way with pain - hasn't fallen to the floor , but pseudo giving way , sore all the time , brace helps , has worn this for about a year . has cocodamol - takes just at night and takes PCM during the day , unable to told nsaids due to tummy , and gel doesn't help
	Problem	Knee joint pain
	Examination	Examination antalgic gait + , walking on bent knee , rom 5-115 , wearing brace , no redenss , no heat or swelling , neg lig and mensical tests , tender to plapate all around joint line and medially and on mobilising patella , MP 5/5 on flex 4/5 on ext due to pain , poor activation of quads ++
	Comment	Comment imp - mild OA knee - poor mechanics - given calf and hamstring stretches and easy quads and hamstring ex's , discssued stick / walking poles to correct gait and offload , pt will self refer to physio , pt very keen to try CSI - booked in for r/v in 3 weeks , pt happy with this plan

18-Mar-2025 Anp Doreen Harley (DOH) Stenhouse PracticeMain Surgery

	Comment	Failed encounter - message left on answer machine to phone and make appointment with Gillian - physio*****slight osteoarthritic progression on x-ray - needs physio appt steroid injection may be of benefit but needs assessed

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18-Mar-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of ***** message sent to patient / Message from Stenhouse Practice Dear Alexandra Clarke, We have arranged a routine appointment with the Physio at the Practice. This is on Tuesday 8th April at 13:40. If you can not make this appointment please contact the practice to rearrange. Stenhouse Practice 01324 570570

11-Mar-2025 Anp Doreen Harley (DOH) Stenhouse PracticeMain Surgery

History History ongoing knee pain - right - mild degenerative changes in 2021 on xray*****feels symptoms getting worse*****wears a leg brace - gets good relief and support from this*****takes co-codamol at night - constipates and cant function if takes more*****works as nurse 2 days per week in community*****requesting further x-ray as feel abilities are decreasing

Comment Comment Reasonable to request repeat x-ray - keen for referral to orthopaedics for consideration of options dependant upon x ray result

11-Mar-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / The Practice will be closed from 1pm on Wednesday 12th March for staff training. If you feel you need medical attention while The Practice is closed, please call 01324 566610 and the GP Out Of Hours service will assess. You can access health advice from NHS Inform, or your local pharmacy.

12-Feb-2025 Dr Michael Baillie (MB) Data Entry

History History sr ppi

24-Jan-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / Due to extreme weather the Practice is now closed. The safety of patients and staff is our top priority. If you are having a medical emergency, please dial 999. For any urgent, but non-life-threatening issues, please contact NHS 24 on 111. For all non-urgent enquiries, we will re-open at 8am on Monday 27th January.

14-Jan-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / Scam Alert - We have been made aware of a text message scam circulating at the moment. Please do not respond to any automated messages claiming to be from your GP practice. The message instructs the patient to go online to update their personal details, threatening removal from the practice list if they failed to comply. We would never send a message like this, and do not have facilities to update personal information online. If you receive a scam message please report this to ***** Scotland on 101.

14-Jan-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / As flu and other respiratory illnesses continue to *****, we request that if you are attending the Practice for an appointment and have any respiratory symptoms ie cough, you wear a facemask. This is to protect everyone at the Practice, patients and staff. Masks are available at our reception desk. Thank you for your co-operation.

27-Dec-2024 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / Due to unexpected GP sickness we are unable to offer any appointments today. If you have a medical emergency please dial 999. For any urgent care that can not wait until Monday, please contact NHS 24 on 111 after 6pm. If you feel that you require urgent medical assistance than can not wait until 6pm, please attend A&E.

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24-Dec-2024 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / The Practice will be closed 25th & 26th December for Christmas, and 1st & 2nd January for New Year. If you require URGENT medical attention during this time, please contact NHS24 on 111, or in an EMERGENCY call 999. We will be open as normal on 27th December and 3rd January. Stenhouse Practice

19-Dec-2024 Dr Michael Baillie (MB) Data Entry

History	History sr meds
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN
Medication	Medication Tolterodine Tartrate M/R capsules 4 mg 56 capsule ONE DAILY

18-Nov-2024 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / The Practice will be closed from 1pm on Tuesday 19th November for staff training. If you feel you need medical attention while The Practice is closed, please call 01324 566610 and the GP Out Of Hours service will assess. You can access health advice from NHS Inform, or your local pharmacy. Stenhouse Practice

11-Nov-2024 Dr Michael Baillie (MB) Stenhouse PracticeMain Surgery

History	History 4w + pain in throat right sie vpoice affected ex smoker Now vapes
Comment	Comment away - 1 12 to 8th dec . funeral 21 22 nd
Examination	Examination No temp no signs infection systemically well No change in colour No cyanosis Looks well No change in voice pitch No DIB No Diff swallowing Throat Looks ok No swelling of glands in neck Tonsils normal Coulour healthy pink*****No probs swallowing Ears look normal on auroscope Thraot NAD No glands found on neck palpation reassured refer See if sos
New Referral	New Referral 8H53.: ENT referral (SCI Gateway Referral)
Medication	Medication Phenoxymethylpenicillin Tablets 250 mg 56 tablet TWO TO BE TAKEN FOUR TIMES A DAY

28-Oct-2024 Ms Linda McFarlane (LMC) Stenhouse PracticeMain Surgery

Comment	Medication requested - tolterodine, lansoprazole. Lansoprazole - occasional prn use - Rx issued. Tolterodine - added to repeats.
Medication	Medication Lansoprazole Capsules (Gastro-Resistant) 30 mg 28 capsule ONE TO BE TAKEN EACH MORNING
Medication	Medication Tolterodine Tartrate M/R capsules 4 mg 56 capsule ONE DAILY

25-Oct-2024 Mr Anonymous User (ANON)

03-Dec-2023	Vaccination	Administration of first inactivated seasonal influenza vacc *3029478/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (The Link Cumbernauld Vaccinations)*

25-Oct-2024 Mr Anonymous User (ANON)

03-Dec-2023	Vaccination	Administration of first dose of SARS-CoV-2 vaccine *710025A/ COVMODERNA/IM/Right Arm//C-19 Moderna (The Link Cumbernauld Vaccinations)*

18-Sept-2024 Dr Michael Baillie (MB) Data Entry

History	History sr meds
Medication	Medication Tolterodine Tartrate M/R capsules 4 mg 56 capsule ONE DAILY
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

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09-July-2024 Nurse Susan Davis (SDA) Stenhouse PracticeMain Surgery

Problem	Hormone replacement therapy	
Comment	Comment Attends for HRT review. Commenced on low dose CCHRT in February (history of family breast ca), reviewed in March and reported 'most definitely improved' but some breast tenderness & bloating but not intolerable however states that as weeks went on no relief in breast tenderness and had PV bleed so decided to stop HRT. Now wondering if made wrong decision as felt definite improvement especially for ongoing urinary issues. Discussed re-commencing low dose oestrogen patch 25mgs twice weekly but increase micronised progesterone to 200mg nocte. Agreed to trial for 3/12 (or sooner if has concerns). Routine smear also taken today.	
Examination	Systolic blood pressure	146 mm Hg
Examination	Diastolic blood pressure	85 mm Hg
Examination	O/E - height	160 cm
Examination	O/E - weight	66.8 Kg
Examination	Body Mass Index	26.09
Social	Ex smoker	
Social	Alcohol consumption	0 units/week
Medication	Medication Estriol Vaginal cream 1 mg/gram 1 gram ONE DOSE TO BE INSERTED AT NIGHT	
Medication	Medication Evorel Transdermal patches 25 micrograms/24 hrs 8 patch ONE PATCH TO BE APPLIED TWICE WEEKLY CONTINUALLY	
Medication	Medication Progesterone Capsules (Micronised) 100 mg 60 capsule 2 CAPS NOCTE	

28-May-2024 Dr Michael Baillie (MB) Data Entry

30-May-2024	Medication	Medication Tolterodine Tartrate M/R capsules 4 mg 56 capsule ONE DAILY	
30-May-2024	Medication	Medication Lansoprazole Capsules (Gastro-Resistant) 30 mg 28 capsule ONE TO BE TAKEN EACH MORNING	
30-May-2024	Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN	
	History	History sr meds	

21-Mar-2024 Nurse Susan Davis (SDA) Stenhouse PracticeMain Surgery

Problem	Hormone replacement therapy	
Comment	Comment Attends for HRT review following commencement of low dose patch oestrogen (25mcg) twice weekly & one 100mg progesterone caps nocte. States feels urinary incontinence 'most definitely improved' and feels like 'getting my mojo back'. Slight breast tenderness and feeling bloated but not intolerable. No PV bleeding. BP raised today but has been 'up and down' likely due to anxiety. Has access to a BP monitor and will take readings regularly, if over 140/90 consistently will hand in readings and will consider an anti-hypertensive but declined at present. Will be returning to work soon. Agreed review again in 10 weeks when trial period of 12 weeks on HRT will be due (going on holiday the week after, cruise). Asking if should come off Tolteridine as urinary symptoms/incontinence much improved, advised to contact uro nurse to discuss if this is recommended.	
Examination	Systolic blood pressure	160 mm Hg
Examination	Diastolic blood pressure	90 mm Hg
Social	Ex smoker	
Medication	Medication Evorel Transdermal patches 25 micrograms/24 hrs 24 patch ONE PATCH TO BE APPLIED TWICE WEEKLY CONTINUALLY	
Medication	Medication Progesterone Capsules (Micronised) 100 mg 90 capsule TAKE ONE CAPSULE AT NIGHT	

20-Mar-2024 Dr Michael Baillie (MB) Data Entry

History	History tolterodine PPI

29-Feb-2024 Dr Michael Baillie (MB) Data Entry

History	History se ebelow
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Under Investigation; Duration: 29/02/2024 - 25/03/2024)*

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29-Feb-2024 Nurse Susan Davis (SDA) Stenhouse PracticeMain Surgery

Problem	Hormone replacement therapy	
Comment	Comment Wishes to go ahead with relatively low dose HRT trial, is aware of HRT risks (see previous notes re FH breast ca, not a contra-indication as one 1st degree & one 2nd degree relatives *****/***** ***** so not in 'high risk' category). Agreed to have continuous low dose evorel patch 25mcg twice weekly and nightly utrogestan 100mg progestogen bio-identical (lower breast ca risk) and review in 3-4 weeks (has had previous sensitivity to nicotine patches gum). Aware to contact if any issues develop. Requesting further sick line for work whilst commencing HRT as anxious hormones may affect her.	
Medication	Medication Evorel Transdermal patches 25 micrograms/24 hrs 8 patch APPLY ONE PATCH TWICE WEEKLY	
Medication	Medication Progesterone Capsules (Micronised) 100 mg 30 capsule TAKE ONE CAPSULE AT NIGHT	
Examination	Systolic blood pressure	128 mm Hg
Examination	Diastolic blood pressure	84 mm Hg

27-Feb-2024 Nurse Susan Davis (SDA) Stenhouse PracticeMain Surgery

Comment	Comment Wishes to discuss 'raised BP', brought in some home readings and overall average 140/91 (see Docman), reassured low level stage 1 HTN and not immediately concerning. District Nurse, about to return to work having been involved with drug error incident. Obvious stress & anxiety around this event. Vapes, ex-smoker, alcohol minimal. not obese. FH ***** TIAs in 60's, breast ca *****/*****, ***** current breast lump for investigations. Ongoing urinary incontinence, awaiting gynae appt. Last menses 'years ago', ongoing brain fog, joint pain, occasional flushes/sweats. Hasn't noticed vaginal atrophy in particular but ? contributing to urinary issues? Agreed to ***** up on Menopause Matters website for further info on types of HRT and topical oestrogen then PN will review to discuss. Due smear June 2024.	
Examination	Systolic blood pressure	138 mm Hg
Examination	Diastolic blood pressure	84 mm Hg

19-Feb-2024 Mrs Nicola MacDonald (NMC) Stenhouse PracticeMain Surgery

Comment	Comment PHLEBOTOMY APPT 22/3	

15-Feb-2024 Dr Stacey Vettraino (SV) Stenhouse PracticeMain Surgery

History	History tel encounter*****discussed sx and bloods - normal last 2 years brain fog, word finding difficulties at times, has made a couple of mistakes at work - community nurse general aches but thinks more arthritic occ hot flush*****no GU sx LMP many years ago - no brain fog at the time BP been up*****mum diagnosed breast cancer in her 70s ***** in her 50s ***** been referred breast clinic with a lump this week - is 29y*****chat around menopausal and it's management in general*****would suggest buys home BP monitor to check baseline - BP bd for 2 weeks, average out result and seek rv with result*****await outcome of ***** apt*****directed to online resources inc Balance App discussed herbal rx inc ashwaganda happy with same 	

09-Feb-2024 Ms Jackie Dorran (JD) Stenhouse PracticeMain Surgery

Comment	Sample sent to lab. for test	

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08-Feb-2024 Dr Dawn Harrington (DHA) Stenhouse PracticeMain Surgery

	Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Under investigation; Duration: 08/02/2024 - 07/03/2024)*
	Problem	Stress at work
	History	History Has made 3 non harmful drug errors at work 25y as nurse in comm Last lead to meeting Supportive but needs to be supervised Brain fog anxiety and loss of confidence LMP 10=Y ago Did ask about HRT last year No sweats now ***** had lumpectomy and radioRx Died COPD BP was high Told no Rpt BPs at home 155/90 1290/90 128/78 Smear Dec 2018 NDH Had mammo
	Examination	Examination BP 155/95
	Comment	Comment Hoping for HRT Chat Think some time off Cannot work WEs at present due to supervisio Clearly distressing No-oe came to any harm but feels stressed about it and not aloe as last error was with one other Hoping HRT would help brai fog Do bloods first and RV
	Attachment	eMED3 (2010) duplicate issued, not fit for work *FitNote.pdf, (Diagnosis: Under investigation; Duration: 08/02/2024 - 07/03/2024)*

24-Jan-2024 Ms Linda McFarlane (LMC) Data Entry

	Comment	Medication requested - Tolterodine 4mg & Lansoprazole 30mg. Reviewed at urogynae on 02/11/23 - awaiting follow up. Rx issued for Tolterodine. Lansoprazole - occasional prn use - Rx issued as previous.
	Medication	Medication Lansoprazole Capsules (Gastro-Resistant) 30 mg 28 capsule ONE TO BE TAKEN EACH MORNING
	Medication	Medication Tolterodine Tartrate M/R capsules 4 mg 56 capsule ONE DAILY

08-Dec-2023 Mr David Scott (DS) Stenhouse PracticeMain Surgery

	Comment	Comment Pt called to apologise for missing appt and to advise doesn;t need anymore. Is better.

08-Dec-2023 Dr Dawn Harrington (DHA) Stenhouse PracticeMain Surgery

	Problem	Failed encounter - message left on answer machine

08-Dec-2023 Dr Dawn Harrington (DHA) Stenhouse PracticeMain Surgery

	Problem	Failed encounter

05-Dec-2023 Dr Michael Baillie (MB) Data Entry

	History	History sr tolterodine ppi

27-Nov-2023 Mrs Peggy Scott (PS) Data Entry

	Comment	Comment Advised Pt of msge below

27-Nov-2023 Dr Michael Baillie (MB) Data Entry

	History	History sr loose stool handing in sample m
	Medication	Medication Loperamide Hydrochloride Capsules 2 mg 20 CAPSULE TAKE TWO INITIALLY THEN ONE AFTER EACH LOOSE BOWEL MOTION. MAXIMUM 8 CAPSULES DAILY

07-Nov-2023 Mrs Lynn Reid (LR) Data Entry

	Medication	Medication Mirabegron M/R tablets 50 mg 28 tablet ONE TO BE TAKEN EACH DAY
	Read Code	Medication changed Mirabegron increased 50 50mg while awaiting follow up OP appointment
	Read Code	Patient given advice Patient aware script done and would like it to go to Well, Hallam Rd
02-Nov-2023	History	Outpatient clinic letter received FV Gynaecology e-form

02-Oct-2023 Ms Linda McFarlane (LMC) Data Entry

	Comment	Medication requested - Tolterodine. See previous entries. Rx issued.
	Medication	Medication Tolterodine Tartrate M/R capsules 4 mg 56 capsule ONE DAILY

26-Sept-2023 Ms Helen Fallan (HF) Data Entry

	Medication	Medication Mirabegron M/R tablets 25 mg 28 tablet ONE TO BE TAKEN EACH DAY
	Read Code	Discussed with healthcare professional Response from Dr SM. Advising to continue Tolterodine and start Mirabegron. Dr MB Advised Mirabegron 25mg OD. See docman.

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19-Sept-2023 Ms Helen Fallan (HF) Data Entry

	Comment	Comment Await response.
	History	Telephone encounter
	Read Code	Medication started Mirabegron. Toviaz.
	Read Code	Patient given advice Phoned patient. She advised she is to start 2 new tablets but not sure of names. She advised currently taking Tolterodine and not sure if to continue. Advised I will e-mail Dr sending e-form.
	Read Code	Discussed with healthcare professional E-mail sent to Dr SM. To confirm if both Mirabegron and Toviaz are to start and if so, what dose. Asking if Tolterodine is to continue.
18-Sept-2023	History	Outpatient clinic letter received FV Gynaecology e-form

07-Sept-2023 Mrs Diane O'Hara (DO) Stenhouse PracticeMain Surgery

	History	History nurse*****has had colleague check in ear says it looks "disgusting " inside*****would like abx*****2/7 symptoms*****worsening advice
	Medication	Medication Amoxicillin Capsules 500 mg 15 capsule ONE TDS

21-Aug-2023 Dr Michael Baillie (MB) Stenhouse PracticeMain Surgery

	History	History sr med s
	Read Code	Medication review done

28-Jun-2023 Dr Thomas Cullen (TC) Stenhouse PracticeMain Surgery

	Problem	Hormone replacement therapy
	History	History would very much like to consider this again- struggling at work, brain fog- has had some minor drug errors but does not wish to have further. manages her flushes. emotional lability. fatigue. joint pains.
	History	History does have FHx breast ca- *****. will maintain selfawareness.
	Examination	Examination bp rasised x2 174/104- usually fine at home
	Comment	Comment suggest to do home bp readings - if they are fine then we discussed use of oestregel 2 pumps at night along with micronised progesterone daily- should be continuous to avoid bleeding. spotting ok few weeks but otherwise would be needing investigated.
	Comment	Comment also awaitng gynae input. some imprvement tolterodine so try dose increase as well.

20-Jun-2023 Mrs Anne Livingstone (ANL) Stenhouse PracticeMain Surgery

	Comment	Comment Pt will pick up label for HBA1C blood test (on office diary from Jun 22) and have bloods done at ***** Practice where she works, they will send to lab. Label at fornt desk

23-Mar-2023 Dr Michael Baillie (MB) Phone Encounter

	History	History called wishes to try meds for bladder issues Mirabegron worked but undue side effects flushing anxiety etc wishes for soemthing else reviewed guidelines meds issued will let me know if sos
	Medication	Medication Tolterodine Tartrate M/R capsules 2 mg 28 capsule ONE TO BE TAKEN EACH DAY

01-Feb-2023 Ms Linda McFarlane (LMC) Data Entry

	Comment	Medication requested - Mirabegron 50mg. Note entry 05/01. Further 1/12 supply then for review to assess efficacy.
	Medication	Medication Mirabegron M/R tablets 50 mg 30 tablet ONE TO BE TAKEN EACH DAY

05-Jan-2023 Dr Dawn Harrington (DHA) Stenhouse PracticeMain Surgery

	History	History See email No link to NHS FV protocol for stress/urge incontinence Will try mirabegron Solifenacin ineffective Watch palpitations and retention
	Medication	Medication Mirabegron M/R tablets 50 mg 30 tablet ONE TO BE TAKEN EACH DAY

20-Dec-2022 Dr Michael Baillie (MB) Data Entry

	History	History sr PPI

21-Nov-2022 Mrs Peggy Scott (PS) Stenhouse PracticeMain Surgery

	Comment	Comment Rx for Naproxen Dated 15/7/22 discarded as not collected

THIRD PARTY COPY

07-Nov-2022 Ms Linda McFarlane (LMC) Data Entry

	Comment	Comment Pt has stress dominant/mixed urinary incontinence.
	Medication	Medication Pioneer Contiform Vaginal Insert Starter pack, SKU184 1 device use As directed
	Medication	Medication Solifenacin Tablets 10 mg 56 TABLET ONE TO BE TAKEN EACH DAY
	Read Code	Medication started - 1. Solifenacin 10mg daily - to trial for 6-8 weeks, 2. Contiform intravaginal urethral support device - request for starter pack. Pt will then confirm size required, then for a replacement device every 3mths.
03-Nov-2022	History	Outpatient clinic letter received - FV Pelvic Health Physio Team email

03-Nov-2022 Dr Zsolt Torok (ZT) Data Entry

	Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Sciatica; Duration: 03/11/2022 - 27/11/2022)*

26-Oct-2022 Dr Michael Baillie (MB) Phone Encounter

	History	History asked to call*****off wed last week*****pain in lower back*****self cert 1w sciatica had before back again no red flag bbowel bladder signs meds helpojg worsening advice issued aware re ce issues and to call for help if develop
	Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN
	Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 112 CAPSULE TWO TO BE TAKEN EACH MORNING

19-Oct-2022 Mr Anonymous User (ANON)

30-Sept-2022	Vaccination	Administration of first inactivated seasonal influenza vacc *440051A/ FLUQIVC/IM/Right Arm//FLU - Seqirus UK (FV Peer Flu/Covid)*

19-Oct-2022 Mr Anonymous User (ANON)

30-Sept-2022	Vaccination	Administration of first dose of SARS-CoV-2 vaccine *GE3043/ COVPFIZER/IM/Left Arm//C-19 Comirnaty (FV Peer Flu/Covid)*

29-July-2022 Mrs Patricia Beattie (NURSE18765) Stenhouse PracticeMain Surgery

	Comment	Comment Pt handed in Urine ? UTI Pos Blood and Leucocytes sent for COS RX given
	Medication	Medication Nitrofurantoin Tablets 100 mg 6 TABLET ONE TO BE TAKEN TWICE A DAY

15-July-2022 Mrs June Smith (JUNE18765) Data Entry

	Comment	Comment Tried to call patient to ask how she is. NO reply left message to say we had called.

15-July-2022 Mrs June Smith (JUNE18765) Data Entry

	Comment	Comment Patient#s ***** called to advise that ***** is unwell dizzy feeling out of it and nauseous. GP concerned this could be cardiac therefore patient has been advised to call 999. Patient did question the decision and ***** asked to bring patient hear but advised that we don't have ECG machine of facility to check for cardiac problem.

15-July-2022 Ms Audrey Harris (AH) Data Entry

	Comment	Comment Informed patient of below

15-July-2022 Dr Michael Baillie (MB) Data Entry

	History	History se ebelow called no answerr cant leave message try meds as listed if no better then might need to call 111 over weekend checked re rx tension heaache if no better by tomorrow or worsens overnight or any change in symptoms would suggest 111 or if weakness numness slurring 999
	Medication	Medication Naproxen E/c tablets 250 mg 28 tablet ONE BD

15-July-2022 Ms Audrey Harris (AH) Data Entry

	Comment	Comment Patient called to ask to inform gp that she had her ct scan done on tues and she has been feeling very lightheaded ,head spinning, has pain top of left arm, no other symptoms no chest pain nothing radiating to back. Have tasked through to Dr Baillie as requested

THIRD PARTY COPY

24-Jun-2022 Dr Michael Baillie (MB) Stenhouse PracticeMain Surgery

History	History balance buzzing of head 6 m plus most days like allice band then stops then comes back no link to anything Tired district nurse
History	History refer urology
Examination	Examination No temp no signs infection systemically well No change in colour No cyanosis Complaining of dizziness On exam T 36*****P 90 reg BP 155 80 will monitor HS I + II + O chest clear PERLA No nystagmus Visual fields normal Upper limb Tone power coordination reflexes all ok Rombergs +ver Heel toe walkng Poor No cerebellar signs IMP labyrinthitis Advice*****See if sos or concerns try meds ct scan
Medication	Medication Otomize Spray 1*1 spray 2 SPRAYS BD

22-Jun-2022 Mrs Nicola MacDonald (NMC) Stenhouse PracticeMain Surgery

Comment	Comment handed in by pt for testing

20-Jun-2022 Mrs Diane O'Hara (DO) Stenhouse PracticeMain Surgery

History	History "buzzing" in head*****going on 6/12 + only notices it when it stops as gets use to noise*****appt for review

10-Jun-2022 Ms Neneh Sandhu (NES) Data Entry

Comment	Medication requested co-codmol and omeprazole
Comment	Comment Rx issued, added to perm repeat x 2. Then for review
Medication	Medication Lansoprazole Capsules (Gastro-Resistant) 30 mg 28 capsule ONE TO BE TAKEN EACH MORNING
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

24-May-2022 Mrs Peggy Scott (PS) Stenhouse PracticeMain Surgery

Comment	Comment Pt will hand Fasting bloods in next week, she will get them done at ***** hosp

03-May-2022 Dr Michael Baillie (MB) Data Entry

History	History sr meds
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN
Medication	Medication Lansoprazole Capsules (Gastro-Resistant) 30 mg 28 capsule ONE TO BE TAKEN EACH MORNING

18-Mar-2022 Ms Neneh Sandhu (NES) Data Entry

Comment	Medication requested Medication review
Comment	Comment co-codamol- takes two every night but can usually get through the day without taking them. Tried NSAIDs in the past but they make her feel sick
Comment	Comment Appropriate request, Rx issued
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

28-Jan-2022 Mr Scott McIntosh (SMC) Data Entry

Comment	Medication requested co codemol
Comment	Comment ?KNee / back pain. Last issued 10/12/21- seems to be getting more frequent. Have issued with note tma for review
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

10-Dec-2021 Mr Scott McIntosh (SMC) Data Entry

History	Medication requested Co-codamol 30/500 for knee and back pain
Comment	Comment Last issued 21/10/21. Rx issued
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

THIRD PARTY COPY

11-Nov-2021 Mrs Diane O'Hara (DO) Stenhouse PracticeMain Surgery

History	History to start on HRT*****had bloods , all ok*****flushes main issue*****works as nurse so aware of risks/benefits*****wishes tablet form*****px issued review 3/12 or sooner*****last period 10 years ago*****attended A&E at weekend with chest pain has been advised to double dose omeprazole and have px changed to 20mg*****going on holiday on monday to tenerife, needs aciclovir as always get flare around mouth when abroad due to sun	

11-Nov-2021 Mrs Diane O'Hara (DO) Stenhouse PracticeMain Surgery

Examination	O/E - blood pressure	
Examination	Ex smoker	
Examination	O/E - weight	65.3 Kg
Examination	Systolic blood pressure	135 mm Hg
Examination	Diastolic blood pressure	82 mm Hg
Medication	Medication Kliofem Tablets 84 TABLET ONE TO BE TAKEN DAILY AS DIRECTED	
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 56 CAPSULE ONE CAPSULE TO BE TAKEN ONCE DAILY	
Medication	Medication Aciclovir Tablets 800 mg 35 TABLET TAKE ONE FIVE TIMES DAILY FOR SEVEN DAYS	

26-Oct-2021 Mrs Diane O'Hara (DO) Stenhouse PracticeMain Surgery

Comment	Comment wishes to start HRT as having sweats/memory issues - for bloods first then appt*****asking why given solifenacin in MAY, hasn't yet started them explained she got them at GP consultation as c/o bladder leakage

21-Oct-2021 Dr Michael Baillie (MB) Data Entry

History	History sr cocodamol PPI m

18-Oct-2021 Mr Anonymous User (ANON)

06-Oct-2021	Vaccination	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Pfizer (By M Worsley) *FJ5782/ PF/IM/LUA//C-19 Booster Pfizer (By M Worsley)*

08-Oct-2021 Mr Anonymous User (ANON)

06-Oct-2021	Vaccination	Administration of first inactivated seasonal influenza vacc *3079371A/ FLUQIVC/IM/LUA//FLU - Flucelvax Tetra (QIVc) (By M Worsley)*

08-Oct-2021 Mr Anonymous User (ANON)

06-Oct-2021	Vaccination	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Pfizer (By M Worsley) *FJ5782/ PF/IM/LUA//C-19 Booster Pfizer (By M Worsley)*

23-Aug-2021 Dr Michael Baillie (MB) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Knee pain; Duration: 20/08/2021 - 13/09/2021)*

23-Aug-2021 Mrs Diane O'Hara (DO) Stenhouse PracticeMain Surgery

History	History works as nurse still suffering with knee pain*****now stating has flare of sciatica travelling down into knee*****tried to go into work this am however couldn't manage, asking for fit note extension plan&gt try amitriptylline, ha had in past with good effect*****worsening advice*****aware TMA if ongoing

12-Aug-2021 Dr Zsolt Torok (ZT) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: knee pain; Duration: 12/08/2021 - 20/08/2021)*

12-Aug-2021 Mrs Diane O'Hara (DO) Stenhouse PracticeMain Surgery

History	History asking for repeat px of co-codamol for ongoing knee pain been off work past week*****had xray june - mild degenerative changes*****works as nurse asking for further line until pain settles - tasked to GP

01-July-2021 Dr Zsolt Torok (ZT) Data Entry

Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

THIRD PARTY COPY

21-May-2021 Dr Michael Baillie (MB) Stenhouse PracticeMain Surgery

	History	History knee swollen every night and sore Has been ongoing for 3-4 m No falls no truam was puutting up with the same but not settling also got pains shooting to groin Bumbped top odf leg No red flag signs no issues with the leg before No ***** when younger No xs walking work s- &gt community nurse ***** medical centre Feels unstable in hip No locking Not unwell in self sleeping waking at night due to pains smoker ex 7w alcohol occassioanlly
	Examination	Examination No temp no signs infection systemically well No change in colour No cyanosis Knee compalint*****Knee looks normal No apparent swelling No skin prob over the knee Anatomica\l landmarks distinguishable ant post draw tests normal Stressing medial and collateral lig normal IMP is of soft tissue
	History	History baldder leakage tena stress incontinece wishes to go to urology
	Comment	Comment referral but to try meds initially
	Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN
	Medication	Medication Algesal Cream 10 % 100 GRAM APPLY THREE TIMES A DAY
	Medication	Medication Solifenacin Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY

15-Apr-2021 Mrs Patricia Beattie (NURSE18765) Stenhouse PracticeMain Surgery

	Medication	Medication Varenicline Tablets 1 mg 56 tablet ONE TABLET TWICE DAILY

01-Apr-2021 Mr Anonymous User (ANON)

30-Mar-2021	Vaccination	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By S Findlay) *ER1741/ PF/IM/LUA//C-19 Pifzer (By S Findlay)*

31-Mar-2021 Mrs Patricia Beattie (NURSE18765) Stenhouse PracticeMain Surgery

	Comment	Comment prev Ferritin low Smoking cessation discussed has tried patches gum loz not able to take ? allergic to adhesive try Varecline advised how to use given 2/52 starter pack advised phone for another Rx before finishes pack

17-Mar-2021 Mrs Patricia Beattie (NURSE18765) Telephone Consultation

	Comment	Comment TC to pt re Resp advised advised to stop smoking re result CXR and send Sputum for culture have given apt for NRT said had patches prev and was allergic to adhesive Pt is a Community Nurse

17-Mar-2021 Mrs Patricia Beattie (NURSE18765) Telephone Consultation

	Comment	Comment Left message re advice to stop Smoking from Resp and then review Sputum culture

12-Mar-2021 Mr Anonymous User (ANON)

12-Jan-2021	Vaccination	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By Y *****) *EE8492/ PF/IM/LUA//C-19 Pifzer (By Y *****)*

11-Mar-2021 Dr Victoria Speedie (VS) Stenhouse PracticeMain Surgery

	History	History see reply from resp - try smoking cessation first then rv re sputum

04-Mar-2021 Dr Victoria Speedie (VS) Stenhouse PracticeMain Surgery

	History	History see CXR has left lower zone bronchitis - see consultation on 11/2 - no cough or sob, pain in left upper pain, longstanding sputum production - not sure of signifcance will email resp for advice.
	Result	Result Email advice request sent to respiratory - await response and then will phone patient with more information

THIRD PARTY COPY

17-Feb-2021 Ms Audrey Harris (AH) Stenhouse PracticeMain Surgery

Comment	Comment Patient informed script done and for repeat bloods in 6 weeks, she will collect labels nearer time, still to go on ordercomms

16-Feb-2021 Dr Michael Baillie (MB) Data Entry

History	History bloods show slightly low iron stores ferritin for meds
Medication	Medication Ferrous Fumarate Tablets 210 mg 56 tablet ONE DAILY

11-Feb-2021 Mrs Diane O'Hara (DO) Stenhouse PracticeMain Surgery

History	History ongoing upper L lung area pain since Nov 2019*****seen back then treated with abx and advised to get back in touch if no improvement which pt admits didn't do. smoker - cut down to 6/day, always has sputum production , for sample*****works as nurse in camelon, will get bloods done in am and hand them in , labels at desk pt aware what bloods I have requested. denies any cough/chest infection symptoms*****no acute SOB, however can feel breathlesss from time to time*****no haemoptysis or haemetemesis*****plan &gt for bloods/ CXR in first instance*****worsening advice.

11-Feb-2021 Mrs Diane O'Hara (DO) Stenhouse PracticeMain Surgery

Comment	Failed encounter - no answer when rang back , no ans mach went to dead line.

27-Jan-2021 Ms Hazel Lloyd (HL) Data Entry

Comment	Medication requested co-codamol and alternative to ranitidine as not available
Comment	Comment See 10/09/20 re ranitidine alternative omeprazole Rx'ed then - issued same
Comment	Comment Co-odamol is already on repeats - issued and added limit to allow review - orders approx monthly
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 10 mg 28 capsule ONE CAPSULE TO BE TAKEN ONCE DAILY IF REQUIRED
Medication	Medication Co-Codamol 30/500 Tablets 50 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

07-Jan-2021 Mrs June Smith (JUNE18765) Data Entry

Comment	Comment Patient collected labels from request 23.12.2020 as getting bloods done at work.

29-Dec-2020 Dr Michael Baillie (MB) Data Entry

30-Dec-2020	Medication	Medication Clarithromycin Tablets 250 mg 1*14 tablet ONE BD
	History	History says no better re throat continue with meds try rescue meds if no better after 7d

27-Dec-2020 Mrs Ruth Larkin (RUTH18765) Stenhouse PracticeMain Surgery

31-Dec-2020	Medication	Medication Benzydamine Hydrochloride Spray Sugar Free 0.15 % 30 ML 4 - 8 SPRAYS TO BE USED EVERY 1.5 - 3 HOURS PRN
31-Dec-2020	Medication	Medication Phenoxymethylpenicillin Tablets 250 mg 56 tablet 2 TABS QID EVERY 6 HRS
	Comment	Comment Issued from OOH for blisters on tonsils

23-Dec-2020 Mrs Peggy Scott (PS) Stenhouse PracticeMain Surgery

Comment	Comment Advised Pt Bloods have to be fasted, June says ok for Pt to have done at her work as a Community nurse, Pt will collect labelled bottles

25-Nov-2020 Dr Michael Baillie (MB) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Physiotherapy; Duration: 25/11/2020 - 09/12/2020)*

THIRD PARTY COPY

20-Nov-2020 Dr Michael Baillie (MB) Data Entry

History	History email form physi assessment for acvute injury and asking for neuropathic pain killers
Medication	Medication Amitriptyline Hydrochloride Tablets 10 mg 14 tablet ONE NOCTE INC TO 2 NOCTE IF NO BETTER

10-Sept-2020 Dr Victoria Speedie (VS) Stenhouse PracticeMain Surgery

History	History SR rantidine - but not available going on holiday short course of omeparzole
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 10 mg 28 capsule ONE CAPSULE TO BE TAKEN ONCE DAILY IF REQUIRED

14-May-2020 Mrs Patricia Beattie (NURSE18765) Telephone Consultation

Comment	Comment Phoned pt re raised HBA1c discussed diet takes a lot of tea und uses sugar will stop and make other changes will add to book for 6/12 for Fasting Glucose and HBA1c All other bloods appear in normal limits Pt still anxious re probs with hands will phone nt week to discuss further with GP Coded IGT

12-May-2020 Dr Cathy Jewell (CJ) Telephone Consultation

History	History Communuity Staff Nurse- for the past 2 weeks has been getting very hot palms of hands and tingling in fingers. Requesting B12 levels checked. No FHx of pernicious anaemia

28-Apr-2020 Dr Cathy Jewell (CJ) Stenhouse PracticeMain Surgery

Comment	Comment SR- requesting 2 months supply of co-codamol but unclear the indication. Last consultation for pain ion 25th Nove 2019. Needs review -note on Px for patient. Plan reducing dose of co-codamol until medication review arranged.
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 112 CAPSULE TWO TO BE TAKEN EACH MORNING
Medication	Medication Ranitidine Tablets 150 mg 120 TABLET ONE TABLET TO BE TAKEN TWICE DAILY
Medication	Medication Co-Codamol 30/500 Tablets 50 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

06-Jan-2020 Dr Michael Baillie (MB) Data Entry

History	History sr ranitidine
Medication	Medication Ranitidine Tablets 150 mg 120 TABLET ONE TABLET TO BE TAKEN TWICE DAILY

03-Jan-2020 Dr Michael Baillie (MB) Data Entry

History	History sr aciclovir see below sun exposure brings out cold sores

25-Nov-2019 Mrs Diane O'Hara (DO) Stenhouse PracticeMain Surgery

Problem	Problem cough*****2/52
Examination	Examination mid back sore , no pain on inspiration*****no SOB in room, can feel SOBOE*****smoker - advice given*****throat &gt NAD*****no haemoptysis or weight loss*****no earache*****temp 36.0oc*****no accessory muscle use or TT*****works as DN in camelon*****chest &gtscattered crackles both bases more marked on RHS, equal expansion of chest wall, no wheeze*****sats 98% pulse 75 bpm*****no rash red flags
Comment	Comment abx issue if pain doesn't resolve to come back , will need CXR / spirometry*****worsening statement given
Medication	Medication Amoxicillin Capsules 500 mg 15 capsule ONE TO BE TAKEN THREE TIMES A DAY

31-Oct-2019 Dr Michael Baillie (MB) Data Entry

History	History sr ranitidine
Medication	Medication Ranitidine Tablets 150 mg 120 TABLET ONE TABLET TO BE TAKEN TWICE DAILY

15-Oct-2019 Dr Peter Livingstone (PL) Data Entry

Medication	Medication Aciclovir Cream 5 % 2 GRAM APPLY FIVE TIMES A DAY
Medication	Medication Aciclovir Dispersible tablets 200 mg 25 TABLET ONE TO BE TAKEN FIVE TIMES DAILY

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21-Aug-2019 Dr Michael Baillie (MB) Data Entry

History	History needs to come in re meds
Medication	Medication Co-Codamol 30/500 Tablets 80 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING

24-July-2019 Dr Michael Baillie (MB) Data Entry

History	History ser fluoxtine cocodamol TCI
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING
Medication	Medication Co-Codamol 30/500 Tablets 80 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

24-Jun-2019 Dr Michael Baillie (MB) Data Entry

History	History meds issued NEEDS MENTQAL HEALTH REVIEW
Medication	Medication Co-Codamol 30/500 Tablets 80 TABLET ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING
Medication	Medication Ranitidine Tablets 150 mg 120 TABLET ONE TABLET TO BE TAKEN TWICE DAILY

15-May-2019 Dr Michael Baillie (MB) Data Entry

History	History se ebelow
Medication	Medication Aciclovir Cream 5 % 2 GRAM APPLY FIVE TIMES A DAY
Medication	Medication Cetirizine Hydrochloride Tablets 10 mg 28 tablet 1 DAILY

15-May-2019 Mrs Peggy Scott (PS) Stenhouse PracticeMain Surgery

Comment	Comment Going Hols,, asking for Aciclovir tabs,, as gets terrible Herpes around mouth and nose with the sun,, also asking for Antihistamine as gets very bad bites too when abroad

25-Apr-2019 Mrs Diane O'Hara (DO) Stenhouse PracticeMain Surgery

Problem	Problem fungal nail on L great toe
Comment	Comment skin condition on back - widespread. looks like vitiligo. pt states never tans ongoing over some time. not itchy, no redness pale white patchy skin widespread over upper and lower back. was given anti fungal treatment for pharmacy - not effective*****px issued, discussed minimising worsening symptoms and spread. cover area in sun. return for review if concerned.
Medication	Medication Hydrocortisone Butyrate Scalp lotion 0.1 % 100 ml APPLY THINLY ONCE A DAY AS DIRECTED
Medication	Medication Amorolfine Hydrochloride Medicated Nail Lacquer 5 % 2.5 ML APPLY TO AFFECTED NAILS ONCE OR TWICE WEEKLY AS DIRECTED

24-Apr-2019 Dr Michael Baillie (MB) Data Entry

History	History sr fluoxetine Needs to make appt see gp
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING

27-Mar-2019 Dr Michael Baillie (MB) Data Entry

History	History see gp asap
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING

27-Mar-2019 Dr Michael Baillie (MB) Data Entry

History	History sr fluoxetine

15-Feb-2019 Dr Victoria Speedie (VS) Stenhouse PracticeMain Surgery

History	History s/r coccodamol - got on 6/2 and is month supply so not given

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11-Jan-2019 Dr Victoria Speedie (VS) Stenhouse PracticeMain Surgery

History	History s/r see bleow changed to 80 per month

10-Jan-2019 Mrs Peggy Scott (PS) Stenhouse PracticeMain Surgery

Comment	Comment Pt says the Rx issued today for 50 Co-codamol will be enough to cover her going away, not requiring another Rx just now,, is asking if quantity van be changed to 80 per month,,, takes no more than 4 daily,, and is for back pain

20-Dec-2018 Mrs Patricia Beattie (NURSE18765) Stenhouse PracticeMain Surgery

Comment	Comment WW smear IUD threads noted had tried to get IUD removed but was unsuccessful to be kept in for another couple years
Examination	Cervical smear taken
Examination	O/E-vaginal speculum exam. NAD
Examination	O/E - no vaginal discharge
Read Code	O/E Cervix: transitional zone seen

23-Oct-2018 Dr Michael Baillie (MB) Data Entry

History	History sr cocodamol fluoxetine
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING
Medication	Medication Co-Codamol 30/500 Tablets 50 tablet ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

18-Sept-2018 Mrs Patricia Beattie (NURSE18765) Stenhouse PracticeMain Surgery

Comment	Comment sp req
Medication	Medication Co-Codamol 30/500 Tablets 50 tablet ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING

21-Aug-2018 Mrs Patricia Beattie (NURSE18765) Stenhouse PracticeMain Surgery

Comment	Comment sp req
Medication	Medication Co-Codamol 30/500 Tablets 50 tablet ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING

14-Aug-2018 Dr Peter Livingstone (PL) Data Entry

History	History rx request
Medication	Medication Co-Codamol 30/500 Tablets 50 tablet ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

24-July-2018 Mrs June Smith (JUNE18765) Data Entry

Comment	Comment Tried to contact patient no reply and no message left. If patients calls can you please advise that the GP has done referral for coil change.

24-July-2018 Dr Michael Baillie (MB) Data Entry

History	History sr fluoxetine cocodamol no appt made as yet for review
Medication	Medication Co-Codamol 30/500 Tablets 42 tablet TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING

19-July-2018 Dr Michael Baillie (MB) Data Entry

History	History se ebelow

19-July-2018 Mrs Jean Devlin (JEAN18765) Stenhouse PracticeMain Surgery

Comment	Comment asks for gateway referral to sexual health for coil change this way because not for contraception but bleeding

THIRD PARTY COPY

18-Jun-2018 Dr Michael Baillie (MB) Data Entry

History	History sr fluoxetine cocodamol to sere gp
Medication	Medication Co-Codamol 30/500 Tablets 42 tablet TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING

22-May-2018 Dr Michael Baillie (MB) Data Entry

History	History sr floxetine cocodamol see gp
Medication	Medication Co-Codamol 30/500 Tablets 42 tablet TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING

09-May-2018 Dr Michael Baillie (MB) Data Entry

History	History sr cocodamol
Medication	Medication Co-Codamol 30/500 Tablets 42 tablet TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

30-Mar-2018 Mrs Susan Hannigan (SH) Stenhouse PracticeMain Surgery

03-Apr-2018	Medication	Medication Trimethoprim Tablets 200 mg 6 TABLET TAKE ONE TABLET TWICE DAILY
	Comment	Comment Issued by Out of hours service.

22-Mar-2018 Dr Michael Baillie (MB) Data Entry

History	History sr fluoxetine cocodamol
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING
Medication	Medication Co-Codamol 30/500 Tablets 42 tablet TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

19-Mar-2018 Mrs Susan Hannigan (SH) Stenhouse PracticeMain Surgery

20-Mar-2018	Medication	Medication Co-Codamol 30/500 Tablets 30 tablet TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN
	Comment	Comment Issued by Emergency Department, FVRH.

23-Feb-2018 Mrs June Smith (JUNE18765) Data Entry

Comment	Comment Patient called to advise she has found original script in her bag therefore no need for reprint. Reprint destroyed.

22-Feb-2018 Mrs Ruth Larkin (RUTH18765) Stenhouse PracticeMain Surgery

Comment	Comment Reprint for Fluoxetine script dated 12/2/2018. Patient lost script.

12-Feb-2018 Mrs Patricia Beattie (NURSE18765) Stenhouse PracticeMain Surgery

Comment	Comment sp req
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING

03-Jan-2018 Mrs Susan Hunter (NSH) Stenhouse PracticeMain Surgery

Comment	Comment ANP Triage Skin no better . Looking tto try a hydrocotisone cream . Prescription left , If no improvement will phone back to be re assessed
Medication	Medication Dermovate Cream 0.05 % 30 Gram(s) TO BE USED AS DIRECTED

29-Dec-2017 Mrs Susan Hunter (NSH) Stenhouse PracticeMain Surgery

Examination	Examination t 36.5 Skin rash ?? allergy over her neck and hands very itchy at times
Comment	Comment rash over body ?? started after using false nails
Medication	Medication Fexofenadine Hydrochloride Tablets 120 mg 30 tablet ONE DAILY
Medication	Medication Aveeno Skin Relief Moisturising Lotion With Shea Butter 200 ml APPLY AS REQUIRED

THIRD PARTY COPY

29-Dec-2017 Mrs Susan Hunter (NSH) Telephone Triage

Comment	Comment ANP Triage . Taken allergic reaction rash over hands face scalp . . Takining pirition 4 hourly no improvement	

12-Dec-2017 Dr Michael Baillie (MB) Data Entry

History	History sr fluoxetine seen aug	
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING	

06-Nov-2017 Dr Michael Baillie (MB) Data Entry

History	History sr fluoxetine cocodmao	
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING	
Medication	Medication Co-Codamol 30/500 Caplets 1*100 tablet 1-2 QDS PRN	

05-Oct-2017 Mrs Jean Devlin (JEAN18765) Stenhouse PracticeMain Surgery

Comment	Comment task fluoxetine c0-codamol	

26-Sept-2017 Dr Cathy Jewell (CJ) Stenhouse PracticeMain Surgery

Comment	Comment Sr Naproxen	

07-Sept-2017 Dr Michael Baillie (MB) Data Entry

History	History Task--&gt is requesting a script for cocodamol fluoxetine	
Medication	Medication Co-Codamol 30/500 Caplets 1*100 tablet 1-2 QDS PRN	
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING	

17-Aug-2017 Mrs Patricia Beattie (NURSE18765) Stenhouse PracticeMain Surgery

Comment	Comment sp req volumatic	

16-Aug-2017 Mrs June Smith (JUNE18765) Data Entry

Comment	Comment CAlled patient at request of GP app arranged for spirometry 7.9.2017 at 9.20 patient aware needs to collect script for Volumatic.	

10-Aug-2017 Dr Michael Baillie (MB) Stenhouse PracticeMain Surgery

History	History Pain in hands Ache MCPJ and PIPJ swollen some nodes Looks and feels like OA Try heat add in nsaids 	
History	History Pain in back Lower abck Not cnettral Para spinal muscles to each side no neurology	
Examination	Examination Upper limb neurology NADWalking slight limp Mild tenderness para spinal muscles No real bony trenderness SLR decreased Flexion extension affected Reflexes normal Power 5/5 sensdation intact Discussed condition Advised gentle mobilisation Meds See if any worsening or concern 	
History	History Ache like pain lower part of ribs / lungs Assoc with sob smoker 	
Examination	Examination Looks well T 36.5*****P 72 reg Sa02 98% air HS I + II + O*****ChestT Celar Good AE all zones No wheeze No creps No added sounds Talking sentences*****rr 14 CXR spirometry s*****Appears ok today	
Medication	Medication Naproxen E/c tablets 250 mg 1*56 tablet ONE BD	
Social	Current smoker	
Social	Cigarette smoker	15 cigarettes/day
Read Code	Smoking cessation advice	

03-Aug-2017 Dr Michael Baillie (MB) Data Entry

History	History Task--&gt is requesting a script for fluoxetine cocodfasmol	
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING	
Medication	Medication Co-Codamol 30/500 Caplets 1*100 tablet 1-2 QDS PRN	

THIRD PARTY COPY

26-Jun-2017 Dr Michael Baillie (MB) Data Entry

History	History Task-->>gt is requesting a script for fluoxertine cocodamol See re mood

15-Jun-2017 Dr Cathy Jewell (CJ) Stenhouse PracticeMain Surgery

History	History See below. Pain and discomfort settled. Now has thrush
Examination	Examination Resolved abcess left of labia majora -not a Bartolins cyst. Likely infected hair follicle
Comment	Comment Reassured. If returns will need further a/b's
Medication	Medication Fluconazole Capsules 150 mg 1 CAPSULE TAKE ONE CAPSULE AS A SINGLE DOSE

05-Jun-2017 Mrs Patricia Beattie (NURSE18765) Stenhouse PracticeMain Surgery

Comment	Comment difficulty sitting and walking re red area over left side vagina no leakage but very painfull to touch Rx given advised when to take Given apt for female Gp nt week to check as pt anxious incase has another Bartholins cyst
Medication	Medication Flucloxacillin Capsules 500 mg 28 CAPSULE ONE CAPSULE TO BE TAKEN FOUR TIMES DAILY
Medication	Medication Ibuprofen Tablets 400 mg 84 TABLET ONE TABLET TO BE TAKEN THREE TIMES DAILY

05-Jun-2017 Mrs Patricia Beattie (NURSE18765) Telephone Triage

Comment	Comment has cyst on outside of vagina was pea sized says is about three times original size has had lump for last few months said about 20 yrs ago had a Bartholins cyst which had to be drained apt given for me for pm will review

02-May-2017 Dr Celma Chandramohan (CCH) Data Entry

History	History requesting 2 months supply as going on holiday.
Comment	Comment printed *2 scripts.
Medication	Medication Co-Codamol 30/500 Caplets 1*100 tablet 1-2 QDS PRN
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING

29-Mar-2017 Dr Michael Baillie (MB) Data Entry

History	History Task-->>gt is requesting a script for fluoxetine cocodmaol
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING
Medication	Medication Co-Codamol 30/500 Caplets 1*100 tablet 1-2 QDS PRN

25-Feb-2017 Mrs Susan Hannigan (SH) Stenhouse PracticeMain Surgery

01-Mar-2017	Medication	Medication Trimethoprim Tablets 200 mg 6 TABLET TAKE ONE TABLET TWICE DAILY
	Comment	Comment Given by Lloyds Main Street.

24-Feb-2017 Dr Michael Baillie (MB) Data Entry

History	History Task-->>gt is requesting a script for fluoxetine

16-Jan-2017 Dr Trudy Foster (TR) Stenhouse PracticeMain Surgery

History	History Post coital bleeding started last month fresh red blood Amenorrhoea with IUS, records checked and in situ 4yrs. Smear 2015 normal. ***** 3yrs no changes. No dyspareunia and no discharge.
Examination	Examination Verbal consent to examine, mild white patches thrush in vagina cervix looks normal threads IUS just visable.
Comment	Comment Probably related to IUS, hasn't continues estrogen PO but this might have stimulated lining, plan change mirena and if persists refer gynae.
Medication	Medication Mirena Intra-uterine device 52 mg (20 micrograms/24 hours) 1 DEVICE FOR INSERTION BY YOUR GP/NURSE AS DIRECTED

10-Jan-2017 Dr Trudy Foster (TR) Data Entry

History	History script request fluoxetine and co-codamol 30/500
Medication	Medication Co-Codamol 30/500 Caplets 1*100 tablet 1-2 QDS PRN
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING

THIRD PARTY COPY

07-Dec-2016 Dr Michael Baillie (MB) Stenhouse PracticeMain Surgery

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Chest Infection Conjunctivitis; Duration: 07/12/2016 - 14/12/2016)*	
History	History left eye Matted shut Green gundge Cleaned this am Much better but weepy*****IMP Cinjunctivitis	
History	History Has been off work unwell cough Cghesty Not sleeping due to chest Looks tired	
Examination	Examination No red flag signs No wt loss No skin lumps bumps No sweats is eating and drinking O/E lOOks tired T 37.4 Sa02 98% air*****P 100 reg*****HS I + II + O chest Creps left base No ic sc recession rr .....12 TVF normal PN resoant ent THROAT RED OTHERWISE nad IMP infection Meds as listed Worsening statement OTC meds Push fluids See if sos	
Medication	Medication Clarithromycin Tablets 500 mg 14 tablet ONE BD	
Medication	Medication Chloramphenicol Eye drops 0.5 % 10 ML ONE DROP TO BE USED FOUR TIMES A DAY IN THE AFFECTED EYE(S)	

05-Dec-2016 Dr Michael Baillie (MB) Data Entry

History	History Task--&gt is requesting a script for SSRi cocodeamol	
Medication	Medication Co-Codamol 30/500 Caplets 1*100 tablet 1-2 QDS PRN	
Medication	Medication Co-Codamol 30/500 Capsules 100 capsule ONE OR TWO UP TO QDS PRN FOR PAIN	
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING	

15-Nov-2016 Dr Trudy Foster (TR) Data Entry

History	History script request fluox and co-codamol	

19-Oct-2016 Dr Michael Baillie (MB) Stenhouse PracticeMain Surgery

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Sciatica; Duration: 19/10/2016 - 29/10/2016)*	
History	History lusses with lower back and pain down the right leg to foot Has had off and on before Has now flared up No reason for same No falls no lifting no twisting No red flag sign re bopwels ballder No wt loss night swaets denies saddle anesthesia	
Examination	Examination Walking lim,p Mild tenderness para umbilical muscles SLR decreased on affected side right Worse when foot dorsiflexed Reflexes normal Power 5/5 sensdation intact Discussed condition Advised gentle mobilisation Meds See if any worsening or concern	
Medication	Medication Diazepam Tablets 2 mg 21 tablet ONE TABLET TO BE TAKEN UP TO THREE TIMES A DAY WHEN REQUIRED	
Medication	Medication Ibuprofen Tablets 200 mg 42 tablet 1-2 TDS PRN	

03-Oct-2016 Dr Trudy Foster (TR) Stenhouse PracticeMain Surgery

History	History On fluox 17yrs, started with marital issues then ***** ***** and burnt house down, getting married again next year, still issues with *****. Had EMDR. Mood dips when reduced fluox in past but doesn't want to take for ever.	
Examination	O/E - BP reading Good eye contact up beat at future.	
Examination	Systolic blood pressure	128 mm Hg
Examination	Diastolic blood pressure	84 mm Hg
Social	Social Nurse	
Comment	Comment Info on menopause matters website as not sure about HRT but does improve QOL, review fluox in spring	
Medication	Medication Elleste-Solo Tablets 1 mg 84 TABLET ONE TABLET TO BE TAKEN DAILY AS DIRECTED	
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING	
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO UP TO QDS PRN FOR PAIN	
Read Code	Medication review done	
Read Code	Depression medication review	
Read Code	Depression interim review	

THIRD PARTY COPY

31-Aug-2016 Dr Michael Baillie (MB) Data Entry

History	History Task--&gt is requesting a script for fluoxetine cocodamol ranitidine
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule TWO TO BE TAKEN EACH MORNING
Medication	Medication Ranitidine Tablets 150 mg 120 TABLET ONE TABLET TO BE TAKEN TWICE DAILY
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO UP TO QDS PRN FOR PAIN

30-Aug-2016 Mrs Patricia Beattie (NURSE18765) Stenhouse PracticeMain Surgery

Comment	Comment N P health check meds Fluoxetine 20 mgs 1 tab BD Ranitidine Co Codamol HRT forgotten name of this not taken for 3/52 has been ok Will make apt for GP for review of Meds and HRTif should take or not Has Mirena Coil insitu has had in for a few years for Bleeding Was commenced on HRT last Nov Not had Mammogram yet Smear had 2 yrs ago did have changes but last Smear was NAD Work Staff nurse in larbert ALLERGIES Nickel Cobalt	
Examination	O/E - Systolic BP reading	118 mm Hg
Examination	O/E - Diastolic BP reading	75 mm Hg
Examination	O/E - height	158 cm
Examination	O/E - weight	62.1 Kg
Examination	Body Mass Index	24.88
Social	Not interested in stopping smoking	
Social	Cigarette smoker	20 cigarettes/day
Read Code	Smoking cessation advice	

Medications (inc. issues)

Acute

23-Mar-2026 Amlodipine Tablets 5 mg
28 Tablet(s) - ONE TO BE TAKEN EACH MORNING

18-Sept-2024 Tolterodine Tartrate M/R capsules 4 mg
56 capsule - ONE DAILY

10-Jun-2022 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

03-May-2022 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

18-Sept-2018 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

21-Aug-2018 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

24-July-2018 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

18-Jun-2018 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

22-May-2018 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

23-Apr-2018 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

22-Mar-2018 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

12-Feb-2018 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

11-Jan-2018 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

12-Dec-2017 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

06-Nov-2017 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

06-Oct-2017 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

07-Sept-2017 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

03-Aug-2017 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

THIRD PARTY COPY

26-Jun-2017 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

Repeat

02-July-2026 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

02-July-2026 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

02-July-2026 Tolterodine Tartrate M/R capsules 4 mg
56 capsule - ONE DAILY

02-July-2026 Amlodipine Tablets 5 mg
56 TABLET - ONE TO BE TAKEN EACH MORNING

28-May-2026 Ibuprofen Gel 10 %
50 gram - Apply 3 times daily

28-May-2026 Ibuprofen Gel 10 %
50 gram - Apply 3 times daily

12-May-2026 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

12-May-2026 Amlodipine Tablets 5 mg
56 TABLET - ONE TO BE TAKEN EACH MORNING

12-May-2026 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

12-May-2026 Tolterodine Tartrate M/R capsules 4 mg
56 capsule - ONE DAILY

31-Mar-2026 Amlodipine Tablets 5 mg
56 TABLET - ONE TO BE TAKEN EACH MORNING

31-Mar-2026 Lansoprazole Capsules (Gastro-Resistant) 30 mg
56 capsule - ONE TO BE TAKEN EACH MORNING

23-Mar-2026 Amlodipine Tablets 5 mg
56 TABLET - ONE TO BE TAKEN EACH MORNING

18-Mar-2026 Tolterodine Tartrate M/R capsules 4 mg
56 capsule - ONE DAILY

18-Mar-2026 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

18-Mar-2026 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

19-Jan-2026 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

19-Jan-2026 Tolterodine Tartrate M/R capsules 4 mg
56 capsule - ONE DAILY

24-Nov-2025 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

24-Nov-2025 Tolterodine Tartrate M/R capsules 4 mg
56 capsule - ONE DAILY

24-Nov-2025 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

30-Sept-2025 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

30-Sept-2025 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

30-Sept-2025 Tolterodine Tartrate M/R capsules 4 mg
56 capsule - ONE DAILY

05-Aug-2025 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

05-Aug-2025 Tolterodine Tartrate M/R capsules 4 mg
56 capsule - ONE DAILY

05-Aug-2025 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

05-Aug-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
56 capsule - ONE TO BE TAKEN EACH MORNING

18-Jun-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
56 capsule - ONE TO BE TAKEN EACH MORNING

18-Jun-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
56 capsule - ONE TO BE TAKEN EACH MORNING

10-Jun-2025 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

THIRD PARTY COPY

10-Jun-2025 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

10-Jun-2025 Tolterodine Tartrate M/R capsules 4 mg
56 capsule - ONE DAILY

08-May-2025 Estradiol Pessaries 10 micrograms
24 PESSARY - INSERT ONE TWICE A WEEK

07-May-2025 Estradiol Pessaries 10 micrograms
24 PESSARY - INSERT ONE TWICE A WEEK

07-May-2025 Viveca Biomed Contrelle Activgard Vaginal Insert For Stress Incontinence Size 1, V010001P30, 30 devices + applicator
2*1 device - AS DIRECTED

07-May-2025 Viveca Biomed Contrelle Activgard Vaginal Insert For Stress Incontinence Size 1, V010001P30, 30 devices + applicator
2*1 device - AS DIRECTED

10-Apr-2025 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

10-Apr-2025 Tolterodine Tartrate M/R capsules 4 mg
56 capsule - ONE DAILY

09-Apr-2025 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

12-Feb-2025 Tolterodine Tartrate M/R capsules 4 mg
56 capsule - ONE DAILY

12-Feb-2025 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

12-Feb-2025 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

19-Dec-2024 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

19-Dec-2024 Tolterodine Tartrate M/R capsules 4 mg
56 capsule - ONE DAILY

18-Dec-2024 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

28-Oct-2024 Tolterodine Tartrate M/R capsules 4 mg
56 capsule - ONE DAILY

25-Oct-2024 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

25-Oct-2024 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

18-Sept-2024 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

18-Sept-2024 Tolterodine Tartrate M/R capsules 4 mg
56 capsule - ONE DAILY

07-Aug-2024 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

07-Aug-2024 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

30-May-2024 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

28-May-2024 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

20-Mar-2024 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

20-Mar-2024 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

22-Jan-2024 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

22-Jan-2024 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

05-Dec-2023 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

05-Dec-2023 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

29-Sept-2023 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

29-Sept-2023 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

21-Aug-2023 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

THIRD PARTY COPY

21-Aug-2023 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

28-Jun-2023 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

28-Jun-2023 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

19-May-2023 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

26-Apr-2023 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

26-Apr-2023 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

02-Mar-2023 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

02-Mar-2023 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

31-Jan-2023 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

19-Dec-2022 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

19-Dec-2022 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

26-Oct-2022 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

26-Oct-2022 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

22-Sept-2022 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

29-July-2022 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

29-July-2022 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

10-Jun-2022 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

03-May-2022 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

03-May-2022 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

28-Jan-2022 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

10-Dec-2021 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

21-Oct-2021 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

26-Aug-2021 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

01-July-2021 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

26-Apr-2021 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

09-Mar-2021 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

30-Dec-2020 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

30-Oct-2020 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

04-Sept-2020 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

03-July-2020 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

28-Apr-2020 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

02-Apr-2020 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

04-Mar-2020 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

06-Feb-2020 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

THIRD PARTY COPY

03-Jan-2020 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

03-Dec-2019 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

31-Oct-2019 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

30-Sept-2019 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

21-Aug-2019 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

24-July-2019 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

24-Jun-2019 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

15-May-2019 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

24-Apr-2019 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

27-Mar-2019 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

15-Feb-2019 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

10-Jan-2019 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

17-Dec-2018 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

26-Nov-2018 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

23-Oct-2018 Fluoxetine Hydrochloride Capsules 20 mg
56 capsule - TWO TO BE TAKEN EACH MORNING

26-Jun-2017 Fluoxetine Hydrochloride Capsules 20 mg
112 CAPSULE - TWO TO BE TAKEN EACH MORNING

Past

18-Jun-2025 Tolterodine Tartrate Tablets 2 mg Acute Medication (Past)
56 tablet - ONE TABLET TWICE DAILY

17-Jun-2025 Tolterodine Tartrate Tablets 2 mg Acute Medication (Past)
56 tablet - ONE TABLET TWICE DAILY

17-Jun-2025 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

17-Jun-2025 Tolterodine Tartrate Tablets 2 mg Acute Medication (Past)
56 tablet - ONE TABLET TWICE DAILY

17-Jun-2025 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

10-Apr-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH MORNING

10-Apr-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH MORNING

12-Feb-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

12-Feb-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

23-Jan-2025 Tolterodine Tartrate M/R capsules 2 mg Acute Medication (Past)
56 CAPSULE - ONE TO BE TAKEN EACH DAY

23-Jan-2025 Tolterodine Tartrate M/R capsules 2 mg Acute Medication (Past)
56 CAPSULE - ONE TO BE TAKEN EACH DAY

11-Nov-2024 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

11-Nov-2024 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

28-Oct-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

28-Oct-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

07-Aug-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

THIRD PARTY COPY

07-Aug-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

09-July-2024 Estriol Vaginal cream 1 mg/gram with applicator Acute Medication (Past)
1 gram - ONE DOSE TO BE INSERTED AT NIGHT

09-July-2024 Progesterone Capsules (Micronised) 100 mg Acute Medication (Past)
60 capsule - 2 CAPS NOCTE

09-July-2024 Estriol Vaginal cream 1 mg/gram Acute Medication (Past)
1 gram - ONE DOSE TO BE INSERTED AT NIGHT

09-July-2024 Evorel Transdermal patches 25 micrograms/24 hrs Acute Medication (Past)
8 patch - ONE PATCH TO BE APPLIED TWICE WEEKLY CONTINUALLY

09-July-2024 Evorel Transdermal patches 25 micrograms/24 hrs Acute Medication (Past)
8 patch - ONE PATCH TO BE APPLIED TWICE WEEKLY CONTINUALLY

09-July-2024 Progesterone Capsules (Micronised) 100 mg Acute Medication (Past)
60 capsule - 2 CAPS NOCTE

30-May-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

30-May-2024 Tolterodine Tartrate M/R capsules 4 mg Acute Medication (Past)
56 capsule - ONE DAILY

28-May-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

28-May-2024 Tolterodine Tartrate M/R capsules 4 mg Acute Medication (Past)
56 capsule - ONE DAILY

21-Mar-2024 Progesterone Capsules (Micronised) 100 mg Acute Medication (Past)
90 capsule - TAKE ONE CAPSULE AT NIGHT

21-Mar-2024 Evorel Transdermal patches 25 micrograms/24 hrs Acute Medication (Past)
24 patch - ONE PATCH TO BE APPLIED TWICE WEEKLY CONTINUALLY

21-Mar-2024 Progesterone Capsules (Micronised) 100 mg Acute Medication (Past)
90 capsule - TAKE ONE CAPSULE AT NIGHT

21-Mar-2024 Evorel Transdermal patches 25 micrograms/24 hrs Acute Medication (Past)
24 patch - ONE PATCH TO BE APPLIED TWICE WEEKLY CONTINUALLY

20-Mar-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

20-Mar-2024 Tolterodine Tartrate M/R capsules 4 mg Acute Medication (Past)
56 capsule - ONE DAILY

20-Mar-2024 Tolterodine Tartrate M/R capsules 4 mg Acute Medication (Past)
56 capsule - ONE DAILY

20-Mar-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

29-Feb-2024 Evorel Transdermal patches 25 micrograms/24 hrs Acute Medication (Past)
8 patch - APPLY ONE PATCH TWICE WEEKLY

29-Feb-2024 Evorel Transdermal patches 25 micrograms/24 hrs Acute Medication (Past)
8 patch - APPLY ONE PATCH TWICE WEEKLY

29-Feb-2024 Progesterone Capsules (Micronised) 100 mg Acute Medication (Past)
30 capsule - TAKE ONE CAPSULE AT NIGHT

29-Feb-2024 Progesterone Capsules (Micronised) 100 mg Acute Medication (Past)
30 capsule - TAKE ONE CAPSULE AT NIGHT

24-Jan-2024 Tolterodine Tartrate M/R capsules 4 mg Acute Medication (Past)
56 capsule - ONE DAILY

24-Jan-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

24-Jan-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

24-Jan-2024 Tolterodine Tartrate M/R capsules 4 mg Acute Medication (Past)
56 capsule - ONE DAILY

05-Dec-2023 Tolterodine Tartrate M/R capsules 4 mg Acute Medication (Past)
56 capsule - ONE DAILY

05-Dec-2023 Tolterodine Tartrate M/R capsules 4 mg Acute Medication (Past)
56 capsule - ONE DAILY

05-Dec-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

05-Dec-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

27-Nov-2023 Loperamide Hydrochloride Capsules 2 mg Acute Medication (Past)
20 CAPSULE - TAKE TWO INITIALLY THEN ONE AFTER EACH LOOSE BOWEL MOTION. MAXIMUM 8 CAPSULES DAILY

27-Nov-2023 Loperamide Hydrochloride Capsules 2 mg Acute Medication (Past)
20 CAPSULE - TAKE TWO INITIALLY THEN ONE AFTER EACH LOOSE BOWEL MOTION. MAXIMUM 8 CAPSULES DAILY

07-Nov-2023 Mirabegron M/R tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

THIRD PARTY COPY

07-Nov-2023 Mirabegron M/R tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

02-Oct-2023 Tolterodine Tartrate M/R capsules 4 mg Acute Medication (Past)
56 capsule - ONE DAILY

02-Oct-2023 Tolterodine Tartrate M/R capsules 4 mg Acute Medication (Past)
56 capsule - ONE DAILY

26-Sept-2023 Mirabegron M/R tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

26-Sept-2023 Mirabegron M/R tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

07-Sept-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TDS

07-Sept-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TDS

21-Aug-2023 Tolterodine Tartrate M/R capsules 4 mg Acute Medication (Past)
56 capsule - ONE DAILY

21-Aug-2023 Tolterodine Tartrate M/R capsules 4 mg Acute Medication (Past)
56 capsule - ONE DAILY

28-Jun-2023 Tolterodine Tartrate M/R capsules 4 mg Acute Medication (Past)
56 capsule - ONE DAILY

28-Jun-2023 Tolterodine Tartrate M/R capsules 4 mg Acute Medication (Past)
56 capsule - ONE DAILY

19-May-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

19-May-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

19-May-2023 Tolterodine Tartrate M/R capsules 2 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

26-Apr-2023 Tolterodine Tartrate M/R capsules 2 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

26-Apr-2023 Aciclovir Tablets 800 mg Acute Medication (Past)
35 TABLET - TAKE ONE FIVE TIMES DAILY FOR SEVEN DAYS

26-Apr-2023 Aciclovir Tablets 800 mg Acute Medication (Past)
35 TABLET - TAKE ONE FIVE TIMES DAILY FOR SEVEN DAYS

26-Apr-2023 Tolterodine Tartrate M/R capsules 2 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

23-Mar-2023 Tolterodine Tartrate M/R capsules 2 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

23-Mar-2023 Tolterodine Tartrate M/R capsules 2 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

01-Feb-2023 Mirabegron M/R tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

05-Jan-2023 Mirabegron M/R tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

05-Jan-2023 Mirabegron M/R tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

20-Dec-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

20-Dec-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

07-Nov-2022 Solifenacin Tablets 10 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

07-Nov-2022 Pioneer Contiform Vaginal Insert Starter pack, SKU184 Acute Medication (Past)
1 device - use As directed

07-Nov-2022 Pioneer Contiform Vaginal Insert Starter pack, SKU184 Acute Medication (Past)
1 device - use As directed

07-Nov-2022 Solifenacin Tablets 10 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

26-Oct-2022 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
14 tablet - ONE NOCTE INC TO 2 NOCTE IF NO BETTER

26-Oct-2022 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
14 tablet - ONE NOCTE INC TO 2 NOCTE IF NO BETTER

29-July-2022 Nitrofurantoin Tablets 100 mg Acute Medication (Past)
6 TABLET - ONE TO BE TAKEN TWICE A DAY

29-July-2022 Nitrofurantoin Tablets 100 mg Acute Medication (Past)
6 TABLET - ONE TO BE TAKEN TWICE A DAY

15-July-2022 Naproxen E/c tablets 250 mg Acute Medication (Past)
28 tablet - ONE BD

THIRD PARTY COPY

15-July-2022 Naproxen E/c tablets 250 mg Acute Medication (Past)
28 tablet - ONE BD

24-Jun-2022 Otomize Spray Acute Medication (Past)
1*1 spray - 2 SPRAYS BD

24-Jun-2022 Otomize Spray Acute Medication (Past)
1*1 spray - 2 SPRAYS BD

10-Jun-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

10-Jun-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

03-May-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

03-May-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING

18-Mar-2022 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

18-Mar-2022 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

28-Jan-2022 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

28-Jan-2022 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

10-Dec-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

10-Dec-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

11-Nov-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 CAPSULE - ONE CAPSULE TO BE TAKEN ONCE DAILY

11-Nov-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 CAPSULE - ONE CAPSULE TO BE TAKEN ONCE DAILY

11-Nov-2021 Kliofem Tablets Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN DAILY AS DIRECTED

11-Nov-2021 Aciclovir Tablets 800 mg Acute Medication (Past)
35 TABLET - TAKE ONE FIVE TIMES DAILY FOR SEVEN DAYS

11-Nov-2021 Aciclovir Tablets 800 mg Acute Medication (Past)
35 TABLET - TAKE ONE FIVE TIMES DAILY FOR SEVEN DAYS

11-Nov-2021 Kliofem Tablets Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN DAILY AS DIRECTED

21-Oct-2021 Omeprazole Capsules (Gastro-Resistant) 10 mg Acute Medication (Past)
28 capsule - ONE CAPSULE TO BE TAKEN ONCE DAILY IF REQUIRED

21-Oct-2021 Omeprazole Capsules (Gastro-Resistant) 10 mg Acute Medication (Past)
28 capsule - ONE CAPSULE TO BE TAKEN ONCE DAILY IF REQUIRED

21-Oct-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

21-Oct-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

23-Aug-2021 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
14 tablet - ONE NOCTE INC TO 2 NOCTE IF NO BETTER

23-Aug-2021 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
14 tablet - ONE NOCTE INC TO 2 NOCTE IF NO BETTER

12-Aug-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

12-Aug-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

01-July-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

21-May-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

21-May-2021 Solifenacin Tablets 5 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

21-May-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

21-May-2021 Algesal Cream 10 % Acute Medication (Past)
100 GRAM - APPLY THREE TIMES A DAY

21-May-2021 Solifenacin Tablets 5 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

21-May-2021 Algesal Cream 10 % Acute Medication (Past)
100 GRAM - APPLY THREE TIMES A DAY

THIRD PARTY COPY

26-Apr-2021 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

15-Apr-2021 Varenicline Tablets 1 mg Acute Medication (Past)
56 tablet - ONE TABLET TWICE DAILY

15-Apr-2021 Varenicline Tablets 1 mg Acute Medication (Past)
56 tablet - ONE TABLET TWICE DAILY

31-Mar-2021 Varenicline Tablets 1 mg + 500 micrograms Acute Medication (Past)
25 tablet - ONE TABLET TWICE DAILY

31-Mar-2021 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

31-Mar-2021 Varenicline Tablets 1 mg + 500 micrograms Acute Medication (Past)
25 tablet - ONE TABLET TWICE DAILY

09-Mar-2021 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

16-Feb-2021 Ferrous Fumarate Tablets 210 mg Acute Medication (Past)
56 tablet - ONE DAILY

16-Feb-2021 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

16-Feb-2021 Ferrous Fumarate Tablets 210 mg Acute Medication (Past)
56 tablet - ONE DAILY

27-Jan-2021 Omeprazole Capsules (Gastro-Resistant) 10 mg Acute Medication (Past)
28 capsule - ONE CAPSULE TO BE TAKEN ONCE DAILY IF REQUIRED

27-Jan-2021 Omeprazole Capsules (Gastro-Resistant) 10 mg Acute Medication (Past)
28 capsule - ONE CAPSULE TO BE TAKEN ONCE DAILY IF REQUIRED

27-Jan-2021 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

29-Dec-2020 Clarithromycin Tablets 250 mg Acute Medication (Past)
1*14 tablet - ONE BD

29-Dec-2020 Clarithromycin Tablets 250 mg Acute Medication (Past)
1*14 tablet - ONE BD

27-Dec-2020 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
56 tablet - 2 TABS QID EVERY 6 HRS

27-Dec-2020 Benzydamine Hydrochloride Spray Sugar Free 0.15 % Acute Medication (Past)
30 ML - 4 - 8 SPRAYS TO BE USED EVERY 1.5 - 3 HOURS PRN

27-Dec-2020 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
56 tablet - 2 TABS QID EVERY 6 HRS

27-Dec-2020 Benzydamine Hydrochloride Spray Sugar Free 0.15 % Acute Medication (Past)
30 ML - 4 - 8 SPRAYS TO BE USED EVERY 1.5 - 3 HOURS PRN

23-Dec-2020 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

24-Nov-2020 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

20-Nov-2020 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
14 tablet - ONE NOCTE INC TO 2 NOCTE IF NO BETTER

20-Nov-2020 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
14 tablet - ONE NOCTE INC TO 2 NOCTE IF NO BETTER

30-Oct-2020 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

30-Oct-2020 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TABLET TO BE TAKEN TWICE DAILY

09-Oct-2020 Omeprazole Capsules (Gastro-Resistant) 10 mg Acute Medication (Past)
28 capsule - ONE CAPSULE TO BE TAKEN ONCE DAILY IF REQUIRED

29-Sept-2020 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

10-Sept-2020 Omeprazole Capsules (Gastro-Resistant) 10 mg Acute Medication (Past)
28 capsule - ONE CAPSULE TO BE TAKEN ONCE DAILY IF REQUIRED

10-Sept-2020 Omeprazole Capsules (Gastro-Resistant) 10 mg Acute Medication (Past)
28 capsule - ONE CAPSULE TO BE TAKEN ONCE DAILY IF REQUIRED

04-Sept-2020 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TABLET TO BE TAKEN TWICE DAILY

04-Sept-2020 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

10-Aug-2020 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

03-July-2020 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TABLET TO BE TAKEN TWICE DAILY

03-July-2020 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

THIRD PARTY COPY

28-Apr-2020 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

28-Apr-2020 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TABLET TO BE TAKEN TWICE DAILY

02-Apr-2020 Co-Codamol 30/500 Tablets Repeat Medication (Past)
80 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

04-Mar-2020 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TABLET TO BE TAKEN TWICE DAILY

04-Mar-2020 Co-Codamol 30/500 Tablets Repeat Medication (Past)
80 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

06-Feb-2020 Co-Codamol 30/500 Tablets Repeat Medication (Past)
80 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

06-Jan-2020 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TABLET TO BE TAKEN TWICE DAILY

03-Jan-2020 Aciclovir Dispersible tablets 200 mg Acute Medication (Past)
25 TABLET - ONE TO BE TAKEN FIVE TIMES DAILY

03-Jan-2020 Aciclovir Cream 5 % Acute Medication (Past)
2 GRAM - APPLY FIVE TIMES A DAY

03-Jan-2020 Co-Codamol 30/500 Tablets Repeat Medication (Past)
80 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

03-Jan-2020 Aciclovir Cream 5 % Acute Medication (Past)
2 GRAM - APPLY FIVE TIMES A DAY

03-Jan-2020 Aciclovir Dispersible tablets 200 mg Acute Medication (Past)
25 TABLET - ONE TO BE TAKEN FIVE TIMES DAILY

03-Dec-2019 Co-Codamol 30/500 Tablets Repeat Medication (Past)
80 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

25-Nov-2019 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY

25-Nov-2019 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY

31-Oct-2019 Co-Codamol 30/500 Tablets Repeat Medication (Past)
80 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

31-Oct-2019 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TABLET TO BE TAKEN TWICE DAILY

15-Oct-2019 Aciclovir Dispersible tablets 200 mg Acute Medication (Past)
25 TABLET - ONE TO BE TAKEN FIVE TIMES DAILY

15-Oct-2019 Aciclovir Cream 5 % Acute Medication (Past)
2 GRAM - APPLY FIVE TIMES A DAY

15-Oct-2019 Aciclovir Cream 5 % Acute Medication (Past)
2 GRAM - APPLY FIVE TIMES A DAY

15-Oct-2019 Aciclovir Dispersible tablets 200 mg Acute Medication (Past)
25 TABLET - ONE TO BE TAKEN FIVE TIMES DAILY

30-Sept-2019 Co-Codamol 30/500 Tablets Repeat Medication (Past)
80 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

21-Aug-2019 Co-Codamol 30/500 Tablets Repeat Medication (Past)
80 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

24-July-2019 Co-Codamol 30/500 Tablets Repeat Medication (Past)
80 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

24-Jun-2019 Co-Codamol 30/500 Tablets Repeat Medication (Past)
80 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

24-Jun-2019 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TABLET TO BE TAKEN TWICE DAILY

15-May-2019 Cetirizine Hydrochloride Tablets 10 mg Acute Medication (Past)
28 tablet - 1 DAILY

15-May-2019 Co-Codamol 30/500 Tablets Repeat Medication (Past)
80 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

15-May-2019 Aciclovir Cream 5 % Acute Medication (Past)
2 GRAM - APPLY FIVE TIMES A DAY

15-May-2019 Cetirizine Hydrochloride Tablets 10 mg Acute Medication (Past)
28 tablet - 1 DAILY

15-May-2019 Aciclovir Cream 5 % Acute Medication (Past)
2 GRAM - APPLY FIVE TIMES A DAY

25-Apr-2019 Hydrocortisone Butyrate Scalp lotion 0.1 % Acute Medication (Past)
100 ml - APPLY THINLY ONCE A DAY AS DIRECTED

25-Apr-2019 Amorolfine Hydrochloride Medicated Nail Lacquer 5 % Acute Medication (Past)
2.5 ML - APPLY TO AFFECTED NAILS ONCE OR TWICE WEEKLY AS DIRECTED

25-Apr-2019 Hydrocortisone Butyrate Scalp lotion 0.1 % Acute Medication (Past)
100 ml - APPLY THINLY ONCE A DAY AS DIRECTED

THIRD PARTY COPY

25-Apr-2019 Amorolfine Hydrochloride Medicated Nail Lacquer 5 % Acute Medication (Past)
2.5 ML - APPLY TO AFFECTED NAILS ONCE OR TWICE WEEKLY AS DIRECTED

24-Apr-2019 Co-Codamol 30/500 Tablets Repeat Medication (Past)
80 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

26-Mar-2019 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TABLET TO BE TAKEN TWICE DAILY

26-Mar-2019 Co-Codamol 30/500 Tablets Repeat Medication (Past)
80 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

26-Feb-2019 Co-Codamol 30/500 Tablets Repeat Medication (Past)
80 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

06-Feb-2019 Co-Codamol 30/500 Tablets Repeat Medication (Past)
80 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

10-Jan-2019 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 tablet - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

17-Dec-2018 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 tablet - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

26-Nov-2018 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TABLET TO BE TAKEN TWICE DAILY

21-Nov-2018 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 tablet - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

23-Oct-2018 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 tablet - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

18-Sept-2018 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TABLET TO BE TAKEN TWICE DAILY

18-Sept-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 tablet - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

21-Aug-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 tablet - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

14-Aug-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 tablet - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

14-Aug-2018 Co-Codamol 30/500 Tablets Repeat Medication (Past)
50 TABLET - ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY

24-July-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
42 tablet - TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

18-Jun-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
42 tablet - TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

22-May-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
42 tablet - TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

09-May-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
42 tablet - TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

23-Apr-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
42 tablet - TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

10-Apr-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
42 tablet - TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

10-Apr-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
42 tablet - TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

30-Mar-2018 Trimethoprim Tablets 200 mg Acute Medication (Past)
6 TABLET - TAKE ONE TABLET TWICE DAILY

30-Mar-2018 Trimethoprim Tablets 200 mg Acute Medication (Past)
6 TABLET - TAKE ONE TABLET TWICE DAILY

22-Mar-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
42 tablet - TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

22-Mar-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
42 tablet - TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

19-Mar-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
30 tablet - TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

19-Mar-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
30 tablet - TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

11-Jan-2018 Co-Codamol 30/500 Caplets Acute Medication (Past)
1*100 tablet - 1-2 QDS PRN

11-Jan-2018 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TABLET TO BE TAKEN TWICE DAILY

11-Jan-2018 Co-Codamol 30/500 Caplets Acute Medication (Past)
1*100 tablet - 1-2 QDS PRN

03-Jan-2018 Dermovate Cream 0.05 % Acute Medication (Past)
30 Gram(s) - TO BE USED AS DIRECTED

03-Jan-2018 Dermovate Cream 0.05 % Acute Medication (Past)
30 Gram(s) - TO BE USED AS DIRECTED

THIRD PARTY COPY

29-Dec-2017 Fexofenadine Hydrochloride Tablets 120 mg Acute Medication (Past)
30 tablet - ONE DAILY

29-Dec-2017 Fexofenadine Hydrochloride Tablets 120 mg Acute Medication (Past)
30 tablet - ONE DAILY

29-Dec-2017 Aveeno Skin Relief Moisturising Lotion With Shea Butter Acute Medication (Past)
200 ml - APPLY AS REQUIRED

29-Dec-2017 Aveeno Skin Relief Moisturising Lotion With Shea Butter Acute Medication (Past)
200 ml - TO BE USED WHEN REQUIRED

29-Dec-2017 Aveeno Skin Relief Moisturising Lotion With Shea Butter Acute Medication (Past)
200 ml - TO BE USED WHEN REQUIRED

06-Nov-2017 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TABLET TO BE TAKEN TWICE DAILY

06-Nov-2017 Co-Codamol 30/500 Caplets Acute Medication (Past)
1*100 tablet - 1-2 QDS PRN

06-Oct-2017 Co-Codamol 30/500 Caplets Acute Medication (Past)
1*100 tablet - 1-2 QDS PRN

26-Sept-2017 Naproxen E/c tablets 250 mg Acute Medication (Past)
1*56 tablet - ONE BD

26-Sept-2017 Naproxen E/c tablets 250 mg Acute Medication (Past)
1*56 tablet - ONE BD

07-Sept-2017 Co-Codamol 30/500 Caplets Acute Medication (Past)
1*100 tablet - 1-2 QDS PRN

17-Aug-2017 Volumatic Spacer device Acute Medication (Past)
1 device - TO BE USED AS DIRECTED

17-Aug-2017 Volumatic Spacer device Acute Medication (Past)
1 device - TO BE USED AS DIRECTED

10-Aug-2017 Naproxen E/c tablets 250 mg Acute Medication (Past)
1*56 tablet - ONE BD

10-Aug-2017 Naproxen E/c tablets 250 mg Acute Medication (Past)
1*56 tablet - ONE BD

03-Aug-2017 Co-Codamol 30/500 Caplets Acute Medication (Past)
1*100 tablet - 1-2 QDS PRN

26-Jun-2017 Co-Codamol 30/500 Caplets Acute Medication (Past)
1*100 tablet - 1-2 QDS PRN

26-Jun-2017 Co-Codamol 30/500 Caplets Acute Medication (Past)
1*100 tablet - 1-2 QDS PRN

15-Jun-2017 Fluconazole Capsules 150 mg Acute Medication (Past)
1 CAPSULE - TAKE ONE CAPSULE AS A SINGLE DOSE

15-Jun-2017 Fluconazole Capsules 150 mg Acute Medication (Past)
1 CAPSULE - TAKE ONE CAPSULE AS A SINGLE DOSE

05-Jun-2017 Ibuprofen Tablets 400 mg Acute Medication (Past)
84 TABLET - ONE TABLET TO BE TAKEN THREE TIMES DAILY

05-Jun-2017 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE CAPSULE TO BE TAKEN FOUR TIMES DAILY

05-Jun-2017 Ibuprofen Tablets 400 mg Acute Medication (Past)
84 TABLET - ONE TABLET TO BE TAKEN THREE TIMES DAILY

05-Jun-2017 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE CAPSULE TO BE TAKEN FOUR TIMES DAILY

02-May-2017 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN EACH MORNING

02-May-2017 Co-Codamol 30/500 Caplets Acute Medication (Past)
1*100 tablet - 1-2 QDS PRN

02-May-2017 Co-Codamol 30/500 Caplets Acute Medication (Past)
1*100 tablet - 1-2 QDS PRN

02-May-2017 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN EACH MORNING

29-Mar-2017 Co-Codamol 30/500 Caplets Acute Medication (Past)
1*100 tablet - 1-2 QDS PRN

29-Mar-2017 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN EACH MORNING

25-Feb-2017 Trimethoprim Tablets 200 mg Acute Medication (Past)
6 TABLET - TAKE ONE TABLET TWICE DAILY

25-Feb-2017 Trimethoprim Tablets 200 mg Acute Medication (Past)
6 TABLET - TAKE ONE TABLET TWICE DAILY

24-Feb-2017 Co-Codamol 30/500 Caplets Acute Medication (Past)
1*100 tablet - 1-2 QDS PRN

24-Feb-2017 Co-Codamol 30/500 Caplets Acute Medication (Past)
1*100 tablet - 1-2 QDS PRN

THIRD PARTY COPY

24-Feb-2017 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN EACH MORNING

24-Feb-2017 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN EACH MORNING

16-Jan-2017 Mirena Intra-uterine device 52 mg (20 micrograms/24 hours) Acute Medication (Past)
1 DEVICE - FOR INSERTION BY YOUR GP/NURSE AS DIRECTED

16-Jan-2017 Mirena Intra-uterine device 52 mg (20 micrograms/24 hours) Acute Medication (Past)
1 DEVICE - FOR INSERTION BY YOUR GP/NURSE AS DIRECTED

10-Jan-2017 Co-Codamol 30/500 Caplets Acute Medication (Past)
1*100 tablet - 1-2 QDS PRN

10-Jan-2017 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN EACH MORNING

07-Dec-2016 Chloramphenicol Eye drops 0.5 % Acute Medication (Past)
10 ML - ONE DROP TO BE USED FOUR TIMES A DAY IN THE AFFECTED EYE(S)

07-Dec-2016 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 tablet - ONE BD

07-Dec-2016 Chloramphenicol Eye drops 0.5 % Acute Medication (Past)
10 ML - ONE DROP TO BE USED FOUR TIMES A DAY IN THE AFFECTED EYE(S)

07-Dec-2016 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 tablet - ONE BD

05-Dec-2016 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN EACH MORNING

05-Dec-2016 Ranitidine Tablets 150 mg Repeat Medication (Past)
120 TABLET - ONE TABLET TO BE TAKEN TWICE DAILY

05-Dec-2016 Co-Codamol 30/500 Caplets Acute Medication (Past)
1*100 tablet - 1-2 QDS PRN

05-Dec-2016 Co-Codamol 30/500 Caplets Acute Medication (Past)
1*100 tablet - 1-2 QDS PRN

15-Nov-2016 Co-Codamol 30/500 Capsules Acute Medication (Past)
100 capsule - ONE OR TWO UP TO QDS PRN FOR PAIN

15-Nov-2016 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN EACH MORNING

15-Nov-2016 Co-Codamol 30/500 Capsules Acute Medication (Past)
100 capsule - ONE OR TWO UP TO QDS PRN FOR PAIN

15-Nov-2016 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN EACH MORNING

19-Oct-2016 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TABLET TO BE TAKEN UP TO THREE TIMES A DAY WHEN REQUIRED

19-Oct-2016 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TABLET TO BE TAKEN UP TO THREE TIMES A DAY WHEN REQUIRED

19-Oct-2016 Ibuprofen Tablets 200 mg Acute Medication (Past)
42 tablet - 1-2 TDS PRN

19-Oct-2016 Ibuprofen Tablets 200 mg Acute Medication (Past)
42 tablet - 1-2 TDS PRN

03-Oct-2016 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN EACH MORNING

03-Oct-2016 Elleste-Solo Tablets 1 mg Acute Medication (Past)
84 TABLET - ONE TABLET TO BE TAKEN DAILY AS DIRECTED

03-Oct-2016 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO UP TO QDS PRN FOR PAIN

03-Oct-2016 Elleste-Solo Tablets 1 mg Acute Medication (Past)
84 TABLET - ONE TABLET TO BE TAKEN DAILY AS DIRECTED

03-Oct-2016 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO UP TO QDS PRN FOR PAIN

03-Oct-2016 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN EACH MORNING

31-Aug-2016 Ranitidine Tablets 150 mg Acute Medication (Past)
120 TABLET - ONE TABLET TO BE TAKEN TWICE DAILY

31-Aug-2016 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN EACH MORNING

31-Aug-2016 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO UP TO QDS PRN FOR PAIN

31-Aug-2016 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - ONE OR TWO UP TO QDS PRN FOR PAIN

31-Aug-2016 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN EACH MORNING

31-Aug-2016 Ranitidine Tablets 150 mg Acute Medication (Past)
120 TABLET - ONE TABLET TO BE TAKEN TWICE DAILY

THIRD PARTY COPY

Allergies

This section is empty.

Vaccinations

03-Dec-2023 Mr Anonymous User (ANON)
Administration of first inactivated seasonal influenza vacc
3029478/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (The Link Cumbernauld Vaccinations)

03-Dec-2023 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 vaccine
710025A/ COVMODERNA/IM/Right Arm//C-19 Moderna (The Link Cumbernauld Vaccinations)

30-Sept-2022 Mr Anonymous User (ANON)
Administration of first inactivated seasonal influenza vacc
440051A/ FLUQIVC/IM/Right Arm//FLU - Seqirus UK (FV Peer Flu/Covid)

30-Sept-2022 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 vaccine
GE3043/ COVPFIZER/IM/Left Arm//C-19 Comirnaty (FV Peer Flu/Covid)

06-Oct-2021 Mr Anonymous User (ANON)
Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Pfizer (By M Worsley)
FJ5782/ PF/IM/LUA//C-19 Booster Pfizer (By M Worsley)

06-Oct-2021 Mr Anonymous User (ANON)
Administration of first inactivated seasonal influenza vacc
3079371A/ FLUQIVC/IM/LUA//FLU - Flucelvax Tetra (QIVc) (By M Worsley)

06-Oct-2021 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Pfizer (By M Worsley)
FJ5782/ PF/IM/LUA//C-19 Booster Pfizer (By M Worsley)

30-Mar-2021 Mr Anonymous User (ANON)
Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By S Findlay)
ER1741/ PF/IM/LUA//C-19 Pifzer (By S Findlay)

12-Jan-2021 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By Y *****)
*EE8492/ PF/IM/LUA//C-19 Pifzer (By Y *****)*

25-Jan-2000 Mrs Susan Hannigan (SH)
Boost hepatitis B vaccination (GMS (Another Practice))

02-Oct-1978 Mrs Susan Hannigan (SH)
Tuberculosis (BCG) vaccination (GMS (Another Practice))

Referrals

31-Mar-2026 Nurse Susan Davis (SDA)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

11-Nov-2024 Dr Michael Baillie (MB)
8H53.: ENT referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

24-Jun-2022 Dr Michael Baillie (MB)
8H58.: Gynaecological referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

20-July-2018 Dr Michael Baillie (MB)
8HHw.: Refer to community sexual health advisor (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

Test Requests

This section is empty.

Test Results

31-Mar-2026 Mr Anonymous User (ANON)

Result:	Thyroid function test		
	Serum TSH level	0.67 mU/L	(Range: 0.35 - 5)

THIRD PARTY COPY

31-Mar-2026 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Glomerular filtration rate > 59		(No range available)
Serum creatinine	64 umol/L	(Range: 40 - 130)
Serum urea level	5.1 mmol/L	(Range: 2.5 - 7.8)
Serum chloride	104 mmol/L	(Range: 95 - 108)
Serum potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
Serum sodium	139 mmol/L	(Range: 133 - 146)

31-Mar-2026 Mr Anonymous User (ANON)
Result: Serum lipids

Biochemical test	10.45	(No range available)
Serum HDL cholesterol level	1.2 mmol/L	(No range available)
Serum LDL cholesterol level	3.2 mmol/l	(No range available)
Serum triglycerides	1.7 mmol/L	(No range available)
Serum total cholesterol level	5.2 mmol/L	(No range available)

31-Mar-2026 Mr Anonymous User (ANON)
Result: Liver function test

Serum alkaline phosphatase	106 U/L	(Range: 30 - 130)
Serum albumin	45 g/L	(Range: 35 - 50)
Serum total protein	72 g/L	(Range: 60 - 80)
Serum total bilirubin level	7 umol/L	(No range available)
Serum ALT level	15 IU/L	(No range available)
AST serum level	19 U/L	(No range available)

31-Mar-2026 Mr Anonymous User (ANON)
Result: Haemoglobin A1c level

HbA1c levl - IFCC standardised	43 mmol/mol	(No range available)

31-Mar-2026 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated red blood cell count, 0	0 10^9/L	(No range available)
Basophil count	0.1 10^9/L	(Range: 0.02 - 0.1)
Eosinophil count	0.1 10^9/L	(Range: 0.02 - 0.5)
Monocyte count	0.4 10^9/L	(Range: 0.2 - 1)
Lymphocyte count	1.6 10^9/L	(Range: 1 - 3)
Neutrophil count	2.4 10^9/L	(Range: 2 - 7)
Mean corpusc. Hb. conc. (MCHC)	317 g/L	(Range: 315 - 345)
Mean corpusc. haemoglobin(MCH)	**26.3 pg**	**(Range: 27 - 32)**
Packed cell volume	0.436	(Range: 0.36 - 0.46)
Mean corpuscular volume (MCV)	83 fl	(Range: 83 - 101)
Red blood cell (RBC) count	**5.25 10^12/L**	**(Range: 3.8 - 4.8)**
Platelet count	372 10^9/L	(Range: 150 - 410)
Total white cell count	4.5 10^9/L	(Range: 4 - 10)
Haemoglobin estimation	138 g/L	(Range: 120 - 150)

31-Mar-2026 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated red blood cell count, 0	0 10^9/L	(No range available)
Basophil count	0.1 10^9/L	(Range: 0.02 - 0.1)
Eosinophil count	0.1 10^9/L	(Range: 0.02 - 0.5)
Monocyte count	0.4 10^9/L	(Range: 0.2 - 1)
Lymphocyte count	1.6 10^9/L	(Range: 1 - 3)
Neutrophil count	2.4 10^9/L	(Range: 2 - 7)
Mean corpusc. Hb. conc. (MCHC)	317 g/L	(Range: 315 - 345)
Mean corpusc. haemoglobin(MCH)	**26.3 pg**	**(Range: 27 - 32)**
Packed cell volume	0.436	(Range: 0.36 - 0.46)
Mean corpuscular volume (MCV)	83 fl	(Range: 83 - 101)
Red blood cell (RBC) count	**5.25 10^12/L**	**(Range: 3.8 - 4.8)**
Platelet count	372 10^9/L	(Range: 150 - 410)
Total white cell count	4.5 10^9/L	(Range: 4 - 10)
Haemoglobin estimation	138 g/L	(Range: 120 - 150)

09-July-2024 Miss Chelsea Binnie (CB)
Result: Virology

Cervical smear - human papillomavirus negative - Cervical smear - human papillomavirus negative		(No range available)

09-Feb-2024 Mr Anonymous User (ANON)
Result: Haemoglobin A1c level

HbA1c levl - IFCC standardised	41 mmol/mol	(No range available)

THIRD PARTY COPY

09-Feb-2024 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated red blood cell count, 0	0 10^9/L	(No range available)
Basophil count	0.1 10^9/L	(Range: 0.02 - 0.1)
Eosinophil count	0.3 10^9/L	(Range: 0.02 - 0.5)
Monocyte count	0.5 10^9/L	(Range: 0.2 - 1)
Lymphocyte count	2 10^9/L	(Range: 1 - 3)
Neutrophil count	3.9 10^9/L	(Range: 2 - 7)
Mean corpusc. Hb. conc. (MCHC)	318 g/L	(Range: 315 - 345)
Mean corpusc. haemoglobin(MCH)	**26.9 pg**	**(Range: 27 - 32)**
Packed cell volume	0.428	(Range: 0.36 - 0.46)
Mean corpuscular volume (MCV)	84.8 fl	(Range: 83 - 101)
Red blood cell (RBC) count	**5.05 10^12/L**	**(Range: 3.8 - 4.8)**
Platelet count	335 10^9/L	(Range: 150 - 410)
Total white cell count	6.8 10^9/L	(Range: 4 - 10)
Haemoglobin estimation	136 g/L	(Range: 120 - 150)

09-Feb-2024 Mr Anonymous User (ANON)
Result: Blood glucose level

Plasma glucose level	5.5 mmol/L	(Range: 3 - 6)
Biochemical test	10.17	(No range available)

09-Feb-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Serum vitamin D)

Serum vitamin D	72 nmol/l	(No range available)

09-Feb-2024 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Glomerular filtration rate > 59		(No range available)
Serum creatinine	66 umol/L	(Range: 40 - 130)
Serum urea level	4.2 mmol/L	(Range: 2.5 - 7.8)
Serum chloride	103 mmol/L	(Range: 95 - 108)
Serum potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
Serum sodium	141 mmol/L	(Range: 133 - 146)

09-Feb-2024 Mr Anonymous User (ANON)
Result: Calcium profile

Serum inorganic phosphate	1.24 mmol/L	(Range: 0.8 - 1.5)
Corrected serum calcium level	2.23 mmol/L	(Range: 2.2 - 2.6)
Serum calcium	2.27 mmol/L	(Range: 2.2 - 2.6)

09-Feb-2024 Mr Anonymous User (ANON)
Result: Liver function test

Serum alkaline phosphatase	102 U/L	(Range: 30 - 130)
Serum albumin	45 g/L	(Range: 35 - 50)
Serum total protein	73 g/L	(Range: 60 - 80)
Serum total bilirubin level	5 umol/L	(No range available)
Serum ALT level	19 IU/L	(No range available)
AST serum level	18 U/L	(No range available)

09-Feb-2024 Mr Anonymous User (ANON)
Result: Blood haematinic levels

Serum vitamin B12	850 ng/L	(Range: 187 - 883)
Serum folate	5.3 ug/L	(Range: 3 - 20)
Serum ferritin	33 ug/L	(Range: 15 - 200)

09-Feb-2024 Mr Anonymous User (ANON)
Result: Thyroid function test

Serum TSH level	1.11 mU/L	(Range: 0.35 - 5)

09-Feb-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event -)

Follicle stimulating horm lev	80.2 U/L	(No range available)
Serum LH level	24.7 U/L	(No range available)

09-Feb-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Serum vitamin D)

Serum vitamin D	72 nmol/l	(No range available)

09-Feb-2024 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Glomerular filtration rate > 59		(No range available)
Serum creatinine	66 umol/L	(Range: 40 - 130)
Serum urea level	4.2 mmol/L	(Range: 2.5 - 7.8)
Serum chloride	103 mmol/L	(Range: 95 - 108)
Serum potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
Serum sodium	141 mmol/L	(Range: 133 - 146)

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09-Feb-2024 Mr Anonymous User (ANON)
Result: Calcium profile

Serum inorganic phosphate	1.24 mmol/L	(Range: 0.8 - 1.5)
Corrected serum calcium level	2.23 mmol/L	(Range: 2.2 - 2.6)
Serum calcium	2.27 mmol/L	(Range: 2.2 - 2.6)

09-Feb-2024 Mr Anonymous User (ANON)
Result: Liver function test

Serum alkaline phosphatase	102 U/L	(Range: 30 - 130)
Serum albumin	45 g/L	(Range: 35 - 50)
Serum total protein	73 g/L	(Range: 60 - 80)
Serum total bilirubin level	5 umol/L	(No range available)
Serum ALT level	19 IU/L	(No range available)
AST serum level	18 U/L	(No range available)

09-Feb-2024 Mr Anonymous User (ANON)
Result: Blood haematinic levels

Serum vitamin B12	850 ng/L	(Range: 187 - 883)
Serum folate	5.3 ug/L	(Range: 3 - 20)
Serum ferritin	33 ug/L	(Range: 15 - 200)

09-Feb-2024 Mr Anonymous User (ANON)
Result: Thyroid function test

Serum TSH level	1.11 mU/L	(Range: 0.35 - 5)

21-Jun-2023 Mr Anonymous User (ANON)
Result: Haemoglobin A1c level

HbA1c levl - IFCC standardised	43 mmol/mol	(No range available)

22-Jun-2022 Mr Anonymous User (ANON)
Result: Haemoglobin A1c level

HbA1c levl - IFCC standardised	43 mmol/mol	(No range available)

22-Jun-2022 Mr Anonymous User (ANON)
Result: Blood glucose level

Plasma glucose level	4.6 mmol/L	(Range: 3 - 6)
Biochemical test	11.16	(No range available)

11-Jan-2022 Mrs Anne Livingstone (ANL)
Result: Bowel Cancer Screening Result

BCSP faecal occult blood test normal Negative		(No range available)

27-Oct-2021 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated red blood cell count, 0	0 10^9/L	(No range available)
Basophil count	0.1 10^9/L	(Range: 0.02 - 0.1)
Eosinophil count	0.2 10^9/L	(Range: 0.02 - 0.5)
Monocyte count	0.6 10^9/L	(Range: 0.2 - 1)
Lymphocyte count	2 10^9/L	(Range: 1 - 3)
Neutrophil count	3.2 10^9/L	(Range: 2 - 7)
Mean corpusc. Hb. conc. (MCHC)	320 g/L	(Range: 315 - 345)
Mean corpusc. haemoglobin(MCH)	**26.9 pg**	**(Range: 27 - 32)**
Packed cell volume	0.425	(Range: 0.36 - 0.46)
Mean corpuscular volume (MCV)	84.2 fl	(Range: 83 - 101)
Red blood cell (RBC) count	**5.05 10^12/L**	**(Range: 3.8 - 4.8)**
Platelet count	326 10^9/L	(Range: 150 - 410)
Total white cell count	6 10^9/L	(Range: 4 - 10)
Haemoglobin estimation	136 g/L	(Range: 120 - 150)

27-Oct-2021 Mr Anonymous User (ANON)
Result: Thyroid function test

Serum TSH level	1.34 mU/L	(Range: 0.35 - 5)

27-Oct-2021 Mr Anonymous User (ANON)
Result: Immunoglobulins

IgA	1.89 g/L	(Range: 0.8 - 4)
IgM	1.5 g/L	(Range: 0.4 - 2.4)
IgG	11.7 g/L	(Range: 6 - 16)

27-Oct-2021 Mr Anonymous User (ANON)
Result: Serum protein electrophoresis

Serum protein electrophoresis		(No range available)

27-Oct-2021 Mr Anonymous User (ANON)
Result: Serum C reactive protein level

Serum C reactive protein level <5		(No range available)

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27-Oct-2021 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Glomerular filtration rate >59		(No range available)
Serum urea level	4.4 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	69 umol/L	(Range: 40 - 130)
Serum chloride	105 mmol/L	(Range: 95 - 108)
Serum sodium	141 mmol/L	(Range: 133 - 146)
Serum potassium	4 mmol/L	(Range: 3.5 - 5.3)

27-Oct-2021 Mr Anonymous User (ANON)
Result: Calcium profile

Serum inorganic phosphate	1.4 mmol/L	(Range: 0.8 - 1.5)
Corrected serum calcium level	2.27 mmol/L	(Range: 2.2 - 2.6)
Serum calcium	2.27 mmol/L	(Range: 2.2 - 2.6)

27-Oct-2021 Mr Anonymous User (ANON)
Result: Liver function test

Serum albumin	42 g/L	(Range: 35 - 50)
Serum total protein	71 g/L	(Range: 60 - 80)
AST serum level	18 U/L	(No range available)
Serum ALT level	19 IU/L	(No range available)
Serum alkaline phosphatase	107 U/L	(Range: 30 - 130)
Serum total bilirubin level	4 umol/L	(No range available)

27-Oct-2021 Mr Anonymous User (ANON)
Result: Haemoglobin A1c level

HbA1c levl - IFCC standardised	43 mmol/mol	(No range available)

27-Oct-2021 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated red blood cell count, 0	0 10^9/L	(No range available)
Basophil count	0.1 10^9/L	(Range: 0.02 - 0.1)
Eosinophil count	0.2 10^9/L	(Range: 0.02 - 0.5)
Monocyte count	0.6 10^9/L	(Range: 0.2 - 1)
Lymphocyte count	2 10^9/L	(Range: 1 - 3)
Neutrophil count	3.2 10^9/L	(Range: 2 - 7)
Mean corpusc. Hb. conc. (MCHC)	320 g/L	(Range: 315 - 345)
Mean corpusc. haemoglobin(MCH)	**26.9 pg**	**(Range: 27 - 32)**
Packed cell volume	0.425	(Range: 0.36 - 0.46)
Mean corpuscular volume (MCV)	84.2 fl	(Range: 83 - 101)
Red blood cell (RBC) count	**5.05 10^12/L**	**(Range: 3.8 - 4.8)**
Platelet count	326 10^9/L	(Range: 150 - 410)
Total white cell count	6 10^9/L	(Range: 4 - 10)
Haemoglobin estimation	136 g/L	(Range: 120 - 150)

27-Oct-2021 Mr Anonymous User (ANON)
Result: Blood haematinic levels

Serum vitamin B12	839 ng/L	(Range: 187 - 883)
Serum folate	8.4 ug/L	(Range: 3 - 20)
Serum ferritin	22 ug/L	(Range: 15 - 200)

27-Oct-2021 Mr Anonymous User (ANON)
Result: Thyroid function test

Serum TSH level	1.34 mU/L	(Range: 0.35 - 5)

27-Oct-2021 Mr Anonymous User (ANON)
Result: Immunoglobulins

IgA	1.89 g/L	(Range: 0.8 - 4)
IgM	1.5 g/L	(Range: 0.4 - 2.4)
IgG	11.7 g/L	(Range: 6 - 16)

27-Oct-2021 Mr Anonymous User (ANON)
Result: Serum protein electrophoresis

Serum protein electrophoresis		(No range available)

27-Oct-2021 Mr Anonymous User (ANON)
Result: Serum C reactive protein level

Serum C reactive protein level <5		(No range available)

27-Oct-2021 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Glomerular filtration rate >59		(No range available)
Serum urea level	4.4 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	69 umol/L	(Range: 40 - 130)
Serum chloride	105 mmol/L	(Range: 95 - 108)
Serum sodium	141 mmol/L	(Range: 133 - 146)
Serum potassium	4 mmol/L	(Range: 3.5 - 5.3)

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27-Oct-2021 Mr Anonymous User (ANON)

Result: Calcium profile		
Serum inorganic phosphate	1.4 mmol/L	(Range: 0.8 - 1.5)
Corrected serum calcium level	2.27 mmol/L	(Range: 2.2 - 2.6)
Serum calcium	2.27 mmol/L	(Range: 2.2 - 2.6)

27-Oct-2021 Mr Anonymous User (ANON)

Result: Liver function test		
Serum albumin	42 g/L	(Range: 35 - 50)
Serum total protein	71 g/L	(Range: 60 - 80)
AST serum level	18 U/L	(No range available)
Serum ALT level	19 IU/L	(No range available)
Serum alkaline phosphatase	107 U/L	(Range: 30 - 130)
Serum total bilirubin level	4 umol/L	(No range available)

27-Oct-2021 Mr Anonymous User (ANON)

Result: Blood haematinic levels		
Serum vitamin B12	839 ng/L	(Range: 187 - 883)
Serum folate	8.4 ug/L	(Range: 3 - 20)
Serum ferritin	22 ug/L	(Range: 15 - 200)

27-Oct-2021 Mr Anonymous User (ANON)

Result: Thyroid function test		
Serum TSH level	1.34 mU/L	(Range: 0.35 - 5)

27-Oct-2021 Mr Anonymous User (ANON)

Result: Immunoglobulins		
IgA	1.89 g/L	(Range: 0.8 - 4)
IgM	1.5 g/L	(Range: 0.4 - 2.4)
IgG	11.7 g/L	(Range: 6 - 16)

27-Oct-2021 Mr Anonymous User (ANON)

Result: Serum protein electrophoresis		
Serum protein electrophoresis		(No range available)

27-Oct-2021 Mr Anonymous User (ANON)

Result: Serum C reactive protein level		
Serum C reactive protein level <5		(No range available)

27-Oct-2021 Mr Anonymous User (ANON)

Result: Urea and electrolytes		
Glomerular filtration rate >59		(No range available)
Serum urea level	4.4 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	69 umol/L	(Range: 40 - 130)
Serum chloride	105 mmol/L	(Range: 95 - 108)
Serum sodium	141 mmol/L	(Range: 133 - 146)
Serum potassium	4 mmol/L	(Range: 3.5 - 5.3)

27-Oct-2021 Mr Anonymous User (ANON)

Result: Calcium profile		
Serum inorganic phosphate	1.4 mmol/L	(Range: 0.8 - 1.5)
Corrected serum calcium level	2.27 mmol/L	(Range: 2.2 - 2.6)
Serum calcium	2.27 mmol/L	(Range: 2.2 - 2.6)

27-Oct-2021 Mr Anonymous User (ANON)

Result: Liver function test		
Serum albumin	42 g/L	(Range: 35 - 50)
Serum total protein	71 g/L	(Range: 60 - 80)
AST serum level	18 U/L	(No range available)
Serum ALT level	19 IU/L	(No range available)
Serum alkaline phosphatase	107 U/L	(Range: 30 - 130)
Serum total bilirubin level	4 umol/L	(No range available)

21-May-2021 Mr Anonymous User (ANON)

Result: Erythrocyte sedimentation rate		
Erythrocyte sedimentation rate	11 mm in 1st hour	(Range: 2 - 30)

THIRD PARTY COPY

21-May-2021 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated red blood cell count, 0	0 10^9/L	(No range available)
Basophil count	0.1 10^9/L	(Range: 0.02 - 0.1)
Eosinophil count	0.2 10^9/L	(Range: 0.02 - 0.5)
Monocyte count	0.4 10^9/L	(Range: 0.2 - 1)
Lymphocyte count	2.1 10^9/L	(Range: 1 - 3)
Neutrophil count	2.4 10^9/L	(Range: 2 - 7)
Mean corpusc. Hb. conc. (MCHC)	326 g/L	(Range: 315 - 345)
Mean corpusc. haemoglobin(MCH)	**26.5 pg**	**(Range: 27 - 32)**
Packed cell volume	0.427	(Range: 0.36 - 0.46)
Mean corpuscular volume (MCV)	**81.5 fl**	**(Range: 83 - 101)**
Red blood cell (RBC) count	**5.24 10^12/L**	**(Range: 3.8 - 4.8)**
Platelet count	309 10^9/L	(Range: 150 - 410)
Total white cell count	5.2 10^9/L	(Range: 4 - 10)
Haemoglobin estimation	139 g/L	(Range: 120 - 150)

21-May-2021 Mr Anonymous User (ANON)
Result: Blood glucose level

Plasma glucose level	6 mmol/L	(Range: 3 - 6)
Biochemical test	10.12	(No range available)

21-May-2021 Mr Anonymous User (ANON)
Result: Haemoglobin A1c level

HbA1c levl - IFCC standardised	44 mmol/mol	(No range available)

21-May-2021 Mr Anonymous User (ANON)
Result: Erythrocyte sedimentation rate

Erythrocyte sedimentation rate	11 mm in 1st hour	(Range: 2 - 30)

21-May-2021 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated red blood cell count, 0	0 10^9/L	(No range available)
Basophil count	0.1 10^9/L	(Range: 0.02 - 0.1)
Eosinophil count	0.2 10^9/L	(Range: 0.02 - 0.5)
Monocyte count	0.4 10^9/L	(Range: 0.2 - 1)
Lymphocyte count	2.1 10^9/L	(Range: 1 - 3)
Neutrophil count	2.4 10^9/L	(Range: 2 - 7)
Mean corpusc. Hb. conc. (MCHC)	326 g/L	(Range: 315 - 345)
Mean corpusc. haemoglobin(MCH)	**26.5 pg**	**(Range: 27 - 32)**
Packed cell volume	0.427	(Range: 0.36 - 0.46)
Mean corpuscular volume (MCV)	**81.5 fl**	**(Range: 83 - 101)**
Red blood cell (RBC) count	**5.24 10^12/L**	**(Range: 3.8 - 4.8)**
Platelet count	309 10^9/L	(Range: 150 - 410)
Total white cell count	5.2 10^9/L	(Range: 4 - 10)
Haemoglobin estimation	139 g/L	(Range: 120 - 150)

21-May-2021 Mr Anonymous User (ANON)
Result: Thyroid function test

Serum TSH level	1.15 mU/L	(Range: 0.35 - 5)

21-May-2021 Mr Anonymous User (ANON)
Result: Serum C reactive protein level

Serum C reactive protein level <5		(No range available)

21-May-2021 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Glomerular filtration rate >59		(No range available)
Serum urea level	3.6 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	72 umol/L	(Range: 40 - 130)
Serum chloride	107 mmol/L	(Range: 95 - 108)
Serum sodium	141 mmol/L	(Range: 133 - 146)
Serum potassium	4.6 mmol/L	(Range: 3.5 - 5.3)

21-May-2021 Mr Anonymous User (ANON)
Result: Calcium profile

Serum inorganic phosphate	1.21 mmol/L	(Range: 0.8 - 1.5)
Corrected serum calcium level	2.26 mmol/L	(Range: 2.2 - 2.6)
Serum calcium	2.27 mmol/L	(Range: 2.2 - 2.6)

21-May-2021 Mr Anonymous User (ANON)
Result: Liver function test

Serum albumin	43 g/L	(Range: 35 - 50)
Serum total protein	69 g/L	(Range: 60 - 80)
AST serum level	16 U/L	(No range available)
Serum ALT level	16 IU/L	(No range available)
Serum alkaline phosphatase	107 U/L	(Range: 30 - 130)
Serum total bilirubin level	4 umol/L	(No range available)

01-Apr-2021 Mr Anonymous User (ANON)
Result: Blood haematinic levels

Serum ferritin	37 ug/L	(Range: 15 - 200)

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12-Feb-2021 Mr Anonymous User (ANON)
Result: Haemoglobin A1c level

HbA1c levl - IFCC standardised	44 mmol/mol	(No range available)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Erythrocyte sedimentation rate

Erythrocyte sedimentation rate	9 mm in 1st hour	(Range: 2 - 30)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated red blood cell count, 0	0 10^9/L	(No range available)
Basophil count	0.1 10^9/L	(Range: 0.02 - 0.1)
Eosinophil count	0.2 10^9/L	(Range: 0.02 - 0.5)
Monocyte count	0.5 10^9/L	(Range: 0.2 - 1)
Lymphocyte count	1.9 10^9/L	(Range: 1 - 3)
Neutrophil count	3.3 10^9/L	(Range: 2 - 7)
Mean corpusc. Hb. conc. (MCHC)	319 g/L	(Range: 315 - 345)
Mean corpusc. haemoglobin(MCH)	**26.7 pg**	**(Range: 27 - 32)**
Packed cell volume	0.407	(Range: 0.36 - 0.46)
Mean corpuscular volume (MCV)	83.6 fl	(Range: 83 - 101)
Red blood cell (RBC) count	**4.87 10^12/L**	**(Range: 3.8 - 4.8)**
Platelet count	307 10^9/L	(Range: 150 - 410)
Total white cell count	6 10^9/L	(Range: 4 - 10)
Haemoglobin estimation	130 g/L	(Range: 120 - 150)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Erythrocyte sedimentation rate

Erythrocyte sedimentation rate	9 mm in 1st hour	(Range: 2 - 30)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated red blood cell count, 0	0 10^9/L	(No range available)
Basophil count	0.1 10^9/L	(Range: 0.02 - 0.1)
Eosinophil count	0.2 10^9/L	(Range: 0.02 - 0.5)
Monocyte count	0.5 10^9/L	(Range: 0.2 - 1)
Lymphocyte count	1.9 10^9/L	(Range: 1 - 3)
Neutrophil count	3.3 10^9/L	(Range: 2 - 7)
Mean corpusc. Hb. conc. (MCHC)	319 g/L	(Range: 315 - 345)
Mean corpusc. haemoglobin(MCH)	**26.7 pg**	**(Range: 27 - 32)**
Packed cell volume	0.407	(Range: 0.36 - 0.46)
Mean corpuscular volume (MCV)	83.6 fl	(Range: 83 - 101)
Red blood cell (RBC) count	**4.87 10^12/L**	**(Range: 3.8 - 4.8)**
Platelet count	307 10^9/L	(Range: 150 - 410)
Total white cell count	6 10^9/L	(Range: 4 - 10)
Haemoglobin estimation	130 g/L	(Range: 120 - 150)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Thyroid function test

Serum TSH level	0.95 mU/L	(Range: 0.35 - 5)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Serum C reactive protein level

Serum C reactive protein level <5		(No range available)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Glomerular filtration rate >59		(No range available)
Serum urea level	4.3 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	67 umol/L	(Range: 40 - 130)
Serum chloride	104 mmol/L	(Range: 95 - 108)
Serum sodium	137 mmol/L	(Range: 133 - 146)
Serum potassium	4.4 mmol/L	(Range: 3.5 - 5.3)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Liver function test

Serum albumin	40 g/L	(Range: 35 - 50)
Serum total protein	67 g/L	(Range: 60 - 80)
AST serum level	17 U/L	(No range available)
Serum ALT level	16 IU/L	(No range available)
Serum alkaline phosphatase	97 U/L	(Range: 30 - 130)
Serum total bilirubin level	3 umol/L	(No range available)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Blood haematinic levels

Serum vitamin B12	762 ng/L	(Range: 187 - 883)
Serum folate	5.1 ug/L	(Range: 3 - 20)
Serum ferritin	**11 ug/L**	**(Range: 15 - 200)**

12-Feb-2021 Mr Anonymous User (ANON)
Result: Thyroid function test

Serum TSH level	0.95 mU/L	(Range: 0.35 - 5)

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12-Feb-2021 Mr Anonymous User (ANON)
Result: Serum C reactive protein level

Serum C reactive protein level <5		(No range available)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Glomerular filtration rate >59		(No range available)
Serum urea level	4.3 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	67 umol/L	(Range: 40 - 130)
Serum chloride	104 mmol/L	(Range: 95 - 108)
Serum sodium	137 mmol/L	(Range: 133 - 146)
Serum potassium	4.4 mmol/L	(Range: 3.5 - 5.3)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Liver function test

Serum albumin	40 g/L	(Range: 35 - 50)
Serum total protein	67 g/L	(Range: 60 - 80)
AST serum level	17 U/L	(No range available)
Serum ALT level	16 IU/L	(No range available)
Serum alkaline phosphatase	97 U/L	(Range: 30 - 130)
Serum total bilirubin level	3 umol/L	(No range available)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Blood haematinic levels

Serum vitamin B12	762 ng/L	(Range: 187 - 883)
Serum folate	5.1 ug/L	(Range: 3 - 20)
Serum ferritin	**11 ug/L**	**(Range: 15 - 200)**

12-Feb-2021 Mr Anonymous User (ANON)
Result: Thyroid function test

Serum TSH level	0.95 mU/L	(Range: 0.35 - 5)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Serum C reactive protein level

Serum C reactive protein level <5		(No range available)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Glomerular filtration rate >59		(No range available)
Serum urea level	4.3 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	67 umol/L	(Range: 40 - 130)
Serum chloride	104 mmol/L	(Range: 95 - 108)
Serum sodium	137 mmol/L	(Range: 133 - 146)
Serum potassium	4.4 mmol/L	(Range: 3.5 - 5.3)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Liver function test

Serum albumin	40 g/L	(Range: 35 - 50)
Serum total protein	67 g/L	(Range: 60 - 80)
AST serum level	17 U/L	(No range available)
Serum ALT level	16 IU/L	(No range available)
Serum alkaline phosphatase	97 U/L	(Range: 30 - 130)
Serum total bilirubin level	3 umol/L	(No range available)

07-Jan-2021 Mr Anonymous User (ANON)
Result: Haemoglobin A1c level

HbA1c levl - IFCC standardised	42 mmol/mol	(No range available)

07-Jan-2021 Mr Anonymous User (ANON)
Result: Blood glucose level

Plasma glucose level	4.7 mmol/L	(Range: 3 - 6)
Biochemical test	9	(No range available)

14-May-2020 Mr Anonymous User (ANON)
Result: Haemoglobin A1c level

HbA1c levl - IFCC standardised	43 mmol/mol	(No range available)

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14-May-2020 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated red blood cell count, 0	0 10^9/L	(No range available)
Basophil count	0.1 10^9/L	(Range: 0.02 - 0.1)
Eosinophil count	0.2 10^9/L	(Range: 0.02 - 0.5)
Monocyte count	0.5 10^9/L	(Range: 0.2 - 1)
Lymphocyte count	2.6 10^9/L	(Range: 1 - 3)
Neutrophil count	3.8 10^9/L	(Range: 2 - 7)
Mean corpusc. Hb. conc. (MCHC)	329 g/L	(Range: 315 - 345)
Mean corpusc. haemoglobin(MCH)	27.8 pg	(Range: 27 - 32)
Packed cell volume	0.419	(Range: 0.36 - 0.46)
Mean corpuscular volume (MCV)	84.3 fl	(Range: 83 - 101)
Red blood cell (RBC) count	**4.97 10^12/L**	**(Range: 3.8 - 4.8)**
Platelet count	312 10^9/L	(Range: 150 - 410)
Total white cell count	7.2 10^9/L	(Range: 4 - 10)
Haemoglobin estimation	138 g/L	(Range: 120 - 150)

14-May-2020 Mr Anonymous User (ANON)
Result: Thyroid function test

Serum TSH level	0.7 mU/L	(Range: 0.35 - 5)

14-May-2020 Mr Anonymous User (ANON)
Result: Blood haematinic levels

Serum vitamin B12	877 ng/L	(Range: 187 - 883)
Serum folate	4.8 ug/L	(Range: 3 - 20)
Serum ferritin	24 ug/L	(Range: 15 - 200)

14-May-2020 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Glomerular filtration rate >59		(No range available)
Serum urea level	3 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	70 umol/L	(Range: 40 - 130)
Serum chloride	106 mmol/L	(Range: 95 - 108)
Serum sodium	140 mmol/L	(Range: 133 - 146)
Serum potassium	4.2 mmol/L	(Range: 3.5 - 5.3)

14-May-2020 Mr Anonymous User (ANON)
Result: Liver function test

Serum albumin	44 g/L	(Range: 35 - 50)
Serum total protein	71 g/L	(Range: 60 - 80)
AST serum level	17 U/L	(No range available)
Serum ALT level	16 IU/L	(No range available)
Serum alkaline phosphatase	99 U/L	(Range: 30 - 130)
Serum total bilirubin level	3 umol/L	(No range available)

27-Jun-2019 Mrs June Smith (JUNE18765)
Result: Bowel Cancer Screening Result

BCSP faecal occult blood test normal Negative		(No range available)

20-Dec-2018 Mrs Susan Hannigan (SH)
Result: Cervical Cytology

Cervical smear: negative -		(No range available)

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Other Items

27-May-2030	Recall	Influenza vaccination
09-July-2029	Recall	Cervical smear due *SCCRS Recall*
28-May-2027	Recall	Medication review
01-May-2027	Recall	Chronic long term disease management required
23-Mar-2026	Read Code	Essential hypertension
30-Apr-2025	Read Code	Invitation to participate in research study Scotheart 2 study Catriona Loots NRS PCN see folder s drive or https://edin.ac./scotheart2 0.9 CPMS ID
29-Feb-2024	Read Code	Pre-diabetes
11-Nov-2021	Read Code	Mammography normal
30-Oct-2020	Read Code	Medication review done
26-Aug-2020	Read Code	Removal of Mirena coil removed with mepivacaine block
15-Jun-2019	Read Code	Effusion of joint Polyneuropathy Lower Leg

09-May-2019	Read Code	Bronchoscopy NEC And attempted Removal of Foreign Body
28-May-2018	Read Code	Mammography normal
30-Mar-2018	Read Code	Urinary tract infection, site not specified
19-Mar-2018	Read Code	Contusion, chest wall Left
25-Aug-2017	Read Code	No response to bowel cancer screening programme invitation Non-Responder
27-May-2017	Recall	No response to bowel cancer screening programme invitation *Bowel Cancer Screening Exclusion*
12-Aug-2016	Read Code	[X]Depressive episode, unspecified + anxiety
12-Aug-2016	Read Code	Notes summary on computer
13-May-2016	Read Code	Hormone replacement therapy
09-Oct-2015	Read Code	H/O: Mirena coil usage
31-Oct-2006	Read Code	Corneal abrasion
15-Mar-2002	Read Code	Motor vehicle traffic accidents (MVTA) back strain
09-Aug-2001	Read Code	Closed fracture proximal phalanx, toe (Left) 5th toe
13-Nov-1998	Read Code	Forceps delivery non-rotational female
24-May-1996	Read Code	Urticaria
19-Sept-1994	Read Code	Motor vehicle traffic accidents (MVTA) Whiplash
20-Sept-1993	Read Code	Endometriosis
17-Sept-1993	Read Code	Marsupialisation of Bartholin gland (Left)
17-Sept-1993	Read Code	Dilation of cervix uteri and curettage of uterus NEC
17-Sept-1993	Read Code	Hydrotubation of fallopian tube
06-July-1993	Read Code	Dyspareunia
06-July-1993	Read Code	Cyst of Bartholin's gland
21-Jan-1992	Read Code	Motor vehicle traffic accidents (MVTA)
07-Sept-1990	Read Code	Other otitis externa (Left)
20-Jan-1985	Read Code	[D]Epistaxis
19-Dec-1984	Read Code	Tattoo ***** tattoos
06-Nov-1984	Read Code	Infertility - female
13-Mar-1980	Read Code	Head injury Fall
30-Jun-1979	Read Code	Iron deficiency anaemias
26-Jun-1979	Read Code	Appendicectomy NEC
26-Jun-1979	Read Code	Mesenteric adenitis

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Attachments

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Filename: iGPRDA_177.pdf
Extension:.tif
Pages:

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Lanarkshire Acute Hospitals NHS Trust **Monklands Hospital Biochemistry Department Tel. 01236 712113**

Source
Dr G. CARROLL
Craigmarloch Med. Cent. 613430
Cumbernauld

Lab no. AI487662
Patient no. 2705655441
Surname MACGREGOR
Forename Sandra
Address 30 LANSDOWNE DRIVE
WESTERWOOD
CUMBERNAULD
Sex F
DOB 27 May 1965
Date/Time Taken 23 Mar 2005 11:00

Clinical Details IRREG PERIODS

TSH 1.29 mIU/l (.30-4.2)

AN RLB NAD
GC ES APPT
JM KG RX
HB DATE 29/3

Sample Type Serum
Date/Time Received 23 Mar 2005 17:00
Date/Time Reported 24 Mar 2005
Authorised by
CPA no. 1399

Thyroid Report

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NHS LANARKSHIRE

HAEMATOLOGY DEPARTMENT — MONKLANDS HOSPITAL

TEL: 01236 712104

CPA Accredited

Source:
Dr G. CARROLL
Craigmarloch Med. Cent. 61343B
Cumbernauld

Unit No: 2705655441
D.O.B.: 27 May 1965
Sex: F

Surname: MACGREGOR
Forename: Sandra
Address: 30 LANSDOWNE DRIVE
WESTERWOOD
CUMBERNAULD
G68 0JB

Clinical Details: Irregular periods

Lab No.	Date/Time Received	Date/Time Reported	Authorised By
CI191299	23 Mar 2005 16:16	24 Mar 2005	AUTO.

		Normal Range
Serum B12	946 ng/L	(155-1100)
Serum Folate	5.0 ng/ml	(2.8-12.4)
Serum Ferritin	14 ng/ml	(14-186)

29/3

Date Taken: 23 Mar 2005
Test: FBC Serum B12 Serum Folate Ferritin

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NHS Confidential: Personal data about a patient

NHS LANARKSHIRE

HAEMATOLOGY DEPARTMENT MONKLANDS HOSPITAL
TEL: 01236 712104

CPA Accredited

Source:
Dr G. CARROLL
Craigmarloch Med. Cent. 613438
Cumbernauld

Unit No: 2705655441
D.O.B.: 27 May 1965
Sex: F

Surname: MACGREGOR
Forename: Sandra
Address: 30 LANSDOWNE DRIVE
WESTERWOOD
CUMBERNAULD
G68 0JB

Clinical Details: Irregular periods

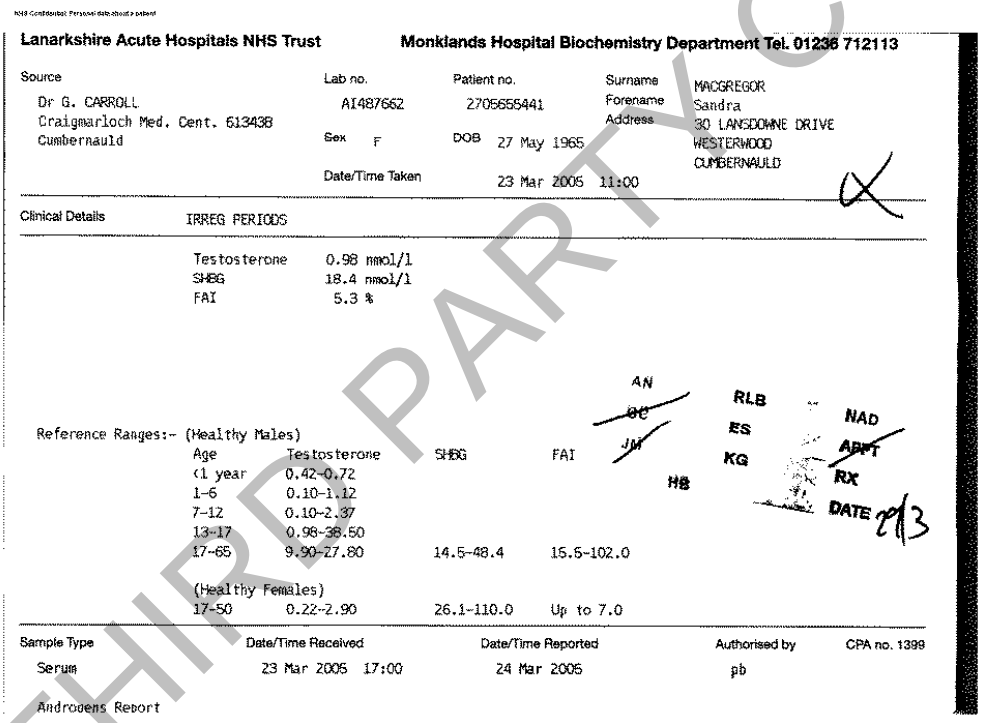
Lab. No.	Date/Time Received	Date/Time Reported	Authorised By
CI191299	23 Mar 2005 16:16	23 Mar 2005	tm

	NEUT x 10⁹/L	LYMPH x 10⁹/L	MONO x 10⁹/L	EOSIN x 10⁹/L	BASO x 10⁹/L	METAMY x 10⁹/l	MYELO x 10⁹/L	PROMYE x 10⁹/L	BLAST x 10⁹/L	NRBCS x 10⁹/L
	4.9	2.7	0.3	0.3	0.0					
Date Taken	WBC x 10⁹/L	RBC x 10¹²/L	Hb g/dl	Hct l/l	MCV fl	MCH pg	MCHC g/dl	PLATS x 10⁹/L	RETIC x 10⁹/L	ESR mm/hr
23 Mar 2005	8.3	5.11	14.3	0.427	83.6	28.0	33.5	370		

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Lanarkshire Acute Hospitals NHS Trust **Monklands Hospital Biochemistry Department Tel. 01236 712113**

Source
Dr G. CARROLL
Craigmarloch Med. Cent. 613438
Cumbernauld

Lab no. AI487662
Patient no. 2705655441
Sex F
DOB 27 May 1965
Date/Time Taken 23 Mar 2005 11:00

Surname MACGREGOR
Forename Sandra
Address 30 LANSDOWNE DRIVE
WESTERWOOD
CUMBERNAULD

Clinical Details IRREG PERIODS

Testosterone	0.98 nmol/l
SHBG	18.4 nmol/l
FAI	5.3 %

AN
~~DC~~
~~JM~~
RLB
ES
KG
HB
NAD
~~ABPT~~
RX
DATE 2/3

Reference Ranges:- (Healthy Males)

Age	Testosterone	SHBG	FAI
<1 year	0.42-0.72		
1-6	0.10-1.12		
7-12	0.10-2.37		
13-17	0.98-38.50		
17-65	9.90-27.80	14.5-48.4	15.5-102.0
(Healthy Females)			
17-50	0.22-2.90	26.1-110.0	Up to 7.0

Sample Type	Date/Time Received	Date/Time Reported	Authorised by	CPA no. 1399
Serum	23 Mar 2005 17:00	24 Mar 2005	pb	

Androgens Report

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■ CENTRAL HEALTH CENTRE
NORTH CARBRAIN ROAD
CUMBERNAULD G67 1BJ
TEL: 01236 737214
FAX: 01236 781699

■ CRAIGMARLOCH MEDICAL CENTRE
AUCHINBEE WAY
CUMBERNAULD G68 0EZ
TEL: 01236 780700
FAX: 01236 780344

DR. ALAN NORRIS
DR. RONALD BERGIN
DR. GERALDINE CARROLL
DR. EDMUND STEWART
DR. JULIE MALLON
DR. KAREEN GALLACHER
DR. HARBAL S. BIJRAL

2/2/16

Sandra MacGregor
30 Lansdowne Drive
Cumbernauld

D. o. B. 27/5/65.

This lady was ATE following
RTA - 6/12 ago. Scapular pain
still - see xray.
I would appreciat your advice
Thank
John

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: IRREGULAR PERIODS

Comment: I would be most grateful if you would have a word with this patient who is a staff nurse. She is 39 years of age and is complaining of very irregular periods. She also has recurrent vaginal candida infection. Her periods which have previously been regular became irregular roundabout October/November last year. She is having a bleed every 7-10 days. The bleeding can be intermittently heavy. She is not complaining so much of abdominal cramps.

Her pelvic examination was normal and a smear test was taken in January and again is negative. High vaginal and chlamydia swabs were also negative.

Blood tests have been performed and are essentially normal except for a small change in her male hormones with a slightly low sex hormone binding globulin. FBC, thyroid, FSH,estrogen, LH and prolactin are all normal.

She is unsure about what treatment to try. She is not requiring contraception. She did have trouble falling pregnant although eventually had one child naturally.

Thank you for seeing her.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Past procedures

Description	Laterality	Modifier	Date performed
Boost hepatitis B vaccination	-	-	25-Jan-2000
Influenza vaccination	-	-	02-Oct-1997
Health ed. - diet	-	-	18-May-1995
Health ed. - alcohol	-	-	18-May-1995
Health ed. - smoking	-	-	18-May-1995
Health ed. - exercise	-	-	18-May-1995
Other excision of appendix NOS	-	-	01-Jan-1979

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Fluconazole	05.02.00.0	CAPS 150MG	1 Cap	Daily	07-Apr-2005	-
Miconazole Nitrate	07.02.02.0	Vaginal PESS 100MG	1 to be inserted	At night	07-Apr-2005	-
Diclofenac Sodium	10.01.01.0	Ec TABS 50MG	1 Tab	3 times daily	07-Apr-2005	-
Fluoxetine	04.03.03.0	CAPS 20MG	1 Cap	Daily	23-Mar-2005	-
Clotrimazole	07.02.02.0	Vaginal TABS 500MG	1 Tab	At night	23-Mar-2005	-
Fluoxetine	04.03.03.0	CAPS 20MG	1 Cap	Daily	19-Jan-2005	-
Clotrimazole	07.02.02.0	Vaginal TABS 500MG	1 Tab	At night	19-Jan-2005	-
Medroxyprogesterone Acetate	06.04.01.2	TABS 10MG	1 Tab	Twice daily	19-Jan-2005	-

Clinical warnings

KG.

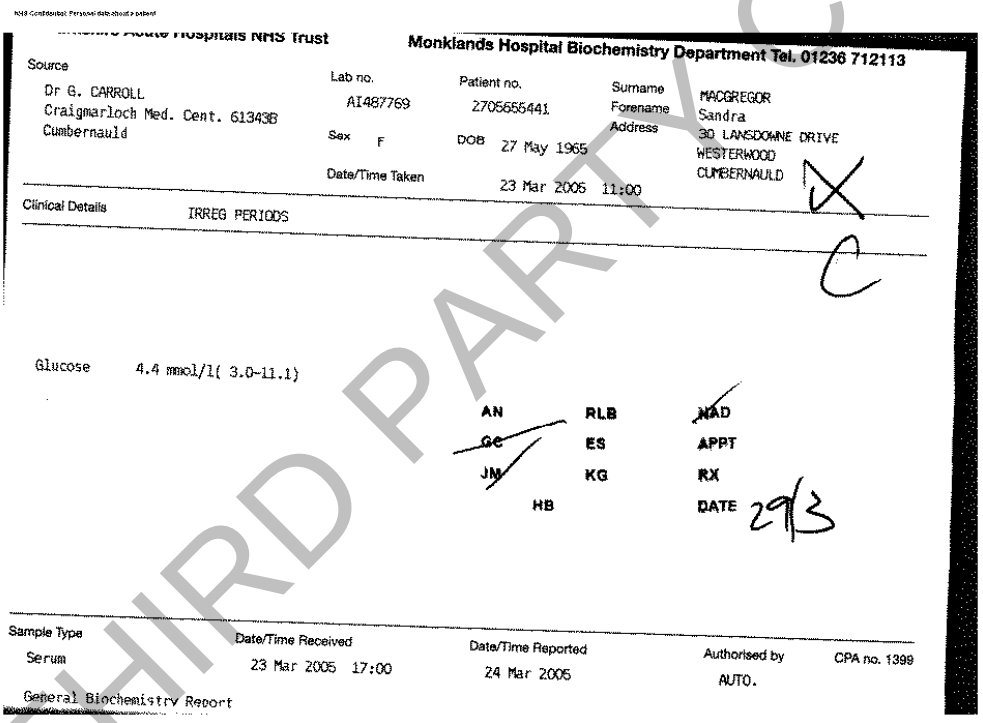
Smoking status

Alcohol consumption

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...Acute Hospitals NHS Trust — Monklands Hospital Biochemistry Department Tel. 01236 712113

Source: Dr G. CARROLL, Craigmarloch Med. Cent. 613436, Cumbernauld

Lab no. AI487769 | Patient no. 2705655441 | Surname MACGREGOR | Forename Sandra | Address 30 LANSDOWNE DRIVE, WESTERWOOD, CUMBERNAULD

Sex F | DOB 27 May 1965 | Date/Time Taken 23 Mar 2005 11:00

Clinical Details: IRREG PERIODS

Glucose 4.4 mmol/l (3.0-11.1)

AN RLB NAD
GC ES APPT
JM KG RX
HB DATE 29/3

Sample Type: Serum | Date/Time Received: 23 Mar 2005 17:00 | Date/Time Reported: 24 Mar 2005 | Authorised by: AUTO. | CPA no. 1399

General Biochemistry Report

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NHS Confidential: Personal data about a patient

Lanarkshire Acute Hospitals NHS Trust — **Monklands Hospital Biochemistry Department Tel. 01236 712113**

Source
Dr G. CARROLL
Craigmarloch Med. Cent. 613438
Cumbernauld

Lab no. AI487662
Patient no. 2705655441
Surname MACGREGOR
Forename Sandra
Address 30 LANSDOWNE DRIVE
WESTERWOOD
CUMBERNAULD
Sex F
DOB 27 May 1965
Date/Time Taken 23 Mar 2005 11:00

Clinical Details IRREG PERIODS

LH	1.7 IU/l
FSH	5.5 IU/l
Prolactin	236 mIU/l
Oestradiol	239 pmol/l

AN GC JM HB RLB ES KG NAD APPT RX DATE 29/3

Reference Ranges:-(Normally menstruating females)

	LH(IU/l)	FSH(IU/l)	PRL(mIU/l)	Progesterone(nmol/l)	Oestradiol(pmol/l)
Follicular Phase	1.0-18.0	3.0-12.0	Up to 450	1.0-5.0	37-539
Mid Cycle	15.0-80.0	6.0-25.0			404-1424
Luteal Phase Day 21	1.0-18.0	2.0-12.0		8.0-90.0	99-906
				Less than 8 -Not ovulated	
				Less than 20 -Inadequate luteal phase	
				Greater than 25 -Adequate luteal phase	
Post menopausal	16.0-64.0	30.0-120.0		Less than 1.0	Less than 170
Prepubertal	LH and FSH less than 3.5				Less than 70

Sample Type	Date/Time Received	Date/Time Reported	Authorised by	CPA no. 1399
Serum	23 Mar 2005 17:00	24 Mar 2005	pb	

Hormones Report

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NHS LANARKSHIRE
Monklands Cervical Cytology Department

Page:

Smear No:CC0501815

Name: MACGREGOR, Sandra
Address: 30 LANSDOWNE DRIVE
WESTERWOOD
CUMBERNAULD
G68 0JB

DOB: 27 May 1965 CHI: 2705655441

Sender: Dr G. CARROLL
Address:

GP: Dr G. CARROLL
Address: Central Health Centre
North Carbrain Road
Cumbernauld

Date Taken: 19 Jan 2005

Date Received: 20 Jan 2005

Clinical Details: INTERMENSTRUAL BLEEDING

Result: Negative

Recommendation: Normal recall

Report:

AN RLB NAD
GC ES APPT
JM KG RX
HB DATE

Reported by: Helen Wilson

Date: 31 Jan 2005

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NHS Confidential: Personal data about a patient

North Glasgow University Hospitals
Division

NHS
Greater
Glasgow

Royal Infirmary
16 Alexandra Parade
GLASGOW G31 2ER

DEPARTMENT OF GYNAECOLOGY

Switchboard: 0141 211 4000
Direct Dial:

Dr M Rodger's Clinic

MR/PC/20669263M

Dict: 22 June 2005
Typed: 29 June 2005

Dr G Carroll
Craigmarloch Medical Centre
Auchinbee Way
Cumbernauld
G68 OEZ

Dear Dr Carroll

Sandra MacGregor - 27.05.65 (5441) - 30 Lansdown Drive, Cumbernauld, Glasgow, G68 OJB

Thank you for referring this 40 year old woman who has been experiencing some erratic menstrual cycles over the past year. Her menstrual problems appear to have resolved with your prescription of Provera and for the past two months she has had a regular 28 day menstrual cycle. As you say in your letter, she experiences recurrent vulval irritation, which was previously thought to be thrush but when investigated in 1999 was thought to be attributable in part to a severe nickel allergy.

You have prescribed her Diflucan for her irritation and this seems to have done the trick. Transvaginal ultrasound scan today revealed a normal sized anteverted uterus and a regular proliferative appearance to the endometrium and a normal appearance to both ovaries.

Sandra's periods are pretty heavy, although regular and following discussion of treatment measures, she opted for the insertion of a Mirena intra-uterine system. This was performed with ease and I would be grateful if you could check her coil threads in six weeks time.

Following discussion of management of her vulval irritations, I have suggested that she might benefit from a repeat prescription of Diflucan to be used as soon as she feels the symptoms. I have also reminded her of her nickel allergy and it may be that by avoiding wearing certain clothes that she manages to reduce the symptoms.

With best wishes

Yours sincerely

M RODGER
Consultant Gynaecologist

01811

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[redacted]

Medical Record Insert
Bonnybank Medical Practice

[redacted]

Sandra MacGregor

2705655441

[redacted]

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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

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NHS
Lanarkshire

MONKLANDS HOSPITAL
MONKSCOURT AVENUE
AIRDRIE ML6 0JS
Telephone: 01236 748 748

WSD/DB/ED
CLINIC 17 01 05
TYPED 24 01 05
Mrs E Davidson Tel: 01236 712485
Secretary to Dr W S Douglas

Dr J Mallon
Centre Health Centre
North Carbrain Road
Cumbernauld

Dear Dr Mallan

SANDRA MCGREGOR – 27 05 65 8065 CHI 5441
30 LANSDOWNE DRIVE CUMBERNAULD

Diagnosis: Benign intradermal naevus left cheek
Review: Discharge

Thank you for referring this lady with a long standing brown spot on her left cheek. She gives a history that several months ago it became inflamed and swollen and was also painful. Then about 6 weeks ago the area discharge pus and the lesion has been more settled since that time. She still however feels it is slightly swollen compared to a year ago.

On examination there was an approximate 7 mm light brown firm papular lesion on inner part of left cheek. There was no telangiectasia and no crusting. The lesion today has the appearance of a benign intradermal naevus. From the history given it would appear that she has developed an acne type spot on top of the naevus which has caused the whole area to become inflamed and swollen. It would appear that the area is now slowly settling. I explained that if the lesion was excised there would be some residual scarring. She therefore decided to leave the lesion in situ. I have not arranged any further review at the clinic, however I have asked her to make an appointment with yourself if she has problems with the lesion in future.

Yours sincerely

DANIEL BRANDON
GP IN DERMATOLOGY

31 JAN 2005

AN GC JM HB RLB ES KG

NAD
APPT
RX
DATE

LINKLINE TO BETTER HEALTHCARE
01698 85 55 88

DEPARTMENT OF DERMATOLOGY
Consultants - Dr W S Douglas, Dr Alexandra M M Strong, Dr C D Evans, Dr N J Wainwright
Dr G Gupta, Dr J Thomson
Facsimile – 01236 713156

12 LA1100

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NHS Confidential: Personal data about a patient

NAME ADDRESS D.O.B. M/F MARITAL S. (721158)

SANDRA GIBSON 30 LANSDOWNE DR. 27-5-65 (S) M/W

PAST MEDICAL HISTORY DATE 12/5/95

1979 APPENDICECTOMY.
1986 LAPAROSCOPY.
1993 LAPAROSCOPY - REMOVAL OF BARTHLINS CYST.
ENDOMETRIOSIS - ADHESN (F.) Tubes. (outside).

HEIGHT 5'3½"

WEIGHT 8st 5lbs

URINE PROT. Neg
GLUC. Neg

PARA 0+0.

PROBLEMS CURRENT
AWAITING OVULATION INDUCTION + IUI. PROGRAM - GIFT (Infertility).

B.P. 108/56

NON (SMOKER) 15. / DAY

MEDICATION NIL.

ALCOHOL UNITS/WEEK
Occasionally

O.C. Y/N.

LAST SMEAR RESULT
Possibly due.

BREAST SCREENING No.

ALLERGIES NIL.

Family History
No MI's
No Strokes
No Diabetis

TETANUS STATUS
1988 Booster.
(no date since PVI 01.01.88)

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NHS Confidential: Personal data about a patient

Sat 25/10/04

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO

WILLIAM DOUGLAS (Consultant)
Dermatology
LAN General Referral

— Consultant / receiving practitioner and/or speciality clinic

Monklands Hospital

— Hospital and hospital address

Hospital unit no. -

Email address -

Urgency of referral Routine

PATIENT DETAILS

Surname	MacGregor
Forename(s)	Sandra
Title	-
Sex	Female
Date of birth	27-May-1965
CHI no.	2705655441

Patient's address

30 Lansdowne Dr
CUMBERNAULD
G68 0JB

Contact number(s)

Voice: 721158

REFERRING PRACTITIONER DETAILS

Name	Dr J Mallon		
GMC code	3486337	GP code	L11657
Practice name	Dr Norris and Partners		
Practice code	61343		

Practice address

Central Health Centre
North Carbrain Rd
Cumbernauld
G67 1BJ

Contact number(s)

Voice: 01236 737214
Facsimile: 01236 781699

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Reason for Referral: Many thanks for seeing Sandra. She has had a small flat brown lesion on her left cheek for many years. She thinks this was the result of a cigarette burn. Over recent months this has slowly increased in size. Now she has quite a large cystic swelling underlying.

On examination she has a slightly raised brown lesion with what feels like an underlying acne type cyst but in view of its rapidly changing nature I would appreciate your opinion.

Referral Care Type/Outcome

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date Recorded
GP/HPC-health promotion clinic	-	-	-	18-May-1995
Other excision of appendix NOS	-	-	-	01-Jan-1979

Past procedures

Description	Laterality	Modifier	Date performed
Boost hepatitis B vaccination	-	-	25-Jan-2000
Influenza vaccination	-	-	02-Oct-1997
Health ed. - smoking	-	-	18-May-1995
Health ed. - exercise	-	-	18-May-1995
Health ed. - diet	-	-	18-May-1995
Health ed. - alcohol	-	-	18-May-1995
Other excision of appendix NOS	-	-	01-Jan-1979

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Fluoxetine	04.03.03.0	CAPS 20MG	1 Cap	Daily	22-Oct-2004	-
Mometasone Furoate	12.02.01.0	140 Dose Aqueous Nasal SPRAY 50MCG/DOSE	2 Puffs	Daily	22-Oct-2004	-
Diclofenac Sodium	10.01.01.0	Ec TABS 50MG	1 Tab	3 times daily	23-Sep-2004	-

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day 10-19 (moderate smoker)

Alcohol consumption: Units per day 1 (trivial drinker)

Additional relevant information

Signature of referring doctor (or other professional) Date

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MONKLANDS & BELLSHILL
HOSPITALS NHS TRUST
MONKLANDS HOSPITAL
A/E DEPARTMENT

CONSULTANTS IN ACCIDENT AND EMERGENCY MEDICINE
DR I McLAREN AND DR N T BROOKES

15/ 3/02 2110

DR CRIAGMARLOCH HEALTH CENT

CUMBERNAULD

Dear DR CRIAGMARLOCH HEALTH CENT

RE: ALEXANDRA MCGREGOR DOB: 27/ 5/65
50 LANSDOWN DRIVE
WESTERWOOD
CUMBERNAULD
G68 0JN

This patient attended the A/E Department on 15/ 3/02 at 1704 with the initial complaint RTA

A/E Number	: 22011984
Diagnosis	: BACK STRAIN
Diagnosis Two	:
X-Ray Result	:
Treatment	: OBS * ADVICE
Prescription	: ANALGESIA
Disposal	: GP
Tetanus Status	:
Certification	:

If you have any enquiries regarding this attendance or require further details, please contact the A/E Department on 01236 748748, Ext 2209, quoting the A/E number of the patient.

Yours Sincerely

AN RLB GC ES JM KG NAD APP RX

PP DR I. McLAREN / DR N.T. BROOKES

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CENTRAL HEALTH CENTRE
NORTH CARBRAIN ROAD
CUMBERNAULD G67 1BJ
TEL: 01236 737214
FAX: 01236 781699

CRAIGMARLOCH MEDICAL CENTRE
AUCHINBEE WAY
CUMBERNAULD G68 0EZ
TEL: 01236 780700
FAX: 01236 780344

DR. ALAN NORRIS
DR. RONALD BERGIN
DR. GERALDINE CARROLL
DR. EDMUND STEWART
DR. JULIE MALLON
DR. KAREEN GALLACHER
DR. HARBAL S. BIJRAL

22/3/02

re: Sandra MacGregor
30 Lansdowne Dr
Cumbernauld
DOB 27-5-65

To Physiotherapy

Sandra was involved in an RTA on 15/3/02
She is c/o a painful stiff lumbar spine
and is having difficulty mobilising.
Current Rx is diclofenac 50mg + cocodamol 8mg
Thank you for seeing her

Yours Sincerely
Geraldine Carroll.

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Monklands Hospital
Monkscourt Avenue, Airdrie ML6 0JS
Telephone 01236-748748
Facsimile 01236-760015

Our Ref.:- AG/MS/2705658165

If phoning ask for :- ***Ext. 2724***

Clinic: 25.9.01
Typed: 2.10.01

Fracture Clinic - Mr B J Singh

Dr Carroll
Central Health Centre
North Carbrain Road
CUMBERNAULD

Dear Dr Carroll

SANDRA MCGREGOR d.o.b. 27.05.65
30 Landsdowne Drive, Cumbernauld

I reviewed the above patient today in the clinic. Please find attached copy of my clinical note for your information.

Yours sincerely

Dr. A Grosset.
SHO in Orthopaedics.

AN ES NAD
RLB JM APP
GG KG RX
17/10/01

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fracture Clinic - Mr B J Singh
AG/MS 25.9.01

This lady presented 7 weeks ago following fracture to the proximal phalanx of her left 5th toe. She attended the clinic with persistent pain in her left 5th toe. She was also concerned about any deformity there might be. On examination the toe was sore on flexion. However, there was no bony tenderness and minimal swelling present. I have advised Mrs McGregor regarding appropriate footwear and have advised her the pain should resolve within the next month. I have suggested she be discharged from the clinic and return should there be any problems.

Copy to GP

THIRD PARTY COPY

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1

MONKLANDS & BELLSHILL
HOSPITALS NHS TRUST
MONKLANDS HOSPITAL
A/E DEPARTMENT

CONSULTANTS IN ACCIDENT AND EMERGENCY MEDICINE
DR I McLAREN AND DR M T BROOKES

7/ 8/01 1600

DR CARROLL
CENTRAL HEALTH CENTRE
NORTH CARBRAIN ROAD
CUMBERNAULD
G67 1BJ

Dear DR CARROLL

RE: SANDRA MACGREGOR DOB: 27/ 5/65
30 LANSDOWNE DR
CUMBERNAULD

G68 0JB

This patient attended the A/E Department on 7/ 8/01 at 1420 with the initial complaint INJURY L/FOOT DIGITS .

A/E Number : 21039797
Diagnosis : # 5TH PROX PHALANX L/FOOT
Diagnosis Two :
X-Ray Result : AS ABOVE
Treatment : NEIGHBOUR STRAPPING ADVICE
Prescription : COCODAMOL
Disposal : # CLINIC
Tetanus Status :
Certification :

If you have any enquiries regarding this attendance or require further details, please contact the A/E Department on 01236 748748, Ext 7209, quoting the A/E number of the patient.

09 AUG 2001

Yours Sincerely

A.N. E.S. N.A.D
D.L.B. J.M. A.P.P.
G.C. DATE R.X.

PP DR I. McLAREN / DR M.T. BROOKES

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NHS Confidential: Personal data about a patient

Lanarkshire Acute Hospitals NHS Trust

Monklands Hospital
Monkscourt Avenue, Airdrie ML6 0JS
Telephone 01236-748748
Facsimile 01236-760015

Our Ref.:- BJS/JCH/2705658165

If phoning ask for :- ***Extension 3007***

FRACTURE CLINIC – MR. B.J. SINGH

Clinic: 21.8.01
Typed: 27.8.01

Dr. Carroll
Central Health Centre
North Carbrain Road
CUMBERNAULD

Dear Dr. Carroll,

SANDRA MCGREGOR: DOB: 27.5.65
30 LANDSDOWNE DRIVE, CUMBERNAULD

I reviewed the above patient at the Fracture Clinic today. Please find a copy of my clinical note for your information.

Yours sincerely,

Bikram J. Singh, FRCS
Consultant Orthopaedic Surgeon
Lead Clinician for Orthopaedic Services
Honorary Clinical Senior Lecturer
University of Glasgow

DEPARTMENT OF ORTHOAPEDIC SURGERY
Consultants: Dr. S. Thajam, Mr. B.J. Singh, Mr. A.C. Campbell, Miss D. Bramley
Direct Line to Secretary: 01236 713007 Direct Fax to Secretary: 01236 713134

A.N.	E.S.	N.A.D
R.L.B.	J.M.	A.P.P.
P.C.	DATE	R.X.

30/8

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FRACTURE CLINIC – MR. B.J. SINGH
BJS/JCH - 21.8.01

Date of Injury:	9.8.01
Diagnosis:	Fracture of proximal phalanx left 5th toe.
Examination:	Comfortable in neighbour strapping. No neurovascular compromise.
Treatment:	Advised to continue with the strapping for another 2 weeks. Review in the clinic in 3 weeks time, only if necessary.

Copy to G.P.

A.N.	E.S.	N.A.D
R.L.B.	J.M.	A.P.P
G.C.	DATE	R.X

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NHS Confidential: Personal data about a patient

Community Psychiatric Nursing Team,
Lennox House,
Lennox Road,
Seafar,
CUMBERNAULD.

Telephone: 01236 789087

Ref: MC/LH

LANARKSHIRE
PRIMARY CARE NHS TRUST

1st December, 2000.

Dr.Carroll,
Craigmarloch Medical Centre,
17 Auchinbee Way,
Craigmarloch,
CUMBENAULD.

Dear Dr. Carroll,

re: Sandra McGregor, D.O.B. 27.5.65
3J Brown Road, Cumbernauld.

The above named lady was referred to our team by Nina Campbell, H.V. On assessment, Sandra presented with low mood and anxiety symptoms. She had just moved back to the family home following a brief split, and the relationship with her partner appeared strained.

At this time, it was felt she would benefit from anxiety management and from being able to ventilate her feelings. Since then, Her relationship with her partner has improved and she feels that her mood has lifted. She has returned to work on reduced hours and appears to have settled back into this.

Therefore, at this time, it was felt that no further input from our team was required and following discussion with by Senior Charge Nurse, I have now closed this case. However, should she require future assistance, please do not hesitate to re-refer.

Yours sincerely,

Morag Crichton

Morag Crichton,
Deputy Charge Nurse.

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NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

CHI No.

Hospital: CENTRAL HEALTH CENTRE, MOGH DATE 26.02.01

Please arrange for the patient to attend the PSYCHIATRIST clinic of Dr / Mr DR SINGH

Patients Surname: MCGREGOR

Maiden Surname:

First Names: SANDRA

Single / Married / Widowed / Other:

Address: 30 LANDSDOWNE DRIVE

Date of Birth: 27.05.65

WESTERWOOD CUMBERNAULD

Patients Occupation:

Postal Code: G68 0JB Contact telephone number: 01236 721158

Has the patient attended hospital before ? If "YES" please state:

Name of Hospital:

Year of attendance: Hospital No.:

If the patients name and/or address has/have changed since then please give details:

Can the patient attend at short notice?

If YES, minimum notice required: days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTIONER

DRS NORRIS, BERGIN, CARROLL, STEWART & MALLON
CRAIGMARLOCH MEDICAL CENTRE
AUCHINBEE WAY CUMBERNAULD G68 0EZ
TEL: 01236 - 780700
FAX: 01236 - 780344

Please use rubber stamp

61343

I would be grateful for your opinion and advice on the above named patient. A brief outline history, symptoms and signs is given belo

Dear Dr Singh

Sandra has been attending me since April 2000 with an acute reactive depression and anxiety. This was precipitated by some marital difficulties and possibly an element of post-natal depression. Although she has since improved her marital problems, the child is now almost two years and she is still suffering from persistent depression. Her initial treatment was Paroxetine 20mgs and than 30mgs daily. Following a severe flare up in her mood she was commenced on Venlafaxine in January 2001. She was originally started on Venlafaxine XL 75mgs and this has since been increased to 150mgs. Despite some overall improvement in mood, she continues to have days at a time where she is low in her mood, tearful and anxious. As she is not making steady progress I would be grateful for your own input. She does attend the CPN Morag Crighton.

Yours sincerely

Dr G Carroll

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

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Community Psychiatric Nursing Team,
Lennox House,
Lennox Road,
Seafar,
CUMBERNAULD.

Telephone : 01236 780087.

LANARKSHIRE
PRIMARY CARE NHS TRUST

Ref: MC/LH

Date: 21st July, 2000

Dr. Carroll,
Craigmarloch Medical Centre,
17 Auchinbee Way,
Craigmarloch,
CUMBERNAULD.

Dear Dr. Carroll,

re: Sandra McGregor, D.O.B. 27.5.65
3J Brown Road, Cumbernauld.

The above named lady was referred to our team by Nina Campbell, H.V. and assessed on 16th June, 2000.

PRESENTING PROBLEMS

Sandra complained of low mood and finding it difficult to cope. Stated she feels on edge most of the time. Appeared over-active and unable to sit still.

BRIEF HISTORY

No previous psychiatric history. Her mother suffers from Schizophrenia.

SOCIAL CIRCUMSTANCES

Sandra works part time in a doctor's practice. She has a two year old daughter, Cathleen. She has recently moved back to the family home and her relationship with her husband is improving slightly.

LIVING PATTERNS

Sleep pattern, poor. Eating pattern, poor. Concentration and memory, poor. Smokes 30 cigarettes per day. Alcohol occasionally.

USUAL PERSONALITY

Difficult to assess.

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Continued.....

Sandra McGregor, Continued. **21st July, 2000.**

MENTAL STATE

Mood appears low, anxiety symptoms evident.

PHYSICAL STATE

None evident.

MEDICATION

Seroxat 20 mgs daily. Zimovane one per night for two weeks.

SUMMARY

On assessment, Sandra complained of low mood and difficulty n coping. Her relationship with her husband has been under a lot of pressure and they recently split up for a short time. She stated she had experienced thoughts of self harm but would not act on these.

On discussion with Sandra, it was felt that she would benefit from relaxation training, anxiety management and from her situation being monitored.

I trust this is acceptable to you.

Yours sincerely,

Morag Crichton

Morag Crichton,
Deputy Charge Nurse.

THIRD PARTY COPY

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LANARKSHIRE
PRIMARY CARE NHS TRUST

Ref: CMHT/CG

16 June, 2000

Dr Carroll
Central Health Centre
North Carbrain Road
CUMBERNAULD

Dear Dr Carroll

RE: SANDRA McGREGOR (27.5.65)
3J BROWN ROAD, CUMBERNAULD.

Thank you for your referral in respect of the above named client. Arrangements have been made for client to be assessed on ***Monday, 19 June, 2000 at 2.30 pm.***

An assessment letter will be forwarded to you within 14 days, regarding the outcomes of the interview.

Yours sincerely

Morag Crichton
Deputy Charge Nurse

A.N. E.S. N.A.D
R.L.B. J.M. A.P.P.
~~G.G.~~ DATE R.X.
9/6

Community Mental Health Team
Lennox House
Lennox Road
Seafar
CUMBERNAULD

Telephone: 01236 788087

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LANARKSHIRE PRIMARY CARE NHS TRUST

NURSING REFERRALS

G.P.:

SURNAME	FORENAMES	ADDRESS	DATE OF BIRTH
MacGregor.	Sandra	30 Lansdowne dr.	27-5-63

DATE	TREATMENT	Dr's Sig.	Nurses's Sig.
24/1/00	Engerix B x1		
25/1/00	Engerix B. ENGERIX B ENG 283006 Ex 10-2001.		

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DEPARTMENT OF GYNAECOLOGY

Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER

Dr J H Kennedy's Clinic

Switchboard 0141 211 4000
Direct Dial
Fax Number

· Glasgow Royal Infirmary ·
· Glasgow Royal Maternity Hospital ·
· Cancerabera Hospital ·
· Lightburn Hospital · Belvidere Hospital ·

Dr Carroll
Craigmarloch Medical Centre
Auchinlea Way
Craigmarloch
Cumbernauld
G68 0BZ

JHK/LG/669263

Dict 17.2.98
Typed 23.2.98

Dear Dr Carroll

SANDRA GIBSON (27.5.65)
30 LANSDOWNIE DRIVE, WESTERWOOD, CUMBERNAULD

Thank you for referring this lady who has had reccurent thrush for over the last few months.

She seems to feel that her infertility investigations/treatment have been the stimulus, although she did have thrush prior to this.

Pelvic examination was negative and there was no cervical ectopy.

On further discussion, it came to light that she has sensitive skin and is sensitive to nickel and cheaper cosmetics. I feel that this may be integral to her problem and I have arranged for her to have patch testing.

I have also taken off a high vaginal swab and will write again with this result enclosing a regime for chronic thrush.

Kind regards.

Yours sincerely

J H Kennedy
Consultant Gynaecologist

Date signed 25/2

p.s. The high vaginal swab that I took was negative. I enclose a regime for chronic Thrush.

JAM GC.
AN ES NAD-APP:
RLB JM RX. Given.

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Recurrent Vaginal Candidosis

British Journal of Sexual Medicine Vol 15 No 8 (1988)
M J Balsdon and J M Tobin

Long-term intermittant pessary regime:

Miconazole 100mg Two pessaries nightly for 7 days
One pessary twice weekly for 14 weeks
One pessary weekly for further 8-9 months
to complete one year of therapy

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please put on computer

GLASGOW ROYAL INFIRMARY 30.12.97
GYNAECOLOGY
GIBSON

SANDRA
30 LANDSDOWNE DRIVE 27.05.65
CUMBERNAULD

Problem - recurrent candidal vulvitis and vaginitis.

This lady is having very severe problems with recurrent thrush infections. This is confirmed both in clinical examination and on high vaginal swabbing. She was initially treated symptomatically with Canesten pessary and cream. As the problem is recurring almost monthly she was given a course of Diflucan Capsules for her and her partner. She continued to use Canesten pessaries after each period for 3 months. She was still, however, only getting the 2 weeks relief from the symptoms.

Although she has always had some trouble with thrush the problem has been particularly exacerbated since undergoing treatment in the form of IUI at Glasgow Royal Infirmary. It is now 4 months, however, since she had any hormonal treatment and the problem is still persisting.

I would be grateful for any further advice that you could offer her.

Yours sincerely

Dr G Carroll

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NHS Confidential: Personal data about a patient

· Glasgow Royal Infirmary ·
· Glasgow Royal Maternity Hospital ·
· Canniesburn Hospital ·
· Lightburn Hospital · Belvidere Hospital ·

Royal Infirmary
84 Castle Street
Glasgow G4 0SF

Switchboard 0141 211 4000
Direct Dial
Fax Number

DR. R.W.S. YATES/DR. U. ACHARYA
ASSISTED CONCEPTION SERVICES UNIT

TEL. NO: 0141-211-4758

UA/PJ/669263

20th October, 1997.

Dr. Beattie,
Craigmalloch Medical Centre,
Cumbernauld.

Dear Dr. Beattie,

SANDRA GIBSON, 30 LANSDOWNE DRIVE, WESTERWOOD, CUMBERNAULD, G68 0JB. DOB: 27.5.65.

Mrs. Gibson had a fourth cycle of superovulation and I.U.I. under our care recently which was unsuccessful. She was reviewed on 28.8.97. and said she did not want any further treatment.

We could have offered her I.V.F. but she did not attend the Clinic for her review appointment and I would be grateful if you could look into this and let us know whether she wants further treatment with I.V.F. or not.

Thanking you.

Yours sincerely,

UMESH ACHARYA,
SENIOR LECTURER IN OBSTETRICS AND GYNAECOLOGY.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

DR. R W S YATES
ASSISTED CONCEPTION SERVICES UNIT

Royal Infirmary
84 Castle Street
Glasgow G4 0SF

Switchboard 0141 211 4000
Direct Dial **0141 211 4758**
Fax Number

- Glasgow Royal Infirmary -
- Glasgow Royal Maternity Hospital -
- Queen Mum's Hospital -
- Lightburn Hospital - Belvidere Hospital -

RWSY/PJ

Dear Dr./Nurse

.....Sandra Gibson..... is currently receiving treatment at this unit for infertility and has been provided with the appropriate drugs for daily administration, one self administered and the other for daily injection. We would be grateful if you could assist us by giving her a daily injection of:

PERGONAL ..... I.U. in ..... solution
IM (in the gluteus maximus)

Normegon ..... I.U. in ..... solution
IM (in the gluteus maximus)

Metrodin H.P. ...150... I.U. in ...1ml... solution
IM (in the gluteus maximus)

Metrodin H.P. ..... I.U. in ..... solution
Subcutaneous (S/C)

HCG IU ..... amp in ..... solution
IM (in the gluteus maximus)

A 10 ml venous blood sample in a heparinised tube is also required on the first day, day 5 of injections and then daily until Booster injection of Profasi. A blood will then be required between day 6-9 (avoiding weekends), then if no period a blood sample should be taken between days 14-17 (avoiding weekends).

Drug doses may be increased or decreased according to patient response. The patient will be advised to inform you of any changes made.

Thank you for your co-operation. Should you have any enquiries please contact:

The Nursing Staff (Page 1703 preferably between 11.00am and 3.30pm Monday-Friday)

Yours sincerely

P Ambrose

ASSISTED CONCEPTION SERVICES UNIT

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HEALTHCALL
401 South Row, Central Milton Keynes MK9 2PH

DUTY DOCTOR 03

CALL NO.

PATIENT'S NAME & ADDRESS SANDRA GIBSON | M | F

D.O.B. 30

30 LANDSDOWNE DR

DATE 24/5/16

W/WOOD CARLTON VARD M/D

TIME RECEIVED C/R 14

TELEPHONE INFORMATION RECEIVED

Q ALERGY RASH ALL OVER SORE THROAT

TIME PASSED

TIME ARRIVED

HISTORY & EXAMINATION

TIME COMPLETED

TEMP.

PULSE

B.P.

DIAGNOSIS

PATIENT TO CALL IF NECESSARY

TREATMENT/DISPOSAL

TO SURGERY ON DAY

PLEASE REVISIT ON DAY

HOSPITAL ADMISSION ARRANGED

PATIENT'S OWN DOCTOR MILLIGAN

GENERIC DRUG BATCH/LOT NO. LOST

ZYDOL™

M19

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Physiotherapy Department
Central Health Centre
North Carbrain Road
CUMBERNAULD
Tel. No. 01236 731771

Date: 10/4/95

Dear Doctor Beattie

Your patient Sandra Gibson of

30 Landsdowne Drive has been attending

the Physiotherapy Department from 24/6/95 to 4/4/95 and the result of that treatment is as follows.

Number of treatments received to date: 2

The patient is ~~continuing with treatment~~/has been discharged from further treatment.

Outcome:

MRS GIBSON HAS BEEN GIVEN A PROPHYLACTIC STRETCHING REGIME TO LIMIT BACK PAIN.

Yours sincerely,

Mark Hamilton

JAM
AN
RLB

GB

NAD
APP
RX

THIRD PARTY COPY

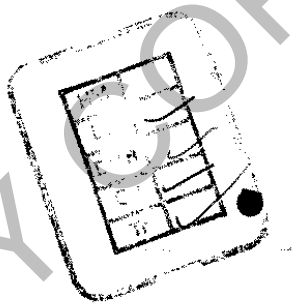
NHS Confidential: Personal data about a patient

STOBHILL
NHS TRUST

Stobhill NHS Trust
Balornock Road, Glasgow G21 3UW.
Telephone: 041 558 0111
Ext 4037
Fax No: 041 557 0468

DEPARTMENT OF GYNAECOLOGY
Dr R M Still
Dr D McKay Hart
Dr R A L Low
Dr J A Davis
Dr C A Forrest (Lead Consultant)

RMS/ME
Dict. 19 October 1994
Typed 20 10 94



Dr H B MacKinnon
Maryhill Health Centre
41 Shawpark Street
GLASGOW
G20 9DR

Dear Dr MacKinnon

Sandra Gibson, dob 27 5 65, Unit No 511929
5 Gairbraid Court, Glasgow G20 8HU

I saw this girl at my Gynaecological clinic on 19th October 1994. I am pleased to say that the post-coital test showed numerous active sperm. I noted that on one occasion her prolactin level was 470 and for this reason I wonder if you would be kind enough to prescribe a course of Bromocriptine in a dose of 2.5 mg twice daily for the next three months. I have told her how to build up the dose to avoid side effects.

I have also written to Dr Robin Yates at the Royal Infirmary to see if he can help her. The waiting list is pretty horrendous at this stage, but maybe by the time she requires further help she will have got to the top of it.

Kind regards.

Yours sincerely

Ronald M Still
Consultant Obstetrician and Gynaecologist

THIRD PARTY COPY

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COMMUNITY PHYSIOTHERAPY REFERRAL

CLINIC _____ DATE: 19.9.94

PATIENT REGISTRATION DETAILS

Patient Surname GIBSON

Patient First Name SANDRA

GP

CHI NUMBER 270556 7029

Address 5 Gairland Crt

G20 9QU

Post Code _____ Tel.(day): 945 5316.

Main Diagnosis

Mouth ulcer Sudden onset.

PRACTICE DETAILS Code

Name & Address (or Practice Stamp)

Name

Address

DR DAVID BAILLIE
41 Shawpark Street
Glasgow

HV
DN
DWR
CP
Tr

Assessment and Treatment ✓

Appliance/Aid Only

Domiciliary Visit

Urgent Appointment ✓

RELEVANT HISTORY
MEDICATION

Nil

X-RAY REPORTS

GP SIGNATURE: NO.

Date Received 19 / 9 / 94

Date of Assessment / /

CLINICAL
DIAGNOSIS

CLINIC

Appliance(s) Provided: Number of Units 0 Number of Rx 0

	Problem	Treatment/Outcome
1		22.9.96
2		Letter phoned to Lay
3		Practitioner not required
4		

Discharge -

PHYSIOTHERAPIST SIGNATURE: DISCHARGE DATE 22/9/96

PHYS4/93

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

PL

STOBHILL
NHS TRUST

Stobhill NHS Trust
Balornock Road, Glasgow G21 3UW.
Telephone: 041 558 0111
Ext 4037
Fax No: 041 557 0468

DEPARTMENT OF GYNAECOLOGY
Dr R M Still
Dr D McKay Hart
Dr R A L Low
Dr J A Davis
Dr C A Forrest (Lead Consultant)

RMS/ME
Dict. 17 August 1994
Typed 19 8 94

HM
DB
DMB
GP

Dr H B MacKinnon
Maryhill Health Centre
41 Shawpark Street
GLASGOW
G20 9DR

Dear Dr MacKinnon

Sandra Gibson, dob 27 5 65, Unit No 511929
5 Gairbraid Court, Glasgow G20 8HU

The above patient was reviewed at Dr Still's Gynaecology outpatient clinic on 17 8 94. She is a 29 year old with a long history of primary infertility. Preliminary investigations had revealed marginally low gonadotrophin levels, and mild endometriosis. She is currently on Clomid 100 mg from day 5 to 9 to help induce ovulation. However, it appears she may have been ovulating prior to starting this and I have therefore asked her to discontinue this. Her partner has had two sperm counts, the first was decreased at 16 million/ml and the second being somewhat improved at 50 million/ml. I have asked for a repeat of this.

I have repeated her gonadotrophins and oestradiol levels and asked her to attend for a day-21 progesterone level while she is off the Clomiphene citrate.

She was seen by Dr Still today who also wishes to perform a post-coital test to rule out the possibility of sperm antibodies. She will attend for this around ovulation in the month of October. We will hopefully have all the results available then and will decide on a plan of management in the future. We will keep you informed of her progress.

Yours sincerely

Anne Calder
Registrar to Dr R M Still

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

West Glasgow Hospitals University NHS Trust
Incorporating the Western Infirmary, Gartnavel General Hospital,
Drumchapel Hospital, Glasgow Eye Infirmary & The Glasgow Homoeopathic Hospital

H.B. MacKinnon
14/103

Our ref: CM/RL/957674
Your ref :
Please reply to : 041-211 2540

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Direct Line :
Fax No. :

HM ✓
DB
DMB ✓
CP ✓

18 May 1994

Department of Dermatology

Dictated: 16.05.94

Dr F McLeod
Maryhill Health Centre
41 Shawpark Street
GLASGOW
G20 9DR

Dear Dr McLeod

Sandra Gibson (D.o.B. 27.05.85)
5 Gairbraid Court, Glasgow G20 8HU

Further to excision of the pigmented lesion on this patient's back. Histology of the lesion confirms the clinical diagnosis of an intradermal naevus with excision complete. No follow-up is planned.

Yours sincerely

COLIN MORTON
Registrar

23 MAY 1994

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

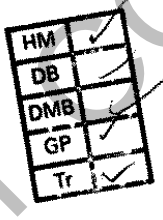


NHS TRUST

Stobhill NHS Trust
Balornock Road, Glasgow G21 3UW.
Telephone: 041 558 0111
Ext 4037
Fax No: 041 557 0468

DEPARTMENT OF GYNAECOLOGY
Dr R M Still
Dr D McKay Hart
Dr R A L Low
Dr J A Davis
Dr C A Forrest (Lead Consultant)

MS/ME
Dict. 18 May 1994
Typed 23 5 94



Dr H B MacKinnon
Maryhill Health Centre
41 Shawpark Street
GLASGOW
G20 9DR

Dear Dr MacKinnon

Sandra Gibson, dob 27 5 65, Unit No 511929
5 Gairbraid Court, Glasgow G20 8HU

I reviewed this patient at Dr Still's Gynaecology clinic on 18th May 1994. She is on Clomid for anovulatory cycle. We have checked her progesteroone level which suggested she is ovulating on Clomid. I have recommended she continue on Clomid for another three months and she will be reviewed at the outpatient clinic again in three months time.

Yours sincerely

M Saeed
Registrar to Dr R M Still

THIRD PARTY COPY

NHS Confidential: Personal data about a patient



West Glasgow Hospitals University NHS Trust

Incorporating the Western Infirmary, Gartnavel General Hospital,
Drumchapel Hospital, Glasgow Eye Infirmary & The Glasgow Homoeopathic Hospital

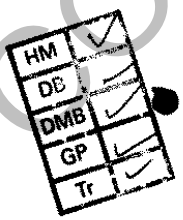
Our ref :
CM/FS/957674
Your ref :

Please DIRECT LINE : 041 211 2540

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Direct Line :
Fax No. :

DEPARTMENT OF DERMATOLOGY - 12 APRIL 1994

DICTATED : 12/04/94
TYPED : 12/04/94



Dr McLeod
Maryhill Health Centre
41 Shawpark Street
GLASGOW
G20

Dear Dr McLeod

SANDRA GIBSON (DOB 27/05/65)
5 GAIRBRAID COURT, GLASGOW

This lady was seen at the dermatology clinic on 12/04/94, with regard to a 10 week history of a mole, present for some years having become more prominent. Examination confirms a solitary pedunculated otherwise banal naevus, but in view of the history of the lesion having bled and catching on the bra strap. I have agreed to excise the lesion in the next few weeks and I will inform you of histology.

Yours sincerely

COLIN MORTON
REGISTRAR

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112

43025

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

CHI No. 2 7 0 5 6 5 7 0 2 9

Hospital: Western Infirmary Date: 17.3.94

Please arrange for this patient to attend the: Pigmented Lesion clinic of Dr/Mr

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname: Gibson Maiden Surname:

First Names: Sandra Single/Married/Widowed/Other:

Address: 5 Gairbraid Court Date of Birth: 27.5.65

Glasgow Patient's Occupation:

Postal Code: G20 Contact telephone number: 945 5316

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital:

Year of Attendance: Hospital No.:

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice required: days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

Dr. F. McLeod
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR

041 946 7151

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Doctor,

I would be grateful if you could arrange to see this lady who has a lesion on her back. Until six months ago it was a flat, darkly pigmented lesion, but over this time it has become much lighter in colour and has risen. It has also been bleeding from time to time. It is not itchy or painful.

On examination the lesion is about 6mms in diameter, pink in colour and pedunculated. It was slightly crusted over the top.

In view of the change in this lesion over the past few months I would be grateful for your opinion.

Yours sincerely,

Dr. F. McLeod

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

355-2104

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

GREATER GLASGOW HEALTH BOARD

SGH Stobhill General Hospital
Glasgow G21 3UW

Telephone: 041-558 0111
Ext 4037
Fax No: 041 557 0468

DEPARTMENT OF GYNAECOLOGY
Dr R M Still
Dr D McKay Hart
Dr R A L Low
Dr J A Davis
Dr C A Forrest (Lead Consultant)

MNK/ME
Dict. 16 February 1994
Typed 19 2 94

HM	
DB	✓
DMB	✓
	✓

Dr N B MacKinnon
Maryhill Health Centre
41 Shawpark Street
GLASGOW
G20 9DR

Dear Dr MacKinnon

Sandra Gibson, dob 27 5 65, Unit No 511929
5 Gairbraid Court, Glasgow G20 8HU

Mrs Gibson attended Dr Still's Gynaecology clinic on 16 February 1994. She tells me she is not very keen on IVF at this stage. The results of her tests were within normal and the result of the semen analysis of her consort showed a sperm count of 50 million/ml and 80% motile.

I suggested to Mrs Gibson to go on Clomid, one tablet twice daily from the 5th day of her cycle for five days for the next three months to ensure that she is ovulating regularly and we will check her serum progesterone during the luteal phase. She will be reviewed at the clinic in three months time.

Yours sincerely

M N Kayyali
Registrar to Dr R M Still

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

GREATER GLASGOW HEALTH BOARD

Stobhill General Hospital
Glasgow G21 3UW

Telephone: 041-558 0111
Ext 4037
Fax No: 041 557 0468

DEPARTMENT OF GYNAECOLOGY
Dr R M Still
Dr D McKay Hart
Dr R A L Low
Dr J A Davis
Dr C A Forrest (Lead Consultant)

SP/ME
Dict. 15 December 1993
Typed 17 12 93

HM ✓
DB
DMB ✓
GP ✓
Tr

Dr Hetty McKinnon
Maryhill Health Centre
41 Shawpark Street
GLASGOW
G20 9DR

Dear Dr McKinnon

Sandra Gibson, dob 27 5 65, Unit No 511929
5 Gairbraid Court, Glasgow G20 8HU

This lady was reviewed at the Gynaecology clinic on 15th December. She has had amenorrhoea whilst taking Provera and has been essentially free of pain. Her main concern is about her underlying infertility. Apparently a previous husband had two children by another partner and she appeared to be ovulating regularly at that time. Before she was treated with Provera her periods have been quite regular and we demonstrated patency of her tubes. Her boyfriend's sperm count was slightly low at 16 million although the other parameters were fine.

We discussed today whether or not she would be a candidate for the IVF programme which has a three year waiting list. In order to get the last few details in her notes I have arranged to see her in two months time when the results of her chlamydia antibody test and TSH and a repeat sperm count on her boyfriend should be available. In the meantime she is going to stop her Provera and see what happens.

Yours sincerely

Stewart Pringle
Registrar to Dr R M Still

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

P.L.

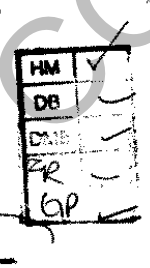
GREATER GLASGOW HEALTH BOARD

Stobhill General Hospital
Glasgow G21 3UW

Telephone: 041-558 0111
Ext 4037
Fax No: 041 557 0468

DEPARTMENT OF GYNAECOLOGY
Dr D McKay Hart (Chairman)
Dr J A Davis (Secretary)
Dr R M Still
Dr C A Forrest
Dr R A L Low

RMS/ME
Dict. 20 September 1993
Typed 23 9 93



Dr Hetty McKinnon
Maryhill Health Centre
41 Shawpark Street
GLASGOW
G20 9DR

Dear Dr McKinnon

Sandra Gibson, dob 27 5 65, Unit No 511929
5 Gairbraid Court, Glasgow G20 8HU

This lady was admitted on 17th September and taken to theatre the same day. Laparoscopy showed mild endometriosis affecting the left ovary, pouch of Douglas and utero-vesical pouch. However, dye seemed to pass freely from both the tubes, although the end of the left tube was not clearly seen. D&C was performed which showed normal curettings and a small left Bartholin's cyst was marsupialised.

She was well enough to go home on the following day and it was explained to her that the relationship between endometriosis and infertility is rather poorly understood but it was thought appropriate to treat the endometriosis in the first instance.

Please prescribe Provera 10 mg tid and we will see her back in three months time.

Yours sincerely

SRL

Stewart Pringle
Registrar to Dr R M Still

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24/09/93

LH 1·2

FSH 1·6.

Prolactin 250

Semen

Volumn 5.5ml.

pH 8·0.

Viscosity normal.

16,000,000 Sperm count.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

HMPI

HOSPITAL MEDICINE PRESCRIPTION FORM

THIS FORM MUST BE COMPLETED FULLY BEFORE IT WILL BE DISPENSED

STOBHILL GENERAL HOSPITAL
GLASGOW, G21 3UW
Telephone 041-558 0111

FORM NO. 033496

Dear Dr. .....
Your patient Sadie Gibson
Age 28 Unit No. J1729
Address 5 Gosford Court, Glasgow
Under the care of Dr Shill (GA on 18/9/93)
was seen as an outpatient/discharged from Ward ..... on .....
with a diagnosis of Laparoscopic tubal sterilisation.
Please TICK box if child proof containers are UNSUITABLE ☐

A discharge letter will follow. The patient was discharged on the medicine treatment detailed below. Further duration of treatment *from date of discharge* is shown in "Recommended Duration of Treatment" column. Please check Pharmacy use column to identify the product supplied.
***(A SEVEN DAYS SUPPLY HAS/HAS NOT* BEEN DISPENSED BY THE HOSPITAL.)**
(*Delete as applicable)

Note to hospital prescriber :
(a) Use a ballpoint pen
(b) In the "Recommended Duration of Treatment" column it is important to state the number of days for which the treatment should be continued from the date of discharge.
(c) If treatment is to be for an indefinite period, mark 'INDEFINITE'
(d) If treatment is to be intermittent or irregular, give FULL DETAILS in the COMMENTS space below.

Medicine	Dosage Form eg. Tablets	Dose	Times of Administration	Recommended Duration of Treatment from Date of Discharge (Days)	PHARMACY USE: No. of Days Supply	PHARMACY USE: Quantity, Name and Strength supplied by Pharmacy
PROVERA - MEDROXYPROGESTERONE ACETATE	TAB	10mg	tds	3/12	7	21 x 10mg x Upjohn

Medicine Sensitivity 1. ..... 2. .....
Dispensed by: LMM Checked by: ..... Date Dispensed 18/9/93
OTHER TREATMENT and COMMENTS (Including details of appliances, etc.)

MEDICATION COLLECTED BY (MESSENGER)

FOR WARD USE ONLY
Received on Ward by .....
Issued by .....
Date Issued .....
Signature of Patient or Representative .....

DRs. NAME IN BLOCK CAPITALS ARMITAGE SIGNATURE SRM DATE 18.9.93

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy Radiopager No .....

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

GREATER GLASGOW HEALTH BOARD

Stobhill General Hospital
Glasgow G21 3UW

Telephone: 041-558 0111
Fax: 041 557 0468

IL/JM/30 June 1993

Typed: 6 July 1993

DEPARTMENT OF GYNAECOLOGY
Dr D McKay Hart (Chairman)
Dr J A Davie (Secretary)
Dr C A Forrest
Dr R M Still
Dr R A L Low

HM	✓
DB	
DMB	
GP	

Dr H McKinnon
MARYHILL HEALTH CENTRE
41 Shawpark Street
GLASGOW
G20 9DR

Dear Dr McKinnon

SANDRA GIBSON: DOB 27/5/65: UNIT NO S11929
5 CAIRNBRAID COURT, GLASGOW G20 8BU

Thank you for referring the above 28 year old lady with a complaint of Bartholin's cyst and an eight year history of primary infertility. Apart from an appendicectomy at the age of 14 and a complaint of deep dyspareunia there was no other significant past surgical or gynaecological history of note.

The abdominal and pelvic examination was unremarkable. There was a 2cm Bartholin's cyst on the left side which was mobile and non-tender.

We have taken blood today for hormonal profiles together with her husband's seminal analysis.

Meantime I have arranged for her to have a laparoscopic hydrotubation together with marsupialization of the Bartholin's cyst at the same time on the 17 September 1993.

We will review her after the procedure.

Yours sincerely

I. LING
Registrar

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

GREATER GLASGOW HEALTH BOARD
COMMUNITY AND MENTAL HEALTH UNIT

MARYHILL HEALTH CENTRE

41 Shawpark Street,
Glasgow, G20 9DR

Telephone: 041 946 7151
Ext: 261

PHYSIOTHERAPY DEPARTMENT

HM	✓
DB	✓
DMB	
GP	✓
MM	✓

Date: 7.7.93.

Dear Dr. MacPherson.

Name: Sandra Gibson

Address: 5 Gairbraid Ct.

This patient has attended the above Department from:

30.4.93 to 7.7.93.

Result of Treatment:

The above patient gained good relief from her Rx for a whiplash injury and has now returned to work.

Yours sincerely, Susanne Keating
Snr Physiotherapist

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fo 215

Self G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

AE No. C/ 909114

RTA RG

HOSPITAL CODE G576/H.

SURNAME: GIBSON	FORENAMES: ALEXANDRA.	BIRTH SURNAME: GIBSON
ADDRESS: 5 GAIRBRAID CRT GLASGOW.		PATIENT'S OWN OCCUPATION: AUX. NURSE
POSTCODE: G20. 8AU.	TELEPHONE No.: 945 5316.	DATE OF BIRTH: 27.5.65 (27) SEX: 2 MARITAL STATUS: S RELIGION: COS
NEXT OF KIN: NAME: MAUREEN	RELATIONSHIP: MOTHER	FAMILY DOCTOR: SURNAME: MCKINNON INITIALS
ADDRESS: 22 LILYBURN PL GLASGOW.		ADDRESS: M/H H/C
POSTCODE: G15	TELEPHONE No.	POSTCODE: G20 TELEPHONE No.
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE: 8/4/93.	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
TIME OF ATTENDANCE: 14.05	REASON FOR ATTENDANCE: RTA NECK & HEAD	BY/MB
DATE OF INJURY OR ILLNESS: 8/4/93.	TIME OF INJURY	TYPE (CODE): 5	SOURCE OF REFERRAL: GP 1 SELF POLICE OTHER (CODE) 8
ROAD TRAFFIC ACCIDENT PLACE: GAIRBRAID AVE GLASGOW.	DETAILS: 2 CARS N.S.D.R ON	D3 COLLISION.
HOME ACCIDENT PROBABLE CAUSE		DMB GDV CM

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: Soft tissue neck + shoulder injuries

X-Ray film/ECG shows:

Treatment given: C-spine, shoulder, CR - N.A.D.

Drugs: days supply of: BRUFEN. has been given.

Tetanus Prophylaxis has/has not been administered. TT Course: TT Booster: HATI: (Please Tick)

Would you please arrange:

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up	Not arranged	Arranged	To be arranged

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters): M JOHNSTON

Cons (SR) Reg SHO/JHO Clin Assist (please circle)

Signature of Medical Officer: M Johnston

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Hospital use Only | Clinic | Day Date | Time | Hospital No. | GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital: Stobhill Date: 14.5.93 CHI No.:

Please arrange for this patient to attend the: Gynaecology clinic of Dr/Mr: Dr Ronald Still

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname: Gibson Maiden Surname:

First Names: Sandra Single/Married/Widowed/Other:

Address: 5 Cairbraid Crt Date of Birth: 27.5.65

Glasgow

Postal Code: G20 8HU Contact telephone number: 945 5316 Patient's Occupation:

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital:

Year of Attendance: Hospital No.:

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice required: days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DR HETTY MACKINNON
MARYHILL HEALTH CENTRE
41 SHAWPARK ST
GLASGOW
G20 9DR
041 946 7151

Please use rubber stamp

PRACTICE CODE NO 43025

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Ronnie,

Sandra has what appears to be a Bartolins cyst and I would very much appreciate if you would see her, ? excision indicated.

There is little of note in her past history apart from an appendicectomy and investigation of infertility where no cause was found.

Thank you for seeing her.

Yours sincerely,

Dr. Hetty MacKinnon

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

355-2104

Dd8435631 3/93 15M 13161

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

[redacted] [redacted] [redacted] [redacted]

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

AE No. C/ 844434

R8. R.T.A.

HOSPITAL CODE: G516H.

SURNAME	FORENAMES	BIRTH SURNAME
GIBSON	SANDRA.	

ADDRESS: 5 GAIRBRAID COURT GLASGOW.
PATIENT'S OWN OCCUPATION: NURSING AUXILLARY

POSTCODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
G20 8HU	945 5316	27.5.65.	2	1.	PROT.

NEXT OF KIN, NAME	RELATIONSHIP	FAMILY DOCTOR: SURNAME	INITIALS
MAUREEN DALY	MOTHER	HARRISON.	

ADDRESS	ADDRESS
22 LILYBURN PLACE DRUMCHAPEL	12 RADNOR STREET PARTICK.
POSTCODE / TELEPHONE No.	POSTCODE / TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
21. 1. 92.	YES.		11 YEARS AGO.

TIME OF ATTENDANCE: 15.05.
REASON FOR ATTENDANCE: HEAD INJURY

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
		7.	BY AMBULANCE

GP ____ SELF ____ POLICE ____ OTHER (CODE) ____

ROAD TRAFFIC ACCIDENT PLACE: | DETAILS:

HOME ACCIDENT PROBABLE CAUSE:

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: RTA

X-Ray film/ECG shows:

Treatment given: No specific injuries

NOTES .....
RESULT .....
SCRIPT .....
APPT .....
SPEAK .....
TELL PATIENT Y/N

Drugs ____ days supply of ____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ____ TT Booster ____ HATI ____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up: Not arranged ✓ Arranged ____ To be arranged ____

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters): WALKER

Cons SR Reg (SHO) JHO Clin Assist (please circle)

Signature of Medical Officer: K Walker

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

QUESTIONNAIRE

FULL NAME: SANDRA GIBSON D.O.B.: 27.5.65

MAIDEN NAME: — MARITAL STATUS: DIVORCED

ADDRESS: 5 GAIRBRAID COURT,
MARYHILL, GLASGOW

POSTCODE: G20 8HW TEL. NO: (Home) 945.5316
(Work) 339.8888 EXT. 4508

NEXT OF KIN: MOTHER Mrs Daly
22 Lillyburn Place
G15
N/T.

Nursing Auxiliary

1. ANY ILLNESSES AT PRESENT: R.T.A.

2. ANY PREVIOUS ILLNESSES OR OPERATIONS:
(e.g. Diabetes, Asthma, High Blood Pressure)
APPENDICS REMOVED.
LAPAROSCOPY FOR INFERTILITY INVESTIGATION. — no Cause found
miscarriage.

3. ANY REGULAR MEDICINES: D.C.

4. DO YOU SMOKE: YES/NO. If YES, How many a day: 10

5. HOW MUCH ALCOHOL DO YOU DRINK IN AN AVERAGE WEEK: OCCASIONAL 1 or 2

6. ANY ALLERGIES:
(e.g. Penicillin)
NO.

7. ANY ILLNESS WHICH RUN IN FAMILY:
NO

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

8. FOR WOMEN: ANY FAMILY PLANNING MEASURES:
(e.g. Pill, Coil, Cap)

YES.
MINULETE

9. FOR WOMEN: DATE OF LAST CERVICAL SMEAR: END 1990

WHERE WAS IT DONE:
(e.g. G.P., Hospital, Other Clinic)
CLYDEBANK HEALTH CENTRE.

10. FOR WOMEN: DATE OF PREGNANCIES AND ANY PROBLEMS ARISING WITH THEM:

11. IMMUNISATIONS (Adults)

TETANUS, BOOSTER IN LAST FIVE YEARS? YES/[redacted]

POLIO, BOOSTER IN LAST FIVE YEARS? YES/[redacted]

(* Delete as appropriate)

12. ANY OTHER RELEVANT INFORMATION:

Signed: ..... Date: 23.1.98.....

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Clydebank Health Centre
Kilbowie Road

Tuesday 12th March 1991

Miss Alexandra Gallacher
F6 6 Yorkhill Ct.36583 G3 8sj
GLASGOW

Dear Miss Gallacher,

This is to inform you that your recent cervical smear test result was satisfactory.

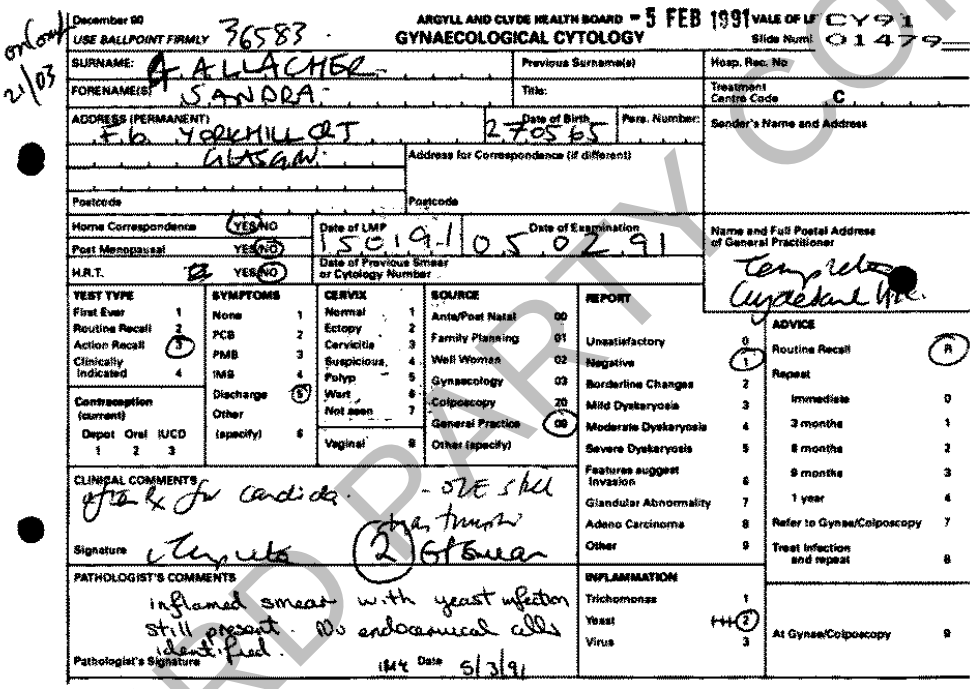
We will notify you when the next test is due, but you may like to note that this will be in 36 months.

Yours sincerely,

Dr.Gordon Crawford

THIRD PARTY COPY

NHS Confidential: Personal data about a patient



December 90
USE BALLPOINT FIRMLY 36583

ARGYLL AND CLYDE HEALTH BOARD — 5 FEB 1991 — VALE OF LEVEN

GYNAECOLOGICAL CYTOLOGY

CY91
Slide Num: 01479

SURNAME: MCLACHER
FORENAME(S): SANDRA
Previous Surname(s):
Title:
Hosp. Rec. No:
Treatment Centre Code: C

ADDRESS (PERMANENT): 6 YORKHILL QT GLASGOW
Date of Birth: 27 05 65
Para. Number:
Sender's Name and Address:

Address for Correspondence (if different):
Postcode:
Postcode:

Home Correspondence: YES/NO
Post Menopausal: YES/NO
H.R.T.: YES/NO
Date of LMP: 15.9.1
Date of Examination: 05.02.91
Date of Previous Smear or Cytology Number:

Name and Full Postal Address of General Practitioner:

TEST TYPE
First Ever 1
Routine Recall 2
Action Recall 3
Clinically Indicated 4

Contraception (current)
Depot 1 Oral 2 IUCD 3

SYMPTOMS
None 1
PCB 2
PMB 3
IMB 4
Discharge 5
Other (specify) 6

CERVIX
Normal 1
Ectopy 2
Cervicitis 3
Suspicious 4
Polyp 5
Wart 6
Not seen 7
Vaginal 8

SOURCE
Ante/Post Natal 00
Family Planning 01
Well Woman 02
Gynaecology 03
Colposcopy 20
General Practice 06
Other (specify)

REPORT
Unsatisfactory 0
Negative 1
Borderline Changes 2
Mild Dyskaryosis 3
Moderate Dyskaryosis 4
Severe Dyskaryosis 5
Features suggest Invasion 6
Glandular Abnormality 7
Adeno Carcinoma 8
Other 9

ADVICE
Routine Recall R
Repeat
Immediate 0
3 months 1
6 months 2
9 months 3
1 year 4
Refer to Gynae/Colposcopy 7
Treat Infection and repeat 8
At Gynae/Colposcopy 9

CLINICAL COMMENTS
after Rx for candida. - OTC shell
Signature
2 stage, thin prep GT smear

PATHOLOGIST'S COMMENTS
inflamed smear with yeast infection still present. No endocervical cells identified.
Pathologist's Signature
Date 5/2/91

INFLAMMATION
Trichomonas 1
Yeast +++ 2
Virus 3

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365·83

GREATER GLASGOW HEALTH BOARD

/

LGNT

27/1/90

DEPARTMENT

? 699680

GALLACHER
SANDRA 27/05/65
FLAT 6
6 YORKHILL COURT F/M
GLASGOW
G3

DIAGNOSIS

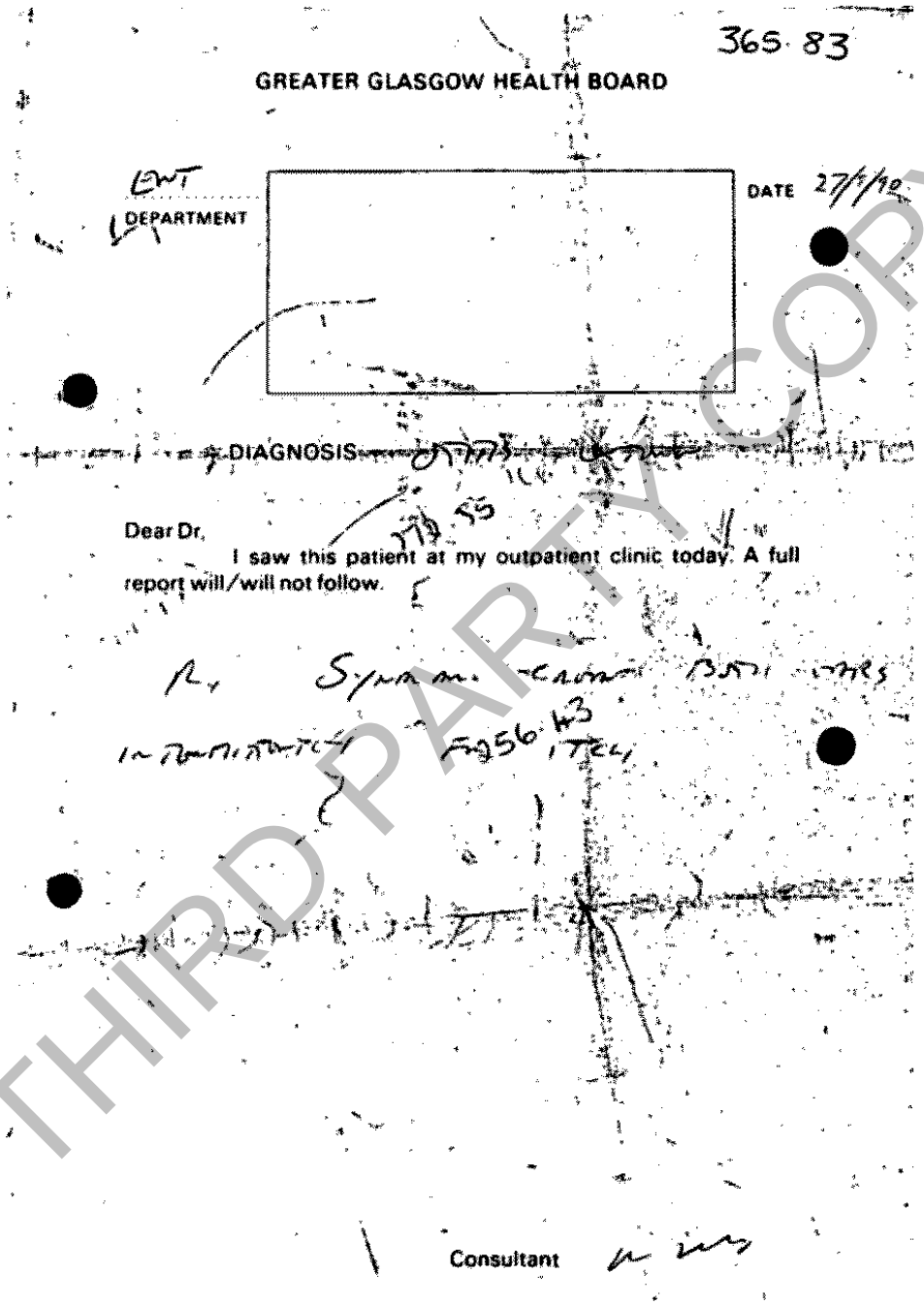
Dear Dr,

I saw this patient at my outpatient clinic today. A full report will/will not follow.

Consultant

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365 83

GREATER GLASGOW HEALTH BOARD

ENT
DEPARTMENT

DATE 27/1/83

DIAGNOSIS

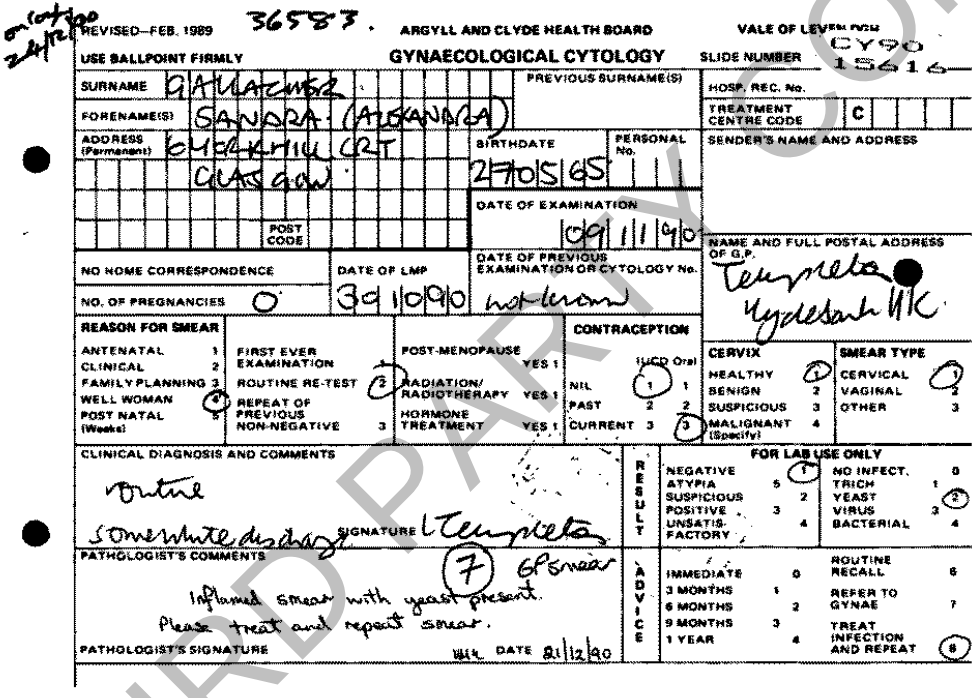
Dear Dr,

I saw this patient at my outpatient clinic today. A full report will/will not follow.

Consultant

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REVISED—FEB. 1989 36583. ARGYLL AND CLYDE HEALTH BOARD VALE OF LEVEN DGH

USE BALLPOINT FIRMLY **GYNAECOLOGICAL CYTOLOGY** SLIDE NUMBER CY90 15616

SURNAME GALLACHER PREVIOUS SURNAME(S)

FORENAME(S) SANDRA (ALEXANDRA)

ADDRESS (Permanent) 64 FAIRHILL CRT CLYDEBANK POST CODE

BIRTHDATE 27/05/65 PERSONAL No.

DATE OF EXAMINATION 09/11/90

HOSP. REC. No.

TREATMENT CENTRE CODE C

SENDER'S NAME AND ADDRESS

NAME AND FULL POSTAL ADDRESS OF G.P. Templeton Clydebank HC

NO HOME CORRESPONDENCE

NO. OF PREGNANCIES 0

DATE OF LMP 30/10/90

DATE OF PREVIOUS EXAMINATION OR CYTOLOGY No. not known

REASON FOR SMEAR
ANTENATAL 1
CLINICAL 2
FAMILY PLANNING 3
WELL WOMAN 4
POST NATAL (Weeks) 5
FIRST EVER EXAMINATION 1
ROUTINE RE-TEST 2
REPEAT OF PREVIOUS NON-NEGATIVE 3
POST-MENOPAUSE YES 1
RADIATION/ RADIOTHERAPY YES 1
HORMONE TREATMENT YES 1

CONTRACEPTION
(IUCD Oral)
NIL 1 1
PAST 2 2
CURRENT 3 3

CERVIX
HEALTHY 1
BENIGN 2
SUSPICIOUS 3
MALIGNANT (Specify) 4

SMEAR TYPE
CERVICAL 1
VAGINAL 2
OTHER 3

CLINICAL DIAGNOSIS AND COMMENTS
routine
Some white discharge SIGNATURE Templeton

PATHOLOGIST'S COMMENTS
(7) GP smear
Inflamed smear with yeast present.
Please treat and repeat smear.
PATHOLOGIST'S SIGNATURE WH DATE 21/12/90

FOR LAB USE ONLY

RESULT
NEGATIVE 1
ATYPIA 5
SUSPICIOUS 2
POSITIVE 3
UNSATIS-FACTORY 4
NO INFECT. 0
TRICH 1
YEAST 2
VIRUS 3
BACTERIAL 4

ADVICE
IMMEDIATE 0
3 MONTHS 1
6 MONTHS 2
9 MONTHS 3
1 YEAR 4
ROUTINE RECALL 6
REFER TO GYNAE 7
TREAT INFECTION AND REPEAT 8

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Clydebank Health Centre
Kilbowie Road
Clydebank

24/12/90

Miss Alexandra Gallacher
Fé é Yorkhill Ct.36583 G3 8sj
GLASGOW

Dear Miss Gallacher,

CERVICAL SMEAR RESULT

The smear which you had taken recently showed up a mild infection.

This is NOT SERIOUS but makes the smear test difficult to read.

You may need some treatment for the infection and you will need to have another smear in a few months time.

Please make an appointment with one of the doctors so that this can be explained more clearly.

Yours sincerely,

Dr.Gordon Crawford

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Use Ball Pen firmly
SEROLOGY

DUMBARTON DISTRICT LABORATORY
MICROBIOLOGY 53/00181T

Date Received 12 DEC 90 Lab Number F3846

Clinical Information and Antibiotic Therapy

Surname GALLACHER Forename Sandra Unit No. 36583
Address 6 Yorkhill Ot Age D.O.B. 27/5/65 Sex
Address for Report Clydesdale H/C Doctor
Signed mj

Specimen	Examination Requested	Date Collected
urine	PPT preg	12/12/90

ONE FORM PER SPECIMEN

LAB. USE ONLY BELOW THIS LINE

ANTIBIOTIC ASSAYS

	S.A.T.	A.H.G.
BRUCELLA		
Br. abortus		
Br. melitensis		
WIDAL	'H'	'O'
Salmonella typhi		
Salmonella paratyphi A		
Salmonella paratyphi B		

SYPHILIS SEROLOGY	V.D.R.L.	T.P.H.A.	F.T.A.–ABS

Antistreptolysin 'O' Titre units/ml
Immunological Pregnancy Test NEGATIVE
Gonadotrophin Level iu/l
Other
Comment

mj

Date Reported 12/12/90 Signed

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36583

GREATER GLASGOW HEALTH BOARD
WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

DIVISION OF OTOLARYNGOLOGY

Consultant Surgeons:

A. K. Bain
H. R. Chandrachud (Chairman)
D. G. Carrick (Secretary)
N. K. Geddes

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Tel. No: 041-334 8122

Our Ref NKG/PS/699680
Your Ref
If phoning ask for 414

27th September, 1990

Dr.G.M.Crawford
Clydebank health Centre
Kilbowie Road
Clydebank

Dear Dr.Crawford,

Sandra Gallacher
Flat 6, 6 Yorkhill Court
Glasgow

Thank you for referring this girl who is having bilateral otitis externa. Both ears were syringed with Hibitane to-day and steroid packs put in for two days. I have given her a letter to you for Synalar Cream to use after that and she will be reviewed next week

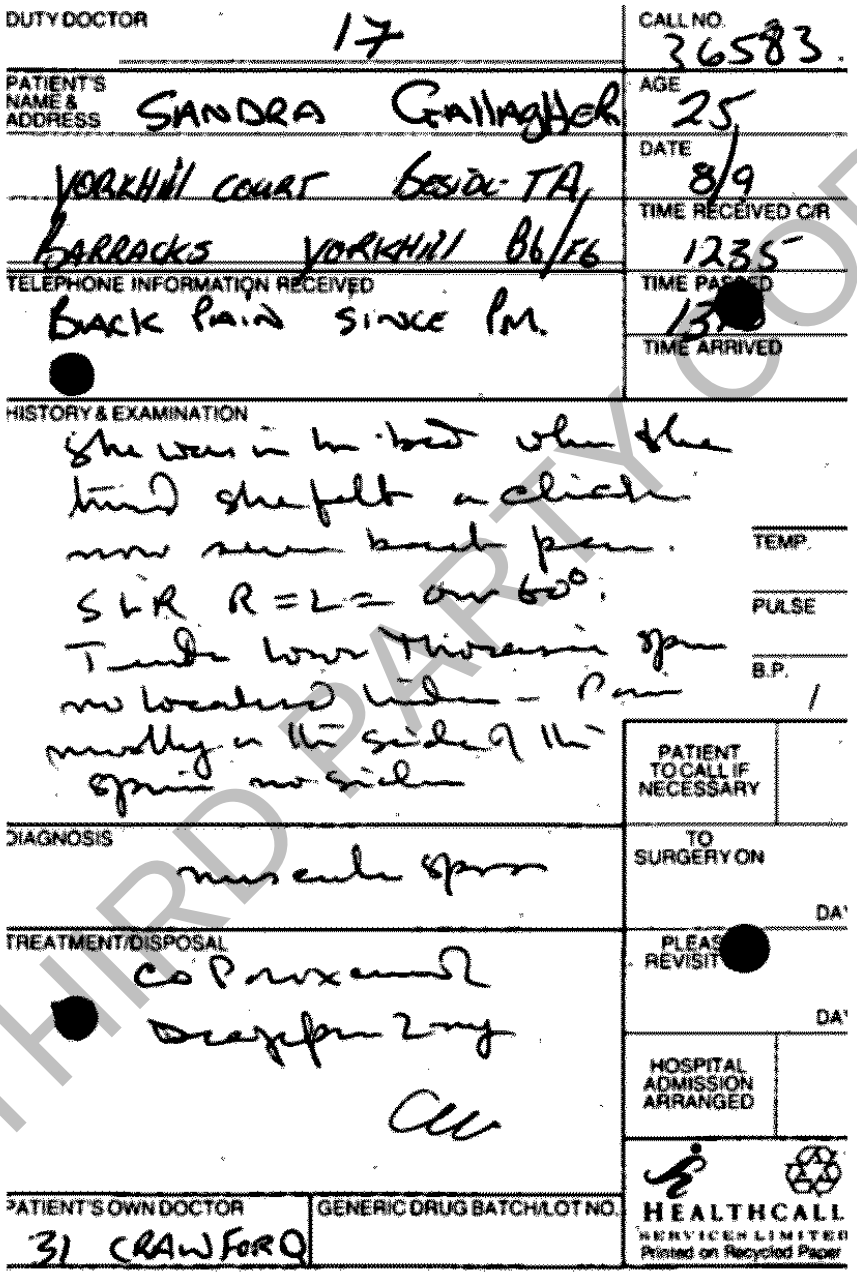
Yours sincerely,

N.K.Geddes
Consultant E.N.T.Surgeon

RECEIVED 18 OCT 1990

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DUTY DOCTOR 17

CALL NO. 36583.

PATIENT'S NAME & ADDRESS SANDRA Gallagher

AGE 25

Yorkhill court Bexia-TA, Barracks Yorkhill G6/F6

DATE 8/9

TIME RECEIVED C/R 1235

TELEPHONE INFORMATION RECEIVED Back Pain since PM.

TIME PASSED 13[redacted]

TIME ARRIVED

HISTORY & EXAMINATION

She was in bed when she turned she felt a click now severe back pain. SLR R=L= over 60°. Tender lower thoracic spine no localised bone pain mostly in the middle of the spine no side

TEMP.

PULSE

B.P. /

PATIENT TO CALL IF NECESSARY

DIAGNOSIS

muscle spasm

TO SURGERY ON

DA'

TREATMENT/DISPOSAL

Co Proxamol

Diazepam 2mg

CW

PLEAS[redacted] REVISIT

DA'

HOSPITAL ADMISSION ARRANGED

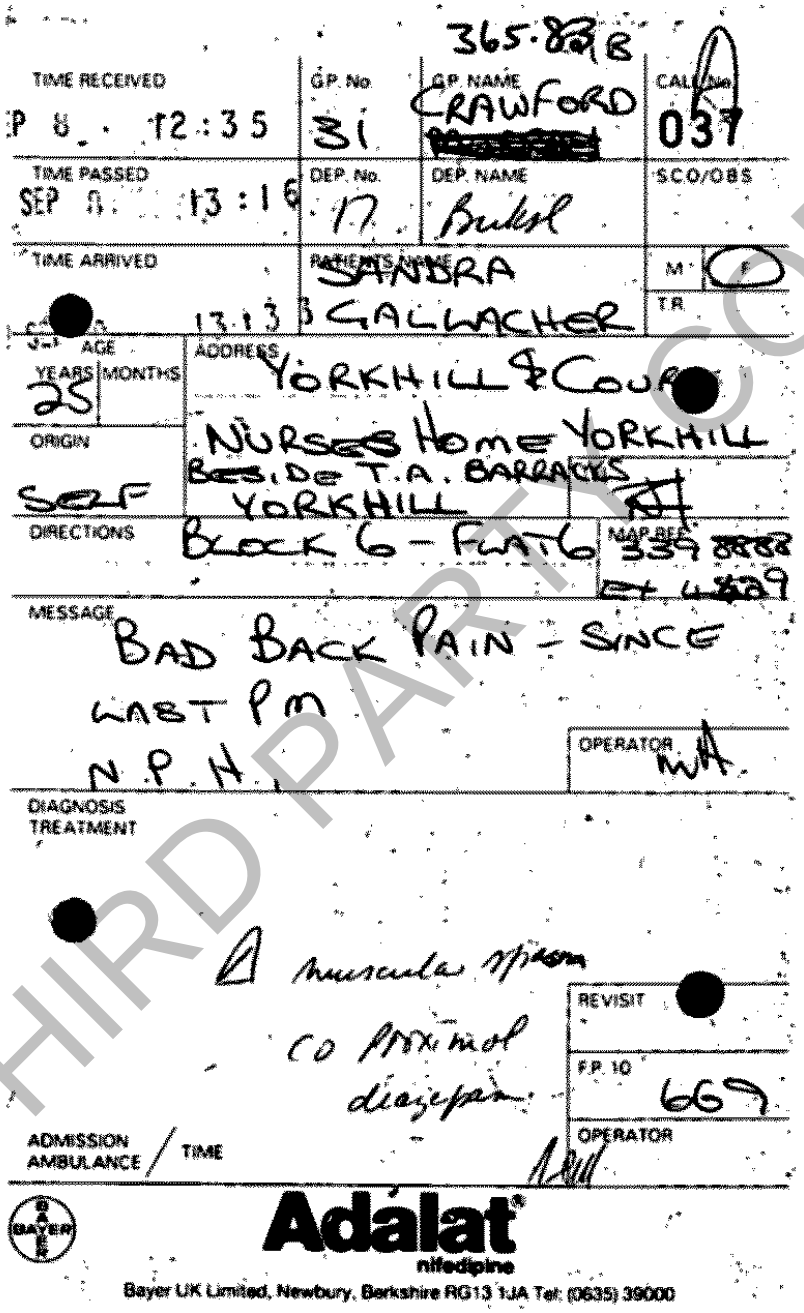
PATIENT'S OWN DOCTOR 31 CRAWFORD

GENERIC DRUG BATCH/LOT NO.

HEALTHCALL SERVICES LIMITED Printed on Recycled Paper

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365.88B

TIME RECEIVED: P 8. 12:35 | GP No: 31 | GP NAME: CRAWFORD [redacted] | CALL No: 037

TIME PASSED: SEP 8. 13:16 | DEP. No: 17 | DEP. NAME: Bukol | SCO/OBS:

TIME ARRIVED: 13.13 | PATIENTS NAME: SANDRA GALLAGHER | M / F | TR:

AGE: YEARS 25 MONTHS | ADDRESS: YORKHILL & COURT NURSES Home YORKHILL BESIDE T.A. BARRACKS YORKHILL

ORIGIN: SELF

DIRECTIONS: BLOCK 6 - FLAT 6 | MAP REF: 339 [illegible] Et 4629

MESSAGE: BAD BACK PAIN - SINCE LAST PM N.P.H.

OPERATOR: MA

DIAGNOSIS TREATMENT:

A muscular spasm
co proximal
diazepam

REVISIT:

F.P. 10: 669

ADMISSION / AMBULANCE / TIME:

OPERATOR:

Adalat® nifedipine

Bayer UK Limited, Newbury, Berkshire RG13 1JA Tel: (0635) 39000

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X

Gartnavel General 7.9.90

E.N.T.

Gallacher (H/36583)
Sandra
Flat 6 6 Yorkhill Court 27.5.65
Glasgow G3

xx
Western Infirmary
1987 699680

Dr. G.M. Crawford
Clydebank Health Centre
Kilbowie Road
CLYDEBANK

16 Swallow Road
Faifley, Clydebank

952-2080

Thank you for seeing this auxiliary nurse.

She has had a two year history of recurrent otitis externa, particularly affecting her left ear. This has usually responded to a prescription of an antibiotic and Gentisone HC drops.

However, over the last two months she has had associated dizziness, staggering to one side and poor balance. She also has considerably reduced hearing in her left ear and slightly reduced in her right.

I suspect that all these symptoms may well be due to her chronic otitis externa, but the dizziness is rather worrying, and as I can find little of note in her physical examination I would greatly appreciate your advice.

Gordon M. Crawford

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NHS Confidential: Personal data about a patient

DOCTOR

~~A.P.~~ 36583

URGENT/NON URGENT

CLYDEBANK HEALTH CENTRE
TREATMENT CARD

NAME Sandra Gallacher

UNIT NO. NP.

ADDRESS 16 E Swallow Rd

D.O.B. DATE	DIAGNOSIS	TREATMENT & PROGRESS	INITIALS
27/4/65.	Stitch above	Sutures removed Plaster dress. ✓ Ltd	BR (GPC)
15/7/89	Removal sutures	K2 ✓ Lille tin. ✓ Rather moist	
	+ EPS to nose	tin. ✓ Cicatrin powder ✓ nebule	RHH Mon. HH4
17/7/89			Pet Tunnel
20/7/89	Toe very painful. Having blood on glass seen by Dr Cumford		
	X Rayed - No apparent glass showing on X Ray	Dry dressing to toe	RJW PRN Ch

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NHS Confidential: Personal data about a patient

36583

CLYDEBANK HEALTH CENTRE — **X-Ray Report**

Name ..... Sandra Gallacher ..... **Age** ..... 24 .....
Address ..... 16 Swallow Road ..... **X-Ray No.** ... 3225/89 ...
..... FAIFLEY ..... **Date** ..... 21.7.89. .....
Dr. ..... Crawford .....
Part Examined ..... Left foot .....
.....

REPORT **X-RAY No.** 3225/89 **Date** 21.7.89.

Left forefoot(soft tissue view)

No radio opaque foreign body indentified.

G. HARE,

Radiologist.

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Samaritan 27.5.88

Sub-Fertility Neil McDougall

Gallacher (H/36583)
Alexandra
16E Swallow Road 27.5.65
Faifley, Clydebank

xx
Western Infirmary
1987 699680

Dr. R.J.M. Wilson
Clydebank Health Centre
Kilbowie road
CLYDEBANK

952-2080

I would be grateful if you could review this patient at your Sub-Fertility Clinic.

She was recently admitted to the Gynaecology wards at the Western Infirmary following a possible threatened abortion. There was no evidence of pregnancy on her scan, and her prognostican test was negative.

This couple would now like to continue with the investigation of their sub-fertility problem, and I would be grateful if you could try and help them. I look forward to hearing from you.

Richard J.M. Wilson

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36583

GREATER GLASGOW HEALTH BOARD — SOUTH 3

ROYAL SAMARITAN HOSPITAL FOR WOMEN

Our Ref: LH/KMCC/125104
Your Ref:
If 'phoning ask for –

69 COPLAW STREET
GLASGOW G42 7JF
Telephone No. 041-423 3033

Doctor R J M Wilson
Clydebank Health Centre
Kilbowie Road
Clydebank

3 August 1988

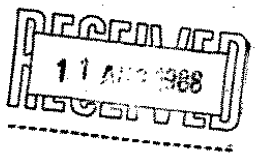
Dear Doctor Wilson

ALEXANDRA GALLACHER DATE OF BIRTH 27 05 65
16E SWALLOW ROAD PAIFLEY CLYDEBANK

Thank you for referring the above lady to Doctor McDougall's Gynaecology Clinic where I saw her on his behalf on 3 August 1988. Going through Sandra's notes I note that she is being investigated for sub-fertility at the Samaritan. All the investigations on both her husband and herself appear to be normal. She seems to be ovulating. Her tubes are patent and her husbands seminal analysis is within normal limits. I have therefore arranged for her to come for a post coital test as this seems to be the next logical step. I have also asked her to repeat her husband seminal analysis. I will see her when it is convenient for her to come for the post coital test any Wednesday morning and I shall keep you informed.

Yours sincerely

Lubna Hassan
Registrar



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36583

GREATER GLASGOW HEALTH BOARD

Our Ref.: ISS/CK/GGHB
Your Ref.:
If phoning
ask for:—

OCCUPATIONAL HEALTH SERVICE
Yorkhill Hospital Complex
Block 9
Flat 1
Yorkhill Court
GLASGOW G3 8SJ
Telephone: 041.339.8888
Extension: 421

13 September 1988

PRIVATE & CONFIDENTIAL

Dr A Fairley
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Fairley

MRS SANDRA GALLACHER (DOB: 27.5.65)
16E SWALLOW ROAD, FAIFLEY, CLYDEBANK G81

Your patient is employed as a Nursing Auxiliary at Yorkhill and I was recently asked to assess her health in relation to her work because of her fairly frequent absences during the past 2 years. All these seem to be related to self limiting illnesses and she now appears in good health. At this assessment some small punctate fatty deposits were noted below her right eye but estimates of her cholesterol 4.5 mmol/l and her triglycerides, 1.70 mmol/l were both within the satisfactory range. Her blood pressure was recorded as 95/65. She was given some general advice about reducing her smoking habits.

Yours sincerely

DR IAN S SYMINGTON
Consultant in Occupational Health
Director - Occupational Health Service

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365·83
ADMISSION No.

GREATER GLASGOW HEALTH BOARD (WESTERN DISTRICT)

CONSULTANT IN CHARGE Dr. A. B. MacLean - Western Infirmary

PATIENT	Alexandra Gallacher	AGE 23	HOSP. No. 699680
ADDRESS	16 Swallow Road, CLYDEBANK G81	DATE OF BIRTH	27.5.64 (? 27.5.65)
ADMITTED	22nd October, 1987	DISCHARGED	23rd October, 1987
DIAGNOSIS 1st		OPERATION 1st	
DIAGNOSIS 2nd		OPERATION 2nd	
DIAGNOSIS 3rd		OPERATION 3rd	
DIAGNOSIS 4th		OPERATION 4th	

CASE SUMMARY

ABMacL/MAL

6th November, 1987

Dr. A. Pairley,
Clydebank Health Centre,
Kilbowie Road,
CLYDEBANK G81 2TQ
Dunbartonshire

Dear Dr. Pairley,

This patient was admitted with what was thought to be an early pregnancy. Her pregnosticon was negative. There was no evidence of a pregnancy on scan.

I understand that she is attending Dr. Neil McDougall at the Samaritan Hospital and have encouraged her to return there for review.

Yours sincerely,

Allan B. MacLean
Senior Lecturer

c.c. Dr. Neil McDougall,
Royal Samaritan Hospital for Women,
Coplaw Street,
GLASGOW G42

RECEIVED
1 1 NOV 1987

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NHS Confidential: Personal data about a patient

36583 G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

AE No. C/611016

HOSPITAL CODE 601.

SURNAME: GALLACHER	FORENAMES: ALEXANDRA.	BIRTH SURNAME: GIBSON
ADDRESS: 16 SWANNON Rd.		PATIENT'S OWN OCCUPATION: AUX / NURSE.
POSTCODE: G81 5DP.	TELEPHONE No.: 37-79149.	DATE OF BIRTH: 27.5.64
SEX: F.	MARITAL STATUS: M.	RELIGION: PROT.
NEXT OF KIN: NAME: ANTHONY.	RELATIONSHIP: HUSBAND	FAMILY DOCTOR: SURNAME: FAIRLIE
INITIALS:		
ADDRESS: S/A.		ADDRESS: CLYDEBANK H/C.
POSTCODE: S/A	TELEPHONE No.: S/A.	POSTCODE: G81.
TELEPHONE No.: -		
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE: 22/10/87.	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO: YES	IN/OUT PATIENT: IN
YEAR: 85-86?		
TIME OF ATTENDANCE: 16.30	REASON FOR ATTENDANCE: GYN COND.	
DATE OF INJURY OR ILLNESS: 20.10.87.	TIME OF INJURY: AM.	TYPE (CODE): 8.
SOURCE OF REFERRAL: GP ___ SELF ___ POLICE ✓ OTHER (CODE) ___		
ROAD TRAFFIC ACCIDENT PLACE	DETAILS	
HOME ACCIDENT PROBABLE CAUSE		

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: ? ? complete abortion

X-Ray film/ECG shows

Treatment given

PROFILED

Drugs ___ days supply of ___ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ___ TT Booster ___ HATI ___ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)
G9		MacLean

Follow Up	Not arranged	Arranged	To be arranged

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters): N T McCANN

Signature of Medical Officer: N T McCann

Cons SR Reg (SHO) HO Clin Assist (please circle)

K+J

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NHS Confidential: Personal data about a patient

GREATER GLASGOW HEALTH BOARD
SOUTH — EASTERN DISTRICT

Our Ref: HG/SM.
Your Ref:
If 'phoning
ask for—

ROYAL SAMARITAN HOSPITAL FOR WOMEN
69 COPLAW STREET
GLASGOW G42 7JF
Telephone No. 041-423 3033

4th June, 1986.

Dr.P.McLuskey,
121, Dunkenny Road,
Glasgow. G13.

Dear Dr.McLuskey,

Mrs. Sandra Gallagher - 112723
18 Forwell Place Glasgow

I saw Mrs. Gallagher on behalf of Dr.McDougall at his clinic today. She has not attended our clinic for quite a while due to difficulties in reaching the hospital from her home. However, she has been trying for a family for three years. She gives a history of dysmenorrhoea on day- one to day plus three which is crampy in nature. She has also had an appendicectomy aged 13. Otherwise there is no history of note. Unfortunately we have not had a seminal analysis from her husband, Anthony, yet so I have asked her again to try and persuade to do the honours for us. I discussed her problem with Dr.McDougall, and we have repeated her hormonal screen and arranged for her admission on the 28th July for laparoscopic hydrotubation.

Yours sincerely,

Helen Gregory
Registrar

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

GARTNAVEL GENERAL HOSPITAL, GLASGOW G12 0YN

Telephone: 041-334 8122

GA/PAMA

FROM DR GORDON ALLAN'S CLINIC DEPT. MEDICAL

PATIENT Alexandra Gallagher HOSP. No. 699680 DATE

ADDRESS 18 Foswell Road
Glasgow G15

DOB 27.5.65

Dr Field
121 Dunkenny Road
Glasgow G15

2 April 1985

Dear Dr Field

This young girl was due to attend the clinic today for a check on her haemoglobin but did not do so. If it is simple for you to get it done perhaps that would be the best plan. If not perhaps you could encourage her to make an appointment which she will keep to have it rechecked here.

Yours sincerely

Gordon Allan

Gordon Allan
Consultant Physician

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Western Infirmary, Glasgow, G11 6NT Tel. 041-339 8822

DEPARTMENT OF DERMATOLOGY

SW/JC/699680

20 February 1985

Dr Field
121 Dunkenny Road
GLASGOW
G15

Dear Dr Field

Alexandra Gallagher (27.5.65)
18 Foswell Road Glasgow G15

Treatment with trichloracetic acid has led to minimal resolution of this lesion and therefore I am going to perform graded excision on these lesions.

Yours sincerely

S White
Lecturer

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

ADMISSION No.

GREATER GLASGOW HEALTH BOARD (WESTERN DISTRICT)

Short Stay Ward WESTERN INFIRMARY
CONSULTANT IN CHARGE Dr Allan

PATIENT Alexandra Gallagher | AGE 19 | HOSP. No. 699680

ADDRESS 18 Foswell Road Glasgow | DATE OF BIRTH 27.5.65

ADMITTED 20.1.85 | DISCHARGED 20.1.85

DIAGNOSIS 1st Epistaxises and anaemia | OPERATION 1st

DIAGNOSIS 2nd ? Seizure | OPERATION 2nd

DIAGNOSIS 3rd | OPERATION 3rd

DIAGNOSIS 4th | OPERATION 4th

JAM/LR

CASE SUMMARY

30 January 1985

Dr Field
121 Dunkenny Road
GLASGOW
G15

Dear Dr Field

This 20 year old girl attended Accident & Emergency in the early hours of 20 January 1985. Over the preceeding week, she had developed a head cold and since then had suffered a number of epistaxses. On the evening of admission, she had suffered a heavier nose bleed while sitting in a chair and after the nose bleed had stopped, she passed out, clenched her teeth and shook and breathed heavily after the episode. There was no tongue injury and no incontinence associated. There is no past history of epilepsy.

On examination, she looked pale with pale mucous membranes but cardiovascular and respiratory examinaton was unremarkable. She was admitted to the Short Stay Ward overnight, felt completely well the next morning, but her full blood count was checked and this showed a haemoglobin of 9.7 g/dl and the films suggested developing iron deficiency. Atypical mononuclear cells were seen in keeping with a viral infection but a glandular fever screen test was negative.

This girl was discharged on 20 January but arrangements have been made for her to be seen at Dr Allan's Clinic at Gartnavel General Hospital.

Yours sincerely

John A Murphy

John A Murphy
Senior House Officer in Medicine

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

GREATER GLASGOW HEALTH BOARD – WESTERN DISTRICT

IMMEDIATE DISCHARGE LETTER

GENERAL PRACTITIONER

Dear Dr. Fields HOSPITAL WTG DATE 20/1/85

Your Patient Sandra Gallacher Hospital No.

of 18 Foswell Place G15 Date of Birth 27-5-65 Admitted in the care

of DR ALLAN was discharged on 20/1/1985 with a diagnosis of:–

FAINT / SEIZURE

ESSENTIAL ! USE BIRO PEN AND PRESSURE WHEN COMPLETING THIS FORM

PLEASE CONTINUE THE FOLLOWING THERAPY:–

MEDICINE BLOCK CAPITALS	DOSE	FREQUENCY	DURATION	FOR PHARMACIST QUANTITY ISSUED
ferrous Sulphate	250mg	tid		

PHARMACIST SIGNATURE: DATE: / /

OTHER MEDICAL COMMENTS:

To be reviewed at o/p Clinic

Frequent epistaxis over past weeks. ? Anaemia

FBC being checked

FBC checked → 9.7

A follow-up appointment has been given. ☑ PLEASE TICK AS APPLICABLE 3 wks.

A follow-up appointment is not necessary. ☐

DRs. NAME IN BLOCK CAPITALS STEWART WARD SSW

Yours sincerely

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GREATER GLASGOW HEALTH BOARD
SOUTH—EASTERN DISTRICT

Our Ref: LRP/SM.
Your Ref:
If 'phoning
ask for—

ROYAL SAMARITAN HOSPITAL FOR WOMEN
69 COPLAW STREET
GLASGOW G42 7JF
Telephone No. 041-423 3033

6th November, 1984.

Dr.P.McLuskey,
121, Dunkenny Road,
Glasgow. G13.

Dear Dr.McLuskey,

Mrs. Sandra Gallagher - 112723
18 Forwell Place Glasgow

Thank you very much for referring this delightful very young girl to Dr.McDougall's clinic with a history of relative infertility. She has been trying to conceive for the past eighteen months. She was married only three weeks ago. Her periods have been very regular with few premenstrual symptoms.

Examination was satisfactory. Her last menstrual period was four weeks ago and I have sent blood off for hormonal investigations including a progesterone assay. I have given her a container to take with her to her house for her husbands seminal analysis. I have explained the situation to her and have asked her to come back in four months time to the clinic.

Yours sincerely,

L.R.Prabhu
Registrar

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Western Infirmary, Glasgow, G11 6NT Tel. 041 339 8822

DEPARTMENT OF DERMATOLOGY

SW/JC/699680

19 December 1984

Dr W A Souter
121 Dunkenny Road
GLASGOW
G15

Dear Dr Souter

Alexandra Gallagher (27.5.65)
18 Foswell Road Glasgow G15

These people with their self inflicted tattoos never gain much popularity in any department and nor can we really offer them much therapeutic benefit. I understand why she may want these lesions removed. I have explained to her the limitations of anything we can offer but she has accepted treatment with topical Trichloracetic Acid.

Yours sincerely

S White
Lecturer

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GREATER GLASGOW HEALTH BOARD

STUART LAIDLAW CLINIC
KINFAUNS DRIVE
GLASGOW G15

Dear Dr. Gold

FAMILY PLANNING CLINIC

Your patient Sandra Gibson of
24 Lubnaig Ave

attended the Family Planning Clinic here on 15/11/82

(a) She expressed a desire to use oral contraceptives. No contra-indication was found on history and routine examination, and I have supplied her with Lucrogynon tablets to start in her next cycle. If I do not hear from you before this, may I assume that you have no objection to your patient having this method and that you will notify me if she is having any steroid or other hormone therapy, or if you know of any other possible contra-indications.

(b) She has been advised as follows :

As part of the routine examination, I have taken a cervical smear. next visit

Yours faithfully,

M B Smith
Clinic Medical Officer.

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ADMISSION No.

WESTERN INFIRMARY, GLASGOW G11 6NT

Short Stay Ward (Prof. Kay) Telephone 339 8822

PATIENT Alexandra Gibson AGE 14 HOSP. No. 699680
24 Pettercairn Avenue, 27.5.65
ADDRESS Glasgow G15

ADMITTED 13.3.80 DISCHARGED 14.3.80

DIAGNOSIS Head Injury OPERATION

CASE SUMMARY

20.3.80

Dr. Field,
121 Dunkenny Road,
Glasgow.

Dear Dr. Field,

This 14 year old girl was admitted to the Short Stay Ward on 13.3.80 after she had fainted, striking the back of her head during the fall.

On admission she was fully conscious and orientated and neurological examination was normal. She was allowed home the following day. It was unclear why she fainted although she had been having heavy menstrual periods recently. A check haemoglobin was 11.1 g/dl.

Yours sincerely,

J.A. Bradley,
Surgical Registrar

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GREATER GLASGOW HEALTH BOARD – WESTERN DISTRICT

IMMEDIATE DISCHARGE LETTER

GENERAL PRACTITIONER

Dear Dr. FIELD HOSPITAL WESTERN DATE 13/3/00

Your Patient Eleanor Gibson Hospital No. 205630

of 24 FETTERCAIRN AVE Date of Birth 27/5/65 Admitted in the care

of Sir Andrew Watt Kay was discharged on 13/3/19 00 with a diagnosis of:–

Head Injury followed Jaund → probably due to anaemia

as Result of prolonged resuscitation

ESSENTIAL ! USE BIRO PEN AND PRESSURE WHEN COMPLETING THIS FORM

PLEASE CONTINUE THE FOLLOWING THERAPY:–

MEDICINE BLOCK CAPITALS	DOSE	FREQUENCY	DURATION	FOR PHARMACIST QUANTITY ISSUED

PHARMACIST SIGNATURE: DATE: / /

OTHER MEDICAL COMMENTS:

↑ Blood taken for haemoglobin estim. → result will be sent to GP - if anaemic Fe tabs should be commenced.

Head Injury → small bruise on occiput

No Skull #

A follow-up appointment has been given. ☐ ✓ PLEASE TICK

A follow-up appointment is not necessary. ☐ AS APPLICABLE

DRs. NAME IN BLOCK CAPITALS WINDOWS WARD SSW

Yours sincerely

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GREATER GLASGOW HEALTH BOARD (WESTERN DISTRICT)

IMMEDIATE DISCHARGE LETTER

ACCIDENT & EMERGENCY DEPARTMENT,
WESTERN INFIRMARY, GLASGOW G11 6NT.
Telephone: *041-339 8822*

To: Doctor Field
Address 121 Dunkenny Road Glasgow

Date 18.9.79

Dear Doctor,

Patient's Name Alexandra Gibson Date of Birth 27.5.65

Address 24 Fettercairn Ave
Glasgow

Accident & Emergency No. 181271

The above-named patient attended Accident & Emergency Department today.

Diagnosis #. Prob P 5/E Ex

X-Ray film shows None

Treatment given:– A.T.S./T.T./Already immunised

is attending again on _____ /was reffered to _____ Clinic

First Certificate:– Given: YES NO

Would you please arrange/Further Treatment/Dressings/Removal of Stitches

C Rowland
NAME IN BLOCK LETTERS

Yours sincerely,

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GARTNAVEL GENERAL HOSPITAL
1053 GREAT WESTERN ROAD
GLASGOW G12 0YN

ADMISSION No.

JAM/LJP

Telephone

SURGICAL FLOOR 5

PATIENT Alexandria Gibson
ADDRESS 24 Fettercairn Avenue
Glasgow G15.

AGE

HOSP. No. 699680

ADMITTED 26.6.79

DISCHARGED 31.6.79

DIAGNOSIS

OPERATION

CASE SUMMARY

12th July, 1979

Dr. Field,
121 Dunkenny Road,
Glasgow G15.

Dear Dr. Field,

This 14 year old girl was admitted to the Acute Surgical Receiving Unit of the Western Infirmary on the 26th of June, 1979. At that time she complained of low right sided abdominal pain, anorexia and malaise.

Examination showed her to be flushed and pyrexial and she was found to be tender, especially in the lower right quadrant. She was therefore submitted to laparotomy and at the time of surgery, multiple large lymph nodes were found in the mesentery. The appendix was removed prior to closure, the definitive diagnosis being one of mesenteric adenitis.

Alexandria made a good post-operative recovery but prior to the time of discharge, her haemoglobin was noted to be 11 gms.%. This is an established iron deficiency anaemia. She was therefore commenced on Ferrous Sulphate 200 mgs. t.d.s. and was allowed home on the 31st of June. I would appreciate it if she could be maintained on this drug regime until she is seen again at the clinic in four weeks' time.

With kind regards.

Yours sincerely,

John A. Murie,
Senior House Officer.

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GREATER GLASGOW HEALTH BOARD (Western District)

IMMEDIATE DISCHARGE LETTER

GENERAL PRACTITIONER

Dear Dr. HOSPITAL WRG DATE 20/6/79

Your Patient Alexandra Gibson Hospital No 699680

of 2a Fettercairn ave Date of Birth 27.5.65 Admitted in the care

of Mr. McClark was discharged on 31 / 6 / 1979 with a diagnosis of:–

Strain post appendicectomy

Fe-deficiency anaemia

ESSENTIAL ! USE BIRO PEN AND PRESSURE WHEN COMPLETING THIS FORM

PLEASE CONTINUE THE FOLLOWING THERAPY:–

MEDICINE BLOCK CAPITALS	DOSE	FREQUENCY
Ferrous Sulphate	200mg.	tds.

FOR PHARMACIST ONLY

QUANTITY ISSUED	Pharmacist Initials
	Date
	/ / 19

Other Comments:–

A follow-up appointment has been given. 4/52.

A follow-up appointment is not necessary.

Yours sincerely Jmurie FRCS.

DRs. NAME IN BLOCK CAPITALS J. MURIE

WARD 5.

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26.6.79

Alexandra Gibson

Diagnosis mesenteric adenitis

Operation laparotomy and appendicectomy

Surgeon Mr. Murie

Assistant Mr. Booth

Anaesthetist Dr. Cathiga

PROCEDURE

The abdomen was opened through a Lanz incision in the right iliac fossa and the caecum and appendix drawn into the wound. The appendix did not appear inflamed. It was resected in the standard fashion and its stump buried in the body of the caecum with a catgut purse string suture. The mesentery was examined and revealed many large swollen lymph nodes. The diagnosis therefore seemed to be mesenteric adenitis.

Prior to closure the terminal 4ft of small bowel were examined and appeared normal. The right ovary was normal to palpation.

The wound was closed in layers using catgut throughout and interrupted black silk stitches to approximate the skin edges.

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BOARD OF MANAGEMENT
FOR
YORKHILL AND ASSOCIATED HOSPITALS

ROYAL HOSPITAL FOR SICK CHILDREN
YORKHILL
GLASGOW, G3 8SJ

Telephone: 041-339 8888

Accident & Emergency Department

AS/MP

26th March, 1974.

Dr. McLuskey,
121 Dunkenny Road,
GLASGOW G15.

Dear Dr. McLuskey,

Alexandra Gibson - d.o.b. 27.5.65
24 Fettercairn Avenue - Glasgow G15

Thank you for referring this 8 year old child with a history of repeated attacks of abdominal pain, nausea and frequency. She was referred to Professor Arneil in December 1973 when on investigation she was found to have a clear M.S.U. and negative pyelograms and cystogram. The child has apparently had these symptoms intermittently now for 2 years and they are occurring every 6-8 weeks.

On examination last night, 25.3.74, Sandra was afebrile, alert and co-operative. The urine was completely clear chemically and microscopically and the only abnormality on clinical examination was a slightly inflamed throat and shotty cervical glands.

/I feel

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I feel that this problem of Sandra's is mostly psychological as, on taking a careful history, it appears that together with these symptoms of recurrent abdominal pain she has recently been falling off in school work, has had difficulty in getting to sleep and has had a poor appetite. She has recently resorted to stealing and lying. The parents separated 2 years ago and Sandra appears to have been very attached to her father. Mother also, as you know, has had treatment for schizophrenia which entailed at one time a fairly long separation from Sandra when she was 2-3 years of age.

I have referred her for further guidance to the Department of Child & Family Psychiatry.

Yours sincerely,

A. Stirling

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BOARD OF MANAGEMENT
FOR
YORKHILL AND ASSOCIATED HOSPITALS

TELEPHONE 041-339 8888

ROYAL HOSPITAL FOR SICK CHILDREN
YORKHILL, GLASGOW, G3 8SH

GCA/EH

23rd January, 1974.

Out-patient Department.

D:O:B: 27:5:65.

Dr. Souter,
121 Dunkenny Road,
Glasgow, G15.

Dear Dr. Souter,

Sandra Gibson - 178806
24 Fettercairn Avenue, Glasgow.

The result of the cystogram on your patient Sandra Gibson is now to hand. You will be glad to know that there was no abnormality detected. The treatment outlined on the 12th December would therefore be appropriate.

Yours sincerely,

Gavin C. Arneil.

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BOARD OF MANAGEMENT
FOR
YORKHILL AND ASSOCIATED HOSPITALS

TELEPHONE 041-339 8888

ROYAL HOSPITAL FOR SICK CHILDREN
YORKHILL, GLASGOW, G3 8SH

GCA/JF

27th December, 1973.

Out-patient Department

Dr. Souter,
121 Dunkenny Road,
Glasgow G15.

H.N. 178806

Dear Dr. Souter,

Sandra Gibson - d.of.b. 27.5.65
24, Fettercairn Avenue, Glasgow G15 8DQ

You will be glad to know that the culture of urine on your patient Sandra Gibson proved negative.

Intravenous pyelogram showed no abnormality, but our Radiologist has advised that a micturating cystogram should be carried out and I am sending a copy of this letter to her with a request that she do so.

Yours sincerely,

Gavin C. Arneil

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BOARD OF MANAGEMENT
FOR
YORKHILL AND ASSOCIATED HOSPITALS

TELEPHONE: 041-339 8888

ROYAL HOSPITAL FOR SICK CHILDREN
YORKHILL, GLASGOW, G3 8SH

GCA/EM

12th December, 1973

Renal Clinic.

Dr. Souter,
121 Dunkenny Road,
Glasgow. G.15

Dear Dr. Souter,

Sandra Gibson - H.N.178806 (27.5.65)
24 Fettercairn Ave., Glasgow. G.15 8DQ.

Your patient was seen today. This child has a story of repeated attacks of what may be urinary tract infection. I gather however that the urine has not been cultured, although she has received three courses of antimicrobial therapy. I would suggest that when future acute attacks occur, a dipslide or dipstream specimen should be obtained, either on an oxide or auricult dipslide and sent to the Laboratory in order not only to confirm the bacterial origin of the symptoms but also the organism involved. This will enable you to select the appropriate therapy. It should be given in full dosage for two weeks followed by six months prophylactic treatment. I would suggest the use of either sulphadimidine or nitrofurantoin, or nalidixic acid, depending on the sensitivities reported.

In the meantime, we have arranged for an intravenous pyelogram and for a culture of urine and you will be kept informed of the result.

Yours sincerely,

G. C. Arneil.

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Printed on. 15/02/1995

Miss Alexandra Gallacher

6/6 Yorkhill Ct
GLASGOW, G3 8SJ

D.O.B. **27/05/1965** CHI. **6049**
N.H.S. Number 5644/7/65/6F3

Tel. - Status. Not known

Reg. with Dr G Crawford Miles. 0

BASIC HEALTH

Height ? ft. ? in. Weight ? st. ? lb. B.M.I. ?
Blood Pressure : 110/70 (05/02/1991)
Parity : ? Gravida : ?

PROBLEMS

1 24/01/1995 Fertility problem
2 24/01/1995 Tattoo (Excised)
3 20/01/1995 Nose bleed symptom
4 01/01/1988 Other otitis externa (Bilateral)
5 01/06/1986 Dysmenorrhoea
6 20/01/1985 FH: Anaemia
7 01/01/1978 Appendicectomy

PROCEDURES

1 05/02/1991 O/E - BP reading normal
2 05/02/1991 Cervical smear: negative (GP Care)
3 09/11/1990 Cervical smear - inflam.change (GP Care)

CONSULTATION DATES

Last Acute Consultation date : 05/02/1991
Last Repeat Consultation date : 05/02/1991

REPEAT SCRIPTS Interval 30 days Consult Interval 52 Weeks

NO DATA STORED

ACUTE SCRIPTS

NO DATA STORED

SCREENING

1 Cervical Screening 24/01/1995 EXCLUDED
EXCLUDE Patient's request (Review : / /) No Letter(s) Sent Location : GP Care
2 B P Screening 05/02/1991 O/E - BP reading normal
Repeat after 60 Month(s) (Review : 04/02/1996) No Letter(s) Sent

ADMINISTRATION

NO DATA STORED

USER MARKERS

1 24/01/1995 FILE LAST UPDATED
2 24/01/1995 Patient Exclude Smear
3 24/01/1995 no response to smear letters
4 05/02/1991 LAST GP SMEAR
5 05/11/1990 invite for smear
6 08/09/1990 nightcall 1

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NHS Confidential: Personal data about a patient

MacGregor, Sandra
DoB: 27/05/1965 **Report Valid On 04/08/09 14:46**

Dr Norris and Partners
Page number 1

Registration

Mrs Sandra MacGregor
30 Lansdowne Dr
CUMBERNAULD
G68 0JB
Telephone: 721158 07955399034
Contact: ? ContactRelship: ?
Email: ?
CHI Number: 2705655441 NHS Number: S644/7/65/873
Patient ID: CM
Occupation:
Registered GP: Dr G Carroll
Repeat Consultation: 09/12/2008
Registered: 08/05/1995 Confirmed: ?
BMI: 20.7 Height: 1.6 m Weight: 53.071 kg
Parity: 0 Gravida: 0

Service Code: Permanent
DoB: 27/05/1965
Age: 44
Dispensing: No
Road: 0 Water: 0 FootPath: 0
Marital Status: Unknown
Seen By GP: Dr G Carroll
Acute Consultation: 18/06/2009
Records Received: ?
BP: 108/56

Priority Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
18/05/1995	None	High	GP/HPC-health promotion clinic	
01/01/1979	None	High	Other excision of appendix NOS	

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Interval Review
Diclofenac Sodium Ec TABS 50MG	84 1 Tab 3 times daily	10/06/2008	09/12/2008	28	28
Fluconazole CAPS 150MG	4 1 Cap Daily	28/06/2005	24/03/2009	28	28

Adverse Reactions

Read Code	Description

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
31/10/2006	31/10/2006	Medium	Corneal abrasion	
25/01/2000	None	Medium	Boost hepatitis B vaccination	
02/10/1997	None	Medium	Influenza vaccination	
28/02/1996	None	Medium	CM	
18/05/1995	None	Medium	Health ed. - alcohol	
18/05/1995	None	Medium	Health ed. - diet	
18/05/1995	None	Medium	Health ed. - exercise	
18/05/1995	None	Medium	Health ed. - smoking	
18/05/1995	None	Medium	Moderate smoker - 10-19 cigs/d	
18/05/1995	None	Medium	O/E - BP reading normal	
18/05/1995	None	Medium	Trivial drinker - <1u/day	

Summary Sheet: All Sections Printed at 04/08/2009 14:46:05

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MacGregor, Sandra Dr Norris and Partners
DoB: 27/05/1965 **Report Valid On 04/08/09 14:46** Page number 3

Freetext: back

15/12/1993	15/12/1993	Low	H/O: amenorrhoea
20/09/1993	20/09/1993	Low	Diagnostic laparoscopy

Freetext: endometrosis

06/07/1993	06/07/1993	Low	Cyst of Bartholin's gland
21/01/1992	21/01/1992	Low	[X]RTA - Road traffic and other transport accidents
07/09/1990	07/09/1990	Low	Other otitis externa
04/06/1986	04/06/1986	Low	H/O: dysmenorrhoea
20/01/1985	20/01/1985	Low	[D]Epistaxis

Screening

15/05/2008	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an interval - 36 Months		Do not send recall letter	Do not send result letter
19/01/2005	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an interval - 36 Months		Do not send recall letter	Do not send result letter
07/04/2003	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an interval - 36 Months		Do not send recall letter	Do not send result letter
28/01/2000	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an interval - 36 Months			Send result letter
07/01/2000	**Contraceptive Review$$**	Oral contraception -no problem	
Repeat after an interval - 12 Months		First recall letter on queue	
13/02/1997	**Cervical Screening$$**	Cervical smear: negative	
25/01/1996	**Cervical Screening$$**	Cervical smear: negative	
18/05/1995	**Alcohol Intake$$**	Trivial drinker - <1u/day	
Repeat after an interval - 12 Months			Do not send result letter
18/05/1995	**B P Screening$$**	O/E - BP reading normal	
Repeat after an interval - 60 Months		First recall letter on queue	Do not send result letter
18/05/1995	**Height$$**	O/E - height	
Repeat after an interval - 36 Months			Do not send result letter
18/05/1995	**Smoker$$ Status**	Moderate smoker - 10-19 cigs/d	
Repeat after an interval - 12 Months		First recall letter on queue	Do not send result letter
18/05/1995	**Weight$$**	O/E - weight	
Repeat after an interval - 36 Months			Do not send result letter
01/01/1995	**Tetanus Immunis.$$**	Booster tetanus vaccination	

Summary Sheet: All Sections Printed at 04/08/2009 14:46:05

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MacGregor, Sandra Dr Norris and Partners
DoB: 27/05/1965 **Report Valid On 04/08/09 14:46** Page number 4

No Action Required		Send recall when due
19/08/1992	**Cervical Screening$$**	Cervical smear: negative
01/01/1988	**Tetanus immunis.$$**	Booster tetanus vaccination

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		**Reason For Referral**	**Referred By**	**Attendance Type**	
16/06/1995	High	Monklands Hospital Dr G Carroll	Physiotherapy		
30/12/1997	High	GLASGOW ROYAL INFIRMARY Dr G Carroll	Gynaecology		
16/01/1998	High	Monklands Hospital Dr A Norris	Physiotherapy		
23/03/1998	High	QUEEN MOTHER'S HOSPITAL Dr J Mallon	Obstetrics		
26/02/2001	Low	Monklands Hospital Dr G Carroll	Psychiatry	1st Visit	
07/08/2001	Low	Monklands Hospital Dr G Carroll	A+E	1st Visit	
15/03/2002	Low	Monklands Hospital [illegible] accident	Accident & Emergency	1st Visit	
25/10/2004	Low	Monklands Hospital Dr G Carroll	Dermatology	1st Visit	
13/04/2005	Low	GLASGOW ROYAL INFIRMARY Dr G Carroll	Gynaecology	1st Visit	
21/02/2006	High	C.H.C. MONKLANDS HOSPITAL Dr Edmund Stewart	X-ray non-contrast	1st Visit	
05/11/2008	High	GLASGOW ROYAL INFIRMARY Dr Edmund Stewart	The Breast Clinic	Advise 1st Visit	Out Patient
19/11/2008	Low	GLASGOW ROYAL INFIRMARY Dr Edmund Stewart	Trauma and Orthopaedic	Not Specified 1st Visit	Out Patient

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date
Varenicline Tartrate Continuation Pack TABS 1MG	56 1 Tab morning and night	17/06/2009
Varenicline Tartrate Initiation Pack 11 X 0.5mg 14 X 1mg TABS	1 as directed	09/06/2009
Fluoxetine CAPS 20MG	56 1 Cap in the morning	20/05/2009

Summary Sheet: All Sections Printed at 04/08/2009 14:46:05

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NHS Confidential: Personal data about a patient

MacGregor, Sandra
DoB: 27/05/1965

Report Valid On 04/08/09 14:46

Niquitin 21mg/24 Hours Step One Clear PATCH	14 Apply Daily	20/05/2009
Varenicline Tartrate Initiation Pack 11 X 0.5mg 14 X 1mg TABS	1 1 Tab As directed	25/11/2008
Amitriptyline Hydrochloride TABS 10MG	56 1 Tab At night	13/11/2008
Gabapentin CAPS 300MG	100 1 Cap 3 times daily	30/10/2008
Fluoxetine CAPS 20MG	56 1 Cap In the morning	30/10/2008
Fluoxetine CAPS 20MG	56 1 Cap In the morning	22/08/2008
Fluoxetine CAPS 20MG	56 1 Cap In the morning	07/05/2008
Co-Dydramol 10mg/500mg TABS	100 1 or 2 Tabs 4 times daily	27/02/2008
Diclofenac Sodium Ec TABS 50MG	84 1 Tab 3 times daily	27/02/2008
Buccastem Buccal TABS 3MG	28 1 or 2 Tabs Twice daily	14/01/2008
Clarithromycin TABS 500MG	14 1 Tab Twice daily	30/03/2007
Medroxyprogesterone Acetate TABS 10MG	100 1 Tab Twice daily	07/07/2006
Diclofenac Sodium Ec TABS 50MG	84 1 Tab 3 times daily	17/03/2006
Diclofenac Sodium 'P' Aqueous GEL 1%	30 Apply 3 times daily	28/02/2006
Diazepam TABS 2MG	28 1 Tab 3 times daily	08/02/2006
Niquitin 21mg/24 Hours Step One Clear PATCH	28 Apply Daily	08/02/2006
Co-Dydramol 10mg/500mg TABS	100 1 or 2 Tabs 4 times daily	30/01/2006
Diclofenac Sodium Ec TABS 50MG	84 1 Tab 3 times daily	12/01/2006
Co-Dydramol 10mg/500mg TABS	100 1 or 2 Tabs 4 times daily	12/01/2006
Amoxicillin CAPS 250MG	21 1 Cap 3 times daily	20/12/2005
Clobetasol Propionate OINT 0.05%	30 Apply morning and night	22/07/2005
Dalacin CREAM 2%	40	01/07/2005
Diclofenac Sodium Ec TABS 50MG	84 1 Tab 3 times daily	28/06/2005
Fluconazole CAPS 150MG	1 1 Cap Daily	07/04/2005
Miconazole Nitrate Vaginal PESS 100MG	14 1 to be inserted At night	07/04/2005
Diclofenac Sodium Ec TABS 50MG	84 1 Tab 3 times daily	07/04/2005
Fluoxetine CAPS 20MG	56 1 Cap Daily	23/03/2005
Clotrimazole Vaginal TABS 500MG	3 1 Tab At night	23/03/2005
Medroxyprogesterone Acetate TABS 10MG	100 1 Tab Twice daily	19/01/2005
Clotrimazole Vaginal TABS 500MG	3 1 Tab At night	19/01/2005

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NHS Confidential: Personal data about a patient

MacGregor, Sandra
DoB: 27/05/1965

Report Valid On 04/08/09 14:46

Dr Norris and Partners
Page number 6

Fluoxetine CAPS 20MG	56 1 Cap Daily	19/01/2005
Fluoxetine CAPS 20MG	56 1 Cap Daily	16/12/2004
Medroxyprogesterone Acetate TABS 10MG	100 1 Tab 3 times daily	16/12/2004
Co-Flumpicil 250mg/250mg CAPS	28 1 Cap 4 times daily	09/11/2004
Locorten Vioform Ear DROPS	8 1 Drop 4 times daily	03/11/2004
Fluoxetine CAPS 20MG	56 1 Cap Daily	22/10/2004
Mometasone Furoate 140 Dose Aqueous Nasal SPRAY 50MCG/DOSE	1 2 Puffs Daily	22/10/2004
Diclofenac Sodium Ec TABS 50MG	84 1 Tab 3 times daily	23/09/2004
Clobetasol Propionate OINT 0.05%	30 Apply morning and night	19/05/2004
Fluoxetine CAPS 20MG	56 1 Cap Daily	19/05/2004
Nicorette 5mg/16 Hours PATCH	7x2 Daily	31/03/2004
Nicorette 10mg/16 Hours PATCH	14 Apply Daily	18/03/2004
Fluoxetine CAPS 20MG	56 1 Cap Daily	05/03/2004
nicorette 10mg patches	14 Apply Daily	05/03/2004
Nicorette 10mg/16 Hours PATCH	14 Apply Daily	13/02/2004
Nicorette 10mg/16 Hours PATCH	21	22/01/2004
Fluoxetine CAPS 20MG	56 1 Cap In the morning	23/12/2003
Fluoxetine CAPS 20MG	56 1 Cap In the morning	30/10/2003
Fluoxetine CAPS 20MG	56 1 Cap In the morning	21/08/2003
Fluoxetine CAPS 20MG	30 1 Cap In the morning	24/07/2003
Diflucan One CAPS 150MG	3 1 Cap In the morning	24/07/2003
Nicorette 15mg/16 Hours PATCH	28 Apply In the morning	07/04/2003
Propranolol Hydrochloride TABS 40MG	40 1 Tab morning and night	01/11/2002
Medroxyprogesterone Acetate TABS 10MG	60 1 Tab morning and night	25/09/2002
Diclofenac Sodium Ec TABS 50MG	84 1 Tab 3 times daily	22/03/2002
Flucloxacillin CAPS 250MG	28 1 Cap 4 times daily	28/01/2002
Venlafaxine Mr CAPS 75MG	56 1 Cap In the morning	22/01/2002
Venlafaxine Mr CAPS 75MG	56 1 Cap In the morning	07/12/2001
VENLAFAXINE XL 150 MGS TABS	56 1 Tab Nocte	30/08/2001
Microgynon 30 TABS	6x21 1 Tab At night	16/08/2001
Miconazole Nitrate Vaginal PESS 100MG	28 2 pessaries At night	29/05/2001
Venlafaxine TABS 75MG	168 1 Tab As directed	21/05/2001

Summary Sheet: All Sections

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MacGregor, Sandra
DoB: 27/05/1965

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Dr Norris and Partners
Page number 7

Microgynon 30 TABS	3x21 1 Tab In the morning	04/05/2001
VENLAFAXINE XL 75MG TABS	56 1 Tab In the morning	06/04/2001
VENLAFAXINE XL 150 MGS TABS	56 1 Tab At night	06/04/2001
VENLAFAXINE XL 75MG TABS	84 1tab mane, 2 nocte	08/03/2001
VENLAFAXINE XL 75MG TABS	56 1 Tab Twice daily	09/02/2001

Inactive Repeat Drugs

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Intervals Pres.	Review
Fluoxetine CAPS 20MG	56 1 Cap Daily	28/06/2005	06/03/2007	28	26
Co-Dydramol 10mg/500mg TABS	28 tabs 1 TAB IN THE MORNING	18/05/1998	18/05/1998	28	26

Last Encounter

Dr G Carroll — Date: 18/06/2009

Last 4 Clinical Notes

Date	Clinical Notes
17/06/2009	As requested
16/06/2009	letter sent re blood results, make gp appt
09/06/2009	Bloods to lab as requested sw
09/06/2009	for fsh prl tft amenorrhoea

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Summary Sheet: All Sections

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09/06/2009	09/06/2009	Low	Serum free T4 level	
Freetext:	Free T4			
09/06/2009	09/06/2009	Low	Serum free T4 level	
Freetext:	Free T4 - Received 10/06/2009			
09/06/2009	09/06/2009	Low	Serum FSH level	
Freetext:	FSH			
09/06/2009	09/06/2009	Low	Serum FSH level	
Freetext:	FSH - Received 10/06/2009			
09/06/2009	09/06/2009	Low	Serum LH level	
Freetext:	LH			
09/06/2009	09/06/2009	Low	Serum LH level	
Freetext:	LH - Received 10/06/2009			
09/06/2009	09/06/2009	Low	Serum TSH level	
Freetext:	TSH			
09/06/2009	09/06/2009	Low	Serum TSH level	
Freetext:	TSH - Received 10/06/2009			
11/06/2008	11/06/2008	Low	Erythrocyte sedimentation rate	
Freetext:	Received 12/06/2008 - Result : FILED - - Sent 11/06/2008 - SampleLabID: CM725679			
11/06/2008	11/06/2008	Low	Full blood count - FBC	
Freetext:	Received 12/06/2008 - Result : FILED - - Sent 11/06/2008 - SampleLabID: CM725679			
11/06/2008	11/06/2008	Low	Plasma C reactive protein	
Freetext:	Received 12/06/2008 - Result : FILED - - Sent 11/06/2008 - SampleLabID: GM071416			
15/05/2008	None	Low	Current smoker	
15/05/2008	None	Low	Smoking cessation advice	
06/03/2007	None	Low	Current smoker	
06/03/2007	None	Low	Smoking cessation advice	
22/01/2006	None	Low	Closed traumatic subluxation acromio-clavicular joint	Right
11/01/2006	None	Low	Motor vehicle traffic accidents (MVTA)	
12/07/2005	22/06/2005	Low	Introduction of Mirena coil	
02/05/2005	None	Low	Notes summary on computer	
23/03/2005	23/03/2005	Low	Thyroid function test	
17/01/2005	17/01/2005	Low	[M]Naevus NOS	
Freetext:	left cheek			
04/03/2004	None	Low	Extensive notes on computer	
19/03/2002	None	Low	[X]RTA - Road traffic and other transport accidents	
09/08/2001	None	Low	Closed fracture proximal phalanx, toe	
26/02/2001	26/02/2001	Low	Anxiety with depression	
17/02/1998	17/02/1998	Low	[V]Infertility management	
08/05/1995	None	Low	Patient signed reg. form	
16/05/1994	16/05/1994	Low	Naevus NEC	

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MacGregor, Sandra Bonnybridge Health Centre
DoB: 27/05/1965 **Report Valid On 31/08/09 12:46** Page number 1

Registration

Mrs Sandra MacGregor
3 Woodlea Gardens
BONNYBRIDGE
FALKIRK
STIRLINGSHIRE
FK4 1DF
Telephone:
Contact: ? ContactRelship: ?
Email: ?
CHI Number: 2705655441

Service Code: Permanent
DoB: 27/05/1965
Age: 44

BMI: 23.9 Height: 1.59 m Weight: 60.3 kg BP: 98/68

Priority Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
15/03/2002	None	High	Motor vehicle traffic accidents (MVTA)	
Freetext:	-back strain			
09/08/2001	None	High	Closed fracture proximal phalanx, toe	
Freetext:	-(L) 5th toe			
26/02/2001	None	High	[X] Reactive depression NOS	
Freetext:	+ anxiety /referred to psychiatrist			
13/11/1998	None	High	Forceps delivery	
Freetext:	-non-rotational /female			
24/05/1996	None	High	Urticaria	
19/09/1994	None	High	Motor vehicle traffic accidents (MVTA)	
19/09/1994	None	High	Whiplash injury	
17/08/1994	None	High	Primary infertility unspecified	
16/05/1994	None	High	[M]Intradermal naevus	
16/05/1994	None	High	Excision of lesion of skin NOS	
Freetext:	-skin of back			
20/09/1993	None	High	Endometriosis	
17/09/1993	None	High	Dilation of cervix uteri and curettage of uterus NEC	
17/09/1993	None	High	Hydrotubation of fallopian tube	
17/09/1993	None	High	Marsupialisation of Bartholin gland	
Freetext:	(L)			
06/07/1993	None	High	Cyst of Bartholin's gland	
06/07/1993	None	High	Dyspareunia	
08/04/1993	None	High	Whiplash injury	
21/01/1992	None	High	Motor vehicle traffic accidents (MVTA)	
Freetext:	-head injury			
07/09/1990	None	High	Otitis externa NOS	
Freetext:	-recurrent (L)			
20/01/1985	None	High	[D]Epistaxis	

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20/01/1985	None	High	Iron deficiency anaemias
19/12/1984	None	High	Tattoo
Freetext:	self inflicted tattoos /wishing to have them removed		
06/11/1984	None	High	Infertility - female
13/03/1980	None	High	Head injury
Freetext:	-fall		
30/06/1979	None	High	Iron deficiency anaemias
26/06/1979	None	High	Appendicectomy NEC
26/06/1979	None	High	Mesenteric adenitis

Adverse Reactions

Read Code	Description
M28..	Urticaria

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
15/03/2002	None	High	Motor vehicle traffic accidents (MVTA)	
Freetext:	-back strain			
09/08/2001	None	High	Closed fracture proximal phalanx, toe	
Freetext:	-(L) 5th toe			
26/02/2001	None	High	[X] Reactive depression NOS	
Freetext:	+ anxiety /referred to psychiatrist			
13/11/1998	None	High	Forceps delivery	
Freetext:	-non-rotational /female			
24/05/1996	None	High	Urticaria	
19/09/1994	None	High	Motor vehicle traffic accidents (MVTA)	
19/09/1994	None	High	Whiplash injury	
17/08/1994	None	High	Primary infertility unspecified	
16/05/1994	None	High	[M]Intradermal naevus	
16/05/1994	None	High	Excision of lesion of skin NOS	
Freetext:	-skin of back			
20/09/1993	None	High	Endometriosis	
17/09/1993	None	High	Dilation of cervix uteri and curettage of uterus NEC	
17/09/1993	None	High	Hydrotubation of fallopian tube	
17/09/1993	None	High	Marsupialisation of Bartholin gland	
Freetext:	(L)			
06/07/1993	None	High	Cyst of Bartholin's gland	
06/07/1993	None	High	Dyspareunia	
08/04/1993	None	High	Whiplash injury	
21/01/1992	None	High	Motor vehicle traffic accidents (MVTA)	

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Freetext: -head injury

07/09/1990	None	High	Otitis externa NOS

Freetext: -recurrent (L)

20/01/1985	None	High	[D]Epistaxis
20/01/1985	None	High	Iron deficiency anaemias
19/12/1984	None	High	Tattoo

Freetext: self inflicted tattoos /wishing to have them removed

06/11/1984	None	High	Infertility - female
13/03/1980	None	High	Head injury

Freetext: -fall

30/06/1979	None	High	Iron deficiency anaemias
26/06/1979	None	High	Appendicectomy NEC
26/06/1979	None	High	Mesenteric adenitis

Last 4 Clinical Notes

Date	Clinical Notes
21/08/2009	New patient. has been on Fluoxetine ever since she had PND after birth of daughter 11 years ago. Getsd low every time she stops. Also has regular thrush for which she has been "tested". Amenorrhoea and raised FSH for several months. has Mirena coil. Will come back to discuss HRT etc.
12/08/2009	Automatically generated by transaction
03/08/2009	Automatically generated by transaction
31/07/2009	Automatically generated by transaction

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Printed on. 21/06/1995

Miss Sandra Gibson

5 Gairbraid Ct Glasgow
Glasgow, G20 8HU

D.O.B. 27/05/1965 CHI. 7029
N.H.S. Number 564/7/65/8

Tel. 945 5316 Status. Not known

Reg. with Dr H B MacKINNON. Miles. 0.

BASIC HEALTH

Height ? ft. ? in. Weight ? st. ? lb. B.M.I. ?
Blood Pressure : 110/70 (24/09/1993)
Parity : ? Gravida : ?

PROBLEMS

1 17/08/1994 Infertility - female
2 30/09/1993 Endometriosis

PROCEDURES

1 24/09/1993 Moderate smoker - 10-19 cigs/d
2 24/09/1993 (V)Oral contraception -no prob
3 19/05/1992 Cervical smear: negative (GP Care)
4 01/11/1990 Cervical smear: negative (Outwith GP Care)

CONSULTATION DATES

Last Acute Consultation date : 06/04/1992
Last Repeat Consultation date : 06/04/1992

REPEAT SCRIPTS

Interval 0 days Consult Interval 0 Weeks

DATA STORED

ACUTE SCRIPTS

NO DATA STORED

SCREENING

1 Cervical Screening 19/05/1992 Normal Smear
Repeat after 36 Month(s) (Review : 19/08/1995) Result Letter Sent Location : GP Care
2 B P Screening 24/09/1993 O/E - BP reading normal
Repeat after 60 Month(s) (Review : 23/09/1998) No Letter(s) Sent
3 Contraceptive Review 24/09/1993 (V)Oral contraception -no prob
Repeat after 11 Month(s) (Review : 24/09/1994) 1st Recall letter on Queue
4 Smoker 24/09/1993 Moderate smoker - 10-19 cigs/d
Repeat after 12 Month(s) (Review : 24/09/1994) No Letter(s) Sent

ADMINISTRATION

1 12/05/1992 Patient NRE received from HB
2 18/02/1992 Pat. GP7B/GP6B card from HB
3 21/01/1992 Patient signed reg. form

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Miss Sandra Gibson

USER MARKERS

NO DATA STORED

REFERRALS

1	17/03/1994	General Medicine		WESTERN INFIRMARY (G516R)
	Out Patient	N.H.S.	Dr D BYFORD	
2	14/05/1993	Gynaecology		STOBHILL HOSPITAL (G209R)
	Out Patient	N.H.S.	Dr R B MacKINNON	

DRUG DATES

NO DATA STORED

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MacGregor, Sandra — Dr Norris and Partners
DoB: 27/05/1965 — **Report Valid On 04/03/04 10:01** — Page number 2

18/05/95	**Smoker$$ Status**	Moderate smoker - 10-19 cigs/d		
Repeat after an interval - 12 Months		First recall letter on queue	Do not send result letter	
18/05/95	**Weight$$**	O/E - weight		
Repeat after an interval - 36 Months			Do not send result letter	
01/01/95	**Tetanus Immunis.$$**	Booster tetanus vaccination		
No Action Required		Send recall when due		
19/08/92	**Cervical Screening$$**	Cervical smear: negative		
01/01/88	**Tetanus Immunis.$$**	Booster tetanus vaccination		

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		**Reason For Referral**	**Referred By**	**Attendance Type**	
16/06/199[illegible]	High	MONKLANDS DISTRICT GENERAL I	Physiotherapy	Not Specified	Out Patient
			Dr G Carroll		
30/12/1997	High	GLASGOW ROYAL INFIRMARY	Gynaecology	Not Specified	Out Patient
			Dr G Carroll		
16/01/199[illegible]	High	MONKLANDS DISTRICT GENERAL I	Physiotherapy	Not Specified	Out Patient
			Dr A Norris		
23/03/199[illegible]	High	QUEEN MOTHER'S HOSPITAL	Obstetrics	Not Specified	Out Patient
			Dr J Mallon		
26/02/2001	Low	MONKLANDS DISTRICT GENERAL I	Psychiatry	See	Out Patient
			Dr G Carroll	1st Visit	
07/08/2001	Low	MONKLANDS DISTRICT GENERAL I	A+E	Treat	Self Referral
			Dr G Carroll	1st Visit	
15/03/2002	Low	MONKLANDS DISTRICT GENERAL I	Accident & Emergency	Treat	Self Referral
		[X]RTA - Road traffic accident	Dr A Norris	1st Visit	

Inactive Repeat Drugs

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Intervals Pres.	Intervals Review
Co-Dydramol 10/500mg TABS	28 tabs 1 TAB IN THE MORNING	18/06/19[illegible]	18/06/19[illegible]	28	26

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LANARKSHIRE HEALTHCARE NHS TRUST
NURSING REFERRALS

4

G.P.:

SURNAME	FORENAMES	ADDRESS	DATE OF BIRTH
Gibson.	Sandra.	30 Lansdowne.	27/5/65

DATE	TREATMENT	DR'S SIG.	NURSE'S SIG.
21/10/92	Flu vaccine given into (L) arm. E7101094 D 31.7.93.		

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LANARKSHIRE HEALTHCARE NHS TRUST

NURSING REFERRALS

G.P.: Mallon

SURNAME	FORENAMES	ADDRESS	DATE OF BIRTH
Gibson	Sandra	30 Lanidan Crescent	

DATE	TREATMENT	Dr's Sig.	Nurses's Sig.
19/1/04	Betamethasone 12mg im.		
19/8/08	Betamethasone Sodium Phosphate injection 12mgs gluteal im (R) Buttock		SM.

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Gibson

Forenames (Block Letters): Sandra

Address: 30 Lansdowne Dr

Date of Birth: 27/5/65

Date	*	
22/5/95		22/7/95 Period due 24/7 Use minulet to stop period
12 6 95		Shff muscular back pain Anx, nurse Voltsr 75mg Physio
7/8/95		Cyclotec. Frequency dysmenorrhoea 2 laparoscopy options Consent
8/9/95		Advice re stopping smoking. Nicotinell patches Plans works - dry oesophagus
20/12/95		Stopped pmb, started [illegible]
		Chlamydia Rx [illegible]
		Microgynon 30 1 x 21
25/1/96		Routine smear Cx healthy.
21/5/96		? Endometriosis worsening. Main complaint heavy bleeding & clots Not pain. Try cyclokapron 500mg qid x 60

*This column has been provided for doctors to enter A, V or C at their discretion

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18 2 99 BTB & OCP
Persevere for 1/12 BP 110/50.

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Date	*	
5/8/96		(R) breast lump - noticed 2/7 ago on day (1) of cycle. Increased size. Hx Maternal gran - breast Ca c/e thickening palp cycled R. 10/7 ago
15/8/96		Normal breast today - massed
12/2/97		Routine Smear HVS done Cx Healthy Re IUI treatment
6/5/97		RTA yesterday - rear ended. Whiplash injury. Tender cervical spine +++. Referred
18 12 97		Recurrent thrush since infertility PV Bx Normal vulva · vagina - sl red HVS Ref GKI for primer advice.
8 1 99		8wks post natal well BP 110/60 PV NS Uterus · adnexae Suture line still sl tender but healed well Start microgynon 30

*This column has been provided for doctors to enter A, V or C at their discretion

Zinneryt lotion

? IUCD.

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Gibson

Forenames (Block Letters): Sandra

Address: 30 Lansdowne Dr

Date of Birth: 27/5/65

Date	*	
22/3/99		Itchy rash for 5 days Soles of feet → hands, front of wrists Not typically scabies ?bites ?allergy Loratodine 10mg ×30
28-1-00		PV sl dry NS uterus + cervix Cytotact smear ✓
10/4/00		Clinic
17/4/00		Cervix.
24/4/00		C2.
12/5/00		C2
26/5/00		C2.
1.6.00		CIE 12.6.00
15.6.00		C2 wks Gen debility Paroxetine 20mg × Zimovane 7.5mg ×28.
25/1/01		Mood v poor Tearful not sleeping, occass thoughts of suicide, no actions Offered admission - refused Try venlafaxine XL 75mg mane ×28 M. Crichton to visit on Mon
10.2.01		Mood still low ↑ to venlafaxine XL 75mg bd
15.2.01		Some stabilising of mood but still low mood on a daily basis Ct Rx

*This column has been provided for doctors to enter A, V or C at their discretion

RF Dr Singh C (82) 4 wks.

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Date	*	
8 3 01		Shll down Try ↑ Venlafax to 75-g more 150-g nocte C4wks.
6 4 01		Feeling better ~ 100ys Chatty bright Ct ✓ C4 (5·4).
21/5/01		much better sleeping well (Prem) 17/5 for 3wks then ? final
1.6.01.		CIF 7.6.01.
30.8.01.		Bright - well Try ↓ venlafoxine to 150mg nocte and settled at college.
7 12 01		Data Lak.
22/1/02		Feeling well Ct venlafoxine XL 75mg nocte x28
25/1/02		Imipramine ✗ (addisons) (London 210 (28))
20/3/02		① mood no probs ↓ + stop venlafax. over next 1-2 wks
		② In RTA 15/3 - sitting stationary, car ran into back. Taken to A+E back pain. Shll v shkn ooore.

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Ct diclofenac 50mg x84

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? private physio.

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CLINICAL NOTES

National Health Service Number

Surname (Block Letters): GIBSON

Forenames (Block Letters): SANDRA

Address: 30 LANSDOWNE DR

Date of Birth: 27/5/65

Date	*	Clinical Notes	Diagnosis
20/3/02.			
15/5/02		Feeling good Shld have mental probs Advice.	
6/6/02.		Dip in mood related to h/w relationship probs Discussed	
26.6.02.		feeling better Pyridoxine for PMT 50mg	
25.9.02.		PMT Discussed Prefer 1mg b.d for 2mths.	
11.12.02			
2/1/03		gynae data transf. MSS 10/12	
7/4/03.		PV Cx intact Smear	
		Wishes to stop smoking 30 cpd Nicorette 16hr patch.	
24/7/03.		Looking brighter PMT Thrush	
		Start fluoxetine 20mg x30	RJ.
21.8.03		Mood prob more settled ctd	

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Date	*	Clinical Notes	Diagnosis
30 10	03	mood good at present CT R.	
23.12.03		Still doing well CT medication	
5/05/04		9/52 assessment from south Nicorette 10mg/24h (TH)	
	(F)	Rpt FLUOXETINE 20mg OD (JA) Mood improving Sleeping ; Coffee ↓s.	
19/5/04		Nicorette 5mg/24 (TH)	(Emily)
19/5/04		CT fluoxetine (S)	
22/10/04	2	Small brain WCH check - was eg bumped - recent cystitis 1/4 next day CH. ↓ hearing. TM - 2 scars - Shelagh	
24/11/04	3	With fluoxetine again - PMP still in both hands & unbalanced on - tights	
3/1/05			
9/11/05		On book for 6 wk f/u pt ++ off fluoxetine - very Antidepressant (Dr Hall)	

* This column has been provided for doctors to enter A, V or C at their discretion

5/2000 204722

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Gibson

Forenames (Block Letters): Sandra

Address

Date of Birth: 27.5.65

Date	*	
19.9.94		backache L. 2/52 → Dihydrocodeine P. Caprox. (100)
3 10 94		CF 101094 back pain
10 10 94		C2/52 back pain job involves lifting - not yet ready to return to work
17 10 94		Rheumatoxyphilin 250x15 other R OM. Canastan 1.
21 10 94		CF 261094 back pain much improved.

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Gibson

Forenames (Block Letters): Sandra

Address: 5 GAIRBAIRD Court G20 8HV

Date of Birth: 27-5-65

Date	*	
23/1/92	C7	R.T.A. 21/1/92. Car driver and informant of Sandra. C/o persistent head neck & shoulders. ex Physio for collar. Ibuprofen. Collapsed anchor Pressure on R Thumb
28/1/92	C14	Tab Temazepam 10mg (10) ONLY Tab Ibuprofen 400mg 8-hrly (80)
10/2/92	C28	Constipated – Fybogel. Neck injury due to RTA
9/2/92	C41	
25/2/92	F34	Improved
3/4/92		Tab Fibrogesic 500mg 4hrly (15) Bail re R Ref treatment
28/4/92		Broken Violin Retd ok Debris in ear canal ? edema → syringing Uses cotton buds advised
22/7/92		Vaginal Smear
19.8.92		Cx Smear. NEGATIVE
		Smokes 15 / day. Alcohol intake low. Exercises daily to cassette tape Breast examination explained & leaflet given
25/9/92		Smear. Negative – Periods settled R Temporomandibular joint pain → grinding teeth. – Seeing dentist Ian
2-10-92		R canesten pessary x 1 (500mg) Thrush
29.12.92		Tetanus 1/2 (15). Tracheitis
8-2-93		R IF pain for 4/7. Constant. ?constipation Max ↓ intercourse Constipated ++ ° urinary symptoms. LMP 2/52 ago O/E Abd tender R IF, ° rebound ° guarding BS+ R NAD HVS Cx swab R fybogel sachets Colpermin (x60)

*This column has been provided for doctors to enter A, V or C at their discretion

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Date	*	
9/4/93	CF 194	RTA involved in RTA yesterday - car went into her - Pain (R) side of neck & shoulder Seen at A&E. No bony injury - bruising/whiplash - has a soft collar Rx Ibuprofen 600mg tds prn #30 Lm
19/4/93	C2 wks.	As above! a little better. Continue Ibuprofen 600mg (30). Lm
		Advance physio ✓ Lm
22/4/93		R Gym Staff Hill Eustolmi cyst.
27/5/93	C14	attending physio Jd Coredamd whip lash injury
11.6.93	C14	R robaxin x40. whiplash injury
		still attending physio.
24/6/93	CF 5/7/93	whiplash injury
		R carotenol, + vitamin
21/9/93	C7 Hosp R	Tab Provera 10mg (100) t td Endometriosis
		C/o 3 months).
24.9.93		R return next week for Cap fitting. HVS - Hec
28/9/93.	C7	ISV Spare Ex
25/10/93	R	Tab Provera 10mg (100) t.t.d.
30/11/93	R	Tab Provera 10mg (90) t td
3.3.94		Flat mole on back has risen over 6/12 since holidaying in Tenerife. Has become much lighter in colour and bleeding - 2/52.
		c/e 6mm diam. pedunculated, evenly pigmented, light brown in colour. Ref Pigmented Lesion Clinic, WGH Medical Eye clinic, Stubbin 16/2/94 Dr Shah ✓. presumptive for Naevus but better investigated (Carmel) - R Clomipramine 50mg t b.d for 5 days & 3/12.
2.6.94		Reviewed at Stubbin Eye clinic 18/5/94 and asked to go back on Clomipramine for 3/12
		R+ Clomipramine 50mg t b.d.
13.9.94		Mouth high and Sat 60° bilat pain on drill Pat: no numbness / wrong pills.

*This column has been provided for doctors to enter A, V or C at their discretion

Od 8281147 750M 3/91 Ed(287)621

→ P. Pendicx (6) advice sheet.

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): GIBSON

Forenames (Block Letters): Sandra

Address: 30 Polarine St

Date of Birth: 27/5/65

From Clyde Bank H.C

Date	
2/5/91 From	REG. DATE/INVIT 1. INVIT 2. PAST H. FAM. H. M A/W F N/W. 2 x S A/W. Age 14 Appendix. e.g. DIAB. N/J. CVD. N/J. 1986 laparoscopy. Br. CA. Mat G/M (died Age 83) No Problems (Fertility Tests). No Serious Illnesses. Ear Problems. SMOKING: 20/day. FT OCCUP: Nursing Aux QMH ALCOHOL Social only. EXERC: Walking daily. Cycling ALLERGIES N/J — 2 meds. IMMUN: 1986 Td. Rubella MEDICAT. D/C SMEAR 4/12 ago. at HC - Neg. Uses cream for ORAL CON. For 6/12 OTIT: Externa Minulet — OK Para 0+0 O/E HT. 5.2 B.P. 100/60 WT. 8 5 URINE ALB. CL. PRESENT H. Feeling Tired ? Anaemic — has been before
2/5/91	Phone — 1st Round — gynae appt for 10.20 am today
2/5/91	Sorethroat 24 hrs. ↑ NAD Ant glands ↑ Ant tonsils R Pen V (20) — to start if not improving over hol weekend
3/10/91 GP102	BP 110/70. Occas weak thro' breakup last 2 days of packet but usually normal R Minulet 6 x 21.
	Recurrent ear itch. Given Synalar oint for it is past — Stop. Mild otitis externa → discharge + some wax. R Centrix ear clean/ Noticed hearing ↓ in R ear for a 19A while. Review after treatment. ? refer for

*This column has been provided for doctors to enter A, V or C at their discretion

hearing tests

FORM GP111F

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Sandra Ebsa 30 Blantyre St.

Date	*	
28/8/91	VC	Pulled muscle at work. Tender L thoracic area. Limited movement. Taking Paracetamol. R Diffflam cream. Bad neck.
3/9/91	CF	Improved thanks. Still sore R Cervical (60).
10 SEP 1991	CC	16/9/91 "Back Strain". Improved but still painful. R Diffflam cream.
6/11/91		Recurrent otitis externa - seemed that hearing ↓. Previously Ear Drops ⇒ dizziness. ⓓ ear itchy. O/E - ⓓ Otitis externa TM's intact Canal Swollen R - Gentisone HC Ear Oint 1% TID +Cerv. node + +Amoxycillin 250mg TID x21 + Wee E45 Cream to ⓓ ear PRN. (R) 2/52.
13/11/92		Dysuria, frequency. MSSU. R Trimethop (10) R Nitrofurantoin 1 x 21
22/11/92	Tel	Era yesterday, head injury - at casualty discharged today. Neck painful today. To use Diffflam. R Brufen 600 (28) Now moved to Maryhill - to change GP

*This column has been provided for doctors to enter A, V or C at their discretion

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A/S ✓
R.A ✓
F ✓

S/P Reg 1/5/91 Dr. Harrison

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): GIBSON

Forenames (Block Letters): SANDRA

Address: ~~BLOCK 6~~ YORKHILL CRES 30 BLANTYRE ST G3 / G3

Date of Birth: 24-05-65

Date	*	
1/5/91		P.C. – Dysuria / Haematuria. Sore Throat / Tiredness. – Cold +. Feels low. Periods now heavy → but lighter now. On OCP (Minulet) Eats well MSSN ✓ O/E – ?Mild pallor. Throat red L – Trimethoprim 200mg BD m/14 / Fluids. For FBC next visit. ✓
2/5/91		FBC

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

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GREATER GLASGOW HEALTH BOARD

NAME: Sandra Gallacher
Hospital No.
Age: 27/5/65
Sex
PHYS/SURG.
Dept.
Ward

OUT PATIENT HISTORY

DATE	
7/12/90	nauseated & vomited + light headed last 7/52 ? breakthrough check IPT -ve.
	preferred norplan
	Given 2 FPC info sheets. Explained risk within first pregnancy is possible
	does not wish to use sheaths even as stop gap ? why
	arrange back to nurse 21x3.
⑦	cough, no sputum. ed mixture
	Phenoxine 30ml.
11/1/91	Deflucan 150
4/2/91	Smear ✓ still has thrush.
	Decided to stay on minulet - getting better with that
	BP 100/70 minulet 21x6.
	canesten 10% VC x2 + cream for partner. ? cause for infection
6.6.92	Due Health check D. Sgpan.
20.4.94	Due Smear letter sent
11.7.94	Due Smear letter sent.
20/11/94	Due Smear 3rd letter sent.
24/1/95	UPDATE - HP DATA REQUIRED - HT WT SMOKER ALC EXER + FH
26.1.95	No RESPONSE TO SMEAR LETTERS
	PLEASE DISCUSS AT NEXT VISIT

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GREATER GLASGOW HEALTH BOARD

NAME	Hospital No.
	Age
	Sex
PHYS/ SURG.	Dept. Ward

OUT PATIENT HISTORY

DATE	
14/12/89	(R) otitis externa + ? media. Rx Augmentin Gentisone HC
11/1/90	Due Swabs please arrange
26/1/90	Painful (L) shoulder onset 3/52. OE tender acromioclavicular area ? Subacromial bursitis. Ibuprofen 400mg (30) advised. Sling supplied.
22/3/90	(R) OTITIS EXTERNA /MEDIA AUGMENTIN (21) + OTOSPORIN.
24/5/90	(R) otitis externa /media (1) Gentisone HC (2) Ciproxin 500 1 bd Ser 10/7
7/6/90	Much better c/t Gentisone — Ser 3/52
19/6/90	DNA
17/8/90	(R) otitis externa again Rx c dizzy spells Loss of balance Staggering & sick Short episods of "blackness" c Loss of hearing & BP 100/80 HS I - II - Some otitis externa. Balance poor esp c eyes closed. Cranials -

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Date	HISTORY (Use other side first)
	Hearing ↓ R VII (c)
	? effects of chronic otitis externa
	? other ?? sites related
	① Coperm 500 mg tds bd 10/7
	② Cenlone. MC tds 2/52
	Sec 2/52
	Wishes to restart pill
	Periods regular ° Contraception at present
	Normal 6 years — ° HRT but
	splitting up
	Rx Marvelon 21x3 6 cycles
4/9/90	I.S.Q ⇒ GNC
13/9/90	Ac. Back pain
	2° Tender ++ Mid dorsal region
	Co- Paracetamol tds prn
	Review Mon
20/9/90	Much better - but still residual sore
	- tender mid dorsal region
	C/F I/D Co Proxamol x 60
	Temazepam 10mg x 10
3/11/90	Ant smear
7/11/90	DNA
9/11/90	K 6-7/28. BP 120/70
	nausea with marvelon ? changing to minulet 21x3. Changeover explained.
	Smear ✓ normal cx
	Ov ut enlarged not enlarged
	(no nausea on pill free week)

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36583

GREATER GLASGOW HEALTH BOARD

NAME SANDRA Hospital No.
ALEXANDRA Age
Sandra Gallacher Sex 27/5/65
Pt Flat 6 [illegible]
St Rd Wyndhill Rd Rhu G3

OUT PATIENT HISTORY

DATE	
[illegible]	[illegible]
	Has discharge from wound site.
	Also UTI
	Ole Suture in situ & granul tissue
	Amoxil 250mg tds 5/7
6/3/92	Chest Infx
	— Amoxyl
2/6/92	Again — Amoxyl 5a 10/7
	Smoker — 10/day
18/6/92	DNA.
14/9/92	DNA
1·9·92	BACK PAIN [illegible]
	NO URINARY SYMPTOMS OR CHEST SYMPTOMS.
	OLE GOOD POSITION PO/SE (21).
22·10·92	? COMPLETE ABORTION LAST NIGHT.
	—PV16.
22/12/92	Dysmen ++ 3-4/7 Periods 7/28-31.
	Attending Low Genital Clinic
	Ponston Caps
21/3/93	Sinusitis — Vibramycin stat
	Bnt Ponston
5/4/93	Wry neck.
	Ethyl Chloride
	Chlordiaze poxide
	Ponstan mef

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Date	HISTORY (Use other side first)
24.6.88	VOM NAUSEA GIN REV. (1) + CONVERSEN WARFARIN
	+ SUBFEBRILITY / MITTELSCHMERZ PAIN DISMISSED
12.10.88	FALL LANDED ON BACK. CO-PROXAMOL (52)
31.1.89	? TINEA ON NADO + THIGH SLIGHT ITCH
	CARBAMAZEPINE DEPIGMENTATION
11.5.89	CONVERSEN + DIFFUCAN. BAYCEN 4/52 (31)
15/7/89	Injury (2) 5/52 ago at holiday.
	Sutures x2 to remove → R. Ilium EPS.
27/7/89	FB - None on X-ray
	- Now much better - slow healing
	C/F 31/7/89
4.98	(1) L. EYE PAIN (7) AFTER SWIMMING
	O/E DRUSEN THAT ENLARGED RAPIDLY
	- AMOXIL 250x21
	(4) INJURY TO (A) SMALL TOE ON RIGHT FOOT
	INV. NOW UNABLE TO MOVE TOE.
	- ? NERVE INJURY. NO PAIN
	UNEXPLAINED - REVIEW SOON
19/8/98	SINUSITIS ++
	- VIBRAMYCIN
	STEAM etc.
3/10/98	TON RASH, INFLAMED THROAT
	- CHLORASEPTIC

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E MW

National Health Service Number

Surname (Block Letters)	Forenames (Block Letters)
MACGREGOR	SANDRA.

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address: 3 WOODLEA GARDENS, BANNYBRIDGE

Date of Birth: 27/5/65.

6/[illegible]/84	INFERTILITY ✓
20/11/85	IRON DEF ANAEMIA ✓
20/1/85	EPISTAXIS ✓
7/9/90	RECURRENT OTITIS EXTERNA (R) EAR
9/11/90	CERVICAL SMEAR - NEG. ✓
5/2/91	CERVICAL SMEAR - NEG.
2/1/92	R.T.A. / HEAD INJURY ✓
6/4/93	BARTHOLINS cyst. / DYSPAREUNIA ✓
8/4/93	WHIPLASH INJURY ✓
28/9/93	ENDOMETRIOSIS ✓
17/9/93	Hydrotubation fallopian tube ✓
17/9/93	D+C
17/9/93	MARSUPIALISATION BARTHOLIN GLAND ✓
16/5/94	INTRADERMAL NAEVUS. EXCISION LESION BACK ✓
17/8/94	PRIMARY INFERTILITY ✓
19/9/94	WHIPLASH INJURY (R.T.A.) ✓
24/5/96	URTICARIA.
25/1/00	HEP B
26/2/01	REACTIVE DEPRESSION + ANXIETY / REFERRED TO PSYCHIATRIST.
9/8/01	# PROXIMAL PHALANX (R) 5TH TOE.
15/3/02	R.T.A. / BACK STRAIN
31/8/09	NOTES Summary on computer

Form GP111G 355—2096

Printed for Apton 842633 7/05 (71412)

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Date	

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National Health Service Number

Surname (Block Letters)	Forenames (Block Letters)
GIBSON	S

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address

Date of Birth: 27-5-65

Date	
1992	Min of note	
1993	Endometriosis	K50
1994	Female - Infertility	K57

Form GP111G

Od 8128548 500M 6/98 Ed(257987)

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National Health Service Number

Surname (Block Letters): GALLAGHER

Forenames (Block Letters): ALEXANDRA

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address

Date of Birth: 27/5/65

24/1/95 UPDATE

Date	
	APPENDICECTOMY (AGE 13)
6/11/84	Infertility
20/1/85	EPISTAXISES + ANAEMIA
20/2/85	- graded excision on lesions (- self inflicted tattoos)
6/86	H.O. Dysmenorrhoea
/88	Bilateral otitis externa/media of the ears.

B.P. 110/70 - 5/2/91
WT
HT
SMOKER
ALC
EXER
F.H

Form GP111G 355—2096

Dd 8439838 500M 5/93 Ed(212300)

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IMMUNISATIONS AND SCREENING INVESTIGATIONS	National Health Service Number	
	Surname (Block letters)	Forename (Block letters)
	Address	Date of Birth

IMMUNISATIONS (Insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	MMR	BCG
Date						22.4.92		
Manufacturer & Batch No.						IMMUNE		
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date		1986						
Manufacturer & Batch No.		—						
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

ALLERGIES & HYPERSENSITIVITIES

	Influenza	Hep.B.	Typhoid	Cholera				
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

IMMUNOLOGICAL STATUS

	Tuberculin Test	Rubella Antibodies	HIV	Hep.B.
Date		1986		Oct '90
Result		IMMUNE		OH
Date				Nov '90
Result				OH
Date				May '91
Result				OH

Form GP 111H

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SCREENING INVESTIGATIONS

Date	Blood Pressure	Weight	Height	Tobacco Per Day	Alcohol Units/Week	Cholesterol	Triglycerides	URINE	
								Glucose	Albumin
23/1/92	122/76	8st	5ft 3½	10 cigs	rarely			nil	inl.
19.8.92	98/58	8st 3lb		20/day	socially			NAD (routine).	

CERVICAL CYTOLOGY		MAMMO-GRAPHY		CHEST X-RAY		OTHERS	
Date	Result	Date	Result	Date	Result	Date	Result

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Ed Rep 250m 1/91 (078496)

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LANARKSHIRE HEALTH BOARD
DEPARTMENT OF CYTOLOGY
MONKLANDS DISTRICT GENERAL HOSPITAL

Smear No. : UC003405/2000

page : 1

Name : SANDRA MCGREGOR
Address: 30 LANSDOWNE DRIVE
WESTERWOOD

Maiden Name : GIBSON
D of B : 27-MAY-1965
NHS No :
PAS/CHI :

Sender : DR CARROLL
Address: CRAIGMARLOCH MED CEN
CRAIGMARLOCH
CUMBERNAULD

G.P. : DR CARROLL
Address : CRAIGMARLOCH MED CEN
CRAIGMARLOCH
CUMBERNAULD

Date Taken : 28-JAN-2000 Date Received : 31-JAN-2000

History

JAM GC.
AN ES NAD-APP-FX.
RLB JM
10 FEB 2000

Result NEGATIVE Inflamm.

Recommendation NORMAL RECALL

Report *PATIENT IDENTIFICATION CHECKED WITH PRIMARY CARE. PLEASE ENSURE PATIENT DETAILS ARE CORRECT*

Reported By KAREN PURVES Date 09-FEB-2000

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LANARKSHIRE ACUTE HOSPITALS NHS TRUST
MONKLANDS HOSPITAL
Monkscourt Avenue Airdrie ML6 0JS
C.P.A. (U.K.) Accredited

Microbiology Department
Tel: (01236) 746103
Fax: (01236) 746123
MON613 98

Source
Dr G. CARROLL
Craigmarloch Medical Centre
Cumbernauld

D.O.B:27 May 1965 Unit No:
Sex: F Lab No: FD060835

Surname: MACGREGOR
Forename:Sandra
Address: 30 LANSDOWNE DR
CUMBERNAULD

Test: Culture and Sensitivity

Clinical Details: PUTI
Antibiotics:

Microscopy

WBC:	0
RBC:	0
CASTS:	0
ORGANISMS:	0
SQUAMES:	Present

Culture
1) No Growth

Sensitivity S=SENSITIVE R=RESISTANT

AN ES NAD APP
RLB JM RX

27 JAN 2000

Comments

Collected 25 Jan 2000 **Received:** 25 Jan 2000 **Authorised:** 26 Jan 2000 **By** DAS

Consultants: Dr AT Leonard/Dr DR Baird **Specimen:** URINE

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HAEMATOLOGY DEPARTMENT MONKLANDS & BELLSHILL HOSPITALS Mon 518 97

Monklands Hospital (01236 746104) Bellshill Hospital (01698 767292 ext. 200)

Source:
Dr G. CARROLL
Craigmarloch Medical Centre
Cumbernauld

Unit No:

D.O.B.: 27 May 1965

Sex: F

Surname: GIBSON
Forename: Sandra
Address: 30 LANSDOWNE DRIVE
WESTERWOOD
CUMBERNAULD
G68 0JB

Clinical Details: Post natal

Lab.No.	Date/Time Received	Date/Time Reported	Authorised By
CC827877	12 Jan 1999 11:05	13 Jan 1999	COMP.

		Normal Range
Serum Ferritin	16 ng/ml	(14-186)

JAM GC.
AN ES MAD.-APP-
RLB JM RX.
14 JAN 1999

Date Taken	Test
12 Jan 1999	Ferritin

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HAEMATOLOGY DEPARTMENT MONKLANDS HOSPITAL TRUST Mon 517 97

Monklands Hospital (01236 746104)

Source:
Dr G. CARROLL
Craigmarloch Medical Centre
Cumbernauld

Unit No:

D.O.B.: 27 May 1965

Sex: F

Surname: GIBSON
Forename: Sandra
Address: 30 LANSDOWNE DRIVE
WESTERWOOD
CUMBERNAULD
G68 0JB

Clinical Details: Post natal

Lab.No.	Date/Time Received	Date/Time Reported	Authorised By
CC833271	12 Jan 1999 09:15	13 Jan 1999	DC

13 JAN 1999

JAM GC. AN ES NAD.-APP- RX. RLB JM

	NEUT x 10⁹/L	LYMPH x 10⁹/L	MONO x 10⁹/L	EOSIN x 10⁹/L	BASO x 10⁹/L	METAMY x 10⁹/L	MYELO x 10⁹/L	PROMYE x 10⁹/L	BLAST x 10⁹/L	NRBCs /100WBCs
	4.9	2.9	0.4	0.4	0.0					
Date Taken	WBC x 10⁹/L	RBC x 10¹²/L	Hb g/l	Hct l/l	MCV fl	MCH pg	MCHC g/l	PLATS x 10⁹/L	RETIC x 10⁹/L	ESR mm/hr
12 Jan 1999	8.6	4.67	127	0.385	82.3	27.1	329	311		

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HAEMATOLOGY
Normal Values

HAEMOGLOBIN

Men	135 - 180 g/l.
Women	115 - 165 g/l.

HAEMATOCRIT (Packed cell volume, PCV)

Men	0.40 - 0.54 l/l
Women	0.35 - 0.47 l/l

RED CELLS

Men	4.5 - 6.5 x 10^{12}/l
Women	3.9 - 5.6 x 10^{12}/l

MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION (MCHC)

Adults	320 - 360 g/l

MEAN CORPUSCULAR VOLUME (MCV)

Adults		80 - 100fl.
Infants	(Full Term Cord Blood)	106fl. (Mean)
Children	3 months	95fl. (Mean)
Children	1 year	70 - 86fl.
Children	3 - 6 years	73 - 89fl.
Children	10 - 12 years	77 - 91 fl.

M.C.H.

28 - 32 pg.

RETICULOCYTES

Adults	10 - 120 x 10^9/l

LEUCOCYTES

Adults		4.0 - 11.0 x 10^9/l
Infants	(Full Term 1st Day)	10.0 - 26.0 x 10^9/l
Infants	1 year	6.0 - 18.0 x 10^9/l
Children	4 - 7 years	5.0 - 15.0 x 10^9/l
Children	8 - 12 years	4.5 - 13.5 x 10^9/l

DIFFERENTIAL LEUCOCYTE COUNT

Adults	Neutrophils	2.0 - 7.5 x 10^9/l
	Lymphocytes	1.0 - 4.0 x 10^9/l
	Monocytes	0.2 - 1.2 x 10^9/l
	Eosinophils	0.04 - 0.4 x 10^9/l
	Basophils	0.01 - 0.1 x 10^9/l

PLATELETS

150 - 400 x 10^9/l

SEDEMENTATION RATE (method of Westergren)

Age dependant

Men	$\frac{\text{Age of Patient}}{2}$	=	Top of Normal Range
Women	$\frac{\text{Age of Patient plus 10 years}}{2}$	=	Top of Normal Range

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MONKLANDS & BELLSHILL NHS TRUST
MICROBIOLOGY DEPARTMENT: CPA ACCREDITED
TELEPHONE (01236) 746103, FAX (01236) 746123

Source
Dr G. CARROLL
Craigmarloch Medical Centre
Cumbernauld

Lab No: PC012179 **Unit No:**
Sex: F **D.O.B:** 27 May 1965

Surname: GIBSON
Forename: Sandra
Address: 30 LANSDOWNE DRIVE
WESTERWOOD
CUMBERNAULD

Specimen: MID STREAM URINE
Test: Culture & Sensitivity

Clinical Details: 15 WEEKS GESTATION, ? UTI
Antibiotics:

Microscopy		**Sensitivity** S=SENSITIVE R=RESISTANT
WBC:	0	
RBC:	0	
CASTS:	0	
ORGANISMS:	0	
SQUAMES:	Present	

Culture
1) No Growth

JAM GC.
AN ES NAD. APP.
RLB JM RX.
03 JUN 1998

Comments

Collected: 01 Jun 1998 **Received:** 01 Jun 1998 **Authorised:** 02 Jun 1998 **By** RLR
Consultants: Dr AT Leanord/Dr DR Baird

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NHS Confidential: Personal data about a patient

Monklands & Bellshill Hospitals NHS Trust Biochemistry Department Monklands Hospital (01236 746106)

Source	Lab no.	Patient no.	Surname GIBSON
Dr J MALLON	AB272737		Forename Sandra
Craigmarloch Medical Centre			Address 30 LANSDOWNE DRIVE
Cumbernauld	Sex F	DOB 27 May 1965	WESTERWOOD
			CUMBERNAULD
	Date/Time Taken	11 Feb 1998 10:45	

Clinical Details F/H HIGH CHOL

Cholesterol	4.9 mmol/l(0.0-6.5)	

Specimen Haemolysed

JAM GC. AN ES NAD.-APP- RLB JM RX.

Sample Type	Date/Time Received	Date/Time Reported	Authorised by	CPA no.1399
Serum	11 Feb 1998 17:00	12 Feb 1998	DS	

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NHS Confidential: Personal data about a patient

[redacted]

MONKLANDS & BELLSHILL NHS TRUST
MICROBIOLOGY DEPARTMENT: CPA ACCREDITED
TELEPHONE (01236) 746103, FAX (01236) 746123

Source
Dr G. CARROLL
Craigmarloch Medical Centre
Cumbernauld

Lab No: FB316996 **Unit No:**
Sex: F **D.O.B:** 27 May 1965

Surname: GIBSON
Forename: Sandra
Address: 36 LANSDOWNE DRIVE
WESTERWOOD
CUMBERNAULD

Specimen: HIGH VAGINAL SWAB **Test:** Culture & Sensitivity

Clinical Details: RECURRENT THRUSH
Antibiotics:

Microscopy **Sensitivity** S=SENSITIVE R=RESISTANT
Trichomonas vaginalis NOT seen
Clue cells NOT seen

Culture
1) No growth of NEISSERIA GONORRHOEAE
2) No growth of CANDIDA ALBICANS

JAM
AN ES ~~GC.~~
RLB JM ~~N/AD.~~ APP.
RX.

Comments
No evidence of bacterial vaginosis.

Collected: 18 Dec 1997 **Received:** 18 Dec 1997 **Authorised:** 20 Dec 1997 **By** JBS
Consultants: Dr MC Morgan/Dr DR Baird

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

MONKLANDS & BELLSHILL NHS TRUST
MICROBIOLOGY DEPARTMENT: CPA ACCREDITED
TELEPHONE (01236) 746103, FAX (01236) 746123

Source
Dr G. CARROLL
Craigmarloch Medical Centre
Cumbernauld

Lab No: FB049647 **Unit No:**
Sex: F **D.O.B:** 27 May 1965

Specimen: MID STREAM URINE

Surname: GIBSON
Forename: Sandra
Address: 30 LANSDOWNE DRIVE
WESTERWOOD
CUMBERNAULD

Test: Culture & Sensitivity

Clinical Details: + PROTEIN
Antibiotics:

Microscopy

WBC:	0
RBC:	0
CASTS:	0
ORGANISMS:	0
SQUAMES:	Present

Culture
1) No Growth

Sensitivity S=SENSITIVE R=RESISTANT

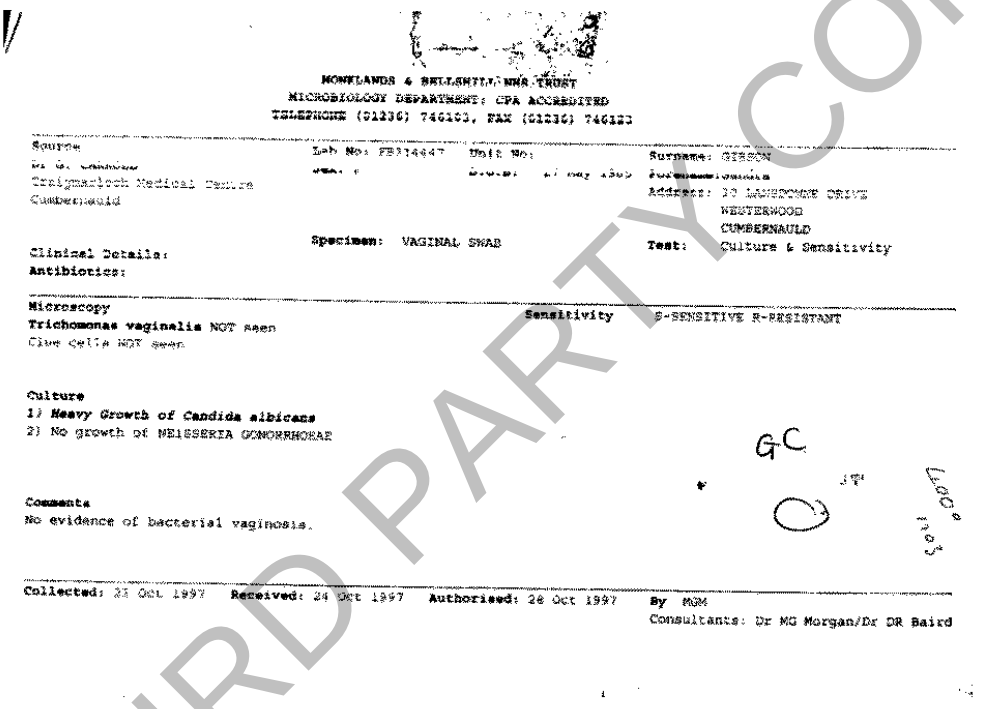
JAM
AN ES GC
NAD.-APP.
RLB JM RX.

Comments

Collected: 11 Nov 1997 **Received:** 11 Nov 1997 **Authorised:** 12 Nov 1997 **By** JBB
Consultants: Dr MG Morgan/Dr DR Baird

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MONKLANDS & BELLSHILL NHS TRUST
MICROBIOLOGY DEPARTMENT: CPA ACCREDITED
TELEPHONE (01236) 746103, FAX (01236) 746123

Source:
Dr G. Cameron
Craigmarloch Medical Centre
Cumbernauld

Lab No: FB314447 Unit No:
Ward: Date: 27 May 1997

Surname: GIBSON
Forenames: Julia
Address: 33 LAURETTONE DRIVE
WESTERWOOD
CUMBERNAULD

Specimen: VAGINAL SWAB
Test: Culture & Sensitivity

Clinical Details:
Antibiotics:

Microscopy
Trichomonas vaginalis NOT Seen
Clue Cells NOT Seen

Sensitivity S-SENSITIVE R-RESISTANT

Culture
1) ***Heavy Growth of Candida albicans***
2) No growth of NEISSERIA GONORRHOEAE

GC

Comments
No evidence of bacterial vaginosis.

Collected: 23 Oct 1997 **Received:** 24 Oct 1997 **Authorised:** 28 Oct 1997 **By** MGM
Consultants: Dr MG Morgan/Dr DR Baird

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4

MONKLANDS & BELLSHILL NHS TRUST
MICROBIOLOGY DEPARTMENT: CPA ACCREDITED
TELEPHONE (01236) 746103, FAX (01236) 746123

Source
* CON. UNAVAILABLE *
Craigmarloch Medical Centre
Cumbernauld

Lab No: FB029319 **Unit No:**
Sex: F **D.O.B:** 27 May 1965

Surname: GIBSON
Forename: Sandra
Address: 36 LANSDOWNE DRIVE
WESTERWOOD
CUMBERNAULD

Specimen: MID STREAM URINE **Test:** Culture & Sensitivity

Clinical Details: UTI-2WKS
Antibiotics: CEPHALEXIN

Microscopy

WBC:	0
RBC:	0
CASTS:	0
ORGANISMS:	0
SQUAMES:	0

Sensitivity S=SENSITIVE R=RESISTANT

Culture
1) No Growth

Comments

Collected: 14 Aug 1997 **Received:** 14 Aug 1997 **Authorised:** 15 Aug 1997 **By** IM
Consultants: Dr MJ Morgan/Dr DR Baird

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LANARKSHIRE HEALTH BOARD
DEPARTMENT OF CYTOLOGY
MONKLANDS DISTRICT GENERAL HOSPITAL

Smear No. : 0000611097

page : 1

Name : SANDRA GIBSON
Address: 30 LANSDOWNE DRIVE
WESTERWOOD

Maiden Name :
D of B : 27-MAY-1965
NHS No :
PAS/CHI :

Sender : DR BEATTIE
Address: CRAIGMARLOCH MED CEN
CRAIGMARLOCH
CUMBERNAULD

G.P. : DR BEATTIE
Address : CRAIGMARLOCH MED CEN
CRAIGMARLOCH
CUMBERNAULD

Date Taken : 13-FEB-1997 Date Received : 14-FEB-1997

History Pre IVF treatment

Result NEGATIVE Inflamm.

Recommendation NORMAL RECALL

Report

Reported By Moira McAlorum Date 18-FEB-97

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Monklands & Bellshill Hospitals NHS Trust

Haematology Department Monklands Hospital (01236 746106) Bellshill Hospital (01698 747292 ext. 200)

PATIENT ID NO.	**SEX** F	**DATE OF BIRTH** 27 May 1965	Consultant/GP Dr G. BEATTIE
SURNAME GIBSON		**FORENAME** Sandra	Source Craigmarloch Medical Centre Cumbernauld
ADDRESS 30 LANSDOWNE DRIVE WESTERWOOD CUMBERNAULD		G68 0JB	Clinical Details: TO START INFETILITY TREATMENT

Lab No.	Date/Time Received	Date/Time Reported	Authorised by
CA235808	13 Feb 1997 17:28	14 Feb 1997	DC

	NEUT x 10^9/l	LYMPH x 10^9/l	MONO x 10^9/l	EOSIN x 10^9/l	BASO x 10^9/l	METAMY x 10^9/l	MYELO x 10^9/l	PROMYE x 10^9/l	BLAST x 10^9/l	NRBCs /100WBCs
	4.9	2.0	0.6	0.5	0.1					

Date Taken	WBC x 10^9/l	RBC x 10^{12}/l	Hb g/l	Hct l/l	MCV fl	MCH pg	MCHC g/l	PLATS x 10^9/l	RETIC x 10^9/l	ESR mm/hr
13 Feb 1997	8.1	4.68	138	0.394	84.1	29.4	349	254		

MON 517

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HAEMATOLOGY
Normal Values

HAEMOGLOBIN

Men	135 - 180 g/l.
Women	115 - 165 g/l.

HAEMATOCRIT (Packed cell volume, PCV)

Men	0.40 - 0.54 l/l
Women	0.35 - 0.47 l/l

RED CELLS

Men	4.5 - 6.5 x 10^{12}/l
Women	3.9 - 5.6 x 10^{12}/l

MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION (MCHC)

Adults	320 - 360 g/l

MEAN CORPUSCULAR VOLUME (MCV)

Adults		80 - 100fl.
Infants	(Full Term Cord Blood)	106fl. (Mean)
Children	3 months	95fl. (Mean)
Children	1 year	70 - 86fl.
Children	3 - 6 years	73 - 89fl.
Children	10 - 12 years	77 - 91 fl.

M.C.H.

28 - 32 pg.

RETICULOCYTES

Adults	10 - 120 x 10^9/l

LEUCOCYTES

Adults		4.0 - 11.0 x 10^9/l
Infants	(Full Term 1st Day)	10.0 - 26.0 x 10^9/l
Infants	1 year	6.0 - 18.0 x 10^9/l
Children	4 - 7 years	5.0 - 15.0 x 10^9/l
Children	8 - 12 years	4.5 - 13.5 x 10^9/l

DIFFERENTIAL LEUCOCYTE COUNT

Adults	Neutrophils	2.0 - 7.5 x 10^9/l
	Lymphocytes	1.0 - 4.0 x 10^9/l
	Monocytes	0.2 - 1.2 x 10^9/l
	Eosinophils	0.04 - 0.4 x 10^9/l
	Basophils	0.01 - 0.1 x 10^9/l

PLATELETS

150 - 400 x 10^9/l

SEDEMENTATION RATE (method of Westergren)

Age dependant

Men	$\frac{\text{Age of Patient}}{2}$	=	Top of Normal Range
Women	$\frac{\text{Age of Patient plus 10 years}}{2}$	=	Top of Normal Range

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MONKLANDS & BELLSHILL NHS TRUST
MICROBIOLOGY DEPARTMENT: CPA ACCREDITED
TELEPHONE (01236) 746103, FAX (01236) 746123

Source	**Lab No:** GA005238	**Unit No:**	**Surname:** GIBSON
Dr G. BEATTIE	**Sex:** F	**D.O.B:** 27 May 1965	**Forename:** Sandra
Craigmarloch Medical Centre			**Address:** 36 LANSDOWNE DRIVE
Cumbernauld			WESTERWOOD
			CUMBERNAULD
	Specimen: VENOUS BLOOD		**Test:** RUBELLA SCREEN TEST

Clinical Details:
TO COMMENCE INFERTILITY TREATMENT 2/52

RUBELLA IgG SCREEN TEST IMMUNE

Collected: 13 Feb 1997 **Received:** 14 Feb 1997 **Authorised:** 17 Feb 1997 **By:** SJM
Consultants: Dr MG Morgan/Dr DR Baird

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MONKLANDS & BELLSHILL NHS TRUST
MICROBIOLOGY DEPARTMENT: CPA ACCREDITED
TELEPHONE (01236) 746103, FAX (01236) 746123

Source
Dr G. BEATTIE
Craigmarloch Medical Centre
Cumbernauld

Lab No: FA303416 **Unit No:**
Sex: F **D.O.B:** 27 May 1965

Forename: Sandra
Surname: GIBSON
Address: 30 LANSDOWNE DRIVE
WESTERWOOD
CUMBERNAULD

Specimen: HIGH VAGINAL SWAB **Test:** Culture & Sensitivity

Clinical Details: PRE IUI TREATMENT
Antibiotics:

Microscopy
Trichomonas vaginalis NOT seen
CLUE CELLS SEEN

Sensitivity S=SENSITIVE R=RESISTANT

Culture
1) No growth of NEISSERIA GONORRHOEAE
2) No growth of CANDIDA ALBICANS

GBS
JAM 4&C
AM SS APP
PLB (RD) 400mg x15

Comments
Morphological characteristics of bacterial vaginosis;
Suggest metronidazole therapy.

Collected: 13 Feb 1997 **Received:** 14 Feb 1997 **Authorised:** 15 Feb 1997 **By** MGM
Consultants: Dr MG Morgan/Dr DR Baird

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LANARKSHIRE HEALTH BOARD
DEPARTMENT OF CYTOLOGY
MONKLANDS DISTRICT GENERAL HOSPITAL

Smear No. : UC003078/96
page : 1

Name : SANDRA GIBSON
Address: 30 LANSDOWNE DRIVE
WESTERWOOD

Maiden Name :
D of B : 27-MAY-1965
NHS No :
PAS/CHI :

Sender : DR JAMES STEWART Cumbernauld H.C.
Address: THE HEALTH CENTRE
CARLUKE

G.P. : DR JAMES STEWART
Address : THE HEALTH CENTRE
CARLUKE

Date Taken : 25-JAN-1996 Date Received : 26-JAN-1996

History

JAM GB NAD
AN EB APP
BLB RX

Result NEGATIVE Inflamm.

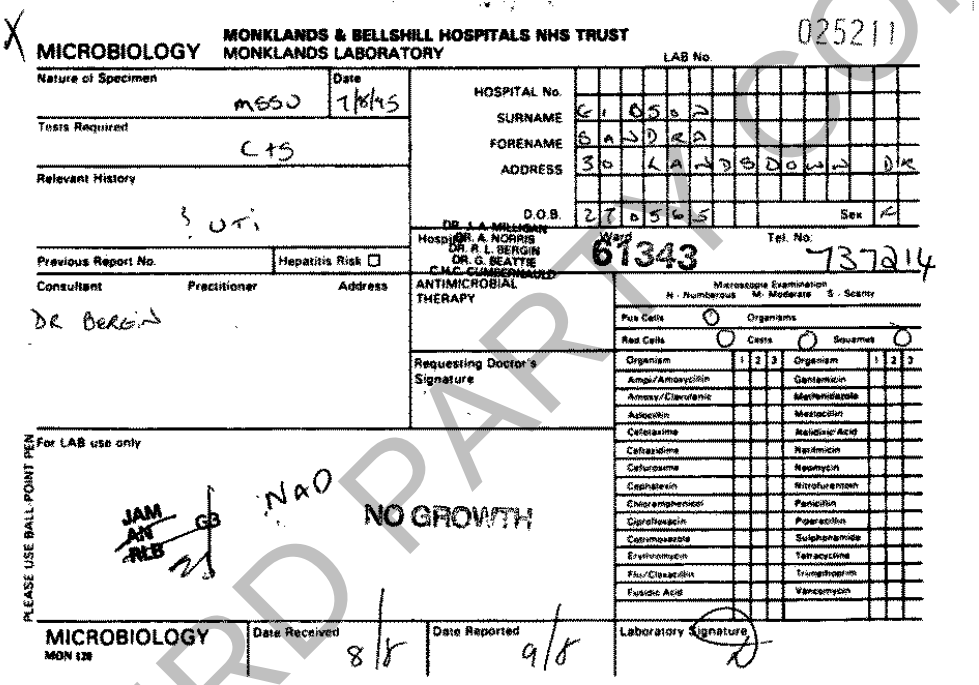
Recommendation NORMAL RECALL

Report *PATIENT IDENTIFICATION CHECKED WITH PRIMARY CARE. PLEASE ENSURE PATIENT DETAILS ARE CORRECT*

Reported By J. BLACK Date 05-FEB-96

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MICROBIOLOGY
MONKLANDS & BELLSHILL HOSPITALS NHS TRUST
MONKLANDS LABORATORY

025211

LAB No.

Nature of Specimen: MSSU
Date: 7/8/15
Tests Required: C+S
Relevant History: 3 UTI
Previous Report No.
Hepatitis Risk ☐
Consultant: DR BERGIN
Practitioner
Address

HOSPITAL No.
SURNAME: [illegible]
FORENAME: DAVID
ADDRESS: 30 LAND[illegible]
D.O.B.: 27/05/65
Sex: M

Hospital: DR J A MILLIGAN DR A NORRIS DR A L BERGIN DR G BEATTIE C.H.C. CUMBERNAULD
Ward: 61343
Tel. No.: 737214

ANTIMICROBIAL THERAPY

Requesting Doctor's Signature

Microscope Examination
N - Numberous M - Moderate S - Scanty

Pus Cells: 0 Organisms
Red Cells: 0 Casts 0 Squamet 0

Organism	1	2	3	Organism	1	2	3
Amp/Amoxycillin				Gentamicin			
Amoxy/Clavulanic				Methenamine			
Aspoxillin				Mezlocillin			
Cefotaxime				Nalidixic Acid			
Ceftazidime				Netilmicin			
Cefuroxime				Neomycin			
Cephalexin				Nitrofurantoin			
Chloramphenicol				Penicillin			
Ciprofloxacin				Piperacillin			
Co-trimoxazole				Sulphonamide			
Erythromycin				Tetracycline			
Flu/Cloxacillin				Trimethoprim			
Fusidic Acid				Vancomycin			

For LAB use only

JAM AN RLB GB

NAD

NO GROWTH

PLEASE USE BALL-POINT PEN

MICROBIOLOGY
MBN 128

Date Received: 8/8
Date Reported: 9/8
Laboratory Signature

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Microbiology Department
Telephone: (01236) 712803
Fax: (01236) 712637
Mon613

MONKLANDS HOSPITAL
Monkscourt Avenue
Airdrie ML6 0JS
C.P.A. (U.K.) Accredited

NHS Lanarkshire

Source
Dr G. CARROLL
Craigmarloch Med. Cent. 61343B
Cumbernauld

D.O.B: 27 May 1965 **Unit No:** 2705655441 **Surname:** MACGREGOR
Sex: F **Lab No:** FI312585 **Forename:** Sandra
Address: 30 LANSDOWNE DRIVE
WESTERWOOD
CUMBERNAULD

Test: Culture and Sensitivity

Clinical Details:
Antibiotics:

Culture
No significant pathogens isolated

Sensitivity S=SENSITIVE R=RESISTANT

Comments

Collected: 19 Jan 2005 **Received:** 19 Jan 2005 **Authorised:** 21 Jan 2005 **By** ekk

Consultants: Dr AT Leanord/Dr T Gillespie **Specimen:** HIGH VAGINAL SWAB

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NHS Confidential: Personal data about a patient

[redacted]

Microbiology Department
Telephone: (01236) 712803
Fax: (01236) 712637
Mon613

MONKLANDS HOSPITAL
Monkscourt Avenue
Airdrie ML6 0JS
C.P.A. (U.K.) Accredited

NHS Lanarkshire

Source
Dr G. CARROLL
Craigmarloch Med. Cent. 613438
Cumbernauld

D.O.B: 27 May 1965 **Unit No:** 1705655441 **Lab No:** GI0088897
Sex: F

Test: Chlamydia PCR

Surname: MACGREGOR
Forename: Sandra
Address: 30 LANSDOWNE DRIVE
WESTERWOOD
CUMBERNAULD

Clinical Details:

Chlamydia trachomatis PCR: NEGATIVE

AR RLS N/C
CG CC APPT
KG RX
DATE 24/1

Collected: 19 Jan 2005 **Received:** 19 Jan 2005 **Authorised:** 21 Jan 2005 **By:** hlr

Consultants: Dr AT Leanord/Dr T Gillespie **Specimen:** ENDO CERVICAL SWAB

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NHS Confidential: Personal data about a patient

Lanarkshire Acute Hospitals NHS Trust **Monklands Hospital Biochemistry Department Tel. 01236 712113**

Source	Lab no.	Patient no.	Surname	MACGREGOR
Dr G. CARROLL	A1355547	2705655441	Forename	Sandra
Craigmarloch Med. Cent. 613438			Address	30 LANSDOWNE DRIVE
Cumbernauld	Sex F	DOB 27 May 1965		WESTERWOOD
				CUMBERNAULD
	Date/Time Taken	20 Jan 2005		

Clinical Details PERIODS IRREG

LH 3.1 IU/l
FSH 3.8 IU/l
Prolactin 272 mIU/l
No abnormality detected

AN RLB
GC ES
KG
DATE 21/1

Reference Ranges:-(Normally menstruating females)

	LH(IU/l)	FSH(IU/l)	PRL(mIU/l)	Progesterone(nmol/l)	Oestradiol(pmol/l)
Follicular Phase	1.0-18.0	3.0-12.0	Up to 450	1.0-5.0	37-539
Mid Cycle	15.0-80.0	6.0-25.0			404-1424
Luteal Phase	1.0-18.0	2.0-12.0		8.0-90.0	99-906
Day 21				Less than 8 -Not ovulated	
				Less than 20 -Inadequate luteal phase	
				Greater than 25 -Adequate luteal phase	
Post menopausal	16.0-64.0	30.0-120.0		Less than 1.0	Less than 170
Prepubertal	LH and FSH less than 3.5				Less than 70

Sample Type	Date/Time Received	Date/Time Reported	Authorised by	CPA no. 1399
Serum	20 Jan 2005 17:00	21 Jan 2005	cmr	

Hormones Report

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NHS Confidential: Personal data about a patient

Lanarkshire Acute Hospitals NHS Trust **Monklands Hospital Biochemistry Department Tel. 01236 712113**

Source	Lab no.	Patient no.	Surname	MACGREGOR
Dr G. CARROLL	MH099466	2706665441	Forename	Sandra
Craigmarloch Med. Cent. 613038	Sex F	DOB 27 May 1966	Address	30 LANSDOWNE DRIVE
Cumbernauld	Date/Time Taken	19 Jun 2003 11:30		WESTERWOOD
				CUMBERNAULD

Clinical Details: Tired all the time.

TSH	1.3 mIU/l	(0.3-4.2)

AN	~~PLS~~	~~MRD~~
GC	ES	APPT
JM	KG	RX
HB		DATE

23 JUN 2003

Sample Type	Date/Time Received	Date/Time Reported	Authorised by	CPA no. 1399
Serum	19 Jun 2003 17:00	20 Jun 2003	jmm	

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Lanarkshire Acute Hospitals NHS Trust **Monklands Hospital Biochemistry Department Tel. 01236 712113**

Source	Lab no.	Patient no.	Surname	MACGREGOR
Dr A. NORRIS Craigmarloch Med. Cent. 613438 Cumbernauld	AH095659	2705650141	Forename Address	Sandra 30 LANSDOWNE DRIVE WESTERWOOD CUMBERNAULD
	Sex F	DOB 27 May 1965		
	Date/Time Taken	19 Jun 2003 11:30		

Clinical Details: Tired all the time.

NSR — See Lab Comment

"R GLUC" REQUESTED BUT NO GLUCOSE SAMPLE RECEIVED.

AN	~~DCB~~	NAD
GC	ES	APPT
JM	KG	RX
HB		DATE 23 JUN 2003

Sample Type	Date/Time Received	Date/Time Reported	Authorised by	CPA no. 1399
No specimen received	19 Jun 2003 17:00	20 Jun 2003	pb	

General Biochemistry Report

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Filename: iGPRDA_167.pdf
Extension:.tif
Pages:

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Emergency Department
Stirling Royal Infirmary
Livilands
Stirling

Dr CARROLL
CRAIGMARLOCH MEDICAL CENTRE
AUCHINBEE WAY
CUMBERNAULD
G68 0EZ

January 11, 2006

Dear Dr Carroll,

Re. SANDRA MACGREGOR, 30 LANSDOWNE DRIVE, CUMBERNAULD, GLASGOW, G68 0JB. Date of Birth 27.05.65 Hospital Number: E106435

Your patient attended the Stirling Royal Infirmary on the 11 JAN 2006 08:11.

The presenting complaint was:	**RTA SIGNIFICANT MECH OF INJURY (HIGH ENERGY TRANSFER INJ)**
The following investigations were carried out:	**THORACIC SPINE X-RAYS** **CERVICAL SPINE X-RAYS** **SHOULDER X-RAY RIGHT**
The A&E diagnosis was:	**SPRAIN - NECK - BACK**
The following treatment was given:	**ANALGESIA - DICLOFENAC** **ANALGESIA - PARACETAMOL**
At the conclusion of treatment the patient was:	**1 LEFT BY OWN MEANS. Departure Ready Date/Time: 11 JAN 2006 10:23, Actual Departure Date/Time: 11 JAN 2006 10:23**
Follow-up:	**1 GENERAL PRACTITIONER**
Additional Information:	

Yours sincerely,
ANGELA SUN
SENIOR HOUSE OFFICER

Consultants:

AN
GC
JM
HB
RLB
ES
KG
NAD
APPT
RX
DATE 16/1/06

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NHS Lanarkshire - Monklands Hospital

RADIOLOGY REPORT

Surname	**MACGREGOR**	Hosp No.		Attd No. **4123039**
First Name	**SANDRA**	Consultant	**DR A. NORRIS**	Key No. **2258073**
Address	**30 LANDSDOWNE DRIVE**	Specialty	**GP**	XR No. **05099871**
	CUMBERNAULD	Ward / Dept.	**CENTRAL HEALTH CENTRE**	CHI No.
		G.P. Address	**17AUCHINBEE WAY**	
			CRAIGMARLOCH	
			CUMBERNAULD	
Post Code	**G68 0JB**			
D.O.B.	**27/05/1965**	Sex **Female**		

Copy Report To:

Page 1 of 1

CLINICAL HISTORY
PAINFUL KNEE.

4123039 20/12/2005 (R) KNEE

NO SIGNIFICANT ABNORMALITY DEMONSTRATED.

Reported by: DR A MCGHEE Authorised by: DR A MCGHEE Typist: CB

This is an Authorised report.

AN ~~GC~~ JM HB RLB ES KG ~~NAD~~ APPT RX DATE 4/1/06

RADIOLOGY

Examination: (R) KNEE

Reported Date: **23/12/2005**
Examination Date: **20/12/2005**

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NHS Confidential: Personal data about a patient

REGIONAL VIRUS LABORATORY
GARTNAVEL GENERAL HOSPITAL, P.O. BOX 16766, GLASGOW G12 0ZA
Tel: 0141-211 0080 Fax: 0141-211 0082

SURNAME	FORENAME	UNIT NO	SEX DOB
MACGREGOR	SANDRA	2705555441	F 27.05.65
SOURCE	CONSULTANT	GP	
Monklands DGH, Bact	Dr Leanord	DR CARROLL C'MARLOCH	
SPECIMEN	LAB NO	REPORT STATUS	YOUR REF. NO.
SER	V,05.0621356.F	Final	503071

Anti-HBS Titre :)1000IU/L
Anti-HBs titre is)/= 100 IU/l. Responder to Hepatitis B vaccination. No further antibody check or boosting required.

AN RLB NAD
GC ES APPT
JM KG RX
HB DATE

Clinical details:

VIROLOGY	DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY
	31.08.05	01.09.05	06.09.05	Ms S Usher

Copy for:Monklands DGH, Bact

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Microbiology Department
Telephone: (01236) 712803
Fax: (01236) 712637
Mon613

MONKLANDS HOSPITAL
Monkscourt Avenue
Airdrie ML6 0JS
C.P.A. (U.K.) Accredited

NHS Lanarkshire

Source
Dr G. CARROLL
Craigmarloch Med. Cent. 61343B
Cumbernauld

D.O.B: 27 May 1965 Unit No: 270565441 Surname: MACGREGOR
Sex: F Lab No: GJ002538 Forename: Sandra
Address: 10 LANSDOWNE DRIVE
WESTERWOOD
CUMBERNAULD

Test: Chlamydia PCR

Clinical Details:

Chlamydia trachomatis PCR: NEGATIVE

Collected: 28 Jun 2005 Received: 28 Jun 2005 Authorised: 01 Jul 2005 By: NJL

Consultants: Dr AT Leonard/Dr T Gillespie Specimen: ENDO CERVICAL SWAB

THIRD PARTY COPY

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06-Aug-2026 PJ
Additional: Scanned Document

Filename: iGPRDA_166.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

LANARKSHIRE PRIMARY CARE NHS TRUST

Date 15/2/06 Address

Physiotherapy Department
Cowlairs Health Centre
Netherton Road
CUMBERNAULD
G67 1BJ

Dear Doctor, Carroll

Your Patient Sandra McGregor D.O.B. 27/5/65

of 30 Ransdaine DR

has received treatment from the PHYSIOTHERAPY Departm

on an Outpatient/Domiciliary basis from 19/1/6 to 15/2/6

Condition RTA Neck pain/stiffness

No. of Treatments 10 Cost

☐ **Patient requires further treatment: please sign if in agreement.**

Signature Please return to above address

The outcome of Treatment is as follows:-

1. ☐ Symptom Free/Satisfactory
2. ☑ Improved to limit
3. ☐ Minimal Improvement
4. ☐ No benefit from Treatment
5. ☐ Unwilling/Unable to co-operate
6. ☐ Failed to attend / Failed to complete

Comments: ☐ Report Enclosed

FROM of cervical spine albeit slow. To continue ex's. Pt concerned about ®clavicle - looks fine + palpation tender - probable bruising from seatbelt. Advised to see you D/C to continue exercises.

Yours Sincerely L Jordan

JMCG205672

White copy - GP Yellow copy - HOD Pink copy - File

23 FEB 2006

THIRD PARTY COPY

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06-Aug-2026 PJ
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Filename: iGPRDA_165.pdf
Extension:.tif
Pages:

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Scan

NHS Lanarkshire Monklands Hospital 7L 1158					RADIOLOGY REPORT
Surname	MACGREGOR	Consultant	DR E STEWART	Attd No.	4174309
First Name	SANDRA	Specialty	GP	Hosp No.	2705658165
Address	30 LANSDOWNE DRIVE	Ward/Dept.	CENTRAL HEALTH CENTRE	XR No.	06014887
	CUMBERNAULD	G.P. Address	17AUCHINBEE WAY	CHI No.	2705655448
	GLASGOW		CRAIGMARLOCH	Key No.	2258073
	LANARKSHIRE		CUMBERNAULD		
Post Code	G68 0JB				
D.O.B.	27/05/1965 Sex Female				

Copy Report To: Page 1 of 1

CLINICAL HISTORY
PAINFUL

4174309 22/02/2006 (R) CLAVICLE

NO FRACTURE IS SEEN. THERE IS HOWEVER SOME SLIGHT MAL-ALIGNMENT OF THE ACROMIO-CLAVICULAR JOINT. IF THIS IS THE SITE OF TENDERNESS, THE POSSIBILITY OF A GRADE I SUBLUXATION SHOULD BE CONSIDERED.

Reported by: DR A MCGHEE Authorised by: DR A MCGHEE Typist: HFE AN ~~RLB~~ GC ES ~~JM~~ KG HB

This is an Authorised report.

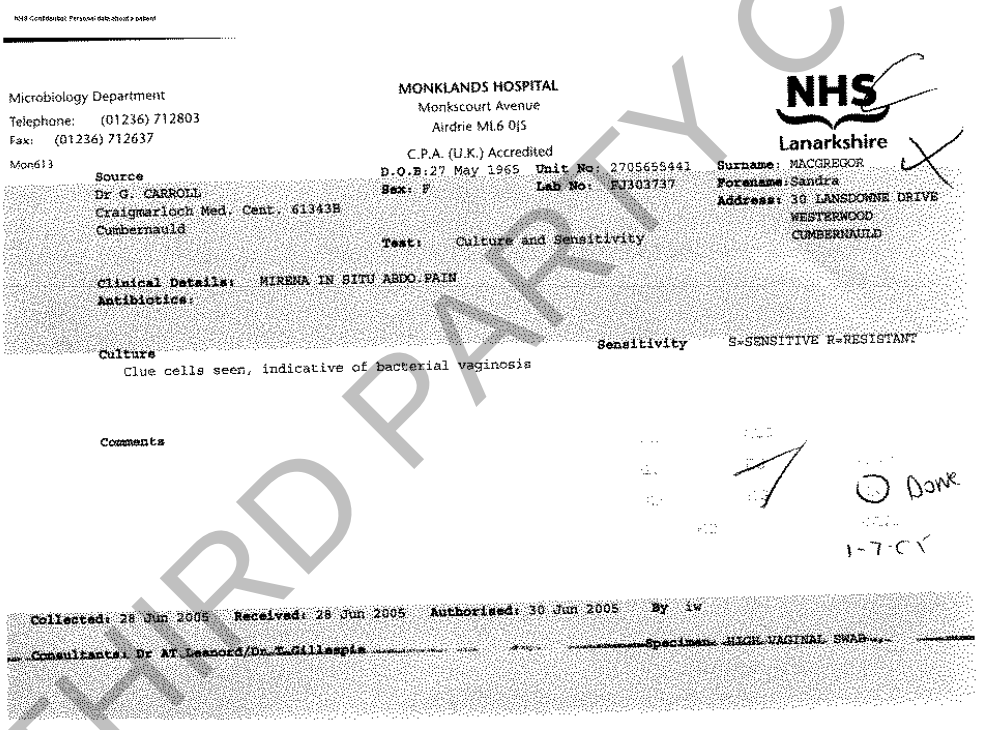
DATE 1/3/06

Keywords:	Code:	Teaching:
Examination: **(R) CLAVICLE**		Reported Date: **23/02/2006** Examination Date: **22/02/2006**

RADIOLOGY

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Pages:



NHS Confidential: Personal data about a patient

[redacted]

Microbiology Department
Telephone: (01236) 712803
Fax: (01236) 712637
Mon613

MONKLANDS HOSPITAL
Monkscourt Avenue
Airdrie ML6 0JS
C.P.A. (U.K.) Accredited

NHS Lanarkshire

D.O.B:27 May 1965 Unit No: 2705658441 Surname: MACGREGOR
Sex: F Lab No: FJ303737 Forename: Sandra
Address: 30 LANSDOWNE DRIVE
WESTERWOOD
CUMBERNAULD

Source
Dr G. CARROLL
Craigmarloch Med. Cent. 61343B
Cumbernauld

Test: Culture and Sensitivity

Clinical Details: MIRENA IN SITU ABDO.PAIN
Antibiotics:

Culture
Clue cells seen, indicative of bacterial vaginosis

Sensitivity S-SENSITIVE R-RESISTANT

Comments

Done.
1-7-CY

Collected: 28 Jun 2005 Received: 28 Jun 2005 Authorised: 30 Jun 2005 By iw

Consultants: Dr AT Leonard/Dr T Gillespie Specimen: HIGH VAGINAL SWAB

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Acute Operating Division

Stirling Royal Infirmary
Livilands
Stirling
FK8 2AU
Telephone 01786 434000
Fax 01786 450588
www.show.scot.nhs.uk/nhsfv

NHS
Forth Valley

DEPARTMENT OF ORTHOPAEDICS & TRAUMA
CONSULTANT ORTHOPAEDIC SURGEON – MR FRANS DENOLF
Direct Line to Secretary – 01786 434388 : Fax – 01786 434432

Dictated – 3 March 2006
Typed – 13 March 2006

PM/CVG/430158
CHI 270565

General Practitioner
Health Centre
Craigmaloch
CUMBERNAULD G68 OJB

Dear Doctor

Sandra MacGregor, 30 Lansdowne Drive, Cumbernauld : DOB 27.05.65

Thank you for sending this lady to the Fracture Clinic. She was involved in a road traffic accident on 11 January 2006 when she was a driver of a car. She banged into the side of another car which pulled out in front of her from a side road. She immediately felt pain in her right shoulder, but there was no loss of consciousness. She could not get out of the car because of shock and pain. About half an hour later an ambulance arrived and she was helped out of the car then taken to hospital, i.e. Stirling Royal Infirmary. She was seen in the A & E Department and after x-rays of the cervical spine, thoracic spine and right shoulder were deemed not to have any bony injuries, she was sent home with painkillers in the form of Paracetamol and Voltarol. She says she was wearing a seat belt at the time of injury and had a head restraint, but is unsure whether it was properly adjusted. She says she was travelling at about 30 miles per hour. Her car is a write-off. As far as she is aware, there was no injury to the other driver, but the other driver's side door was damaged. She continued to have pain mainly in the neck and also her right shoulder. After a couple of days she saw her GP who referred her for physiotherapy at the local Health Centre. She had physiotherapy for six weeks. Her neck was improving, but the shoulder pain persisted. Therefore, her GP sent her for an x-ray to Monklands Hospital where it was reported that there was possible subluxation of the right AC joint. Hence the referral back to the Fracture Clinic in Stirling Royal.

AN RLB /2 NAD
GC ES APPT
JM KG RX
HB DATE 28/3

Acute Operating Division Headquarters
Westburn Avenue Falkirk FK1 5SU

Chairman Dr Campbell Christie CBE
Chief Executive Margaret C Duffy MA(Hons), CA

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Acute Operating Division

Stirling Royal Infirmary
Livilands
Stirling
FK8 2AU
Telephone 01786 434000
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www.show.scot.nhs.uk/nhsfv

NHS
Forth Valley

Sandra MacGregor [430158] cont'd

On examination today, she tells me that the neck pain has more or less resolved, although she is left with a bit of restriction of movement. Her right shoulder pain persists. She says the pain is there all the time and any attempt at movement is painful. She has been off from work as a staff nurse in FDRI's renal unit since the accident. She says she can only flex or abduct to about 60 degrees after which it is really painful.

On examination of her neck there is no tenderness in the cervical spine. Lateral rotations are restricted at the extremes and lateral bending to the left side is restricted, but most of her movements are free. There is no neurovascular deficit in her upper limbs.

As far as the right shoulder is concerned, there is some prominence of the lateral end of the clavicle and pressure on that produced significant pain. Active movements are as mentioned above. Passive movements are no different and almost all movements are painful beyond 30 degrees.

I injected 2 mls of 0.5% Marcain in the right AC joint and this improved her active and passive range of movements. X-rays do show a subluxation of the right AC joint. There is also some tenderness in the clavicular joint on the right side suggesting a minor element of involvement.

I think the mainstay is still going to be physiotherapy and, hopefully, I have broken the cycle of pain with the local anaesthetic. I have encouraged her to actively mobilise it, but it could be another 3-4 weeks before things settle down.

We will see her back in the Clinic in four week's time.

Yours sincerely

MR P MOSES
Staff Grade in Orthopaedics

Acute Operating Division Headquarters
Westburn Avenue Falkirk FK1 5SU

Chairman Dr Campbell Christie CBE
Chief Executive Margaret C Duffy MA(Hons), CA

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Acute Operating Division

Stirling Royal Infirmary
Livilands
Stirling
FK8 2AU
Telephone 01786 434000
www.show.scot.nhs.uk/nhsfv

NHS
Forth Valley

ORTHOPAEDIC TRAUMA AND LOWER LIMB SURGERY
Consultant – Mr R.D. Briggs
Secretary- Mrs R. Richmond- Tel 01786 434063

HHS/RR/SZ430158
CHI: 270565

Dictated: 28th March 2006
Typed: 03rd April 2006

Dr. J. A. Milligan,
North Carbrain Road,
Town Centre,
Cumbernauld.

Dear Dr. Milligan,

Sandra McGregor, dob 27.05.1965
30 Lansdowne Drive, Cumbernauld

I reviewed this patient who sustained an injury to her right shoulder. She states that she is feeling much better and she has a very satisfactory range of movement in her right shoulder without any pain. There is still no evidence of AC joint subluxation or dislocation and she does not have any tenderness in that area. I have asked her to continue with her physiotherapy and she will be reviewed again in a month's time.

Yours sincerely,

H. HOLBROOK-SMITH
Locum SpR in Orthopaedics

R.D. BRIGGS
Consultant Orthopaedic Surgeon

AN RLB NAD
GC ES APPT
JM KG RX
HB DATE
21/4/06

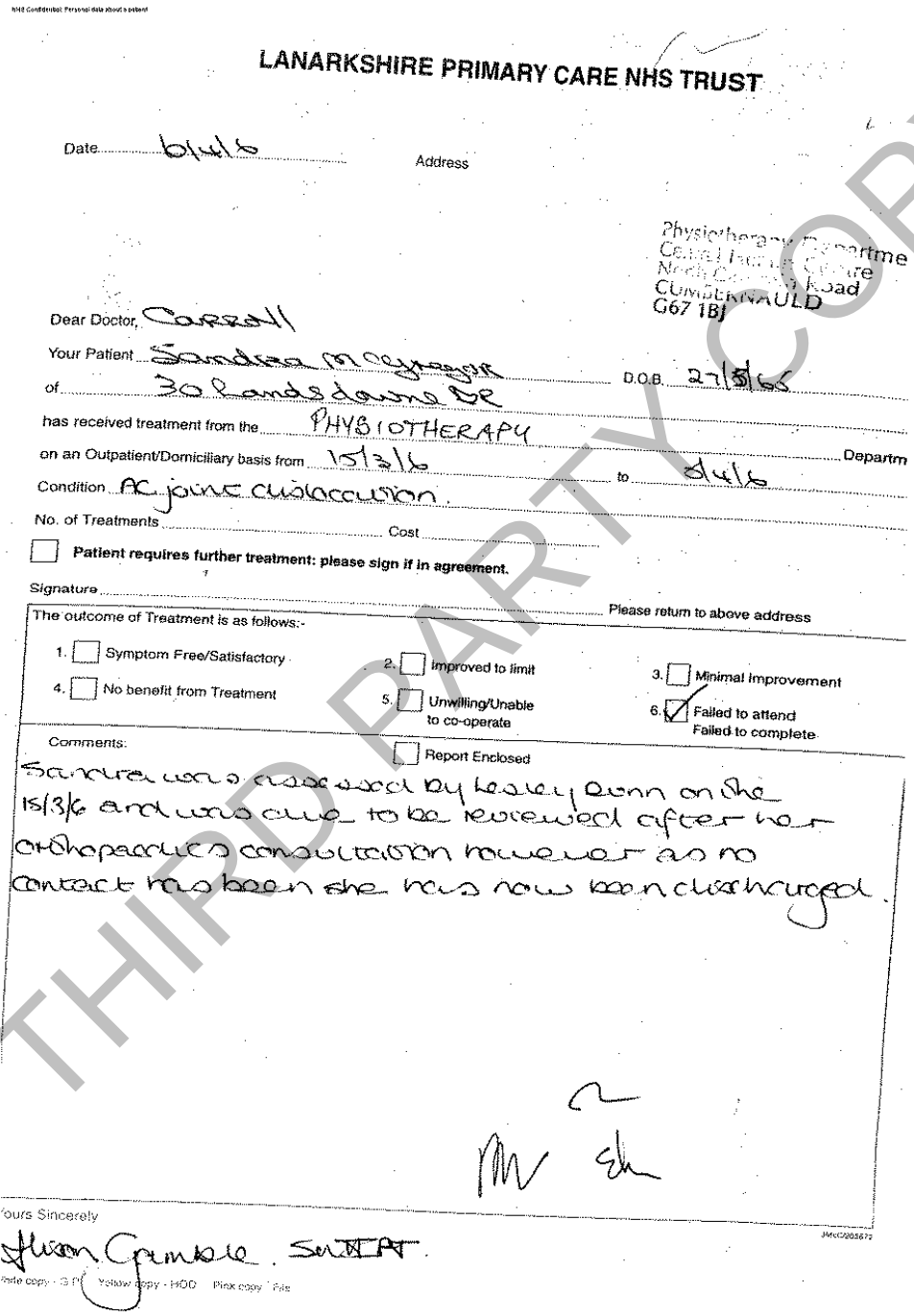
Acute Operating Division Headquarters
Westburn Avenue Falkirk FK1 5SU

Chairman Dr Campbell Christie CBE
Chief Executive Margaret C Duffy MA(Hons), CA

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NHS Confidential: Personal data about a patient

LANARKSHIRE PRIMARY CARE NHS TRUST

Date 6/4/16 Address

Physiotherapy Department
Central Health Centre
Netherton Road
CUMBERNAULD
G67 1BJ

Dear Doctor, Carroll

Your Patient Sandra McGregor D.O.B. 27/5/65

of 30 Lansdowne Dr

has received treatment from the PHYSIOTHERAPY Departm

on an Outpatient/Domiciliary basis from 15/3/16 to 6/4/16

Condition AC joint subluxation.

No. of Treatments Cost

☐ **Patient requires further treatment: please sign if in agreement.**

Signature Please return to above address

The outcome of Treatment is as follows:-

1. ☐ Symptom Free/Satisfactory
2. ☐ Improved to limit
3. ☐ Minimal improvement
4. ☐ No benefit from Treatment
5. ☐ Unwilling/Unable to co-operate
6. ☑ Failed to attend / Failed to complete

Comments: ☐ Report Enclosed

Sandra was assessed by Lesley Dunn on the 15/3/16 and was due to be reviewed after her orthopaedics consultation however as no contact has been she has now been discharged.

Yours Sincerely

Alison Gamble SMSP.

White copy - G.P. Yellow copy - HOD Pink copy - File

JMcC/2005/72

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Stirling Royal Infirmary
Livilands
Stirling
FK8 2AU
Telephone 01786 434000
www.show.scot.nhs.uk/nhsfv

NHS Forth Valley

Acute Operating Division

ORTHROPAEDIC TRAUMA AND LOWER LIMB SURGERY
Consultant – Mr R.D. Briggs
Secretary- Mrs R. Richmond- Tel 01786 434063

AO/RR/SZ430158
CHI: 270565
Dictated: 09th May 2006
Typed: 22nd May 2006

Dr. J. Milligan,
Health Centre,
Carbrain Road,
Town Centre,
Cumbernauld

Dear Dr. Milligan,

Sandra McGregor, dob 27.09.1965
30 Landsdowne Drive, Cumbernauld.

This lady attended today following ongoing problems with her right shoulder. In January of this year she was a driver of a car and had a road traffic accident. She was seen by Mr. Moses approximately two months ago and an injection performed into her right AC joint. This did help at the time slightly but the pain has persisted otherwise. Physiotherapy has got her moving her neck and to a certain extent her shoulder although it is still restricted. Restrictions are principally due to pain and in all directions of movement. She has some tenderness over the AC joint and more so over the mid-shaft of the clavicle.

Review of her previous X-rays shows a Grade 1 subluxation of the AC joint but no obvious fracture along the length of the clavicle or the rest of the shoulder girdle. She has recently been seen by Mr. Denolf, Consultant Orthopaedic Surgeon, and he has recommended an MRI scan of her shoulder. We will endeavour to get this done soon and hopefully she can come back and see Mr. Moses, who has an interest in shoulder surgery, in the near future.

Yours sincerely,

Miss. A. Oliver
SpR in Orthopaedics

AN RLB
JM KC
HB
1/6/06

R.D. BRIGGS
Consultant Orthopaedic Surgeon

Acute Operating Division Headquarters
Westburn Avenue Falkirk FK1 5SU

Chairman Dr Campbell Christie CBE
Chief Executive Margaret C Duffy MA(Hons), CA

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NHS Confidential: Personal data about a patient

Falkirk and District Royal Infirmary
Westburn Avenue
Falkirk

C ✓

Dr CARROLL
CRAIGMARLOCH MEDICAL CENTRE
AUCHINBEE WAY
CUMBERNAULD
G68 0EZ

October 31, 2006

Dear Dr Carroll,

Re. SANDRA MACGREGOR, 30 LANSDOWNE DRIVE, CUMBERNAULD, GLASGOW, G68 0JB. Date of Birth 27.05.65 Hospital Number: 2705655441, CHI No. 2705655441

Your patient attended the Falkirk and District Royal Infirmary on the 31 OCT 2006 10:23.

The presenting complaint was: **? F/B RIGHT EYE**

The following investigations were carried out:

The A&E diagnosis was: **EYE - CORNEAL ABRASION**

The following treatment was given: **EYE - TOPICAL ANAESTHETIC**
FLUORESCEIN
EYE - FOREIGN BODY REMOVAL
CHLORAMPHENICOL EYE OINTMENT 1% 4G

At the conclusion of treatment the patient was: **1 LEFT BY OWN MEANS. Departure Ready Date/Time: 31 OCT 2006 11:17, Actual Departure Date/Time: 31 OCT 2006 11:17**

Follow-up: **1 GENERAL PRACTITIONER**

Additional Information:

Yours sincerely,
HEATHER LYON
EMERGENCY NURSE PRACTITIONER

HLyon

Consultants:

AN GC JM RLB KG HB MAD APPT RX DATE 25-7-11

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Acute Operating Division

Falkirk & District Royal Infirmary
Major's Loan
Falkirk
FK1 5QE
Telephone 01324 624000
www.show.scot.nhs.uk/nhsfv

NHS
Forth Valley

DEPARTMENT OF ORTHOPAEDIC & TRAUMA SURGERY

Acting Consultant – Mr. P. Moses

MK/PM/JHL/S430158
CHI No. 2705655441

6th July 2006

Dr. J. Milligan,
Health Centre,
Carbrain Road,
Town Centre,
CUMBERNAULD

Dear Dr. Milligan,

Sandra McGregor d.o.b. 27.9.65
30 Landsdowne Drive, Cumbernauld

This patient was reviewed in the Clinic today. She injured her right shoulder 6 months ago in January and was diagnosed with subluxation of the right AC joint. She attended physiotherapy and her range of movement is much better now.

On examination today in the Clinic, she has forward flexion of 100°, abduction of 100° and, on internal rotation, she can bring her right hand to the thoraco-lumbar junction. Adduction produces pain in the right AC joint. Internal and external rotation of the abducted arm does not produce any pain in the sub acromial space.

The MRI scan shows minimal soft tissue thickening around the acromio-clavicular joint but no oedema. There is no significant displacement of the joint. The rotator cuff tendons are intact and rotator cuff muscles are of normal bulk. There is no evidence of a cuff tear. There is no significant effusion in the gleno-humeral joint. There is no significant effusion in the sub-acromial or sub-deltoid bursa.

I have reassured Mrs. McGregor today and have advised her to continue with physiotherapy. I gave her the option of injecting her right shoulder with steroid but she thinks that the pain is getting better with the passage of time. I have not arranged any further appointment for her to be reviewed in the Clinic but if there are any further problems, she should be referred back to us.

Yours sincerely,

pp

Mr. M. Khan
SHO 3 in Orthopaedics

AN RLB NAD
GC ES APPT
JM KG RX
HB DATE
25 JUL 2006

Acute Operating Division Headquarters
Westburn Avenue Falkirk FK1 5SU

Chairman Dr Campbell Christie CBE
Chief Executive Margaret C Duffy MA(Hons), CA

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NHS Confidential: Personal data about a patient

NHS Lanarkshire

Department of Microbiology - Monklands Hospital

CPA

Telephone 01236 712120

Surname	Forename	CHI Number	Date of birth	Sex
MCGREGOR	Sandra	**2705655441**	27 May 1965	F

Address: 30 LANSDOWNE DRIVE CUMBERNAULD

Consultant / Practitioner: Dr E. STEWART

Ward / Practice: Craigmarloch Med. Cent. 61343B Cumbernauld

Clinical details:

CRN: 1297809

C-REACTIVE PROTEIN	<3 mg/L	(0-10)	

AN RLB ~~NAD~~
GC ES APPT
JM KG RX
~~HB~~ DATE

CRP RESULTS <10 ARE WITHIN NORMAL RANGE

12 JUN 2008

Specimen No.	Specimen Type	Date and Time Collected	Date and Time Received	Date and Time Printed	Authorised by
GM071416	VENOUS BLOOD	11 Jun 2008	11 Jun 2008 15:37	11 Jun 2008 16:42	Linda Lee

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MONKLANDS HOSPITAL
Lanarkshire Acute Hospitals NHS Trust

Monkscourt Avenue
Airdrie ML6 0JS
Telephone: 01236-748748
Facsimile: 01236-760015

FINAL DISCHARGE LETTER: No further correspondence is planned

Department of Medicine

Ward: Ward ERU
Consultant: Dr DM Matthews
Admission date: 28 March 2007
Discharge date: 28 March 2007
Typed date: 18 May 2007
Page: 1 of 2
CHI Number:

GP details
Dr Carroll
Craigmarloch Medical Centre
17 Auchinbee Way
Cumbernauld G68 0EZ

Patient details
Alexandra Mcgregor
30 Landsdowne Drive
Cumbernauld
G68 0JB
Hospital No: 8095790

Admitted 28 March 2007 (emergency admission)

Discharged 28 March 2007 (home)

Reasons for admission
Both investigation and treatment of L chest pain

DISCHARGE DIAGNOSIS
Musculoskeletal chest pain

ICD10Code Uncoded **Confirmed?** **DiagType** ☐ Main diagnosis

Major investigations carried out	**Results**
WCC	normal
D-DIMERS	normal
CXR	normal
ECG	normal
Bloods	

There are no investigations pending.

No operations or procedures were carried out.

No follow up arrangements have been made.

No services have been arranged.

AN	RLB	NAD
~~GC~~	~~ES~~	APPT
JM	KG	RX
	HB	DATE 24/5/07

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MONKLANDS HOSPITAL

Lanarkshire Acute Hospitals NHS Trust

Monkscourt Avenue
Airdrie ML6 0JS
Telephone: 01236-748748
Facsimile: 01236-760015

FINAL DISCHARGE LETTER: No further correspondence is planned

Department of Medicine

Ward: Ward ERU
Consultant: Dr DM Matthews
Admission date: 28 March 2007
Discharge date: 28 March 2007
Typed date: 18 May 2007
Page: 2 of 2
CHI Number:

GP details
Dr Carroll
Craigmarloch Medical Centre
17 Auchinbee Way
Cumbernauld G68 0EZ

Patient details
Alexandra Mcgregor
30 Landsdowne Drive
Cumbernauld
G68 0JB
Hospital No: 8095790

Drug allergy ? **No allergies were noted.**

Additional information

Given co-codamol 30/500.

AN	RLB	NAD
GC	ES	APPT
JM	KG	RX
	HB	DATE

24/5/07

Pages read and approved by : S. Abdulhoon (BLOCK CAPITALS PLEASE) ***Signed :*** ***Date*** 18/5/7

IDD System : opIntermediateLetter V1.1 . 10/02/2000

Letter copies Copy 1 to Pharmacy Copy 2 to Casenotes Copy 3 to Patient to give to GP

Page 2 of 2

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NHS Confidential: Personal data about a patient

NHS Lanarkshire

Department of Haematology - Monklands Hospital

Telephone 01236 712103

CPA

Surname	Forename	CHI Number	Date of Birth	Sex
MCGREGOR	Sandra	2705655441	27 May 1965	F

Address: 30 LANSDOWNE DRIVE, CUMBERNAULD
Consultant / Practitioner: Dr E. STEWART
Ward / Practice: Craigmarloch Med. Cent. 61343B Cumbernauld
Clinical details: BACK INJURY

Haemoglobin	14.2	g/dL	(11.5-16.5)	**Platelets**	285	x10^9/L	(150-450)
Red Cell Count	4.93	x10^12/L	(3.9-5.6)	White Blood Count	8.4	x10^9/L	(4.0-11.0)
Haematocrit	0.423	L/L	(0.37-0.47)	Neutrophils	4.8	x10^9/L	(2.0-8.0)
MCV	85.8	fL	(80-100)	Lymphocytes	2.6	x10^9/L	(0.8-4.5)
MCH	28.8	pg	(27-32)	Monocytes	0.6	x10^9/L	(0-0.8)
MCHC	33.6	g/dL	(30.0-36.0)	Eosinophils	0.4	x10^9/L	(0 0.4)
ESR	5	mm/hr	(1-30)	Basophils	0.0	x10^9/L	(0-0.3)

AN
GC
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NAC
APPT
RX
DATE
12 JUN 2008

Specimen No	Specimen Type	Date and Time Collected	Date and Time Received	Date and Time Printed	Authorised by
CM725679	Blood	11 Jun 2008	11 Jun 2008 15:03	11 Jun 2008 16:09	Auto.

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NHS Lanarkshire,

RADIOLOGY REPORT

Name:	SANDRA MACGREGOR	Consultant:	GP REFERRER	Book No.:	30145730
Address:	30 LANSDOWNE DRIVE WESTERWOOD CUMBERNAULD GLASGOW	Address:	STEWART EDMUND CRAIGMARLOCH MEDICAL CENTRE AUCHINBEE WAY CUMBERNAULD G68 0EZ	CHI No.:	2705655441
Postcode:	G68 0JB				
D.O.B.	27/05/1965				
Sex:	Female				

Clinical History: Pain

30145730 30/10/2008 XR Thoracic Spine

No significant abnormality demonstrated.

Verified by: Dr A McGhee, Consultant Radiologist

~~AN~~	RLB	~~CODE~~
GC	ES	~~NAD~~
JM	KG	APPT
HSB	AMcG	RX

12 NOV 2008

Name: SANDRA MACGREGOR Book No: 30145730	Reported Date: 06/11/2008
Examination: XR Thoracic Spine	Reported By: Dr A McGhee, Consultant Radiologist
Examination Date: 30/10/2008	Typed By: DENISE RUSSELL

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery - Breast C1A
G General Referral

Consultant / receiving practitioner and/or **specialty clinic**

Glasgow Royal Infirmary

Hospital and **hospital address**

Hospital location code.
G107H

Email address
-

Urgency of referral ROUTINE
Date of referral 05-Nov-2008 **Date sent** 05-Nov-2008

PATIENT DETAILS

Surname	MacGregor
Forename(s)	Sandra
Title	Mrs
Sex	Female
Date of birth	27-May-1965
CHI no.	2705655441

Patient's address

30 Lansdowne Dr
CUMBERNAULD
G68 0JB

Contact number(s)
Voice: 721158 07955399034

REGISTERED GP DETAILS

Name	Dr G Carroll		
GMC code	3264263	GP code	L11657
Practice name	Dr Norris and Partners		
Practice code	61343		

Practice address

Central Health Centre
Craigmarloch Med Centre
Cumbernauld
G67 1BJ

Contact number(s)
Voice: 01236 737214 780700
Facsimile: 01236 781699

REFERRING GP DETAILS

Name	Dr E Stewart		
GMC code	3548530	GP code	12874
Practice name	-		
Practice code	61343		

Practice address

Contact number(s)
-

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Surveillance due to family history of breast cancer

Comment: The above 43 year old attended surgery today. Her grandmother developed breast cancer at 50 and her mother has just been diagnosed with breast cancer at 67. Sandra works as a nurse at Falkirk Royal. I would be grateful if you would see her and let us know if any increased surveillance is required.

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d:		18-May-1995
Current smoker:		15-May-2008
Current smoker:		06-Mar-2007
Moderate smoker - 10-19 cigs/d:		18-May-1995
Trivial drinker - <1u/day:		18-May-1995
Trivial drinker - <1u/day:		18-May-1995

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date recorded	Modifier	Extension	Date of onset
Corneal abrasion	2006-10-31	-	-	31-Oct-2006
CM	-	-	-	28-Feb-1996
O/E - BP reading normal	-	-	-	18-May-1995

Past procedures (High and medium priority - all)

Description	Modifier	Date performed
Boost hepatitis B vaccination	-	25-Jan-2000
Influenza vaccination	-	02-Oct-1997
Health ed. - exercise	-	18-May-1995
Health ed. - alcohol	-	18-May-1995
Health ed. - diet	-	18-May-1995
Health ed. - smoking	-	18-May-1995
Other excision of appendix NOS	-	01-Jan-1979

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Diclofenac Sodium	84	Ec TABS 50MG	1 Tab	3 times daily	10-Jun-2008	-	0 Days
Fluconazole	4	CAPS 150MG	1 Cap	Daily	28-Jun-2005	-	1009 Days

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Gabapentin	100	CAPS 300MG	1 Cap	3 times daily	30-Oct-2008	-	0 Days
Fluoxetine	56	CAPS 20MG	1 Cap	In the morning	30-Oct-2008	-	0 Days
Fluoxetine	56	CAPS 20MG	1 Cap	In the morning	22-Aug-2008	-	0 Days

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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Patient will accept cancellation or short notice appointment (within 1-21 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

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SCCRS Smear Taking

NHS SCOTLAND **sccrs smear taking** logged on user: nurse valerie wright (password expires in: -190 days)

home person results practi

2705655441 MACGREGOR, SANDRA 27 May 1965 30 LANSDOWNE DRIVE, WESTERWO(

summary

Name	MACGREGOR, SANDRA
Correspondence	
CHI Address	30 LANSDOWNE DRIVE, WESTERWOOD, CUMBERNAULD, G68 0JB
Telecoms	
Sex	Female
Date of Birth	27 May 1965
Health Board	NHS Lanarkshire
Excluded	No
Legacy Cytology	

current management

Status	Routine
Recall Date	15 May 2011
Most Recent Exam	15 May 2008
Most Recent Result	Negative
Most Recent Advice	Routine Recall
Last Event	Routine Result Mailer

cervical cytopathology request

New

Total	1
Open	0
Complete	1

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Trauma and Orthopaedic Surgery C8
G General Referral

Consultant / receiving practitioner and/or **specialty clinic**

Glasgow Royal Infirmary

Hospital and **hospital address**

Hospital location code.
G107H

Email address
-

Urgency of referral ROUTINE
Date of referral 19-Nov-2008 **Date sent** 19-Nov-2008

PATIENT DETAILS

Surname	MacGregor
Forename(s)	Sandra
Title	Mrs
Sex	Female
Date of birth	27-May-1965
CHI no.	2705655441

Patient's address

30 Lansdowne Dr
CUMBERNAULD
G68 0JB

Contact number(s)
Voice: 721158 07955399034

REGISTERED GP DETAILS

Name	Dr G Carroll		
GMC code	3264263	GP code	L11657
Practice name	Dr Norris and Partners		
Practice code	61343		

Practice address

Central Health Centre
Craigmarloch Med Centre
Cumbernauld
G67 1BJ

Contact number(s)
Voice: 01236 737214 780700
Facsimile: 01236 781699

REFERRING GP DETAILS

Name	Dr. Edmund Stewart		
GMC code	3548530	GP code	12874
Practice name	CENTRAL HEALTH CENTRE (61343)		
Practice code	61343		

Practice address

NORTH CARBRAIN ROAD
TOWN CENTRE
CUMBERNAULD

Contact number(s)
Voice: 01236 737214

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: thoracic spine pain

Comment: Dear Doctor

The above 43 year old has a 9 month history of thoracic spine pain. She sustained an injury at that time pulling a heavy wheelie bin. Since that time she has had mid thoracic pain radiating to the left chest wall. This has been treated with standard analgesia, anti-inflammatories, physio and Gabapentin to no effect. Sandra works as a Staff Nurse at Falkirk Royal Infirmary.

X-ray of thoracic spine done recently was normal.

In view of her ongoing pain I feel she may require further imaging of her spine to exclude any further pathology. I would be grateful if she could be seen at the clinic and look forward to your advice regards further investigation and treatment.

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d:		18-May-1995
Current smoker:		15-May-2008
Current smoker:		06-Mar-2007
Moderate smoker - 10-19 cigs/d:		18-May-1995
Trivial drinker - <1u/day:		18-May-1995
Trivial drinker - <1u/day:		18-May-1995

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date recorded	Modifier	Extension	Date of onset
Corneal abrasion	2006-10-31	-	-	31-Oct-2006
CM	-	-	-	28-Feb-1996
O/E - BP reading normal	-	-	-	18-May-1995

Past procedures (High and medium priority - all)

Description	Modifier	Date performed
Boost hepatitis B vaccination	-	25-Jan-2000
Influenza vaccination	-	02-Oct-1997
Health ed. - exercise	-	18-May-1995
Health ed. - alcohol	-	18-May-1995
Health ed. - diet	-	18-May-1995
Health ed. - smoking	-	18-May-1995
Other excision of appendix NOS	-	01-Jan-1979

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Diclofenac Sodium	84	Ec TABS 50MG	1 Tab	3 times daily	10-Jun-2008	-	0 Days
Fluconazole	4	CAPS 150MG	1 Cap	Daily	28-Jun-2005	-	1009 Days

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Amitriptyline Hydrochloride	56	TABS 10MG	1 Tab	At night	13-Nov-2008	-	0 Days
Gabapentin	100	CAPS 300MG	1 Cap	3 times daily	30-Oct-2008	-	0 Days

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Fluoxetine	56	CAPS 20MG	1 Cap	In the morning	30-Oct-2008	-	0 Days
Fluoxetine	56	CAPS 20MG	1 Cap	In the morning	22-Aug-2008	-	0 Days

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-21 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

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Acute Services Division

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Telephone: 0141 211 4422
Fax: 0141 211 0481
Appointments: 0141 211 4608
Email: Eileen.Fox @ggc.scot.nhs.uk

NHS
Greater Glasgow and Clyde

Mr Wheelwright – Specialist Physiotherapy Clinic

Clinic and dictated: 19/02/2009
Typed: 17/03/2009
Our Reference: JF/EF 20669263M

Dr Geraldine Carroll
Central Health Centre
North Carbrain Road
Town Centre
Cumbernauld
G67 1BJ

Dear Dr Carroll

Mrs Sandra Macgregor 27/05/1965; CHI: 2705655441; 30 Lansdowne Drive Cumbernauld Glasgow G68 0JB

Diagnosis: mechanical thoracic pain
Outcome: discharged

This 43yr old lady works as a staff nurse in the dialysis unit was reviewed in the Orthopaedic Clinic today. She has been off work for 2 months but returned for light duties and restricted duties in December 2008. She states that for the past year or so she has been experiencing mid thoracic pain more predominant on the left side. She has had 3 major episodes that last up to a couple of months but feels that in between each episode she never gets full resolution of her pain symptoms. The onset of her symptoms she relates to when she was pulling a wheelie bin and the next day she had the onset of her thoracic pain. Her symptoms are intermittent and at present are at a minimal level but she feels very anxious that they may return at any point. The symptoms are aggravated with heavy lifting, reaching and stretching movements, and are eased with rest and taking anti-inflammatories. She states that when she is sore, her sleep is disturbed. She has no functional problems with her arms and legs. She did have an area of tingling around the left chest wall but this has now completely settled. She denies any bladder or bowel problems, states that when in pain has a positive cough sneeze and deep breath but no other signs of serious pathology.

She has no relevant past medical history. She takes Voltarol and Codydramol when in severe pain, Paracetamol on a more regular basis and Fluoxetine. She had an x-ray taken at Central Health Centre in November 2008 which showed no structural abnormalities and she has been attending physiotherapy at Falkirk which has involved previously exercises, but more recently acupuncture which she has found very helpful.

On examination today, Mrs McGregor has moderate restriction of all thoracic movements but has some hesitancy to move through full range due to apprehension for producing pain. I have tried to reassure Mrs McGregor that there is no pathology that she needs to be concerned about and no indications for serious pathology and there is no structural abnormalities as noted in the x-ray. She appears to be suffering from a longstanding severe mechanical problem and I have suggested that now the acupuncture has helped to reduce her pain symptoms this would be the appropriate time to begin further stretching to increase to full range of movement and gain greater confidence with her functional abilities and movements of her thoracic spine. She has agreed to this somewhat reluctantly and is going to continue with her physiotherapy at Falkirk. She has been discharged from the Orthopaedic Clinic at this time.

Yours sincerely

Jo Furniss
Extended Scope Physiotherapy Practitioner
(Orthopaedics)

Delivering better health

www.nhsggc.org.uk

AN	RLB	CODE
GC	ES	NAD
JM	KG	APPT
~~HSB~~	AMcG	RX

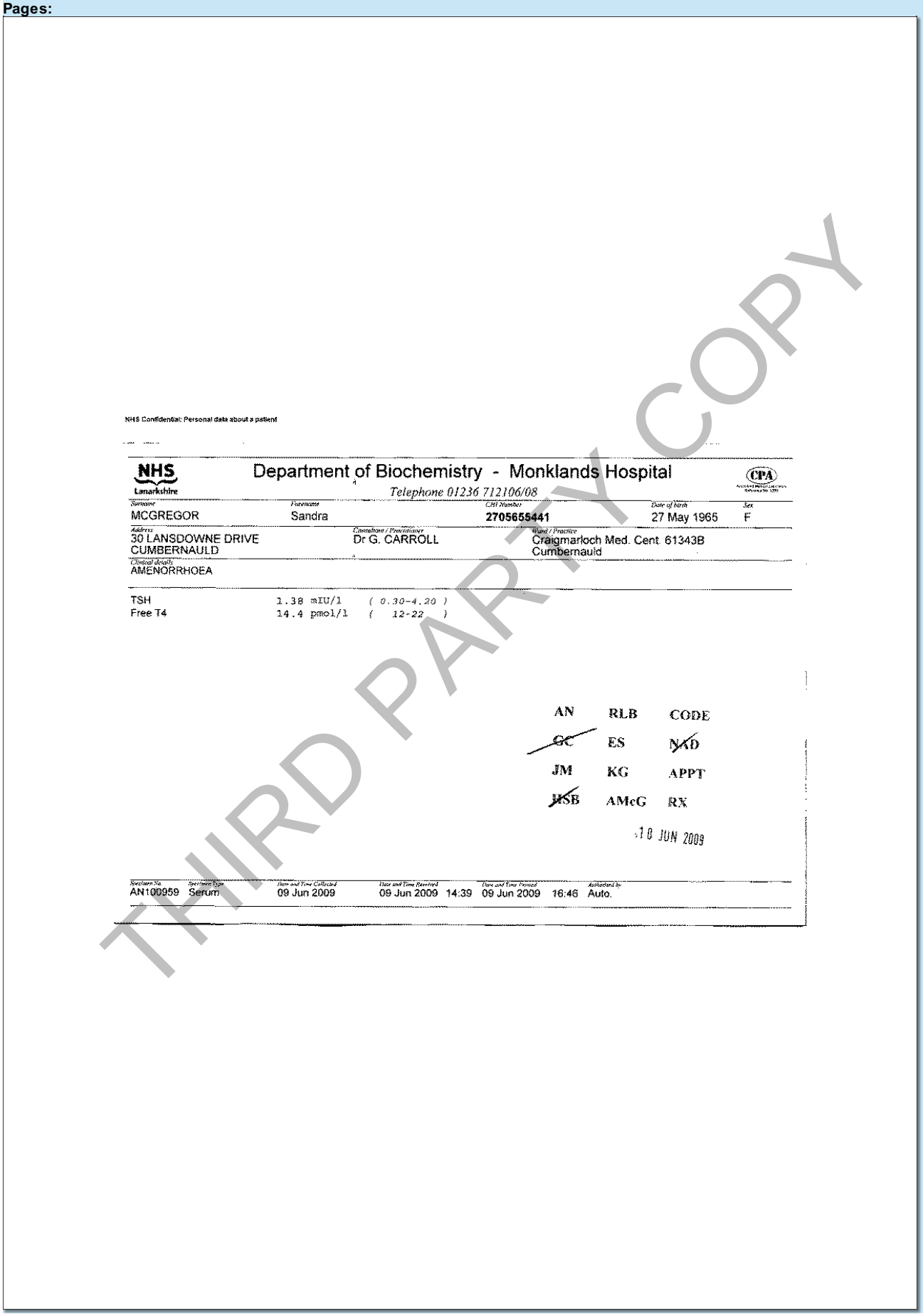
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NHS Lanarkshire

Department of Biochemistry - Monklands Hospital

CPA

Telephone 01236 712106/08

Surname	Forename	CHI Number	Date of birth	Sex
MCGREGOR	Sandra	**2705655441**	27 May 1965	F

Address	Consultant / Practitioner	Ward / Practice
30 LANSDOWNE DRIVE CUMBERNAULD	Dr G. CARROLL	Craigmarloch Med. Cent. 61343B Cumbernauld

Clinical details
AMENORRHOEA

TSH	1.38 mIU/l	(0.30-4.20)
Free T4	14.4 pmol/l	(12-22)

AN	RLB	CODE
~~GC~~	ES	~~NAD~~
JM	KG	APPT
~~HSB~~	AMcG	RX

10 JUN 2009

Specimen No.	Specimen type	Date and Time Collected	Date and Time Received	Date and Time Printed	Authorised by
AN100959	Serum	09 Jun 2009	09 Jun 2009 14:39	09 Jun 2009 16:46	Auto.

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NHS Confidential: Personal data about a patient

NHS Lanarkshire

Department of Biochemistry - Monklands Hospital

CPA

Telephone 01236 712106/08

Surname	Forename	CHI Number	Date of birth	Sex
MCGREGOR	Sandra	**2705655441**	27 May 1965	F

Address	Consultant / Practitioner	Ward / Practice
30 LANSDOWNE DRIVE CUMBERNAULD	Dr G. CARROLL	Craigmarloch Med. Cent. 61343B Cumbernauld

Clinical details
AMENORRHOEA

FSH	44.6 IU/l
LH	21.2 IU/l

AN RLB CODE
~~GC~~ ES NAD
JM KG APPT
HSB AM/G RX

11 JUN 2009

Laboratory Comment
Female FSH values gradually rise after 40 years. Values consistently greater than 30 iu/L with prolonged amenorrhoea are indicative of menopause.

Specimen No	Specimen Type	Date and Time Collected	Date and Time Received	Date and Time Printed	Authorised by
AN100959	Serum	09 Jun 2009	09 Jun 2009 14:39	10 Jun 2009 12:13	Gillian Gray

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NHS Confidential: Personal data about a patient

Cancer Genetics Associates:
Mark Longmuir
Lesley Snadden
Catherine Walt
Macmillan Cancer Genetics Associate:
Nicola Bradshaw
Consultants:
Dr Rosemarie Davidson (Head of Service)
Dr Victoria Murday

Department of Clinical Genetics
Ferguson-Smith Centre
Yorkhill Hospital
Yorkhill
Glasgow
G3 8SJ
0141-201-0808

Sandra MacGregor
30 Lansdowne Dr
Cumbernauld
G68 0JB

Dr Carroll

CHI 2705656441
8 November, 2006
Ped 38169

Dear Mrs MacGregor,

Thank you for returning your family history questionnaire. As you know you've been referred to the Cancer Genetic Clinic for a risk assessment based on your family history. It is unusual for cancer to be hereditary and the Scottish Office Sub-committee on Cancer Genetics has issued criteria and guidelines for assessment and screening of individuals who may be at an increased risk of cancer. Many of the individuals attending our clinics are found not to be at increased risk.

Only about 5% of people developing a common cancer, such as breast or bowel, have a significant genetic susceptibility. These individuals tend to have a family history of at least two or three young people with the same or related cancers or a relative diagnosed at an exceptionally young age. You had been referred for assessment of whether you should be receiving extra screening and the family history, as detailed in your questionnaire and referral letter, suggests your family history **does not** fit Scottish Office criteria for extra screening. I've enclosed a copy of the guidelines indicating those who may be at a moderately increased risk.

If you would still like to come and discuss this with us let us know and we will send you an appointment. If in the future there are changes in your family history please do not hesitate to contact us again, as this may affect your risk and screening recommendations.

Cancer Genetics is a new and developing area. Therefore our recommendations are based on current knowledge. If you have any questions or concerns please do not hesitate to contact us.

Yours sincerely

NB

Nicola Bradshaw
MacMillan Cancer Genetic Associate
Cc Moyra McArthur, Breast Care Sister, GRI
Dr Carroll, Central Health Centre, Cumbernauld

AN	RLB	CODE
GC	ES	NAD
JM	KG	APPT
HSB	AMcG	RX

11 MAR 2009

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New Patient Questionnaire
Welcome to Bonnybank Medical Practice
Drs Dyer, Morrison, Dyer, Edmund, Lamont and Beaman

The following questions will help us to know you and any medical problems you may have. It helps us to look after you until your medical records arrive from your previous Doctor. Please answer as many questions as you can, and then hand this sheet into the reception desk. Please keep as brief as possible.

Name: SANDRA MACGREGOR

Current Address: 3 WOODLEA GARDENS
BONNYBRIDGE

Post Code: FK4 1QF

Telephone Number: 01324 810034 *Mobile Number:* 07955 399034

Status: Child / Single / (Married) / Divorced / Widowed / Other
(please circle or cross out as necessary)

Occupation: STAFF NURSE

Date: 30/07/09

What medical problems do you have:-
Back Problems. after RTA

Have you had any previous operations; if so when:- APPENDACECTOMY 1979
LAPAROSCOPY 1994

What current medication are you taking:- Fluoxatine 20mg daily.
fluconazole - when nececarry.

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Are you allergic to anything:-

Has any close relative (by which we mean your Mother, Father, Brother, Sister or Children) had any of the following illnesses starting before age 60:-

- Heart Disease (Angina / Heart Attack) NO
- Stroke (including Mini–Stroke or TIA) NO
- Diabetes NO

YES / NO

If YES could you tell us which family member was affected and how old they were.

Relative	Illness	Age At Which They Were Affected

What is your current height: 5Ft 3"

What is your current weight: 9st 7

Do you smoke? If so, how much each day?: - 10

If so, please contact the Practice Nurse if you wish assistance or advice on stopping smoking

Do you drink alcohol? If so how much per week: - 2

How would you describe your ethnic origin:-

(please specify:- White Scottish/white Irish/other white British ethnic group/other white ethnic group/other ethnic, mixed origin/Indian/Pakistan/Bangladeshi/Chinese/other Asian group/black Caribbean/black African/other black ethnic group/other ethnic group).

Do you require any help with communication? NO

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Are you a carer for a relative or friend? YES / (NO)

Do you have a carer? YES / (NO)

If so, please can you give details and their relationship to you: -

Do you know what immunisations you have had, and roughly when: - (e.g. Tetanus, Polio etc)
Tetanus 2005
Hep B . 2005

Do you carry a donor card? (YES) NO

Women:
When did you have your last smear test? Jan 2008

Have you ever had a Mammogram (a breast x-ray)? YES (NO)
If so, when:-

Thank you for your co-operation

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NHS Confidential: Personal data about a patient

MacGregor, Sandra Dr Norris and Partners
DoB: 27/05/1965 **Report Valid On 04/08/09 14:46** Page number 1

Registration

Mrs Sandra MacGregor
38 Lansdowne Dr
CUMBERNAULD
G68 0JB
Telephone: 721158 07955399034
Contact: ? ContactRelship: ?
Email: ?
CHI Number: 2705655441 NHS Number: S644/7/65/873
Patient ID: CM
Occupation:
Registered GP: Dr G Carroll
Repeat Consultation: 09/12/2008
Registered: 08/05/1995 Confirmed: ?
BMI: 20.7 Height: 1.6 m Weight: 53.071 kg
Parity: 0 Gravida: 0

Service Code: Permanent
DoB: 27/05/1965
Age: 44

Dispensing: No
Road: 0 Water: 0 FootPath: 0
Marital Status: Unknown
Seen By GP: Dr G Carroll
Acute Consultation: 18/06/2009
Records Received: ?
BP: 108/56

Priority Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
18/05/1995	None	High	GP/HPC-health promotion clinic	
01/01/1979	None	High	Other excision of appendix NOS	

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Interval Review
Diclofenac Sodium Ec TABS 50MG	84 1 Tab 3 times daily	10/06/2008	09/12/2008	28	26
Fluconazole CAPS 150MG	4 1 Cap Daily	28/06/2005	24/03/2009	28	26

Adverse Reactions

Read Code	Description

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
31/10/2006	31/10/2006	Medium	Corneal abrasion	
25/01/2000	None	Medium	Boost hepatitis B vaccination	
02/10/1997	None	Medium	Influenza vaccination	
28/02/1996	None	Medium	CM	
18/05/1995	None	Medium	Health ed. - alcohol	
18/05/1995	None	Medium	Health ed. - diet	
18/05/1995	None	Medium	Health ed. - exercise	
18/05/1995	None	Medium	Health ed. - smoking	
18/05/1995	None	Medium	Moderate smoker - 10-19 cigs/d	
18/05/1995	None	Medium	O/E - BP reading normal	
18/05/1995	None	Medium	Trivial drinker - <1u/day	

Summary Sheet: All Sections Printed at 04/08/2009 14:46:05

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MacGregor, Sandra Dr Norris and Partners
DoB: 27/05/1965 **Report Valid On 04/08/09 14:46** Page number 2

09/06/2009	09/06/2009	Low	Serum free T4 level	
Freetext:	Free T4			
09/06/2009	09/06/2009	Low	Serum free T4 level	
Freetext:	Free T4 - Received 10/06/2009			
09/06/2009	09/06/2009	Low	Serum FSH level	
Freetext:	FSH			
09/06/2009	09/06/2009	Low	Serum FSH level	
Freetext:	FSH - Received 10/06/2009			
09/06/2009	09/06/2009	Low	Serum LH level	
Freetext:	LH			
09/06/2009	09/06/2009	Low	Serum LH level	
Freetext:	LH - Received 10/06/2009			
09/06/2009	09/06/2009	Low	Serum TSH level	
Freetext:	TSH			
09/06/2009	09/06/2009	Low	Serum TSH level	
Freetext:	TSH - Received 10/06/2009			
11/06/2008	11/06/2008	Low	Erythrocyte sedimentation rate	
Freetext:	Received 12/06/2008 - Result : FILED - - Sent 11/06/2008 - SampleLabID: CM725679			
11/06/2008	11/06/2008	Low	Full blood count - FBC	
Freetext:	Received 12/06/2008 - Result : FILED - - Sent 11/06/2008 - SampleLabID: CM725679			
11/06/2008	11/06/2008	Low	Plasma C reactive protein	
Freetext:	Received 12/06/2008 - Result : FILED - - Sent 11/06/2008 - SampleLabID: GM071416			
15/05/2008	None	Low	Current smoker	
15/05/2008	None	Low	Smoking cessation advice	
06/03/2007	None	Low	Current smoker	
06/03/2007	None	Low	Smoking cessation advice	
22/01/2006	None	Low	Closed traumatic subluxation acromio-clavicular joint	Right
11/01/2006	None	Low	Motor vehicle traffic accidents (MVTA)	
12/07/2005	22/06/2005	Low	Introduction of Mirena coil	
02/05/2005	None	Low	Notes summary on computer	
23/03/2005	23/03/2005	Low	Thyroid function test	
17/01/2005	17/01/2005	Low	[M]Naevus NOS	
Freetext:	left cheek			
04/03/2004	None	Low	Extensive notes on computer	
19/03/2002	None	Low	[X]RTA - Road traffic and other transport accidents	
09/08/2001	None	Low	Closed fracture proximal phalanx, toe	
26/02/2001	26/02/2001	Low	Anxiety with depression	
17/02/1998	17/02/1998	Low	[V]infertility management	
08/05/1995	None	Low	Patient signed reg. form	
16/05/1994	16/05/1994	Low	Naevus NEC	

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MacGregor, Sandra
DoB: 27/05/1965

Report Valid On 04/08/09 14:46

Dr Norris and Partners

Freetext: back

15/12/1993	15/12/1993	Low	H/O: amenorrhoea
20/09/1993	20/09/1993	Low	Diagnostic laparoscopy

Freetext: endometrosis

06/07/1993	06/07/1993	Low	Cyst of Bartholin's gland
21/01/1992	21/01/1992	Low	[X]RTA - Road traffic and other transport accidents
07/09/1990	07/09/1990	Low	Other otitis externa
04/06/1986	04/06/1986	Low	H/O: dysmenorrhoea
20/01/1985	20/01/1985	Low	[D]Epistaxis

Screening

15/05/2008	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 36 Months		Do not send recall letter	Do not send result letter
19/01/2005	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 36 Months		Do not send recall letter	Do not send result letter
07/04/2003	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 36 Months		Do not send recall letter	Do not send result letter
28/01/2000	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 36 Months			Send result letter
07/01/2000	**Contraceptive Review$$**	Oral contraception -no problem	
Repeat after an Interval - 12 Months		First recall letter on queue	
13/02/1997	**Cervical Screening$$**	Cervical smear: negative	
25/01/1996	**Cervical Screening$$**	Cervical smear: negative	
18/05/1995	**Alcohol Intake$$**	Trivial drinker - <1u/day	
Repeat after an Interval - 12 Months			Do not send result letter
18/05/1995	**B P Screening$$**	O/E - BP reading normal	
Repeat after an Interval - 60 Months		First recall letter on queue	Do not send result letter
18/05/1995	**Height$$**	O/E - height	
Repeat after an Interval - 36 Months			Do not send result letter
18/05/1995	**Smoker$$ Status**	Moderate smoker - 10-19 cigs/d	
Repeat after an Interval - 12 Months		First recall letter on queue	Do not send result letter
18/05/1995	**Weight$$**	O/E - weight	
Repeat after an Interval - 36 Months			Do not send result letter
01/01/1995	**Tetanus Immunis.$$**	Booster tetanus vaccination	

Summary Sheet: All Sections

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MacGregor, Sandra
DoB: 27/05/1965

Report Valid On 04/08/09 14:46

Dr Norris and Partners
Page number 4

No Action Required		Send recall when due
19/08/1992	**Cervical Screening$$**	Cervical smear: negative
01/01/1988	**Tetanus Immunis.$$**	Booster tetanus vaccination

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		**Reason For Referral**	**Referred By**	**Attendance Type**	
16/06/1995	High	Monklands Hospital Dr G Carroll	Physiotherapy		
30/12/1997	High	GLASGOW ROYAL INFIRMARY Dr G Carroll	Gynaecology		
16/01/1998	High	Monklands Hospital Dr A Norris	Physiotherapy		
23/03/1998	High	QUEEN MOTHER'S HOSPITAL Dr J Mallon	Obstetrics		
26/02/2001	Low	Monklands Hospital Dr G Carroll	Psychiatry	1st Visit	
07/08/2001	Low	Monklands Hospital Dr G Carroll	A+E	1st Visit	
15/03/2002	Low	Monklands Hospital [X]RTA - Road traffic accident	Accident & Emergency	1st Visit	
25/10/2004	Low	Monklands Hospital Dr G Carroll	Dermatology	1st Visit	
13/04/2005	Low	GLASGOW ROYAL INFIRMARY Dr G Carroll	Gynaecology	1st Visit	
21/02/2006	High	C.H.C. MONKLANDS HOSPITAL Dr Edmund Stewart	X-ray non-contrast	1st Visit	
05/11/2008	High	GLASGOW ROYAL INFIRMARY Dr Edmund Stewart	The Breast Clinic	Advise 1st Visit	Out Patient
19/11/2008	Low	GLASGOW ROYAL INFIRMARY Dr Edmund Stewart	Trauma and Orthopaedics	Not Specified 1st Visit	Out Patient

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date
Varenicline Tartrate Continuation Pack TABS 1MG	56 1 Tab morning and night	17/06/2009
Varenicline Tartrate Initiation Pack 11 X 0.5mg 14 X 1mg TABS	1 as directed	09/06/2009
Fluoxetine CAPS 20MG	56 1 Cap in the morning	20/05/2009

Summary Sheet: All Sections

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MacGregor, Sandra
DoB: 27/05/1965

Report Valid On 04/08/09 14:46

Dr Norris and Partners

Niquitin 21mg/24 Hours Step One Clear PATCH	14 Apply Daily	20/05/2009
Varenicline Tartrate Initiation Pack 11 X 0.5mg 14 X 1mg TABS	1 1 Tab As directed	25/11/2008
Amitriptyline Hydrochloride TABS 10MG	56 1 Tab At night	13/11/2008
Gabapentin CAPS 300MG	100 1 Cap 3 times daily	30/10/2008
Fluoxetine CAPS 20MG	56 1 Cap In the morning	30/10/2008
Fluoxetine CAPS 20MG	56 1 Cap In the morning	22/08/2008
Fluoxetine CAPS 20MG	56 1 Cap In the morning	07/05/2008
Co-Dydramol 10mg/500mg TABS	100 1 or 2 Tabs 4 times daily	27/02/2008
Diclofenac Sodium Ec TABS 50MG	84 1 Tab 3 times daily	27/02/2008
Buccastem Buccal TABS 3MG	28 1 or 2 Tabs Twice daily	14/01/2008
Clarithromycin TABS 500MG	14 1 Tab Twice daily	30/03/2007
Medroxyprogesterone Acetate TABS 10MG	100 1 Tab Twice daily	07/07/2006
Diclofenac Sodium Ec TABS 50MG	84 1 Tab 3 times daily	17/03/2006
Diclofenac Sodium 'P' Aqueous GEL 1%	30 Apply 3 times daily	28/02/2006
Diazepam TABS 2MG	28 1 Tab 3 times daily	08/02/2006
Niquitin 21mg/24 Hours Step One Clear PATCH	28 Apply Daily	08/02/2006
Co-Dydramol 10mg/500mg TABS	100 1 or 2 Tabs 4 times daily	30/01/2006
Diclofenac Sodium Ec TABS 50MG	84 1 Tab 3 times daily	12/01/2006
Co-Dydramol 10mg/500mg TABS	100 1 or 2 Tabs 4 times daily	12/01/2006
Amoxicillin CAPS 250MG	21 1 Cap 3 times daily	20/12/2005
Clobetasol Propionate OINT 0.05%	30 Apply morning and night	22/07/2005
Dalacin CREAM 2%	40	01/07/2005
Diclofenac Sodium Ec TABS 50MG	84 1 Tab 3 times daily	28/06/2005
Fluconazole CAPS 150MG	1 1 Cap Daily	07/04/2005
Miconazole Nitrate Vaginal PESS 100MG	14 1 to be inserted At night	07/04/2005
Diclofenac Sodium Ec TABS 50MG	84 1 Tab 3 times daily	07/04/2005
Fluoxetine CAPS 20MG	56 1 Cap Daily	23/03/2005
Clotrimazole Vaginal TABS 500MG	3 1 Tab At night	23/03/2005
Medroxyprogesterone Acetate TABS 10MG	100 1 Tab Twice daily	19/01/2005
Clotrimazole Vaginal TABS 500MG	3 1 Tab At night	19/01/2005

Summary Sheet: All Sections

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Fluoxetine CAPS 20MG	56 1 Cap Daily	19/01/2005
Fluoxetine CAPS 20MG	56 1 Cap Daily	16/12/2004
Medroxyprogesterone Acetate TABS 10MG	100 1 Tab 3 times daily	16/12/2004
Co-Fluampicil 250mg/250mg CAPS	28 1 Cap 4 times daily	09/11/2004
Locorten Vioform Ear DROPS	8 1 Drop 4 times daily	03/11/2004
Fluoxetine CAPS 20MG	56 1 Cap Daily	22/10/2004
Mometasone Furoate 140 Dose Aqueous Nasal SPRAY 50MCG/DOSE	1 2 Puffs Daily	22/10/2004
Diclofenac Sodium Ec TABS 50MG	84 1 Tab 3 times daily	23/09/2004
Clobetasol Propionate OINT 0.05%	30 Apply morning and night	19/05/2004
Fluoxetine CAPS 20MG	56 1 Cap Daily	19/05/2004
Nicorette 5mg/16 Hours PATCH	7x2 Daily	31/03/2004
Nicorette 10mg/16 Hours PATCH	14 Apply Daily	18/03/2004
Fluoxetine CAPS 20MG	56 1 Cap Daily	05/03/2004
nicorette 10mg patches	14 Apply Daily	05/03/2004
Nicorette 10mg/16 Hours PATCH	14 Apply Daily	13/02/2004
Nicorette 10mg/16 Hours PATCH	21	22/01/2004
Fluoxetine CAPS 20MG	56 1 Cap In the morning	23/12/2003
Fluoxetine CAPS 20MG	56 1 Cap In the morning	30/10/2003
Fluoxetine CAPS 20MG	56 1 Cap In the morning	21/08/2003
Fluoxetine CAPS 20MG	30 1 Cap In the morning	24/07/2003
Diflucan One CAPS 150MG	3 1 Cap In the morning	24/07/2003
Nicorette 15mg/16 Hours PATCH	28 Apply In the morning	07/04/2003
Propranolol Hydrochloride TABS 40MG	40 1 Tab morning and night	01/11/2002
Medroxyprogesterone Acetate TABS 10MG	60 1 Tab morning and night	25/09/2002
Diclofenac Sodium Ec TABS 50MG	84 1 Tab 3 times daily	22/03/2002
Flucloxacillin CAPS 250MG	28 1 Cap 4 times daily	28/01/2002
Venlafaxine Mr CAPS 75MG	56 1 Cap In the morning	22/01/2002
Venlafaxine Mr CAPS 75MG	56 1 Cap In the morning	07/12/2001
VENLAFAXINE XL 150 MGS TABS	56 1 Tab Nocte	30/08/2001
Microgynon 30 TABS	6x21 1 Tab At night	16/08/2001
Miconazole Nitrate Vaginal PESS 100MG	28 2 pessaries At night	29/05/2001
Venlafaxine TABS 75MG	168 1 Tab As directed	21/05/2001

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Microgynon 30 TABS	3x21 1 Tab in the morning	04/05/2001
VENLAFAXINE XL 75MG TABS	56 1 Tab in the morning	06/04/2001
VENLAFAXINE XL 150 MGS TABS	56 1 Tab At night	06/04/2001
VENLAFAXINE XL 75MG TABS	84 1tab mane, 2 nocte	08/03/2001
VENLAFAXINE XL 75MG TABS	56 1 Tab Twice daily	09/02/2001

Inactive Repeat Drugs

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Intervals Pres.	Review
Fluoxetine CAPS 20MG	56 1 Cap Daily	28/06/2005	06/03/2007	28	26
Co-Dydramol 10mg/500mg TABS	28 tabs 1 TAB IN THE MORNING	18/05/1998	18/05/1998	28	26

Last Encounter

Dr G Carroll — Date: 18/06/2009

Last 4 Clinical Notes

Date	Clinical Notes
17/06/2009	As requested
16/06/2009	letter sent re blood results, make gp appt
09/06/2009	Bloods to lab as requested sw
09/06/2009	for fsh prl tft amenorrhoea

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FORTH VALLEY ACUTE HOSPITALS NHS TRUST

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: MACGREGOR,SANDRA
UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 Woodlea Gardens, Bonnybridge
CONSULTANT: Dr C Dyer
DOB: 27/05/1965
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr C Dyer, Bonnybridge Health Centre
SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: Menopausal?
COPY DETAILS:

DATE OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 9-18 mmol/24h	CREATININE CLEARANCE 65-150 ml/min	Urine 5 HIAA 0 - 42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 800 nmol/24h	Urine DOPAMINE less than 3500 nmol/24h

DATE OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/KgH2O	Urine SODIUM 100-150 mmol/24h	Urine POTASSIUM 40-150 mmol/24h	Urine UREA 250-580 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 16-48 mmol/24h	Urine URATE 1.8-4.7 mmol/24h	

06/11/09	BB291886E	FSH	90.7	U/L	(UD - UD)
06/11/09	BB291886E	LH	42.1	U/L	(2.0 - 34.0)
06/11/09	BB291886E	Oestradiol	<70	pmol/l	
06/11/09	**BB291886E**	LH	Report from North Glasgow Sector, NHSGGC.		

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Date of Report 13/11/2009 11:40

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NHS Forth Valley Haematology

NHS Forth Valley

Patient		Patient Ref. Number	
MACGREGOR, SANDRA 3 Woodlea Gardens Bonnybridge		2705655441	
		Date Of Birth: 27/05/1965	Sex: F
Doctor/Location	Consultant/GP	Date/Time Specimen Received	
Bonnybridge Health Centre Dr S Morrison	Dr C Dyer	23/11/2009 21:07	
Clinical Data: epigastric abdo pain			

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/l

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.
3.70	2.30	0.60	0.20	0.00					

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/dl	E.S.R. mm/1hr	Retics. x10^9/L	Report Date/Time
5.16	0.439	85.1	28.7	33.7			23/11/2009 22:04

Hb g/L	W.B.C. x10^9/L	Plt. x10^9/L	Investigation	Lab. Number	Collection Date/Time
148	6.8	288	Full Blood Count	158473	23/11/2009 16:30

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/l)	3.9 - 10.6	3.5 - 11.0
Red Cell Count (x10^9/l)	4.4 - 5.9	3.8 - 5.2
Haemoglobin (g/l)	133 - 177	117 - 157
Packed Cell Volume	0.40 - 0.52	0.35 - 0.47
Mean Cell Volume (fl)	81 - 100	81 - 100
Mean Cell Haemoglobin (pg)	26.6 - 33.8	26.4 - 34.0
MCH Concentration (g/dl)	31.5 - 36.3	31.4 - 35.8
Platelet Count (x10^9/l)	150 - 440	150 - 440

CHILDREN	BIRTH	1 YEAR	6	10
WBC (x10^9/l)	9.0 - 30.0	6.0 - 17.5	5.0 - 14.5	4.3 - 13.5
Hb (g/l)	146 - 234	90 - 146	106 - 155	107 - 155

Differential White Cell Count: (as absolute counts, x 10^9/l)

	1 YEAR	6	10	ADULT
Neutrophils	1.5 - 8.5	1.5 - 8.0	1.5 - 8.0	1.8 - 7.7
Lymphocytes	4.0 - 10.5	1.5 - 7.0	1.5 - 6.5	1.0 - 4.8
Monocytes	0.05 - 1.1	0 - 0.65	0 - 0.8	0 - 0.8
Eosinophils	0 - 0.65	0 - 0.65	0 - 0.60	0 - 0.45
Basophils	0 - 0.20	0 - 0.20	0 - 0.20	0 - 0.20

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NHS
Forth Valley

RADIOLOGY REPORT- Stirling Royal Infirmary

CHI NUMBER: 2705655441 **Examination Number:** 30546670

Name: Macgregor, Sandra DOB: 27/05/1965

Address: 3 WOODLEA GARDENS, BONNYBRIDGE, FK4 1DF, -- CC: -

Examination: US Abdomen

Examination Date: 09/12/2009 **Examination Time:** 11:10

Dictating Radiologist: CATRIONA JENKINS

Typed by: None

Referring Consultant: GP REQUESTOR

Referring Department / Location: MORRISON SAMUEL

Clinical history: Nausea and colicky abdominal pain.

The liver is not enlarged, no focal lesion or intrahepatic duct dilatation.
No calculi within the gallbladder, the common duct is not dilated.
Both kidneys, pancreas and spleen outlined normally.
No gross abnormality noted within the pelvis.
An IUCD was clearly visualised within the lumen of the uterus.

Examination Date: 09/12/2009
Examination: US Abdomen
Date Reported: 09/12/2009
Dictating Radiologist / Clinical Specialist By CATRIONA JENKINS

Verified by: CATRIONA JENKINS on 09/12/2009

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SRI / FDRI (Indicate preference)

DEPARTMENT OF RADIOLOGY REQUEST FORM

NHS Forth Valley

2705655441
MacGregor, Sandra
27/05/1965 F
3 Woodlea Gardens FK4 1DF
BONNYBRIDGE Tel:
Dr SS Morrison V55361
Bonnybank Med Practice 25205

CHI N°
Name
Address
D.O.B
Telephone
~~Consultant~~ GP
Unit N°
Post Code
Ward/Dept /Practice

Appointment
X-Ray N°
Old X-Ray N°

In order to conform with IR(ME)R 2000 it must be ensured that any request for a radiological procedure is necessary and will be a significant aid to management and diagnosis

Clinical Details (What question should this examination answer)

NAUSEA & COLICKY EPIGASTRIC PAINS for 1WEEK.
BOTH SISTERS have GALL STONES

Examination Requested (Indicate any risk of infection)

U/S of GALL BLADDER & UPPER ABDOMEN

Requestor (Please Print)
Name S. MORRISON GP
Signature
Pager N°
Date 26/11/09
Please indicate CONS REG SHO FY1 FY2 GP ENP NP AHP

Transport
Amb' Walk Chair Trolley Bed Mobile Theatre Oxygen Drip

For Contrast Examinations
Serum Creatinine level Or eGFR
If Yes to any below then give details of treatment or reactions
Diabetic Yes No
Asthma Yes No
Allergies Yes No
Previous reaction to contrast Yes No

For Females aged 12 to 55
(?) Pregnant Yes No
LMP
Observe pregnancy 10-Day rule (For high dose procedures) Yes No
Radiologist Signature
Breast Feeding Yes No

Office Use Only

Room N°	Radiographer	Radiologist	Date/Time of exam	Admin Notes
SRI / FDRI				

DAP
Prep.
Hard Copy Printed Yes No
If yes, how many?
Screening Time
CTDI
DLP

Are you / Might you be pregnant? Yes No
Patient signature
Date
Patient ID and pregnancy status verified
Initial
Request clinically justified? Re IR(ME)R REGS Yes No
IF NO, REFER TO RADIOLOGIST

Notes

Drugs Administered (Include Contrast Media)

Open access times
Stirling and Falkirk
Mon - Fri 9am - 12:30pm
2pm - 4pm

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FORTH VALLEY ACUTE HOSPITALS NHS TRUST

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: MACGREGOR,SANDRA | UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 Woodlea Gardens, Bonnybridge
CONSULTANT: Dr C Dyer | DOB: 27/05/1965 | SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr S Morrison, Bonnybridge Health Centre | SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: EPIGASTRIC ABDO PAIN | COPY DETAILS

DATE OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.3-5.5 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-26 mmol/l	pO2 10.5-13.5 kPa	INSPIRED OXYGEN %

DATE OF COLLECTION	LABORATORY NUMBER	Total CO2 23-30 mmol/l	OSMOLALITY 275-295 mosm/kg H0	SODIUM 135-145 mmol/l	POTASSIUM 3.5-5.0 mmol/l	CHLORIDE 97-107 mmol/l	UREA 2.5-8.0 mmol/l	CREATININE 60-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
23/11/09	158336F			140	4.5	106	4.7	82	>59

DATE OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 90 iu/l 37°C	AST 12-31 iu/l 37°C	ALT 11-37 iu/l 37°C	BILIRUBIN up to 17 µmol/l	TOTAL PROTEIN 62-80 g/l	ALBUMIN 36-52 g/l	ALKALINE PHOSPHATASE 0 - 240 iu/l 37°C	γGT 7-22 (female) iu/l 37°C
23/11/09	158336F		16	15	6	73	46	203	

DATE OF COLLECTION	LABORATORY NUMBER	IRON 11-29 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.15-2.60 mmol/l	CORRECTED CALCIUM 2.15-2.60 mmol/l	PHOSPHATE 0.6-1.3 mmol/l (Adult Range)	MAGNESIUM 0.7-1.0 mmol/l	URATE 0.12-0.42 mmol/l	CK(Total) 23-142 (female) iu/l 37°C

DATE OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.35-5.5 mu/l from 20.1.07	FREE T4 9-24 pmol/l	TOTAL T3 0.9-2.8 nmol/l from 20.1.07	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are risk dependent	H.D.L. >0.9 mmol/l	L.D.L. mmol/l target levels are risk dependent

Filing Range from: 23/11/2009 to: 23/11/2009 Page 1 of 1 | Date of Report 24/11/2009 11:08

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NHS Forth Valley Haematology

NHS Forth Valley

Patient		Patient Ref. Number	
MACGREGOR, SANDRA 3 Woodlea Gardens Bonnybridge		2705655441	
		Date Of Birth 27/05/1965	Sex F
Doctor/Location	Consultant/GP	Date/Time Specimen Received	
Bonnybridge Health Centre Dr C Dyer	Dr C Dyer	19/02/2010 12:43	
Clinical Data .		Sample Type Blood	

Please PRINT Clinical Details for Clarity. Thank you.

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/l

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.
3.60	2.40	0.50	0.30	0.00					

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/dl	E.S.R. mm/1hr	Retics. x10 %L	Report Date/Time
5.09	0.430	84.5	28.5	33.7			19/02/2010 15:04

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
145	6.8	255	Full Blood Count	440758	19/02/2010 10:00

Lab Ref: BONN - DICK

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/l)	3.9 - 10.6	3.5 - 11
Red Cell Count (x10^{12}/l)	4.4 - 5.9	3.8 - 5.2
Haemoglobin (g/l)	133 - 177	117 - 157
Packed Cell Volume	0.40 - 0.52	0.35 - 0.47
Mean Cell Volume (fl)	81 - 100	81 - 100
Mean Cell Haemoglobin (pg)	26.6 - 33.8	26.4 - 34.0
MCH Concentration (g/dl)	31.5 - 36.3	31.4 - 35.6
Platelet Count (x10^9/l)	150 - 440	150 - 440

CHILDREN	BIRTH	1 YEAR	6	10
WBC (x10^9/l)	9.0 - 30.0	6.0 - 17.5	5.0 - 14.5	4.3 - 13.5
Hb (g/l)	146 - 234	90 - 146	106 - 155	107 - 155

Differential White Cell Count: (as absolute counts, x 10^9/l)

	1 YEAR	6	10	ADULT
Neutrophils	1.5 - 8.5	1.5 - 8.0	1.5 - 8.0	1.8 - 7.7
Lymphocytes	4.0 - 10.5	1.5 - 7.0	1.5 - 6.5	1.0 - 4.8
Monocytes	0.05 - 1.1	0 - 0.65	0 - 0.8	0 - 0.8
Eosinophils	0 - 0.65	0 - 0.65	0 - 0.60	0 - 0.45
Basophils	0 - 0.20	0 - 0.20	0 - 0.20	0 - 0.20

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CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: MACGREGOR,SANDRA | UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 Woodlea Gardens, Bonnybridge
CONSULTANT: Dr C Dyer | DOB: 27/05/1965 | SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr C Dyer, Bonnybridge Health Centre | SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: . | COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.5-5.5 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO2 10.5-13.5 kPa	INSPIRED OXYGEN %

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO2 23-30 mmol/l	OSMOLALITY 275-295 mosm/kg H2O	SODIUM 135-145 mmol/l	POTASSIUM 3.5-5.0 mmol/l	CHLORIDE 97-107 mmol/l	UREA 2.5-8.0 mmol/l	CREATININE 60-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
23/11/09 16:30	158336F			140	4.5	106	4.7	82	>59
19/02/10 10:00	246771F			142	4.2	104	4.0	81	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 90 iu/l 37°C	AST 12-31 iu/l 37°C	ALT 11-37 iu/l 37°C	BILIRUBIN up to 17 µmol/l	TOTAL PROTEIN 62-80 g/l	ALBUMIN 36-52 g/l	ALKALINE PHOSPHATASE 0 - 240) iu/l 37°C	YGT 7-22 (female) iu/l 37°C
23/11/09 16:30	158336F		16	15	6	73	46	203	
19/02/10 10:00	246771F		18	24	6	73	45	219	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 11-29 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.15-2.60 mmol/l	CORRECTED CALCIUM 2.15-2.60 mmol/l	PHOSPHATE 0.87-1.45 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 0.12-0.42 mmol/l	CK(Total) 23-142 (female) iu/l 37°C
19/02/10 10:00	246771F			2.37	2.27	1.40			

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.35-5.5 mu/l from 29.1.07	FREE T4 9-24 pmol/l	TOTAL T3 0.9-2.8 nmol/l from 29.1.07	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are risk dependent	H.D.L. >0.9 mmol/l	L.D.L. mmol/l target levels are risk dependent

19/02/10 10:00	246771F	C-Reactive Prot. **<5** mg/l
19/02/10 10:00	246771F	Phosphate Note revised Ref. Range. method unchanged from 30.12.09

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CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: MACGREGOR,SANDRA	UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 Woodlea Gardens, Bonnybridge	
CONSULTANT: Dr C Dyer	DOB: 27/05/1965 — SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr C Dyer, Bonnybridge Health Centre	SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: .	COPY DETAILS

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 8-18 mmol/24h	Urine CREATININE CLEARANCE 85-150 ml/min	Urine 5 HIAA 0-42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 900 nmol/24h	Urine DOPAMINE less than 3300 nmol/24h

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/KgH2O	Urine SODIUM 40-220 mmol/24h	Urine POTASSIUM 25-125 mmol/24h	Urine UREA 250-580 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 16-48 mmol/24h	Urine URATE 1.5-4.7 mmol/24h

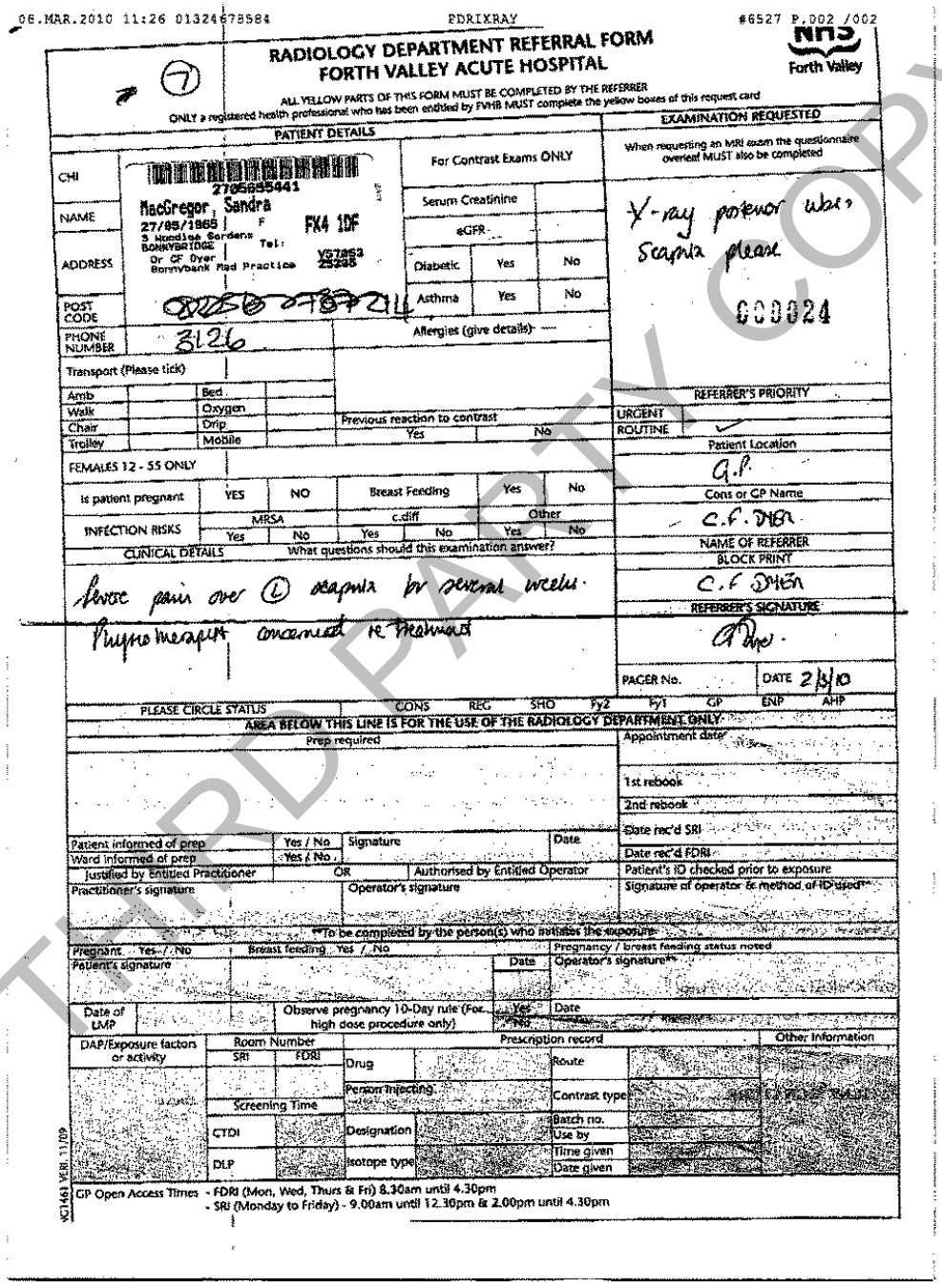
06/11/09 10:35	291886E	FSH	90.7 U/L	(UD - UD)
		LH	42.1 U/L	(2.0 - 34.0)
		Oestradiol	<70 pmol/l	
19/02/10 10:00	246771F	S Electrophoresis	COMM	
19/02/10 10:00	246771F	S Electrophoresis Please See Comment Below Normal pattern		

File Permanently Page 1 of 1 — Date of Report 05/03/2010 11:21

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06.MAR.2010 11:26 01324678584 FDRIXRAY #6527 P.002 /002

RADIOLOGY DEPARTMENT REFERRAL FORM
FORTH VALLEY ACUTE HOSPITAL

NHS Forth Valley

ALL YELLOW PARTS OF THIS FORM MUST BE COMPLETED BY THE REFERRER
ONLY a registered health professional who has been entitled by FVHB MUST complete the yellow boxes of this request card

(7)

PATIENT DETAILS

CHI: 2705555441
NAME: MacGregor, Sandra
27/05/1955 F FK4 1DF
ADDRESS: 3 Hamilton Gardens BONNYBRIDGE Tel: VG7853 25295
Dr CF Dyer Bonnybank Med Practice
POST CODE:
PHONE NUMBER: 3126

Transport (Please tick)
Amb | Bed
Walk | Oxygen
Chair | Drip
Trolley | Mobile

FEMALES 12 - 55 ONLY
Is patient pregnant: YES NO
Breast Feeding: Yes No

INFECTION RISKS: MRSA Yes No; c.diff Yes No; Other Yes No

CLINICAL DETAILS — What questions should this examination answer?

Severe pain over (L) scapula for several weeks.
Physiotherapist concerned re fracture

For Contrast Exams ONLY

Serum Creatinine
eGFR
Diabetic Yes No
Asthma Yes No
Allergies (give details) ----

EXAMINATION REQUESTED

When requesting an MRI exam the questionnaire overleaf MUST also be completed

X-ray posterior ribs
Scapula please

000024

REFERRER'S PRIORITY

URGENT
ROUTINE ✓

Patient Location: G.P.
Cons or GP Name: C.F. DYER
NAME OF REFERRER BLOCK PRINT: C.F DYER
REFERRER'S SIGNATURE:
PAGER No.
DATE 23/3/10

PLEASE CIRCLE STATUS: CONS REG SHO Fy2 Fy1 GP ENP AHP

AREA BELOW THIS LINE IS FOR THE USE OF THE RADIOLOGY DEPARTMENT ONLY

Prep required
Appointment date
1st rebook
2nd rebook
Date rec'd SRI
Date rec'd FDRI

Patient informed of prep Yes / No Signature Date
Ward informed of prep Yes / No
Justified by Entitled Practitioner OR Authorised by Entitled Operator
Practitioner's signature Operator's signature
Patient's ID checked prior to exposure
Signature of operator & method of ID used**

**To be completed by the person(s) who initiates the exposure

Pregnant Yes / No Breast feeding Yes / No
Pregnancy / breast feeding status noted
Patient's signature Date Operator's signature**
Date of LMP
Observe pregnancy 10-Day rule (For high dose procedure only) Yes No Date

DAP/Exposure factors or activity
Room Number: SRI FDRI
Screening Time
CTDI
DLP

Prescription record
Drug
Person injecting
Designation
Isotope type
Route
Contrast type
Batch no.
Use by
Time given
Date given

Other Information

NC1463 VER. 11/09

GP Open Access Times - FDRI (Mon, Wed, Thurs & Fri) 8.30am until 4.30pm
- SRI (Monday to Friday) - 9.00am until 12.30pm & 2.00pm until 4.30pm

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NHS
Forth Valley

CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: MACGREGOR,SANDRA | UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 Woodlea Gardens, Bonnybridge
CONSULTANT: Dr C Dyer | DOB: 27/05/1965 | SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr C Dyer, Bonnybridge Health Centre | SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: . | COPY DETAILS: Copy Report. First Printed: 19/02/2010 at 15:00

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.5-5.5 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO_2 4.6-6.0 kPa	CALCULATED BICARBONATE 22-28 mmol/l	pO_2 10.5-13.5 kPa	INSPIRED OXYGEN %

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO_2 23-30 mmol/l	OSMOLALITY 275-295 mosm/kg H2O	SODIUM 135-145 mmol/l	POTASSIUM 3.5-5.0 mmol/l	CHLORIDE 97-107 mmol/l	UREA 2.5-8.0 mmol/l	CREATININE 60-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
23/11/09 16:30	158336F			140	4.5	106	4.7	82	>59
19/02/10 10:00	246771F			142	4.2	104	4.0	81	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 90 iu/l 37°C	AST 12-31 iu/l 37°C	ALT 11-37 iu/l 37°C	BILIRUBIN up to 17 µmol/l	TOTAL PROTEIN 62-80 g/l	ALBUMIN 35-52 g/l	ALKALINE PHOSPHATASE 0 - 240 iu/l 37°C	YGT 7-22 (female) iu/l 37°C
23/11/09 16:30	158336F		16	15	6	73	46	203	
19/02/10 10:00	246771F		18	24	6	73	45	219	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 11-28 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.15-2.60 mmol/l	CORRECTED CALCIUM 2.15-2.60 mmol/l	PHOSPHATE 0.87-1.45 mmol/l (12-65 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 0.12-0.42 mmol/l	CK(Total) 23-142 (female) iu/l 37°C

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.35-5.5 mu/l from 29.1.07	FREE T4 9-24 pmol/l	TOTAL T3 0.9-2.6 nmol/l from 29.1.07	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are risk dependent	H.D.L. >0.9 mmol/l	L.D.L. mmol/l target levels are risk dependent

19/02/10 10:00	246771F	C-Reactive Prot.	**<5** mg/l

Filing Range from: 19/02/2010 to: 23/11/2009 Page 1 of 1 | Date of Report 05/03/2010 11:20

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NHS
Forth Valley

RADIOLOGY REPORT- Falkirk & District Royal Infirmary

CHI NUMBER: 2705655441 **Examination Number:** 30602196

Name: Macgregor, Sandra DOB: 27/05/1965

Address: 3 WOODLEA GARDENS, BONNYBRIDGE, FALKIRK, FK4 1DF -- **CC:**

Examination: XR Shoulder Lt

Examination Date: 08/03/2010 **Examination Time:** 10:50

Dictating Radiologist: DR GORDON DEWAR,

Typed by: None

Referring Consultant: GP REQUESTOR

Referring Department / Location: DYER CATHERINE

Left scapular pain.

Left shoulder:
No bony abnormality.

Examination Date: 08/03/2010
Examination: XR Shoulder Lt
Date Reported: 08/03/2010
Dictating Radiologist / Clinical Specialist By DR GORDON DEWAR,

Verified by: DR GORDON DEWAR, on 08/03/2010

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Emergency Department
Falkirk and District Royal Infirmary
Westburn Avenue
Falkirk

Dr LAMONT
BONNYBRIDGE HEALTH CENTRE
LARBERT ROAD
BONNYBRIDGE
FK4 1ED

April 28, 2010

Dear Dr Lamont,

Re. SANDRA MACGREGOR, 3 WOODLEA GARDENS, BONNYBRIDGE, FALKIRK, FK4 1DF. Date of Birth 27.05.65 Hospital Number: 2705655441, CHI No. 2705655441

Your patient attended the Falkirk and District Royal Infirmary on the 28 APR 2010 16:37.

The presenting complaint was:	**C/O RIGHT EAR PROB. STARTED OR ACUTELY WORSENED WITHIN WEEK • PAIN. EARS SYRINGED THIS AM. UNABLE TO REMOVE WAX FROM R EAR. NOW PT FEELS R SIDE OF FACE IS SWOLLEN AND EAR IS PAINFUL. NO BLEEDING/DISCHARGE. TEMP 36.6.**
The following investigations were carried out:	
The A&E diagnosis was:	**ENT - EAR WAX**
The following treatment was given:	**COCODAMOL**
At the conclusion of treatment the patient was:	**1 LEFT BY OWN MEANS. Departure Ready Date/Time: 28 APR 2010 17:20, Actual Departure Date/Time: 28 APR 2010 17:20**
Follow-up:	**1 GENERAL PRACTITIONER**
Additional Information:	

Yours sincerely,
ELAINE BROWN
EMERGENCY NURSE PRACTITIONER

Consultants:

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Closed Call Details

NHS No:	8724667	**Call Received:**	28/04/2010 19:50	**Received by:**	(Non-clinical user) (Edinburgh)	NHS 24	
Outcome:	PCEC within 4 Hrs			**Outcome Code:**	PCC4		
PCC	Falkirk	**Triage Start:**	28/04/2010 19:53	**Triage Finish:**	28/04/2010 21:14		

Patients Present Location		**Patient Home Details (2705655441)**	
Address:	Falkirk & District Royal Infir, Majors Loan, Falkirk, FK1 5QE	**Name:**	SANDRA MACGREGOR
		Address:	3 Woodlea Gardens, Bonnybridge, Stirlingshire, FK4 1DF
Phone:	01324 616428 Ext:	**Phone:**	
Registered GP Details (at time of call)		**Sex:**	F
Dr Name:	LAMONT, DUNCAN	**DOB:**	27/05/1965
Practice:	BONNYBANK MED PRACTICE (25205)	**Age:**	44 years old
Script No:	V60704	**Contact:**	

Clinical Summary:
Date: 28/04/2010
Description: PAINFUL RIGHT EAR FOR 9 HRS AND ALSO FACE SWOLLEN. ADVISED TO ATTEND PCEC WITHIN 4 HRS. HUB TO CONTACT PATIENT TO ARRANGE.

Call Number:	0000496251	**Date:**	28/04/2010	**Time:**	21:16	**Passed:**	21:26
Started:	21:33	**Status:**	Attend				
Urgency:	Within 4 Hours	**Attended:**	☑	**Date:**	29/04/2010	**Time:**	22 :21

Notes to Practice:
Increasing pain in r ear since syringed this am--was unable to get wax out. Temp 36.8 l ear canal slightly inflammed. R ear canal full of wax--unable to see drum. Throat normal, minimal swelling apound ear. advised continue analgesia, diclofenac and oil to soften wax. Recontact if any problem

Diagnosis:
Ear pain

Drugs: There were no drugs attached to the call

Outcome:		**Death/Presume Life Extinct:**	☐	**GP to certify:**	☐	**No Further Action:**	☐
		Refer To:	None	**Dept:**		None	
Review by GP:	☐	**When:**		**Where:**			
Patient to contact GP:	☑						

Consultation 1:	Date	Start Time	Finish Time	**Consultation 2:**	Date	Start Time	Finish Time
	28/04/2010	22:44	22:57				
	Clinical Group		Name		**Completion Date/Time:**	28/04/2010 23:00	
Duty Clinician	Falkirk		Dr Ian Hamilton		**Closed By:**	ihamilton	

Last Modified by PCEC: 28/04/2010 23:00

Dr R Dyer	✓	Notes Please
Dr Morrison		Action
Dr C Dyer		File
Dr Edmund		Normal ✓
Dr Lamont		To Be Coded
Dr Beaman		Coded

PRINTED:29/04/2010 TayCare

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Forth Valley

RADIOLOGY REPORT- FORTH VALLEY ROYAL HOSPITAL

CHI NUMBER: 2705655441 **Examination Number:** 30783005

Name: Macgregor, Sandra DOB: 27/05/1965

Address: 3 WOODLEA GARDENS,, BONNYBRIDGE,, FALKIRK, FK4 1DF -- **CC:** -

Examination: XR Chest

Examination Date: 10/01/2011 **Examination Time:** 15:20

Dictating Radiologist: DR GORDON DEWAR,

Typed by: None

Referring Consultant: GP REQUESTOR

Referring Department / Location: DYER RICHARD

Breathless.

Chest:
Normal heart and mediastinal contours. There is bibasal atelectasis. The remainder of the lungs are clear.

Examination Date: 10/01/2011
Examination: XR Chest
Date Reported: 12/01/2011
Dictating Radiologist / Clinical Specialist By DR GORDON DEWAR,

Verified by: DR GORDON DEWAR, on 12/01/2011

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RADIOLOGY REPORT- FORTH VALLEY ROYAL HOSPITAL

CHI NUMBER: 2705655441 **Examination Number:** 30814078

Name: Macgregor, Sandra DOB: 27/05/1965

Address: 3 WOODLEA GARDENS,, BONNYBRIDGE,, FALKIRK, FK4 1DF -- CC:

Examination: XR Chest

Examination Date: 01/03/2011 **Examination Time:** 11:10

Dictating Radiologist: DR SUSAN C GALLETLY

Typed by: None

Referring Consultant: GP REQUESTOR

Referring Department / Location: MCNUTT JANE

Normal chest appearances.

Examination Date: 01/03/2011
Examination: XR Chest
Date Reported: 01/03/2011
Dictating Radiologist / Clinical Specialist By DR SUSAN C GALLETLY

Verified by: DR SUSAN C GALLETLY on 01/03/2011

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Emergency Department
Stirling Royal Infirmary
Livilands
Stirling

Dr D Lamont
Bonnybridge Health Centre
Larbert Road
Bonnybridge

FK4 1ED

29 January 2011

Dear Dr Lamont

Re: SANDRA MACGREGOR, 3 WOODLEA GARDENS,, BONNYBRIDGE,, FALKIRK, FK4 1DF
Date of Birth: 27.05.65 Hospital Number: 2705655441 CHI Number: 2705655441

Your patient attended Stirling Royal Infirmary on the 29 JAN 2011 at 02:13 am.

The presenting complaint was:	**Breathing Difficulties/Back Pain**
Triage Information:	**Pleuritic Pain (Sharp Pain A With Cough, Breathing) Recent Pneumonia Tonight First Day Back At Work Felt Tired Tonight Sudden Onset L Pleurtic Chest Pain On Arrival Of Sas Hyperventilating Obs A Scharted At Triage**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Cardio-Vascular - Simple Faint**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**1 Left By Own Means**
Follow-up:	**1 General Practitioner**
Additional Information:	**Nil**

Yours sincerely,

Neil Shepherd
Gpst6

Consultants

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CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: MACGREGOR,SANDRA
UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 Woodlea Gardens, Bonnybridge
CONSULTANT: Dr McNutt
DOB: 27/05/1965
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr McNutt, Bonnybridge Health Centre
SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: Shortness of breath
COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.2-5.5 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO2 10.5-13.5 kPa	INSPIRED OXYGEN %
01/03/11 10:30	439385J	10.30	4.4						

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO2 23-30 mmol/l	OSMOLALITY 275-295 mosmol/kg H2O	SODIUM 135-145 mmol/l	POTASSIUM 3.5-5.0 mmol/l	CHLORIDE 97-107 mmol/l	UREA 2.5-8.0 mmol/l	CREATININE 50-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
23/11/09 16:30	158336F			140	4.5	106	4.7	82	>59
19/02/10 10:00	246771F			142	4.2	104	4.0	81	>59
01/03/11 10:30	439386V			142	4.1	106	3.8	76	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 90 iu/l 37°C	AST 12-31 iu/l 37°C	ALT 11-37 iu/l 37°C	BILIRUBIN up to 17 µmol/l	TOTAL PROTEIN 62-80 g/l	ALBUMIN 35-52 g/l	ALKALINE PHOSPHATASE 0 - 240 iu/l 37°C	γGT 7-62 (female) iu/l 37°C
23/11/09 16:30	158336F		16	15	6	73	46	203	
19/02/10 10:00	246771F		18	24	6	73	45	219	
01/03/11 10:30	439386V		20	19	8	70	45	202	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 11-28 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.15-2.60 mmol/l	CORRECTED CALCIUM 2.15-2.60 mmol/l	PHOSPHATE 0.87-1.45 mmol/l (12-65 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 0.12-0.42 mmol/l	CK(Total) 23-142 (female) iu/l 37°C
19/02/10 10:00	246771F			2.37	2.27	1.40			

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.35-5.5 mu/l from 26.1.07	FREE T4 9-24 pmol/l	TOTAL T3 0.9-2.6 nmol/l from 26.1.07	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are risk dependent	H.D.L. >0.9 mmol/l	L.D.L. mmol/l target levels are risk dependent
01/03/11 10:30	439386V	1.12							

19/02/10 10:00	246771F	C-Reactive Prot.	<5	mg/l
01/03/11 10:30	439386V	C-Reactive Prot.	<5	mg/l

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CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: MACGREGOR,SANDRA
UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 Woodlea Gardens, Bonnybridge
CONSULTANT: Dr McNutt
DOB: 27/05/1965
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr McNutt, Bonnybridge Health Centre
SAMPLE TYPE OF LATEST SPECIMEN: Fluoride Oxalate
CLINICAL DETAILS REFERRING TO LATEST REQUEST: Shortness of breath
COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.2-5.5 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO2 10.5-13.5 kPa	INSPIRED OXYGEN %
01/03/11 10:30	439385J	10.30	4.4						

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO2 23-30 mmol/l	OSMOLALITY 275-295 mosm/kg H2O	SODIUM 135-145 mmol/l	POTASSIUM 3.5-5.0 mmol/l	CHLORIDE 97-107 mmol/l	UREA 2.5-8.0 mmol/l	CREATININE 60-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
23/11/09 16:30	158336F			140	4.5	106	4.7	82	>59
19/02/10 10:00	246771F			142	4.2	104	4.0	81	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 90 iu/l 37°C	AST 12-31 iu/l 37°C	ALT 11-37 iu/l 37°C	BILIRUBIN up to 17 µmol/l	TOTAL PROTEIN 62-80 g/l	ALBUMIN 35-52 g/l	ALKALINE PHOSPHATASE 0 - 240 iu/l 37°C	YGT 7-62 (female) iu/l 37°C
23/11/09 16:30	158336F		16	15	6	73	46	203	
19/02/10 10:00	246771F		18	24	6	73	45	219	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 11-28 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.15-2.60 mmol/l	CORRECTED CALCIUM 2.15-2.60 mmol/l	PHOSPHATE 0.87-1.45 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 0.12-0.42 mmol/l	CK(Total) 23-142 (female) iu/l 37°C
19/02/10 10:00	246771F			2.37	2.27	1.40			

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.35-5.5 mu/l from 26.1.07	FREE T4 9-24 pmol/l	TOTAL T3 0.9-2.8 nmol/l from 26.1.07	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are risk dependant	H.D.L. >0.9 mmol/l	L.D.L. mmol/l target levels are risk dependant

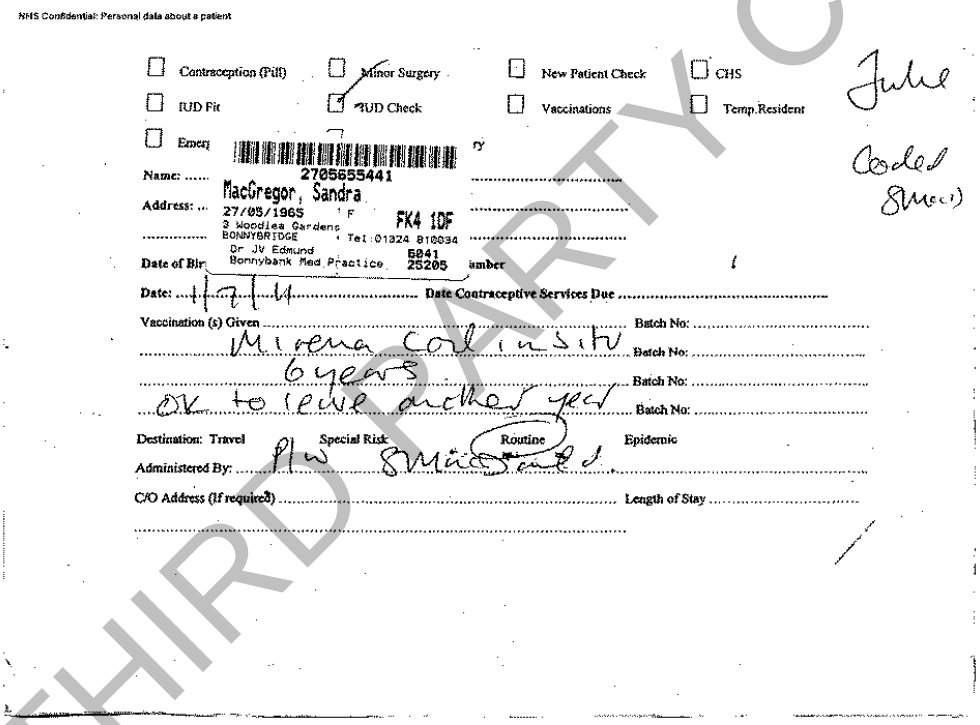
19/02/10 10:00	246771F	C-Reactive Prot.	**<5** mg/l

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☐ Contraception (Pill) ☐ Minor Surgery ☐ New Patient Check ☐ CHS
☐ IUD Fit ☑ IUD Check ☐ Vaccinations ☐ Temp.Resident
☐ Emerg ry

Name: ..... 2705655441 .....
MacGregor, Sandra
Address: ... 27/05/1965 F .....
3 Woodlea Gardens FK4 1DF
..... BONNYBRIDGE Tel:01324 810034 .....
Dr JV Edmund 5041
Date of Bir Bonnybank Med Practice 25205 umber

Date: 1/7/14 Date Contraceptive Services Due .....
Vaccination (s) Given ..... Batch No: .....
Mirena Coil in situ Batch No: .....
6 years Batch No: .....
OK to leave another year Batch No: .....
Destination: Travel Special Risk Routine Epidemic
Administered By: PW SMacG
C/O Address (If required) ..... Length of Stay .....
.....

Julie
Coded
SMacG

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NHS Forth Valley
Haematology

NHS
Forth Valley

Patient		Patient Ref. Number	
MACGREGOR, SANDRA 3 Woodlea Gardens Bonnybridge		2705655441	
		Date Of Birth 27/05/1965	Sex F

Doctor/Location	Consultant/GP	Date/Time Specimen Received
Bonnybridge Health Centre Dr McNutt	Dr McNutt	02/03/2011 09:02

Clinical Data: Shortness of breath

Haemoglobin A1c %	Rheumatoid Factor	Rheumaton Titre	Monospot	
Vitamin B12 ng/L	Serum Folate ug/L	Red Cell Folate ug/L	Serum Ferritin ug/L	Intrinsic Factor Antibody
			34	

Investigation	Laboratory Number	Collection Date	Collection Time	Report Date/Time
Ferritin	008994	01/03/2011	11:30	02/03/2011 22:04

Lab Ref: BONN - DICK

Reference Ranges For Vitamin B12, Serum Folate, Red Cell Folate and Ferritin

		MALE	FEMALE
Vitamin B12 (ng/L)		180 - 900	180 - 900
Serum Folate (ug/L)		2.1 - 14.0	2.1 - 14.0
Red Cell Folate (ug/L)		160 - 640	160 - 640
Serum Ferritin (ug/L)	Age 0-45 years	36 - 225	10 - 65
Serum Ferritin (ug/L)	Age >45 years	42 - 262	24 - 155

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GP DETAILS

Name of GP DR LAMONT

Address BONNYBRIDGE HEALTH CENTRE

Name: SANDRA MACGREGOR D.O.B.: 27/5/65

has been vaccinated with INACTIVATED INFLUENZA VACCINE (SPLIT VIRION) BP Pl, 0674/0055 PA 544/3/41 Lot, H7091-2 EXP 05-2012 day 7/10/2011

by CLL Expiry date

Occupational Health Service Flu Campaign 2011.

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NHS Forth Valley Haematology

NHS Forth Valley

Patient		Patient Ref. Number	
MACGREGOR, SANDRA 3 Woodlea Gardens Bonnybridge		2705655441	
		Date Of Birth 27/05/1965	Sex F

Doctor/Location	Consultant/GP	Date/Time Specimen Received
Bonnybridge Health Centre Dr McNutt	Dr McNutt	01/03/2011 12:36

Clinical Data: Shortness of breath
Sample Type: Blood

DIFFERENTIAL W.B.C. COUNT ALL x 10^9 /l

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.
4.50	2.60	0.60	0.30	0.00					

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/dl	E.S.R. mm/1hr	Retics. x10 %L	Report Date/Time
4.78	0.414	86.6	29.1	33.6			01/03/2011 14:04

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
139	8.0	275	Full Blood Count	346483	01/03/2011 11:30

Lab Ref: BONN - DICK

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/l)	3.9 - 10.6	3.5 - 11
Red Cell Count (x10^{12}/l)	4.4 - 5.9	3.8 - 5.2
Haemoglobin (g/l)	133 - 177	117 - 157
Packed Cell Volume	0.40 - 0.52	0.35 - 0.47
Mean Cell Volume (fl)	81 - 100	81 - 100
Mean Cell Haemoglobin (pg)	26.6 - 33.8	26.4 - 34.0
MCH Concentration (g/dl)	31.5 - 36.3	31.4 - 35.8
Platelet Count (x10^9/l)	150 - 440	150 - 440

CHILDREN	BIRTH	1 YEAR	6	10
WBC (x10^9/l)	9.0 - 30.0	6.0 - 17.5	5.0 - 14.5	4.5 - 13.5
Hb (g/l)	146 - 234	90 - 146	106 - 155	107 - 155

Differential White Cell Count: (as absolute counts, x 10^9/l)

	1 YEAR	6	10	ADULT
Neutrophils	1.5 - 8.5	1.5 - 8.0	1.5 - 8.0	1.8 - 7.7
Lymphocytes	4.0 - 10.5	1.5 - 7.0	1.5 - 6.5	1.0 - 4.8
Monocytes	0.05 - 1.1	0 - 0.65	0 - 0.8	0 - 0.8
Eosinophils	0 - 0.65	0 - 0.65	0 - 0.60	0 - 0.45
Basophils	0 - 0.20	0 - 0.20	0 - 0.20	0 - 0.20

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14/3/11

H/O Shortness of Breath

Treated for Pneumonia Jan 2011

SOB on arrival to appointment.

No Wheeze

Reversibility performed after giving 2 puffs Salbutamol via Volumatic

NORMAL RESULT

ADVICED STOP SMOKING.

S Macdonald

NICOTINE INHALATOR PRESCRIBED.

2705655441
MacGregor, Sandra
27/05/1965 F
3 Woodlea Gardens FK4 1DF
BONNYBRIDGE Tel:01324 810034
Dr JE McNutt V56227
Bonnybank Med Practice 25205

2705655441
Sex: Female Age: 45
Factor: 100(Caucasian)
Height: 159cm Weight: 60kg BMI: 23.7

	FEV1	FVC	PEF	Var	Quality	Time:	Date:
Base	2.12	2.89	367	-0%	Good blow	12:04	14-03-11
Base	2.11	2.88	295	0%	Poor effort	12:04	14-03-11
Base	2.07	2.80	305	-2%	Good blow	12:04	14-03-11
Post 1	2.19	2.87	388	0%	Good blow	12:24	14-03-11
Post 1	2.11	2.72	343	-3%	Good blow	12:24	14-03-11

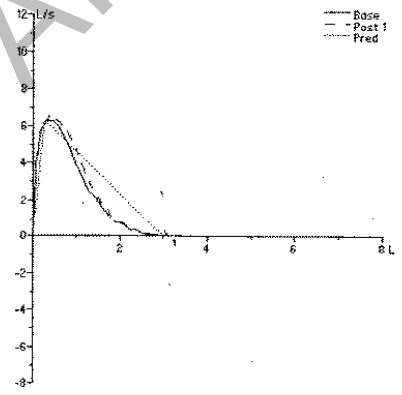
Variation is based on FEV1

Best Spirometry Results

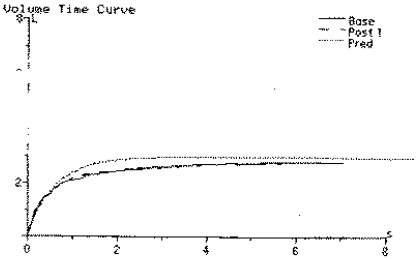
	Base	%Pr	Min Pred	Pred	Max	Post	%Pr	%Chg	
FVC	2.79	94	2.27	2.96	3.65	1.67	56	-40	l
FEV1	2.12	82	1.94	2.56	3.18	2.19	85	3	l
FVC	2.89	96	2.27	2.99	3.69	2.87	96	-1	l
PEF	367	97	288	377	466	388	102	6	l/m
FEV1/VC	76.0					131		73	%
FEV1/FVC	73.3	91	69.8	80.6	91.2	76.3	94	4	%
FET	5.25					5.06		-4	s

Lung Age: 60
Interpretation(NICE): Normal Spirometry.

Flow Volume Loop



Volume Time Curve



Norm[illegible]lues: ECCS (Adult);
[illegible] (Child)

Micro Medical Ltd
Cat No. PSA 1600

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NHS FORTH VALLEY

Euro House
Wellgreen Place
Stirling
FK8 2DJ
Tel: 01786 431100
Fax: 01786 431218
www.nhsforthvalley.com

NHS Forth Valley

Date 3/10/11
Your Ref
Our Ref

Enquiries to
Extension
Direct Line
Email

Confidential

Dear GP

Re: Client Attending Smoking Cessation Programme

I am writing to inform you that your patient Sandra MacGregor
(DOB) 27.5.65 will be attending a Smoking Cessation Clinic delivered by specially trained counsellors.

As I am sure you are aware, the addition of appropriate pharmacotherapy can double the number of smokers who successfully quit. In addition, when this is combined with intensive support the long-term abstinence rates can increase by 16%.

I have asked your patient to consult with you regarding this quit attempt. It would be helpful if you could consider prescribing your patient ☐NRT Patch 25mg/16hr ☐Nicotine mini 4mg if you consider this therapy to be clinically appropriate. ☐NRT ORAL SPRAY 1mg/Spray.

If your patient is on any of the medications listed below their levels should be closely monitored:

Theophylline	Animophylline
Clozapine	Warfarin

If you have any queries about the smoking cessation course please contact a member of the Smoking Cessation Team on any of the following telephone numbers 01786 431123 – 431124 – 431125 - 431117.

Yours sincerely

L M. Aulay

Smoking Cessation Adviser

INVESTOR IN PEOPLE

Headquarters
Carseview House, Castle Business Park, Stirling, FK9 4SW

Chairman Ian Mullen OBE BSc MR PharmS DL
Chief Executive Fiona Mackenzie MA (Hons) MBA MIHM DipHSM
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NHS
Forth Valley
Microbiology

SURNAME	FORENAME	UNIT No.
MACGREGOR 3 Woodlea Gardens Bonnybridge	SANDRA	2705655441
	DATE OF BIRTH: 27/05/1965	SEX: F

CONSULTANT: Dr J Edmund
WARD: Dr J Edmund 6041
G.P.: Bonnybridge Health Centre
CLINICAL DATA: swab coil change

Pyogenic Culture
Microscopy.
White Blood Cells present in small numbers.
Yeasts nil
Trichomonas vaginalis nil
Culture.
No pathogens isolated

EXAMINATION	LAB No.	AUTHORISED	
Pyogenic Culture	MG054251W	Lab Office	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Cervical swab	18/07/2012	18/07/2012	20/07/2012

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NHS
Forth Valley
Microbiology

SURNAME	FORENAME	UNIT No.
MACGREGOR 3 Woodlea Gardens Bonnybridge	SANDRA	2705655441
	DATE OF BIRTH: 27/05/1965	SEX: F

CONSULTANT: Dr J Edmund
WARD: Dr J Edmund 6041
G.P.: Bonnybridge Health Centre

CLINICAL DATA: ?Fungal toe nail infection

Mycology culture + microscopy

Fungal PCR Trichophyton rubrum NOT detected
Direct examination : negative

Report received from :-
Regional Mycology Reference Laboratory
Glasgow

EXAMINATION	LAB No.	AUTHORISED	
Mycology culture + microscopy	MS055655T	A.Bundy	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Nail clippings Toe	16/03/2012	17/03/2012	04/04/2012

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NHS Forth Valley
Microbiology

SURNAME	FORENAME	UNIT No.
MACGREGOR 3 Woodlea Gardens Bonnybridge	SANDRA	2705655441
	DATE OF BIRTH: 27/05/1965	SEX: F

CONSULTANT: Dr J Edmund
WARD: Dr J Edmund 6041
G.P.: Bonnybridge Health Centre
CLINICAL DATA: coil change

Chlamydia trachomatis PCR Negative
N.gonorrhoeae PCR Negative

* Target opportunistic Chlamydia testing to females <=20 and males <=25 years.
* All diagnosed with Chlamydia should have partner notification and be retested at 3-12 months.
* For advice / help contact Central Sexual Health Helpline 01324 613944 (Mon-Fri 9-12).

EXAMINATION	LAB No.	AUTHORISED	
Chlamydia trachomatis PCR	MS034246X	A.Bundy	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Cervical swab	18/07/2012	18/07/2012	20/07/2012

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Forth Valley NHS Board

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Fax: 01786 431218
www.nhsforthvalley.com

NHS Forth Valley

Date 24/10/11
Your Ref
Our Ref The Quit Programme

Enquiries to Kate Johnstone
Extension 125
Direct Line 01786 431125
Email kate.johnstone@fvhb.scot.nhs.uk

Confidential

Dear GP DR LAMONT

RE: Client Attending Smoking Cessation Programme

I am writing to inform you that your patient Sandra MacGregor DOB 27/5/1965 will be attending a smoking cessation programme delivered by Health Professionals.

As I am sure you are aware, the addition of appropriate pharmacotherapy can double the number of smokers who successfully quit. In addition, when this combined with intensive support the long-term abstinence rates can increase by 16%.

I have asked your patient to consult with you regarding this quit attempt. It would be helpful if you could consider prescribing your patient either a course of Nicotine Replacement Therapy or with the smoking cessation aids Zyban (Bupropion) or Champix (Varenicline), if you consider either therapy to be clinically appropriate.

It would be helpful if you could consider prescribing your patient the following –
NICOTINE CLEAR 24mg PATCHES / 2 WEEKS
* Sandra is having an allergic reaction to her other patches (Nicorette) Can we please change product.

If your patient is on any of the medications listed below their levels should be closely monitored:

Theophylline	Animophyline
Clozapine	Warfarin

I will provide you with feedback should your patient successfully complete the programme. I will also provide follow up to your patient at three and twelve months to promote continued abstinence.

If you have any queries about the smoking cessation course please contact Kate Johnstone, Smoking Cessation Co-ordinator on 01786 431125.

Yours sincerely

G SMEDLEY

Smoking Cessation Counsellor

CHRIS MCGREGOR

Headquarters
Carseview House, Castle Business Park, Stirling, FK9 4SW

Chairman Ian Mullen OBE BSc MR PharmS DL
Chief Executive Fiona Mackenzie MA (Hons) MBA MIHM DipHSM
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Bonnybank Medical Practice
Larbert Road,
BONNYBRIDGE.
FK4 1ED
Tel: (01324) 812613
Fax (01324) 814540

Dr. Stirling S Morrison
Dr. June V Edmund
Dr. Duncan C Lamont
Dr. Sandeep Sharma
Dr. Ruth E Beaman
Dr. Jane E McNutt

Bonnybank Medical Practice,
Kilsyth Road,
BANKNOCK.
FK4 1HX
Tel: (01324) 840314

JVE/AJR

12 February 2013

Alisdair Graham
Trauma-Focused CBT Service
No 2 The Bungalows
Stirling Road
LARBERT
FK5 4SD

Dear Alisdair

Re: Sandra MacGregor, 22 Woodlea Gardens, Bonnybridge, FK4 1DF
DOB: 27/05/1965

I would be most grateful if you could see Sandra.

Sandra is a 47 year old lady who has had a very difficult year. In January 2012 her husband discovered that she had been involved with somebody else 16 years ago at the same time that she had been seeing him, this was prior to their marriage. He was subsequently completely unable to accept that this had happened and felt wronged and betrayed. After trying to patch up the marriage for a number of months they then separated in the summer time. Their daughter who was then aged 13 spent time with each of her parents. During last year he blamed her entirely for what had happened and he also turned other family members including his older children against Sandra. Finally in December 2012 after having previously cancelled the house insurance, he set fire to the marital home which was completely destroyed, he drove away from the scene and was found a little while later with self inflicted knife wounds. He was taken to hospital but he died from complications.

When I saw her in early January we discussed the recent events and Sandra felt that she had been grieving last year when her marriage difficulties started. She is finding it very hard to come to terms with what happened and I think it is very possible that her husband had a personality disorder.

Sandra is focusing on her daughter's needs. Before he died her husband had alleged that he was not the father of their daughter which Sandra states is completely untrue, but again other family members are possibly not so sure.

As well as everything else she now has financial problems because she still has to pay the mortgage on the property that has been destroyed by fire. She is also trying to get tenants evicted from another property that she owns so that she can move into it herself.

She has good support from friends and also from her own parents, however she has no contact with her husband's family for the reasons mentioned above.

Sandra /

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Bonnybank Medical Practice
Larbert Road,
BONNYBRIDGE.
FK4 1ED
Tel: (01324) 812613
Fax (01324) 814540

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Dr. June V Edmund
Dr. Duncan C Lamont
Dr. Sandeep Sharma
Dr. Ruth E Beaman
Dr. Jane E McNutt

Bonnybank Medical Practice,
Kilsyth Road,
BANKNOCK.
FK4 1HX
Tel: (01324) 840314

Sandra is a Nurse who works in Forth Valley Royal Hospital and she has been off work since early December. She found that she was having problems concentrating at work even before the final events with her husband took place.

Sandra had been referred to counselling via her work but did not feel that this option was going to be very beneficial for her. I hope you will be able to offer assistance with this lady's management. Many thanks.

Yours sincerely

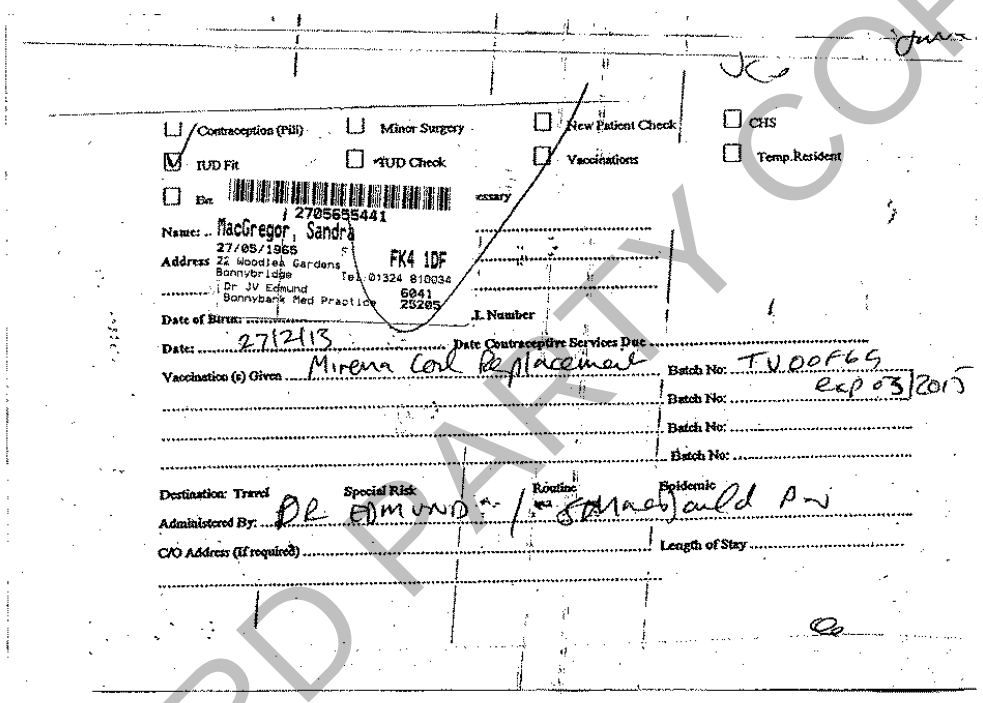
Dr June V Edmund

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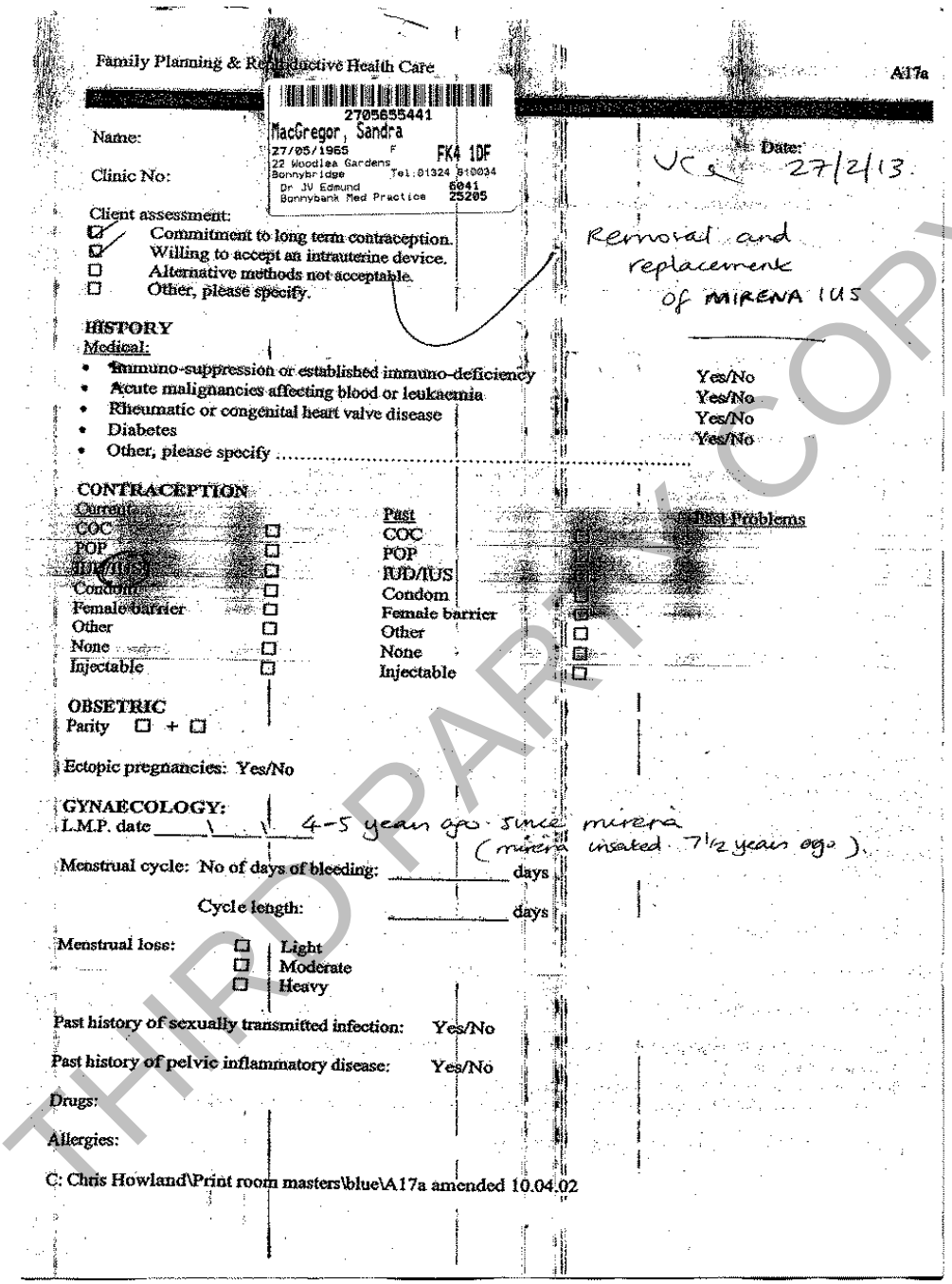
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Contraceptios (Pill) ☐ Minor Surgery ☐ New Patient Check ☐ CHS
IUD Fit ☑ IUD Check ☐ Vaccinations ☐ Temp.Resident
☐ Ex 2705655441 essary
Name: MacGregor, Sandra
27/05/1965
Address 24 Woodlea Gardens FK4 1DF
Bonnybridge Tel: 01324 810034
Dr JV Edmund 6041
Bonnybank Med Practice 25205
Date of Birth: CHI Number
Date: 27/2/13 Date Contraceptive Services Due
Vaccination (s) Given Mirena Coil Replacement Batch No: TV00F65
Batch No: exp 03/2015
Batch No:
Batch No:
Destination: Travel Special Risk Routine Epidemic
Administered By: DR Edmund / S Macdonald PN
C/O Address (if required) Length of Stay

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Family Planning & Reproductive Health Care A17a

2705655441
MacGregor, Sandra
27/05/1965 F FK4 1DF
22 Woodlea Gardens
Bonnybridge Tel:01324 810034
Dr JV Edmund 5041
Bonnybank Med Practice 25205

Name:

Clinic No:

Date: VCS 27/2/13.

Client assessment:
- ☑ Commitment to long term contraception.
- ☑ Willing to accept an intrauterine device.
- ☐ Alternative methods not acceptable.
- ☐ Other, please specify.

Removal and replacement of MIRENA IUS

HISTORY

Medical:
- Immuno-suppression or established immuno-deficiency Yes/No
- Acute malignancies affecting blood or leukaemia Yes/No
- Rheumatic or congenital heart valve disease Yes/No
- Diabetes Yes/No
- Other, please specify .....

CONTRACEPTION

Current		Past		Past Problems
COC	☐	COC	☐	
POP	☐	POP	☐	
IUD/IUS	☐	IUD/IUS	☐	
Condom	☐	Condom	☐	
Female barrier	☐	Female barrier	☐	
Other	☐	Other	☐	
None	☐	None	☐	
Injectable	☐	Injectable	☐	

OBSETRIC

Parity ☐ + ☐

Ectopic pregnancies: Yes/No

GYNAECOLOGY:

L.M.P. date __/__/__ 4-5 years ago. since mirena (mirena inserted 7½ years ago).

Menstrual cycle: No of days of bleeding: ____ days

Cycle length: ____ days

Menstrual loss:
- ☐ Light
- ☐ Moderate
- ☐ Heavy

Past history of sexually transmitted infection: Yes/No

Past history of pelvic inflammatory disease: Yes/No

Drugs:

Allergies:

C: Chris Howland\Print room masters\blue\A17a amended 10.04.02

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CLIENT INFORMATION

- ☐ Shown device and an explanation given of the mode of action and the mode of insertion
- ☐ Efficacy
- ☐ Probability of increased menstrual loss
- ☐ Ectopic pregnancy risk
- ☐ Infection
- ☐ Perforation – rare but increased in lactating women
- ☐ Expulsion
- ☐ Information leaflet given

INSERTION

Pre Insertion Blood Pressure 159/97 – 140/76 Pulse 72 – 57/mn

Post Insertion Blood Pressure 123/83 130/89 Pulse 55/min 58/min

Pelvic assessment to exclude physical contraindications.

- Cervix — Healthy Yes/No; Evidence of cervicitis Yes/No; Vaginal discharge Yes/No; Other abnormality Yes/No
- Uterus — Mobile Yes/No; ☑ anteverted ☐ retroverted ☐ midline

Investigations Neg 18/7/12
Bacteriological Swabs Yes/No
Chlamydia Neg 18/7/12 Yes/No
Cervical smear Normal Yes/No 11/14
Other

Tenaculum used Yes/No
Uterus sounded Yes/No
Length of cavity 5·5 cms
Distortion of uterine cavity Yes/No
Local anaesthetic used Yes/No
Dilators used Hegars 3/4 Yes/No
Difficulties with insertion Yes/No
Complications after insertion Yes/No
If yes, specify .....

Device Inserted
Mirena ☑
Nova T 380 ☐
Other specify ☐

Device Removed
Nova T 380 ☐
Mirena ☑

CUSCUS SPECULUM MEDIUM, POUCH 525 ID 1031617 LOT 00047 User Code SN01735 STERILE
SPENCER WELLS FORCEPS 8 INCH,MEDIPLAST ID 1043365 LOT 00011 User Code SN07516 STERILE
STERILE
STERILE
SN00944 User Code LOT 00013 ID 1029585 MEDIPLAST 100

Mirena®
20 micrograms/24 hours intrauterine delivery system
Levonorgestrel
1 sterile levonorgestrel intrauterine delivery system contains: Levonorgestrel 52 mg
Keep out of the reach and sight of children
To be inserted by a health care professional
Sterile unless the blister package is damaged or open
For loading, push the slider upwards. Do not pull downwards as this may prematurely release Mirena
This system cannot be re-loaded
Please read the complete insertion instructions before insertion
MA Holder: Bayer plc, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA
PL 00010/0547
POM
BAYER
83235021
LOT TU00F6G
To be inserted before 03.2015

Analgesia post insertions

Other Prescription

Name of Doctor inserting device: JUNE EDMUND

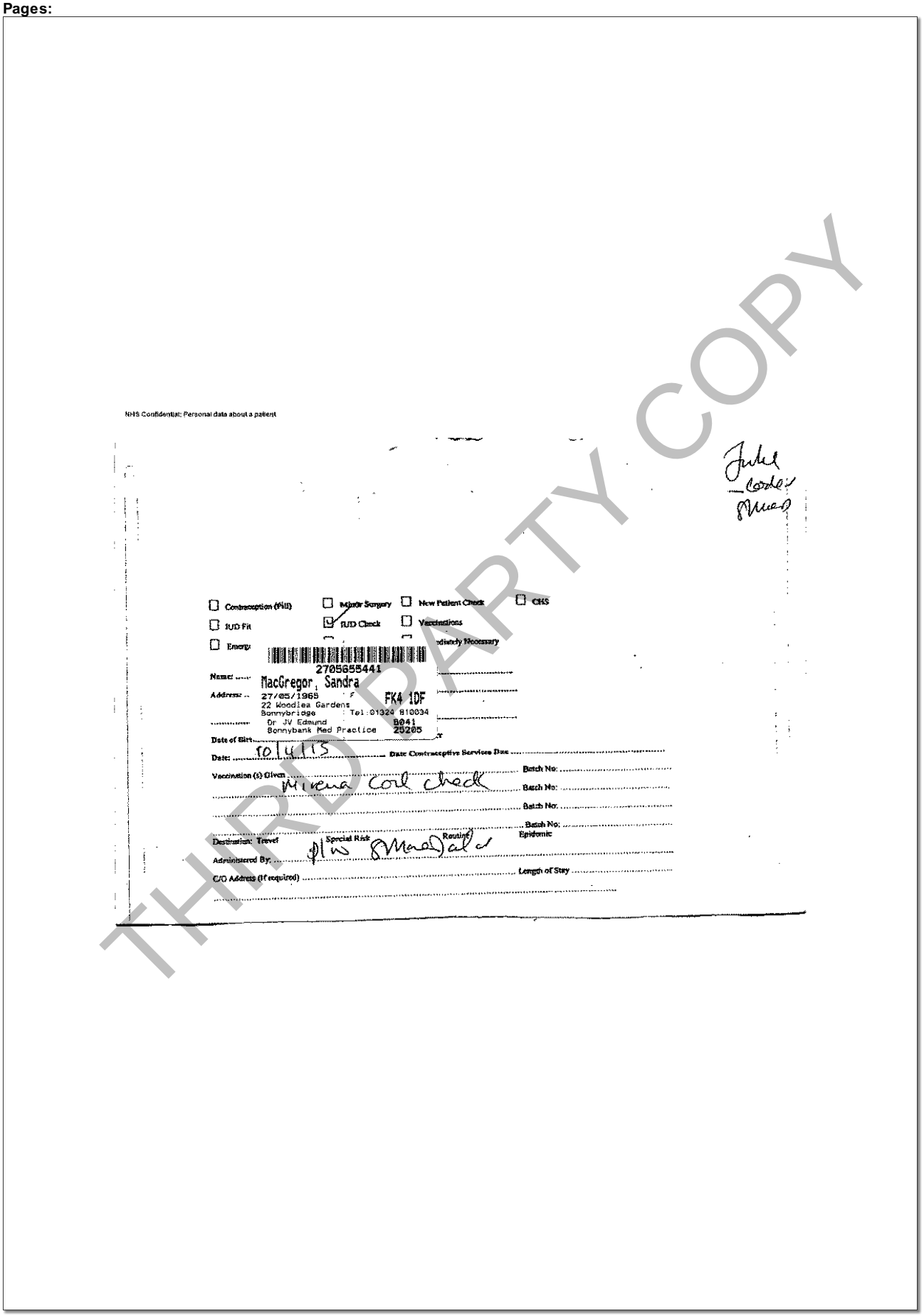
☑ Client has written information about method, including do[illegible] date of due to be changed.
☑ Client has appointment for next visit and phone number for clinic.
☐ G.P. has documentation of date of insertion, type of device and date device due

C: Chris Howland\Print room masters\blue\A17a amended 10.04.02

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Jabe
Codeine
Mirena

☐ Contraception (Pill) ☐ Minor Surgery ☐ New Patient Check ☐ CHS
☐ IUD Fit ☑ IUD Check ☐ Vaccinations
☐ Emerg ☐ ☐ ☐ ...diately Necessary

2705655441
Name: MacGregor, Sandra
Address: 27/05/1965 F FK4 1DF
22 Woodlea Gardens
Bonnybridge Tel: 01324 810034
Dr JV Edmund 0041
Bonnybank Med Practice 25205
Date of Birth:
Date: 10/4/15 Date Contraceptive Services Due:
Vaccination (s) Given: Mirena Coil check Batch No:
Batch No:
Batch No:
Batch No:
Destination: Travel Special Risk Routine Epidemic
Administered By: PLW RMacDonald
C/O Address (If required): Length of Stay:

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Trauma-Focused Primary Care Service

No 2 The Bungalows
Stirling Road
Larbert
FK5 4SD

Tel: 01324 574321

NHS Forth Valley

MEDICAL IN CONFIDENCE

Date 15th March 2013
Our Ref AG/jw/V0172448

Ms Sandra MacGregor
22 Woodlea Gardens
Bonnybridge
FALKIRK
FK4 1DF

Dear Ms MacGregor,

APPOINTMENT

You have been referred to this Service by Dr. Edmund, Bonnybridge Medical Practice, for assessment by **Mr Alisdair Graham.**

IN ORDER TO RESERVE THIS APPOINTMENT YOU MUST TELEPHONE THE ABOVE NUMBER WITHIN SEVEN DAYS. IF WE DO NOT HEAR FROM YOU WITHIN THIS TIME THIS APPOINTMENT WILL BE REALLOCATED AND WE WILL REMOVE YOU FROM OUR WAITING LIST.

Your appointment is on **Monday 8th April 2013** at **11a.m.** at **Bonnybridge Health Centre** and will last approximately 45 minutes.

On arrival please report to the receptionist who will tell you where to wait.

Thank you for your co-operation.

Yours sincerely

Trauma-Focused Primary Care Service

cc: Dr. June Edmund, Bonnybank Medical Practice, Larbert Rd, Bonnybridge FK4 1ED ✓

INVESTORS IN PEOPLE | Bronze

Chairman Alex Linkston | CBE
Chief Executive Fiona Mackenzie MA (Hons) MBA CIHM DipHSM
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Registered Office: Carseview House, Castle Business Park, Stirling, FK9 4SW
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Trauma-Focused Primary Care Service

No 2 The Bungalows
Stirling Road
Larbert
FK5 4SD

Telephone: 01324 574321

NHS Forth Valley

MEDICAL IN CONFIDENCE
Dr Edmund
Bonnybank Medical Practice
Larbert Road
BONNYBRIDGE
FK4 1ED

Date 13 May 2013
Our Ref AG/GF/V0172448/CHI 5441

Dear Dr Edmund

Sandra MacGregor, 22 Woodlea Gardens, Bonnybridge, FK4 1DF
DOB: 27.05.65

Thank you for referring this lady to our service.

She attended on 26 April 2013 for assessment and on 10 May 2013 to look at implementing treatment work. Sandra has participated well to date and you will be aware of her history and presentation. She has been happy to look at new ways of managing situations that have caused her distress and we have instigated this work using EMDR.

She is pleased with how she has been able to respond to date and I will update you as to progress.

Yours sincerely

ALISDAIR GRAHAM
Trauma-Focused Primary Care Service

INVESTORS IN PEOPLE | Bronze

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No 2 The Bungalows
Stirling Road
Larbert
FK5 4SD

Telephone: 01324 574321

NHS Forth Valley

Dr Edmund
Bonnybank Medical Practice
Larbert Road
BONNYBRIDGE
FK4 1ED

Date 31 May 2013
Our Ref AG/GF/V0172448/CHI 5441

Dear Dr Edmund

Sandra MacGregor, 22 Woodlea Gardens, Bonnybridge, FK4 1DF
DOB: 27.05.65

I was pleased to meet with Sandra on 16 and 24 May 2013 to implement EMDR work in relation to the death of her husband.

She was able to participate well in treatment and in the first session was able to reduce the subjective unit of distress from 10/10 to 5/10 before the session was closed successfully. In the second session she was able to reduce the subjective unit of distress to 0/10. Her positive cognition increased from 2/7 to 7/7 and her body scan was negative.

She recognises there are other issues she would like to work on in relation to the family's reaction and the impact that has had on her and we have agreed to meet to take this further. I am pleased to report that Sandra was in a very good frame of mind at the end of the session and was pleased with how the treatment work had developed.

I will update you as progress continues.

Yours sincerely

ALISDAIR GRAHAM
Trauma-Focused Primary Care Service

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Plastics Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Plastic Surgery
GGC Plastics

Consultant / receiving practitioner and/or specialty clinic

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Hospital and hospital address

Hospital location code.: G107H

Email address: -

Urgency of referral ROUTINE
Date of referral 27-Jan-2014 **Date sent** 28-Jan-2014

PATIENT DETAILS

Surname	MacGregor
Forename(s)	Sandra
Title	Mrs
Sex	Female
Date of birth	27-May-1965
CHI no.	2705655441
Area of Residence	-

Patient's address

27 Ardgay Drive
Bonnybridge
Falkirk
FK4 2FH

Contact number(s)

Voice:07955399034 USE 1ST

1010066199368 Unique Care Pathway Number: 1010066199368

REGISTERED GP DETAILS

Name	Dr Duncan Lamont		
GMC code	4414131	GP code	60704
Practice name	Bonnybank Medical Practice (14925)		
Practice code	25205		

Practice address

Bonnybank Medical Practice
Bonnybank Health Centre
Larbert Road
Bonnybridge
FK4 1ED

Contact number(s)

Voice:01324 812613
Facsimile:01324 814540

REFERRING GP DETAILS

Name	Dr. June Edmund		
GMC code	2774336	GP code	60411
Practice name	Bonnybank Medical Practice (25205)		
Practice code	25205		

Practice address

Bonnybridge Health Centre
Larbert Road
Bonnybridge
FK4 1ED

Contact number(s)

Voice:01324 812613

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CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Moles on face

Comment: This 48 year old lady has a couple of benign looking moles on her face but these are getting bigger and becoming more prominent and she really would be keen to have these excised if possible.

One of these lesions is on the right upper lip and the other on the left side of the chin.

I would be most grateful if you could advise whether it would be possible to have these removed.

Many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Mole of skin	-	06-Jan-2014	06-Jan-2014
Finger pain	-	06-Jan-2014	06-Jan-2014
Pruritus NOS	-	06-Jan-2014	06-Jan-2014
Influenza NOS	-	05-Jan-2011	05-Jan-2011
Pleuritic pain (Left)	-	05-Jan-2011	05-Jan-2011
Corneal abrasion	-	31-Oct-2006	31-Oct-2006
Motor vehicle traffic accidents (MVTA)	-back strain	15-Mar-2002	15-Mar-2002
Closed fracture proximal phalanx, toe	-(L) 5th toe	09-Aug-2001	09-Aug-2001
[X] Reactive depression NOS	anxiety /referred to psychiatrist	26-Feb-2001	26-Feb-2001
Forceps delivery	-non-rotational /female	13-Nov-1998	13-Nov-1998
Whiplash injury	-	19-Sep-1994	19-Sep-1994
Motor vehicle traffic accidents (MVTA)	-	19-Sep-1994	19-Sep-1994
Primary infertility unspecified	-	17-Aug-1994	17-Aug-1994
[M]Intradermal naevus	-	16-May-1994	16-May-1994
Endometriosis	-	20-Sep-1993	20-Sep-1993
Cyst of Bartholin's gland	-	06-Jul-1993	06-Jul-1993
Dyspareunia	-	06-Jul-1993	06-Jul-1993
Whiplash injury	-	08-Apr-1993	08-Apr-1993
Motor vehicle traffic accidents (MVTA)	-head injury	21-Jan-1992	21-Jan-1992
Otitis externa NOS	-recurrent (L)	07-Sep-1990	07-Sep-1990
[D]Epistaxis	-	20-Jan-1985	20-Jan-1985
Iron deficiency anaemias	-	20-Jan-1985	20-Jan-1985
Tattoo	self inflicted tattoos /wishing to have them removed	19-Dec-1984	19-Dec-1984
Infertility - female	-	06-Nov-1984	06-Nov-1984
Head injury	-fall	13-Mar-1980	13-Mar-1980
Iron deficiency anaemias	-	30-Jun-1979	30-Jun-1979
Mesenteric adenitis	-	26-Jun-1979	26-Jun-1979

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Excision of lesion of skin NOS	-skin of back	16-May-1994	16-May-1994
Hydrotubation of fallopian tube	-	17-Sep-1993	17-Sep-1993

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Dilation of cervix uteri and curettage of uterus NEC	-	17-Sep-1993	17-Sep-1993
Marsupialisation of Bartholin gland	(L)	17-Sep-1993	17-Sep-1993
Appendicectomy NEC	-	26-Jun-1979	26-Jun-1979

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Co-Codamol 30/500 Caplets	100	100 tablet	TWO TO BE TAKEN FOUR TIMES A DAY	-	05-Dec-2012	06-Jan-2014
Fluoxetine Hydrochloride Capsules 20 mg	168	168 CAPSULE	3 DAILY	-	13-Oct-2010	11-Dec-2013

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Chlorphenamine Tablets 4 mg	56	56 tablet	TAKE ONE NOCTE	-	06-Jan-2014	06-Jan-2014
Aciclovir Dispersible tablets 200 mg	25	25 tablet	ONE TAB FIVE TIMES A DAY	-	15-Oct-2013	15-Oct-2013
Zopiclone Tablets 7.5 mg	7	7 tablet	TAKE ONE TABLET AT NIGHT TO HELP SLEEP	-	11-Oct-2013	11-Oct-2013

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Height (m):	159	-
Weight (kg):	56	-
BMI (Weight / Height):	22.15	-
Thinking about stopping smoking:		10-Apr-2013
Current smoker:		10-Apr-2013
Current smoker:		05-Oct-2011
Current smoker:	hard of hearing, right ear sore and glands swollen right side, temp 37.7 in work, still SOB, over 8 weeks since first unwell 10/day	28-Feb-2011
Current smoker:		21-Aug-2009
Alcohol intake within recommended sensible limits:	Disease SPICE Basic Health Values,	30-Jul-2009

Clinical warnings

Allergies

Description	Date recorded
Urticaria	24-May-1996

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: Not stated

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Signature of referring doctor (or other professional) **Date**

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Trauma-Focused Primary Care Service

No 2 The Bungalows
Stirling Road
Larbert
FK5 4SD

Telephone: 01324 574321

NHS Forth Valley

Dr Edmund
Bonnybank Medical Practice
Larbert Road
BONNYBRIDGE
FK4 1ED

Date 28 October 2013
Our Ref AG/GF/V0172448/CHI 5441

Dear Dr Edmund

Sandra MacGregor, 22 Woodlea Gardens, Bonnybridge, FK4 1DF
DOB: 27.05.65

I was pleased to review Sandra on 26 October 2013 following treatment with myself.

She reports continued positive progress in relation to this and is pleased that she has been able to deal with some difficult situations in an adaptive fashion. She plans to return to work and feels they have remained sympathetic to her and feels that other issues she wishes to be able to move on from are close to being resolved. She participated well in sessions and was keen to look at further work in our next session.

I will update you as to progress.

Yours sincerely

ALISDAIR GRAHAM
Trauma-Focused Primary Care Service

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INVESTORS IN PEOPLE | Bronze

Chairman Alex Linkston CBE
Chief Executive Fiona Mackenzie MA (Hons) MBA CIHM DipHSM

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Stress Control GP Referral Form

stresscontrol
Face your fears; be more active; watch what you drink

Jan Burns
Stress Control Co-ordinator
Falkirk Community Hospital
Administration Offices
Westburn Avenue
Falkirk
FK1 5SU

Patient's Name : 2705655441 MacGregor, Sandra

Date of Birth : 27/05/1965 F

Address : 27 Ardgay Drive Bonnybridge FK4 2FH Tel: 07955-399034

Dr JV Edmund Bonnybank Med Practice 6041 25205

Post Code :

Telephone Number :

Can message be left: YES / NO
Please circle

G.P. Name & Address : DR. JUNE EDMUND
Drs Morrison, Edmund, Lamont, Sharma, Beaman & McNutt
Bonnybank Medical Practice,
Bonnybridge Health Centre,
Larbert Road, Bonnybridge FK4 1ED
Tel: 01324 812613 Practice: V25205

Does the client meet the referral inclusion / exclusion criteria? YES / NO

Inclusion Criteria:

1) Presents with mild/moderate anxiety/stress/panic ☑
2) Is willing to adopt a self-help approach ☑
3) Is able to work within a boundaried course format ☑

Exclusion Criteria:

1) Suicide risk ☐
2) Severe and enduring mental health problems (e.g., psychosis) ☐
3) Co-morbid difficulties that could interfere with them benefiting from the course, i.e., severe depression, eating disorder, PTSD, OCD, or addiction problems ☐

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NHS
Forth Valley

Dr Edmund
Bonnybank HC
Bonnybridge

Tuesday 3rd December 2013

Dear Dr Edmund

Your patient Sandra MacGregor Date of Birth 5/27/1965 has been referred to the Open Access Stress Control Class, and has been given the number to call to book their place.
If you have any further queries please call **01259 215048,** or myself for assistance.

Yours sincerely

Stress Control Co-ordinator

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stresscontrol
Face your fears; be more active; watch what you drink

Jan Burn
Stress Control Co-ordinator
Falkirk CHP
Administration Offices
Falkirk Community Hospital
Westburn Avenue
Falkirk
FK1 5SU
01324 614652
07824608632

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Emergency Department
Forth Valley Royal Hospital
Stirling Road
Larbert FK5-4WR

Dr D Lamont
Bonnybridge Health Centre
Larbert Road
Bonnybridge

FK4 1ED

3 December 2013

Dear Dr Lamont

Re: SANDRA MACGREGOR, 27 ARDGAY DRIVE, BONNYBRIDGE, STIRLINGSHIRE, FK4 2FH
Date of Birth: 27.05.65 Hospital Number: 2705655441 CHI Number: 2705655441

Your patient attended Forth Valley Royal Hospital on the 3 DEC 2013 at 10:41 am.

The presenting complaint was:	**Ring Removal**
Triage Information:	**Nil**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Contusion - Finger - Ring - Right**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	***7 No Alcohol-Left By Own Means**
Follow-up:	**1 Self Care**
Additional Information:	**fall on satureday when roller skating/. Right ring finger swelling since then. Ring cut in ED. Discahrged with advsie and anti inflamatory.**

Yours sincerely,

Azad Ahmed Nazar Ahmed
Speciality Doctor

Consultants

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Emergency Department
Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

Dr DUNCAN LAMONT
BONNYBRIDGE HEALTH CENTRE
LARBERT ROAD BONNYBRIDGE
FK4 1ED

Date: 28 Dec 2013

Dear Dr DUNCAN LAMONT,

Re: SANDRA MACGREGOR, 27 ARDGAY DRIVE, BONNYBRIDGE, STIRLINGSHIRE, FK4 2FH
Date of Birth: 27/05/1965 CHI number: 2705655441

Your patient attended Forth Valley Royal Hospital on the 28 Dec 2013 at 12:09 PM.

The presenting complaint was:	**NEEDLESTICK INJ PHONE EXT66524 - RENAL UNIT WHEN SHE HAS TO BE SEEN**
Triage information:	**NOT IN DEPARTMENT AT TIME OF TRAIGE - WILL HAVE GONE TO WARD**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**NEEDLESTICK INJ - POTENTIALLY CONTAMINATED WITH BODY FLUIDS - FINGER - RING - LEFT**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**7 NO ALCOHOL-LEFT BY OWN MEANS**
Follow-up:	**1 SELF CARE**
Additional information:	**PC: needlestick injury HPC: needle stick injury from contaminated needle. Hep B vaccs up to date. Patient was a dialysis patient. Risk assessment carried out. Plan: Blood for storage taken to contact OH on monday**

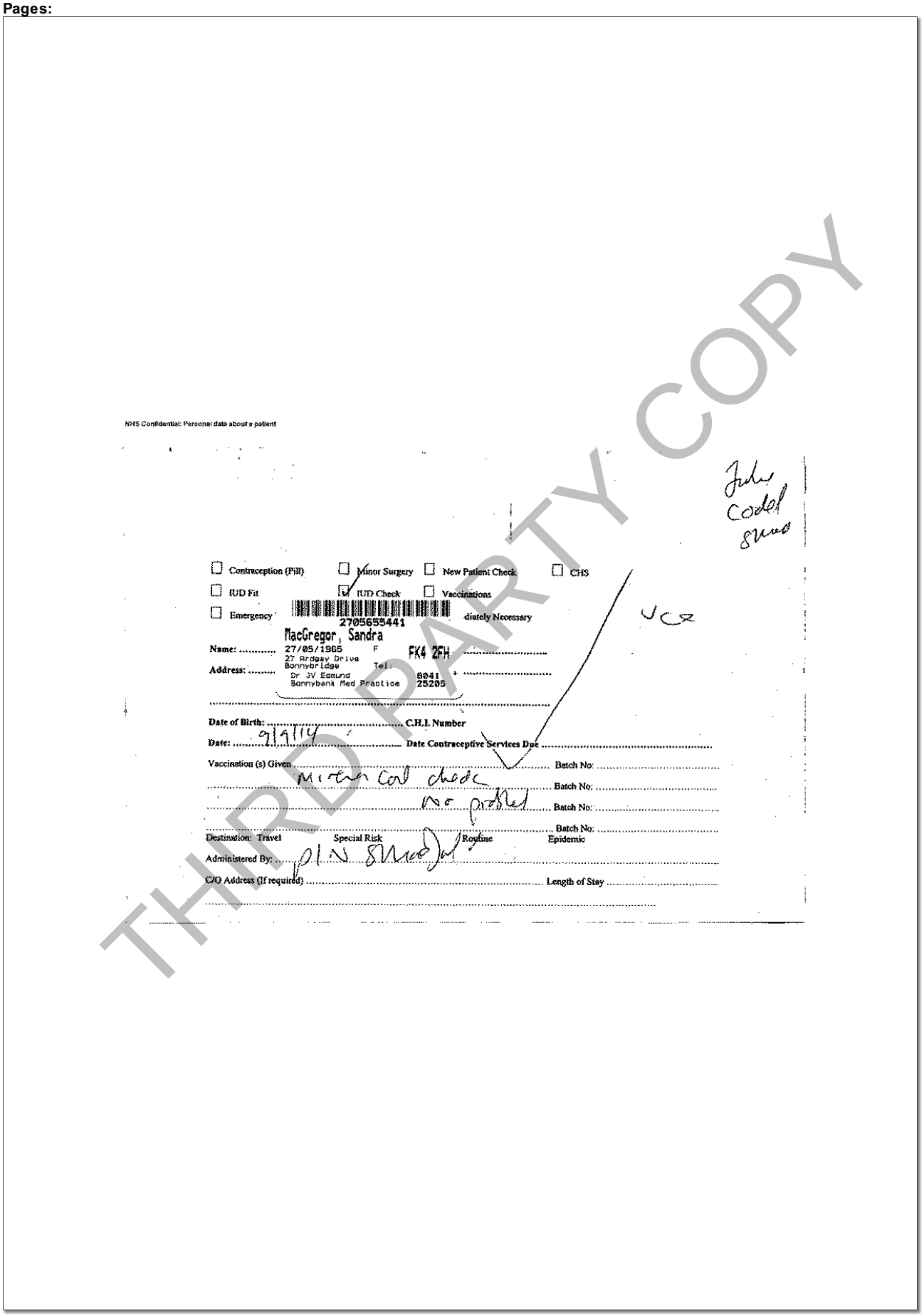
Yours sincerely,

DONALD WILSON
FY2

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July Codol 8mcg

☐ Contraception (Pill) ☐ Minor Surgery ☐ New Patient Check ☐ CHS
☐ IUD Fit ☑ IUD Check ☐ Vaccinations
☐ Emergency 2705653441 diately Necessary

VCR

Name: MacGregor, Sandra 27/05/1965 F FK4 2FH
Address: 27 Ardgay Drive Bonnybridge Tel: 8041
Dr JV Edmund Bonnybank Med Practice 25205

Date of Birth: C.H.I. Number
Date: 9/9/14 Date Contraceptive Services Due
Vaccination (s) Given Mirena Coil check Batch No:
Batch No:
no pill Batch No:
Batch No:
Destination: Travel Special Risk Routine Epidemic
Administered By: P.I.N. SMcD
C/O Address (If required) Length of Stay

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Telephone: 01324 574321

NHS Forth Valley

Dr Edmund
Bonnybank Medical Practice
Larbert Road
BONNYBRIDGE
FK4 1ED

Date 08 January 2014
Our Ref AG/GF/V0172448/CHI 5441

Dear Dr Edmund

Sandra MacGregor, 22 Woodlea Gardens, Bonnybridge, FK4 1DF
DOB: 27.05.65

I was able to meet with Sandra on 13 December 2013. She reported excellent progress and is feeling a lot better and was pleased with how work had progressed in treatment.

We had arranged a further appointment on 06 January 2014 but she telephoned to cancel saying she had an excellent festive period and was doing fine. She said she did not feel any further input was necessary and I will therefore discharge her from this service at this time.

Yours sincerely

ALISDAIR GRAHAM
Trauma-Focused Primary Care Service

INVESTORS IN PEOPLE | Bronze

Chairman Alex Linkston CBE
Chief Executive Fiona Mackenzie MA (Hons) MBA CIHM DipHSM

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NHS
Forth Valley
Microbiology

SURNAME	FORENAME	UNIT No.
MACGREGOR 27 Ardgay Drive Stirlingshire	SANDRA	2705655441
	DATE OF BIRTH: 27/05/1965	SEX: F

CONSULTANT: Dr Duncan Lamont
WARD: Dr Duncan Lamont 6070
G.P.: Bonnybridge Health Centre

CLINICAL DATA: Urinary Tract Infection?

```
Red Blood Cells (ul)          :269
White Blood Cells (ul)        :9877
Epithelial Cells (ul)         :123

Urine Culture
 Escherichia coli >100,000 orgs./ml

                  Trimethoprim S              Nitrofurantoin S
              Amp/Amoxicillin S                  Gentamicin S
                    Augmentin S

Normal Ranges
Red Blood Cells   0 - 40 /ul
White Blood Cells >400/ul and negative culture is
                  considered sterile pyuria.
White Blood Cells >40 and <400/ul with a negative culture,
                   consider further investigation if
                   clinically indicated.
```

EXAMINATION	LAB No.	AUTHORISED	
Urine exam	MU085949H	Lenka Strakova	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Midstream specimen of Urine	10/06/2014	10/06/2014	12/06/2014

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NHS
Forth Valley
Microbiology

SURNAME	FORENAME	UNIT No.
MACGREGOR 27 Ardgay Drive Stirlingshire	SANDRA	2705655441
	DATE OF BIRTH: 27/05/1965	SEX: F

CONSULTANT: Dr Duncan Lamont
WARD: Dr Duncan Lamont 6070
G.P.: Bonnybridge Health Centre

CLINICAL DATA: uti trimethoprim 1/52 ago

Red Blood Cells (ul) :103
White Blood Cells (ul) :1289
Epithelial Cells (ul) :23

Urine Culture
Escherichia coli >100,000 orgs./ml

Trimethoprim S
Amp/Amoxicillin S
Augmentin S
Nitrofurantoin S
Gentamicin S

It is important that method of sample collection is recorded on the request e.g. MSU, CSU, etc.

Normal Ranges
Red Blood Cells 0 - 40 /ul
White Blood Cells >400/ul and negative culture is considered sterile pyuria.
White Blood Cells >40 and <400/ul with a negative culture, consider further investigation if clinically indicated.

EXAMINATION	LAB No.	AUTHORISED	
Urine exam	MU089416X	Sara Jamdar	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Urine	26/06/2014	26/06/2014	28/06/2014

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MacGregor Sandra CHI: 2705655441

Clinical letter - GP: referral management service

NHS Greater Glasgow and Clyde

Dr. JV Edmund
Bonnybank Medical Practice
Bonnybridge Health Centre
Larbert Road
Bonnybridge
FK4 1ED

Canniesburn Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF
Main Switchboard: 0141 211 4000

Department: canniesburn
Tel: 0141-211-5732
Enquiries to: Referral Management Office

Letter Date: 05/02/2014
Reference: mm/cs
Dictated Date: 05/02/2014
Transcribed Date: 05/02/2014

Dear Dr Edmund,

Name:	**MacGregor Sandra**
CHI:	**2705655441**
DOB:	**27/05/1965**
Address:	**27 Ardgay Drive**
	Bonnybridge
	Stirlingshire
	FK4 2FH

You recently referred this patient to the Plastic Surgery Department at the Canniesburn Unit, Glasgow Royal Infirmary.

In accordance with the Exceptional Aesthetic Referral Protocol (2009) this referral has been assessed by the Referral MDT.

The patient is outwith the exceptional aesthetic Referral criteria for the requested procedure.

Surgery to remove benign skin lesions is not routinely offered on the NHS except where there is diagnostic doubt or where the lesion is causing functional problems or prone to infection.

Created on 05/02/2014 13:30 by Carol Stewart

Page 1 of 2

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MacGregor Sandra CHI: 2705655441 GCL 05/02/2014 v1

Yours sincerely
Marion McAneny
referral manager

Electronically Signed: .

cc.

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Occupational Health Service

Occupational Health Service
Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

IN CONFIDENCE

Ms Jane Rodriguez
(jane.rodriguez@nhs.net)
Clinical Nurse Manager

Date 7th January 2015
Your Ref
Our Ref AS/WS
Enquiries Wendy Silcock, Secretary
Direct Line 01324 566663
Email FV-UHB.OHSadmin@nhs.net

INTERNAL MEMO

MRS ALEXANDRA (SANDRA) MacGREGOR, STAFF NURSE, RENAL UNIT
27 ARDGAY DRIVE, BONNYBRIDGE, FK4 2FH - D.O.B. 27/05/65

Thank you for referring Alexandra to the Occupational Health Department. I met with her on the morning of 5th January 2015 to discuss her current health and the content of your referral.

As highlighted in your referral, Alexandra has been absent since 25th November 2014 due to an exacerbation of her musculo-skeletal back pain.

She informs me she has a long-standing history of back pain. This particular episode was caused by her getting into her car. The pain then worsened over the next few days and her G.P. signed her off work. She is under the care of her G.P. who put her on the correct medication and she has also been attending the Staff Physiotherapy Service. I have Alexandra's verbal consent to write to her physiotherapist for a report on her progress. She continues to be compliant with back exercises at home and she states she feels much better. On examination today, she was able to bend forward to touch her shins, though with some pain. She was able to sit with her hips and knees bent for 30 minutes. She walked with her normal gait independently down the corridor.

She has been advised by her G.P. to reduce her medication and she states she is gradually improving and she is keen to return to work. She aims to return when her current line expires, on 13th January 2015. She will need a phased return and should obviously avoid heavy lifting.

I hope that she does well, but of course if there are any concerns on her return to work, please do not hesitate to contact the department. I would recommend a four week phased return with half days initially and rest day between shifts. Hopefully by doing this, we will be able to get her back successfully to the workplace.

Cont'd...

INVESTORS IN PEOPLE | Bronze

Chairman Alex Linkston CBE
Chief Executive Jane Grant

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Registered Office: Carseview House, Castle Business Park, Stirling, FK9 4SW

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NHS
Forth Valley

7th January 2015
Mrs Alexandra (Sandra) MacGregor
D.O.B. 27/05/65

If this can be accommodated, I would suggest the following short phased return which can be adjusted if Alexandra experiences any difficulties.

Week 1	two short days
Week 2	three short days
Week 3	two long and one short day
Week 4	three long days

I believe there has been some changes to her hours which she feels is beneficial and I would recommend that she remains working 25½ hours over three days a week for at least a further two months but would see this as being a temporary adjustment.

I have arranged to see her again on 9th February 2015 to see how she is getting on and as to whether she has been able to return to the workplace on a graduated basis. At this stage I may be better able to advise on whether the suggested modification would need to continue into the longer-term.

Your support in this matter is greatly appreciated. If you have any queries, please do not hesitate to contact me.

Kind regards.

Dr Ana Sanchez
Occupational Health Physician
(dictated by Dr Sanchez and signed in her absence)

cc: Ms Lesley Luke, HR Advisor (lesley.luke@nhs.net)
Dr Morrison, Bonnybridge Health Centre, Larbert Road, Bonnybridge, FK4 1ED
Mrs Alexandra McGregor, 27 Ardgay Drive, Bonnybridge, FK4 2FH

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Emergency Department
Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

Dr DUNCAN LAMONT
BONNYBRIDGE HEALTH CENTRE
LARBERT ROAD BONNYBRIDGE
FK4 1ED

Date: 13 Feb 2015

Dear Dr DUNCAN LAMONT,

Re: SANDRA MACGREGOR, 27 Ardgay Drive,, BONNYBRIDGE,, Stirlingshire, FK4 2FH
Date of Birth: 27/05/1965 CHI number: 2705655441

Your patient attended Forth Valley Royal Hospital on the 13 Feb 2015 at 8:52 AM.

The presenting complaint was:	**?COLLAPSED**
Triage information:	**HISTORY OF UNCONSCIOUSNESS AWOKE THIS AM APPROX 6AM FELT NAUSIA AND HEADACHE HAD EPISODE OF COLLAPSE WITH LOC ? APPROX 1 HOUR POOR RECOLECTION OF EVENTS**
The following investigations were carried out:	**CT SCAN BRAIN**
The A&E diagnosis was:	**CARDIO-VASCULAR - SYNCOPE AND COLLAPSE**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	***8 NO ALCOHOL-ADMITTED**
Follow-up:	**3 MEDICAL**
Additional information:	**None**

Yours sincerely,

NAOMI LINNEY
SPECIALITY DOCTOR

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Emergency Department
Forth Valley Royal Hospital
Stirling Road
Larbert FK5-4WR

Dr D Lamont
Bonnybridge Health Centre
Larbert Road
Bonnybridge

FK4 1ED

13 February 2015

Dear Dr Lamont

Re: SANDRA MACGREGOR, 27 Ardgay Drive,, BONNYBRIDGE,, Stirlingshire, FK4 2FH
Date of Birth: 27.05.65 Hospital Number: 2705655441 CHI Number: 2705655441

Your patient attended Forth Valley Royal Hospital on the 13 FEB 2015 at 08:52 am.

The presenting complaint was:	**?Collapsed**
Triage Information:	**History Of Unconsciousness Awoke This Am Approx 6am Felt Nausia And Headache Had Episode Of Collapse With Loc ? Approx 1 Hour Poor Recolection Of Events**
The following investigations were carried out:	**Ct Scan Brain**
The A&E diagnosis was:	**Cardio-Vascular - Syncope And Collapse**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	***8 No Alcohol-Admitted**
Follow-up:	**3 Medical**
Additional Information:	**Nil**

Yours sincerely,

Naomi Linney
Speciality Doctor

Consultants

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Occupational Health Service

IN CONFIDENCE

Ms Jane Rodriguez
(jane.rodriguez@nhs.net)
Clinical Nurse Manager

Occupational Health Service
Forth Valley Royal Hospital
Stirling Road
Larbert FK5 4WR

NHS Forth Valley

Date 10th February 2015
Your Ref
Our Ref AS/WS
Enquiries Wendy Silcock, Secretary
Direct Line 01324 566663
Email FV-UHB.OHSadmin@nhs.net

INTERNAL MEMO

MRS ALEXANDRA (SANDRA) MacGREGOR, STAFF NURSE, RENAL UNIT
27 ARDGAY DRIVE, BONNYBRIDGE, FK4 2FH - D.O.B. 27/05/65

I reviewed Sandra in the Occupational Health Department on 9th February 2015 as planned.

As you are aware, she returned to work on 13th January 2015. She is very pleased to be back at work and is working through her phased return programme. This week is her first week working her full hours. She is now off her strong pain killing medication and only requires periodic minimal doses at this time.

The physiotherapist has now discharged Sandra, but she will keep her on her books for a month in case she should require further input. She is still having occasional twinges but is aware of her limitations. Overall, she is progressing well. It is my opinion, Sandra's ongoing psychological stressors are playing a significant role in her recurrent back pain symptoms. She is coping obviously with a personal arrangement, though she did mention that she is planning to increase her working hours again in the near future. The future, as always, is difficult to predict. If she comes back to long shifts, working 34 hours, it is imperative that she continues to adopt best practice manual handling techniques and that early advice is sought if she feels the situation is deteriorating.

I have not arranged to see her again but have offered her the services of the department should she have any other problems.

I hope this information is helpful to you. If you require any other help, please do not hesitate to contact me. Kind regards.

Dr Ana Sanchez
Occupational Health Physician
(electronically checked & signed by Dr Sanchez)
cc: Ms Lesley Luke, HR Advisor (lesley.luke@nhs.net)
Dr Morrison, Bonnybridge Health Centre, Larbert Road, Bonnybridge, FK4 1ED
Mrs Alexandra MacGregor, 27 Ardgay Drive, Bonnybridge, FK4 2FH

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Chairman Alex Linkston CBE
Chief Executive Jane Grant

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Immediate Discharge Letter

NHS Forth Valley

Hospital: Forth Valley Royal Hospital, Larbert
Consultant: Siddhi, Dr Sandeep
Specialty: General Medicine
Tel: 01324 566000
Discharging Ward: FVRH - Capacity Area 3

GP Details		Patient Details		Admission Details	
Practice Code:	25205	**Patient CHI No:**	2705655441	**Admission Date:**	13/02/2015
		Patient Hospital No:	S430158		
GP Name:	Dr Duncan C Lamont	**Surname:**	MacGregor	**Admission Type:**	Emergency - Injury - Other
Address:	Bonnybank Medical Practice, Bonnybridge Health Centre, Larbert Road, Bonnybridge, FK4 1ED	**Forename:**	Sandra	**Presenting Complaint:**	Collapsed Adult
		Date of Birth:	27/05/1965		
		Address:	27 Ardgay Drive,, Bonnybridge,, Stirlingshire, FK4 2FH	**Discharge Date:**	14/02/2015
				Discharge To:	Private Residence - Living with Relatives or Friends

Diagnosis/Problem List

XM06c - Collapse

Additional comment (Progress, Investigations, Procedures, Complications etc)

Dear doctor,

Dear doctor,

This 49 year old lady attended AAU on 13/02/15 following an episode of collapse with loss of consciousness.

She describes having a night of poor sleep/restlessness, and waking with nausea and a headache. She went to the bathroom and vomited once, then subsequently collapsed and awoke on the floor one hour later.

MrS McGregor noted confusion and drowsiness when she came around, and had no neck stiffness or photophobia. On presentation she noted feeling better with no headache and no longer confused, but was tired with mild nausea.

Examination was unremarkable, and bloods, a CT head, ECG and Chest XRAY were all normal.

The impression was that this collapse may have represented a syncope secondary to vomiting or a seizure with post-ictal confusion.

The patient felt much improved on 14/02 and Dr Siddhi was happy to discharge her with follow up at first fit clinic. She has been advised not to drive.

Kind Regards,

Results Outstanding (Y/N) If yes, give details:	No

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Information to patient/carer (Y/N):	**Patient:** Yes **Carer (if applicable):**

Follow up arrangements

There are no Reviews planned

Authorisor's name:	Dr C Doyle	**Authorisor's Signature:**
Authorisor's grade:	FHO1	
Read/Approved by:		
Date:	14/02/2015	

Discharge Ward Nurse:	Hunter, Gillian

Validation/Contact Name: Siddhi, Dr Sandeep

THIS IS THE FINAL DOCUMENT

Name: Mrs Sandra MacGregor CHI: 2706559441

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Forth Valley Acute Hospitals Acute Division
Medications Discharge Summary

Name:	Mrs Sandra MacGregor	**Patient's Tel No:**	
Address:	27 Ardgay Drive,, Bonnybridge,, Stirlingshire, FK4 2FH	**Patient's Tel Eve:**	01236 721158
Admission Date:	13/02/2015	**Discharge Date:**	14/02/2015

PATIENT ALERTS

Alert Group	Alert	Alert Comment	When Added	Added By

PATIENT DRUG REACTIONS

CURRENT PRESCRIPTION (all medicines currently prescribed) **e.g. clinical indication for prescription monitoring*

MEDICINES DISCONTINUED

Nurse check on discharge:

Signature 1: Signature 2:

Name: Mrs Sandra MacGregor CHI: 270565S441

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Neurology Department
Consultant: Dr Suvankar Pal
Tel: 01324 566351
Fax: 01324 567711

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Ref: LD/SP/JMcC/S430158
CHI: 2705655441

Clinic Date: 11 March 2015
Date: 30 March 2015

Dr Duncan Lamont
Bonnybank Medical Practice
Bonnybridge Health Centre
Larbert Road
Bonnybridge
FK4 1ED

Dear Dr Lamont

SANDRA MACGREGOR 27/05/1965
27 Ardgay Drive, BONNYBRIDGE, Stirlingshire FK4 2FH

Diagnosis: 1. Collapse - ? cause
2. Migraine
a. Family history
3. Depression

Thank you for referring this 49-year-old right handed staff nurse who I reviewed in Dr Pal's general neurology clinic today.

As detailed in your letter, she suffered an episode of collapse associated with headache and vomiting which culminated in an admission under the acute physicians in February of this year.

On further questioning, Mrs MacGregor informed me that she keeps very well and had gone to bed feeling well. She does not recall waking up but her next memory is of wakening up on her bathroom having bumped the left side of head and vomited. She felt slightly muddled but managed to call her father who felt that her speech was slurred and she looked very pale. She was taken to hospital and admitted for a 24 hour period. Since the event, she continued to have a left frontal and generalised headache and diplopia. This lasted for approximately 2 ½ weeks. She continued to feel as though things were improving and was discharged although continued to have headaches. She suspects that she may have had a concussion.

In addition to the above, apparently a friend had phoned Sandra to get her up for work. Sandra does not recall this conversation but apparently she sounded confused and slurred on the phone. About an hour and 10 minutes later, Sandra herself apparently phoned work and a colleague had commented that she did not sound well and was having difficulties with words. She does not recall either of these conversations.

Chairman: Alex Linkston CBE
Chief Executive: Jane Grant

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Following admission she had a normal CT brain, ECG and chest x-ray. She has continued to suffer from episodic headaches which sound migrainous. They are gradual onset and described as a frontal pressure. There is associated photophobia and phonophobia but no nausea. They last several hours and if she had the choice she would prefer to lie in a darkened room but usually manages to continue with her job. There are no associated focal neurological symptoms or aura. She underwent the menopause at 42 years old and has a strong family history of migraine with one of her sisters suffering from severe migraines. Other past medical history includes depression which is currently well controlled on Fluoxetine 40mgs. She does not take any other regular medications apart from Co-codamol for intermittent back pain.

As mentioned, she is a Staff Nurse within the dialysis unit at Forth Valley Royal Hospital. She drives, drinks very little alcohol and is a smoker. She lives alone independently. Her husband died approximately two years ago.

Neurological examination today was entirely unremarkable. Cardiovascular examination was also unremarkable.

It is impossible to say with certainty what the exact cause of her collapse was. There appears to be an episode of confusion with slurred speech followed by a collapse and vomiting and headache. Things seemed to improve very quickly after this although she seems to have developed migraines ever since. The episode sounds slightly too long for a vasovagal event although this can not be fully ruled out. Of note, she did not bite her tongue and was not incontinent. With regards to her migraines, if these become troublesome I would suggest starting a preventative medication in the form of Propanolol at an initial dose of 20mgs BD and increasing according to response and how well she tolerates it, to 80 mgs BD. She stopped driving for two weeks after the initially event and has been driving ever since. We do not plan to review her routinely, but should she have a further episode, please do not hesitate to contact us and we will arrange to see her.

With very best wishes.

Yours sincerely

Dictated & checked by Dr Davidson electronically

Dr Louise Davidson
Senior Registrar in Neurology

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Occupational Health Service
Forth Valley Royal Hospital
Larbert
Direct Line : (01324) 566663

Date: 25/03/15

NHS Forth Valley

TO : Dr Manson ***RE :*** Alexandrea (Sandra) MacGregor

Please find attached copy of report regarding the above named, for your information/records.
I hope this of assistance to you.

Wendy Silcock
Occupational Health Secretary

with compliments

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NHS Confidential: Personal data about a patient

Occupational Health Service

IN CONFIDENCE

Ms Jane Rodriguez
(jane.rodriguez@nhs.net)
Clinical Nurse Manager
Renal Unit
F.V.R.H.

Occupational Health Service
Forth Valley Royal Hospital
Stirling Road
Larbert FK5 4WR

NHS Forth Valley

Date 24th March 2015
Your Ref
Our Ref AS/WS
Enquiries Wendy Silcock, Secretary
Direct Line 01324 566663
Email FV-UHB.OHSadmin@nhs.net

INTERNAL MEMO

MRS ALEXANDRA (SANDRA) MacGREGOR, STAFF NURSE, RENAL UNIT
27 ARDGAY DRIVE, BONNYBRIDGE, FK4 2FH - D.O.B. 27/05/65

Further to previous correspondence regarding Sandra MacGregor, I reviewed her within the Occupational Health Department at Forth Valley Royal Hospital on the morning of 23rd March 2015. I note your concerns regarding Sandra's fitness to work. At clinic today she made me aware about the last episode of sickness absence she had on 13th February. She has been under the care of her General Practitioner and the Neurologist who has ruled out any other medical conditions. He has explained to Sandra that the episode she had could be related with a migraine condition. Sandra reports she is managing her normal working duties reasonably well and is enjoying being back at work.

As you are aware, we have seen Sandra regarding her low mood in the past. Since that time, she feels that she has coped remarkably well. She remains on medication, which I think is affording significant benefits for her and hopefully this will continue. Sandra states that she doesn't have any other underlying issues at this moment.

I have arranged a review appointment for Sandra in early June to assess her progress. If her progress is maintained until then, I think she can consider an increase of her working hours, at least up to 30 hours per week as she is currently working 25½ hours. I hope her attendance remains acceptable hereafter.

Should you have any further questions or require clarification of the above, please do not hesitate to let me know.

Kind regards.

Dr Ana Sanchez
Occupational Health Physician
cc: Ms Lesley Luke, HR Advisor (lesley.luke@nhs.net)
Dr Morrison, Bonnybridge Health Centre, Larbert Road, Bonnybridge, FK4 1ED
Mrs Alexandra MacGregor, 27 Ardgay Drive, Bonnybridge, FK4 2FH

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Chairman Alex Linkston CBE
Chief Executive Jane Grant

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NHS
Forth Valley
Microbiology

SURNAME	FORENAME	UNIT No.
MACGREGOR 27 ARDGAY DRIVE BONNYBRIDGE	SANDRA	2705655441
	DATE OF BIRTH: 27/05/1965	SEX: F

CONSULTANT: Dr Laura Forsyth
WARD: Dr Laura Forsyth 60500
G.P.: Bonnybridge Health Centre

CLINICAL DATA: Gastro-oesophageal reflux

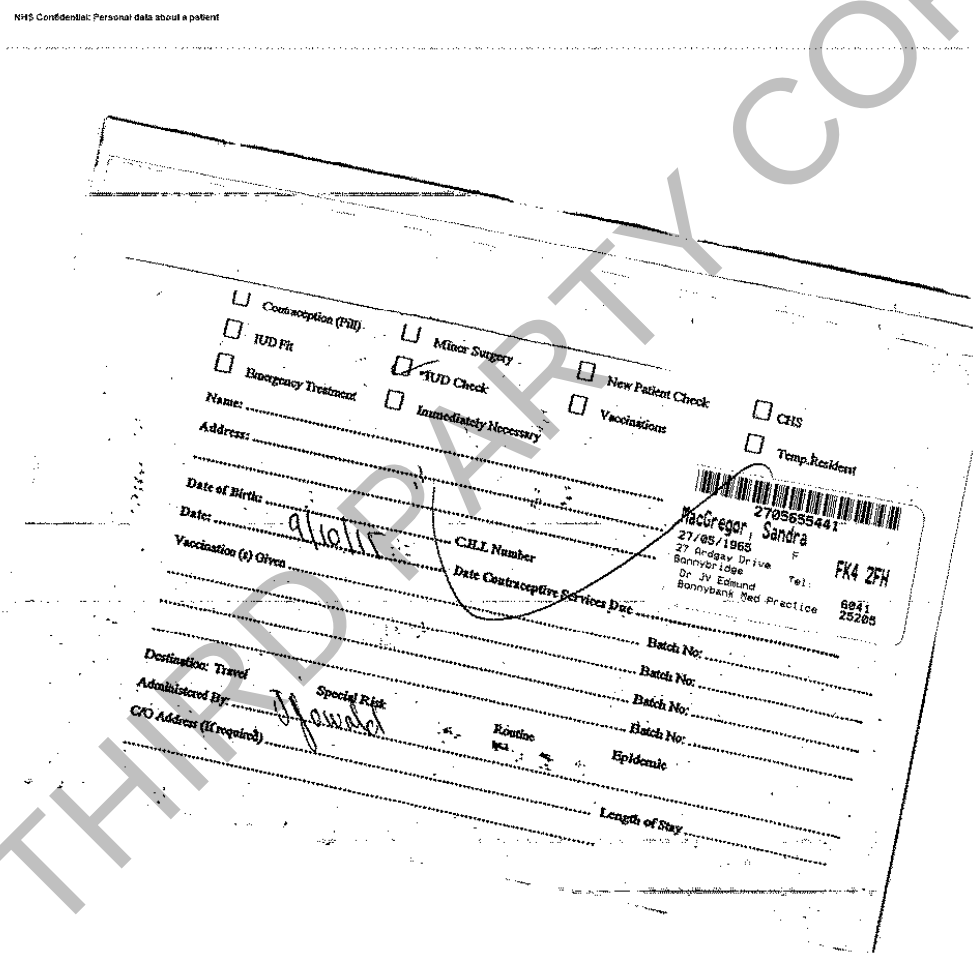
H.pylori stool antigen
H.pylori stool antigen : POSITIVE
Antibiotics, proton pump inhibitors and bismuth preparations are known to suppress the growth of H.pylori.
Stool sampling must not be performed earlier than 2 weeks after termination of ingestion proton pump inhibitors and bismuth preparations, and 4 weeks after termination of antibiotic therapy, respectively.

EXAMINATION	LAB No.	AUTHORISED	
H.pylori stool antigen	MF030131X	Lorna Graham	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Faeces	01/02/2016	01/02/2016	01/02/2016

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Bonnybank Medical Practice
Larbert Road,
BONNYBRIDGE.
FK4 1ED
Tel: (01324) 812613
Fax (01324) 814540

Dr. June V Edmund
Dr. Anna C Lamont
Dr. Sandeep K Sharma
Dr. Lynne Dolan
Dr Elizabeth A Weir
Dr Zdenka Carruthers
Dr. Laura Forsyth

Bonnybank Medical Practice
Kilsyth Road,
BANKNOCK
FK4 1HX
Tel: (01324) 840314

ACL/AJR

30 June 2016

NHS National Services Scotland
Practitioner Services – Medical
2nd Floor
Gyle Square
1 South Gyle Crescent
EDINBURGH
EH12 9EB

Dear Sir/Madam

Re: Sandra MacGregor, (27/05/1965) CHI: 5441 NHS S644/7/65/873
Previously: 27 Ardgay Drive, Bonnybridge, FK4 2FH
New Address : 3 Bramble Avenue, Larbert, FK5 4ZL

I would be grateful if you could take the necessary steps to remove the above patient from my List. Mrs MacGregor now resides in Larbert, which is outwith our Practice boundary.

Many thanks for your assistance in this matter.

Yours faithfully

Dr. Anna C Lamont
Partner

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Bonnybank Medical Practice
Larbert Road,
BONNYBRIDGE.
FK4 1ED
Tel: (01324) 812613
Fax (01324) 814540

Dr. June V Edmund
Dr. Anna C Lamont
Dr. Sandeep K Sharma
Dr. Lynne Dolan
Dr Elizabeth A Weir
Dr Zdenka Carruthers
Dr. Laura Forsyth

Bonnybank Medical Practice
Kilsyth Road,
BANKNOCK
FK4 1HX
Tel: (01324) 840314

ACL/AJR

30 June 2016

Mrs Sandra MacGregor
3 Bramble Avenue
LARBERT
FK5 4ZL

Dear Mrs MacGregor

I note from our records that you now reside in Larbert. Unfortunately, this is outwith our Practice area. I would therefore recommend that you register with one of the General Practitioners in that area.

Yours sincerely

Dr. Anna C Lamont
Partner

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Occupational Health Service

IN CONFIDENCE

Ms Jane Rodriguez
(jane.rodriguez@nhs.net)
Clinical Nurse Manager
Renal Unit
F.V.R.H.

Occupational Health Service
Forth Valley Royal Hospital
Stirling Road
Larbert FK5 4WR

NHS Forth Valley

Date	8th June 2015
Your Ref	
Our Ref	AS/WS
Enquiries	Wendy Silcock, Secretary
Direct Line	01324 566663
Email	FV-UHB.OHSadmin@nhs.net

INTERNAL MEMO

MRS ALEXANDRA (SANDRA) MacGREGOR, STAFF NURSE, RENAL UNIT
27 ARDGAY DRIVE, BONNYBRIDGE, FK4 2FH - D.O.B. 27/05/65

I reviewed Sandra within the Occupational Health Department at Forth Valley Royal Hospital on the morning of 3rd June 2015 as planned.

Since her last review, she has not had any periods of sickness absence and she states she is currently coping at work. She continues to be compliant with back exercises and is also on the appropriate pain medication.

I note Sandra reduced her working hours to 25½, which she feels has been very beneficial for her musculoskeletal condition. This is now well controlled at the moment. At this stage, it is my opinion she could consider increasing her working hours up to 30 hours per week. As I am sure you will understand, I am unable to give a prognosis of any certainty with respect to future exacerbations of her musculoskeletal problem. I have stressed the importance of back exercises which would provide better support for her vertebral column and should help to decrease the frequency and intensity of any future exacerbations. With back pain, there is an age related component and over time it may be that Sandra's condition does further deteriorate, though these would depend on each individual.

I hope Sandra's attendance remains acceptable hereafter and I have discharged her from further attendance in the meantime. I have left the door open should she feel we could offer her any future help. I hope this information is helpful to you. If you require any other help, please do not hesitate to contact me. Kind regards.

Dr Ana Sanchez
Occupational Health Physician
cc: Ms Lesley Luke, HR Advisor (lesley.luke@nhs.net)
Dr Morrison, Bonnybridge Health Centre, Larbert Road, Bonnybridge, FK4 1ED
Mrs Alexandra MacGregor, 27 Ardgay Drive, Bonnybridge, FK4 2FH

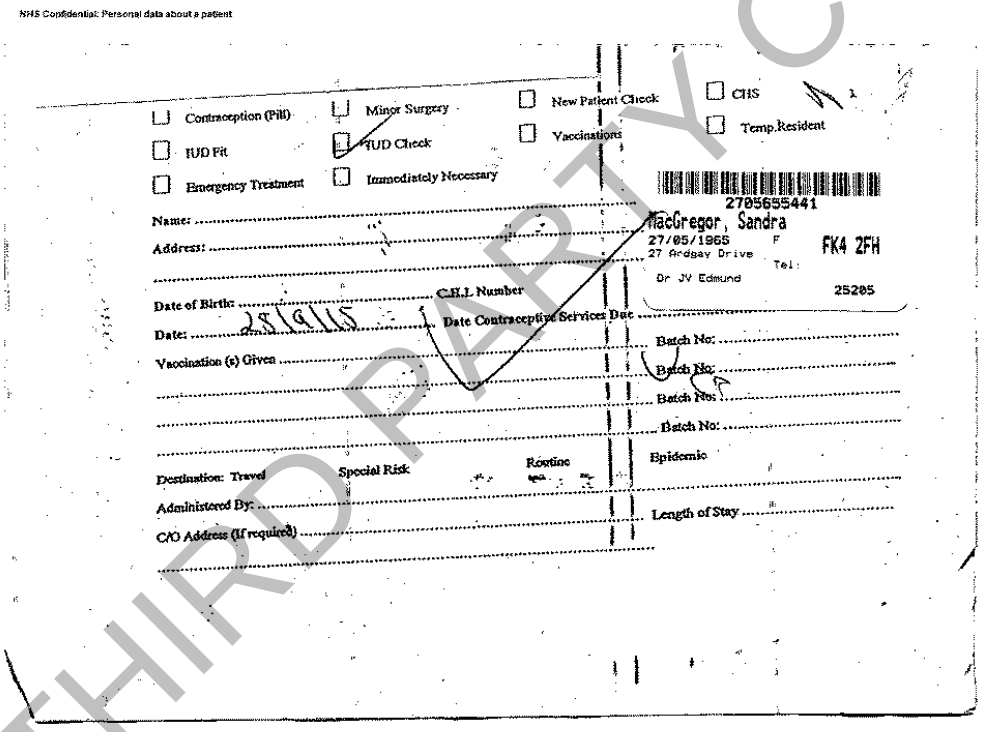
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Chief Executive Jane Grant
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☐ Contraception (Pill) ☐ Minor Surgery ☐ New Patient Check ☐ CHS
☐ IUD Fit ☐ IUD Check ☐ Vaccinations ☐ Temp.Resident
☐ Emergency Treatment ☐ Immediately Necessary

2705655441
MacGregor, Sandra
27/05/1965 F FK4 2FH
27 Ardgay Drive Tel:
Dr JV Edmund
25205

Name:
Address:
Date of Birth:
Date: 25/9/15
C.H.I. Number
Date Contraceptive Services Due
Vaccination (s) Given
Batch No:
Batch No:
Batch No:
Batch No:
Destination: Travel Special Risk Routine Epidemic
Administered By:
C/O Address (If required)
Length of Stay

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Bowel Screening
Scottish Bowel Screening Programme

Bowel Screening Centre
Kings Cross
Clepington Road
Dundee
DD3 8EA

NHS SCOTLAND

PRIVATE AND CONFIDENTIAL

Dr ANNA LAMONT
BONNYBANK MED PRACTICE
BONNYBRIDGE HEALTH CENTRE
LARBERT RD
BONNYBRIDGE
FK4 1ED

Date: 19 Jun 2015
CHI Number 2705655441

Bowel Screening
Helpline Number: 0800 0121 833

Dear Doctor,

This patient **2705655441 , SANDRA MACGREGOR , 27 ARDGAY DRIVE , BONNYBRIDGE , STIRLINGSHIRE , , , FK4 2FH**
returned a bowel screening test kit. **The test was negative.**

This means that no faecal occult blood was detected and therefore no further investigations are required. Your patient will be called for screening every two years until they reach the age of 74.

Please note that the bowel screening test will not detect all colorectal cancers. This is because not all cancers or polyps bleed all of the time and the screening test is looking for blood. The screening test picks up two out of every three existing bowel cancers. Cancer can also develop between one screening test and the next, so it is important that your patient repeats the screening test every two years and never ignores symptoms.

Symptoms and signs of colorectal cancer:
- Persistent rectal bleeding without an obvious anal cause.
- Persistent change in bowel habit (> 6 weeks), especially to looser stools.
- Right sided abdominal mass.
- Palpable rectal mass.
- Unexplained iron deficiency anaemia.

These symptoms can be caused by a number of conditions including bowel cancer.If your patient makes you aware of these symptoms please note that it may be bowel cancer despite the negative screening test and consider making an urgent suspected cancer referral through SCI Gateway.

Cancer may occur as a result of a genetic predisposition particularly if the affected individual is young or there are several cases in the family. Referral guidelines have been developed for breast, ovarian and colorectal cancer. Where there is concern in asymptomatic patients, a detailed family history should be taken and patients should be referred to the Regional Cancer Genetics Unit for a comprehensive risk assessment and surveillance as appropriate.

Bowel Cancer referral guidelines can be accessed at:-

http://www.scotland.gov.uk/quickreferenceguide/suspectedcancer

Yours sincerely

Professor Steele
Clinical Director

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Pages:

Registration Details - Patient No: 13344

Personal details...		Address details...	
Date of birth	27/05/1965	**Post Code**	FK4 2FH
Sex	F	**House Name Flat No**	
Surname	MacGregor	**No and Street**	27 Ardgay Drive
Previous Surname		**Village**	Bonnybridge
Forenames	Sandra	**Town**	Falkirk
Calling Name	Sandra	**County**	Central Region
Title	Mrs		
Birth Surname			
Marital Status	Married		
Ethnic Origin	Not stated		

HA/HB Details...		Contact details...	
Trading partner	Forth Valley	**Home Tel No**	
Registered GP	Dr Anna Lamont	**Work Tel No**	
Usual GP	Dr Anna Lamont	**Mobile Tel No**	07955399034 USE 1ST
NHS Number	S644/7/65/873	**E Mail Address**	
Residential Inst			
Branch Surgery			
CHI Number	2705655441		

Practice Information...		Distances	
Dispensing	N	**Rural Mileage**	
Hospital Number		**Blocked Special**	
Records At	Bonnybridge Health Centre	**Walking Quarters**	

Further Information		Upload Consent	
Long/Short stay or Dead		**SCI-DC Consent**	Implied Consent (default)
Date of registration	05/02/2013		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	**Patient Consent**	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
26/06/1979	Appendicectomy NEC	Ms Wilkie	7701z
26/06/1979	Mesenteric adenitis	Ms Wilkie	D412
30/06/1979	Iron deficiency anaemias	Ms Wilkie	D00
13/03/1980	Head injury -fall	Ms Wilkie	S646
06/11/1984	Infertility - female	Ms Wilkie	K5B
19/12/1984	Tattoo self inflicted tattoos /wishing to have them removed	Ms Wilkie	M297
20/01/1985	[D]Epistaxis	Ms Wilkie	R047
20/01/1985	Iron deficiency anaemias	Ms Wilkie	D00
07/09/1990	Otitis externa NOS -recurrent (L)	Ms Wilkie	F502z
21/01/1992	Motor vehicle traffic accidents (MVTA) -head injury	Ms Wilkie	T1
08/04/1993	Whiplash injury	Ms Wilkie	S5704
06/07/1993	Dyspareunia	Ms Wilkie	15D
	Cyst of Bartholin's gland	Ms Wilkie	K422

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06/07/1993			
17/09/1993	Marsupialisation of Bartholin gland (L)	Ms Wilkie	7D011
17/09/1993	Dilation of cervix uteri and curettage of uterus NEC	Ms Wilkie	7E072
17/09/1993	Hydrotubation of fallopian tube	Ms Wilkie	7E1H1
20/09/1993	Endometriosis	Ms Wilkie	K50
16/05/1994	Excision of lesion of skin NOS -skin of back	Ms Wilkie	7G05z
16/05/1994	[M]Intradermal naevus	Ms Wilkie	BBEJ
17/08/1994	Primary infertility unspecified	Ms Wilkie	K5By0
19/09/1994	Motor vehicle traffic accidents (MVTA)	Ms Wilkie	T1
19/09/1994	Whiplash injury	Ms Wilkie	S5704
24/05/1996	Urticaria	Ms Wilkie	M28
13/11/1998	Forceps delivery -non-rotational /female	Ms Wilkie	L395
26/02/2001	[X] Reactive depression NOS + anxiety /referred to psychiatrist	Ms Wilkie	Eu32z
09/08/2001	Closed fracture proximal phalanx, toe -(L) 5th toe	Ms Wilkie	S3600
15/03/2002	Motor vehicle traffic accidents (MVTA) -back strain	Ms Wilkie	T1
31/10/2006	Corneal abrasion	Ms Wilkie	SD810

Past Problems		Authorised By	Code
13/10/2010	**Thrush**	Dr Beaman	AB2-2
31/12/2010	**Flu like illness**	Dr Edmund	H27z-1
02/01/2011	**Influenza NOS**	Dr 24	H27z
05/01/2011	**Pleuritic pain (Left)**	Dr Dyer	1825
05/01/2011	**Influenza NOS**	Dr Dyer	H27z
17/01/2011	**Atelectasis** A on CXR	Dr Dyer	H580-1
28/02/2011	**Acute right otitis media**	Dr McNutt	F527
14/03/2011	**H/O: Mirena coil usage**	Ms MacDonald	EMISNQH/2
14/03/2011	**Shortness of breath symptom**	Ms MacDonald	173-3
29/06/2011	**Back pain, unspecified**	Dr Dyer	N145-2
01/07/2011	**H/O: Mirena coil usage**	Ms MacDonald	EMISNQH/2
01/07/2011	**Cervical smear screen**	Ms MacDonald	685-2
11/11/2011	**Back pain, unspecified**	Dr McNutt	N145-2
18/11/2011	**Smoking cessation therapy**	Dr McNutt	745H
08/02/2012	**Fungal nail infection**	Dr Edmund	AB01-3
08/02/2012	**Herpes simplex**	Dr Edmund	A54
08/02/2012	**Low mood**	Dr Edmund	1BT-1
30/04/2012	**Back pain, unspecified**	Dr Morrison	N145-2
02/07/2012	**H/O: Mirena coil usage**	Ms MacDonald	EMISNQH/2
23/11/2012	**Low mood**	Dr Sharma	1BT-1
27/02/2013	**Replacement of Mirena coil**	Dr Edmund	EMISNQRE139
03/04/2013	**Herpes simplex**	Dr Edmund	A54
15/10/2013	**Herpes simplex**	Dr Edmund	A54
06/01/2014	**Mole of skin**	Dr Edmund	B76-4
06/01/2014	**Pruritus NOS**	Dr Edmund	M18z
06/01/2014	**Finger pain**	Dr Edmund	N2450-2
24/03/2014	**Skin lesion**	Dr Edmund	M2yz-1
10/06/2014	**Suspected UTI**	Dr Sharma	1J4
27/06/2014	**Urinary tract infection, site not specified**	Dr Morrison	K190
22/08/2014	**Back pain, unspecified**	Dr Morrison	N145-2
09/09/2014	**Cervical smear screen**	Ms MacDonald	685-2
11/11/2014	**Herpes simplex**	Dr Edmund	A54
25/11/2014	**Sciatica**	Dr Morrison	N143
16/02/2015	**Concussion**	Dr Sharma	S60
25/09/2015	**Cervical smear screen**	Ms Donald	685-2
09/10/2015	**H/O: Mirena coil usage**	Ms Donald	EMISNQH/2
01/12/2015	**Medication review**	Dr Forsyth	8B314
01/12/2015	**Gastro-oesophageal reflux**	Dr Forsyth	J10y4-2
01/12/2015	**Menopausal flushing**	Dr Forsyth	K5A20
09/02/2016	**Helicobacter eradication therapy**	Dr Edmund	8BAC
23/03/2016	**Low back pain**	Dr Carruthers	N142-1
13/05/2016	**Memory loss symptom**	Dr Forsyth	1B1A-2
13/05/2016	**Hormone replacement therapy**	Dr Forsyth	66U-1

Health Admin Problems	Authorised By	Code

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Investigations		Authorised By	Code
01/03/2011	**Blood glucose result** (Source: LAB) .		44U..
01/03/2011	**Thyroid function test** (Source: LAB) .		442J.
01/03/2011	**Serum C reactive protein level** (Source: LAB) .		44CS.
01/03/2011	**Liver function test** (Source: LAB) .		44D6.
01/03/2011	**Urea and electrolytes** (Source: LAB) .		44JB.
01/03/2011	**Full blood count - FBC** (Source: LAB) .		424..
01/03/2011	**Blood haematinic levels** (Source: LAB) .		42d..
01/07/2011	**Cervical Cytology** (Source: Manually filed) . Routine Recall - Infection present : Fungal.		4K22.
09/09/2014	**Cervical Cytology** (Source: Manually filed) . 6 months -		4K29.
12/03/2015	**Cervical Cytology** (Source: Manually filed) . 6 months -		4K22.
19/06/2015	**Bowel Cancer Screening Result** (Source: Manually filed) .		686A.
25/09/2015	**Cervical Cytology** (Source: Manually filed) . Routine Recall -		4K22.

Values Date	Last Entry	Normal Range Indicator	Normal Range
13/05/2016	**Blood pressure reading 110/76 mm Hg**		
13/05/2016	**O/E - BP reading**		
01/12/2015	**Smoker 10 Cigarettes/day Amenorrhoeic with mirena. Problematic flushes and sweats. Hair can be soaked through. Already on SSRI. Mum had breast cancer diagnosed age 68. Has done some reading and wishes to use HRT.**		
25/09/2015	**Cervical smear: negative Routine Recall -**		
25/09/2015	**O/E - weight 60 Kg**		
25/09/2015	**O/E - height 159 cm**	....|....	10-250
19/06/2015	**BCSP faecal occult blood test normal Negative**		
09/09/2014	**Cerv.smear: borderline changes 6 months -**		
10/06/2014	**Urine pH test 6 pH**		
10/06/2014	**Leucocytes in urine**		
10/06/2014	**Urine nitrite positive**		
10/06/2014	**Urine blood test = +++**		
10/06/2014	**Specific gravity of urine 1010**		
10/06/2014	**Urine protein test negative**		
10/06/2014	**Urine glucose test negative**		
10/04/2013	**Body Mass Index 22.15**	....|.....	20-25
27/02/2013	**Chlamydia test negative**		
18/07/2012	**Endocervical chlamydia swab Disposable medium speculum used. Cervix appears healthy. Coil threads very short and just noticeable when swabs used to explore cervical os. and charcoal swab taken for COS.. Apt issued for coil change in 4 weeks time. SMEAR NEGATIVE 2011.**		
14/03/2011	**Peak expiratory flow rate after bronchodilation 388 litres/min**		
14/03/2011	**Peak expiratory flow rate before bronchodilation 367 litres/min**		
01/03/2011	**Serum ferritin 34 ug/l**	....|.....	10-65
01/03/2011	**Haemoglobin estimation 139 g/l**	....|....	117-157
01/03/2011	**Total white cell count 8 10^9/l**	....|....	3.5-11
01/03/2011	**Platelet count 275 10^9/L**	....|.....	150-440
01/03/2011	**Red blood cell (RBC) count 4.78 10^12/l**	.....|...	3.8-5.2
01/03/2011	**Mean corpuscular volume (MCV) 86.6 fl**	...|.....	81-100
01/03/2011	**Haematocrit - PCV 0.414**	.....|.....	0.35-0.47
01/03/2011	**Mean corpusc. haemoglobin(MCH) 29.1 pg**	....|.....	26.4-34
01/03/2011	**Mean corpusc. Hb. conc. (MCHC) 33.6 g/dl**	....|.....	31.4-36.3
01/03/2011	**Neutrophil count 4.5 10^9/l**	.....|.....	1.8-7.7
01/03/2011	**Lymphocyte count 2.6 10^9/l**	....|.....	1-4.8
01/03/2011	**Monocyte count 0.6 10^9/l**	.....|..	0-0.8
01/03/2011	**Eosinophil count 0.3 10^9/l**	.....|...	0-0.45
01/03/2011	**Basophil count 0 10^9/l**	|.....	0-0.2
01/03/2011	**Serum potassium 4.1 mmol/l**	....|.....	3.5-5
01/03/2011	**Serum sodium 142 mmol/l**	.....|...	135-145
01/03/2011	**Serum chloride 106 mmol/l**	.....|.	97-107
01/03/2011	**Serum creatinine 76 umol/l**	..|.....	60-130
01/03/2011	**Serum urea level 3.8 mmol/l**	..|.....	2.5-8
01/03/2011	**Glomerular filtration rate >59**		
01/03/2011	**Serum bilirubin level 8 umol/l**	.....|.....	0-17
01/03/2011	**Serum alkaline phosphatase 202 u/l**	.....|..	0-240
01/03/2011	**Serum alanine aminotransferase level 19 iu/l**	...|.....	11-37
01/03/2011	**AST serum level 20 iu/l**	....|.....	12-31
01/03/2011	**Serum total protein 70 g/l**	....|.....	62-80
01/03/2011	**Serum albumin 45 g/l**	.....|....	36-52
01/03/2011	**C reactive protein normal <5**		
01/03/2011	**Serum TSH level 1.12 mU/l**	|.....	0.35-5.5

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01/03/2011	**10.3 (Non Coded Event - Glu Sample Time)**		
01/03/2011	**Blood glucose level 4.4 mmol/l**	.....|.....	3.3-5.5
19/02/2010	**Urea 4**	...|.....	3.1-6.6
19/02/2010	**Serum calcium 2.27**	.|.....	2.2-2.67
19/02/2010	**Serum inorganic phosphate 1.4**	.....|.	0.8-1.5
19/02/2010	**Calcium profile Note revised Ref. Range, method unchanged from 30.12.09.**		
19/02/2010	**Protein electrophoresis Normal pattern.**		
19/02/2010	**Packed cell volume 0.43**		
19/02/2010	**Serum C reactive protein level C-Reactive Prot.**		
19/02/2010	**Serum total bilirubin level Bilirubin**		
19/02/2010	**Corrected serum calcium level Corrected Calcium**		
06/11/2009	**FSH 90.7**		
06/11/2009	**LH 42.1**		
06/11/2009	**Endocrine studies Report from North Glasgow Sector, NHSGGC..**		
06/11/2009	**Serum oestradiol level Oestradiol**		
06/11/2009	**Serum LH level LH**		

Attachments			**Authorised By**	**Code**
28/08/2013	**Scanned document** Historical Patient Record	D7_00404089.XXX	Mr Docman Do Not Edit Or Delete	EMISATTACHMENT
22/08/2014	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Back pain, unspecified; Duration: 22/08/2014 - 05/09/2014)	FitNote_b1a961fa-1238-4ffc-9cc7-48ca1f199cea.pdf	Dr Morrison	9D15
05/09/2014	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Back pain, unspecified; Duration: 22/08/2014 - 08/09/2014)	FitNote_64084fe9-8079-4778-bcfc-6e9dff69a8ca.pdf	Dr Morrison	9D15
25/11/2014	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Sciatica; Duration: 25/11/2014 - 09/12/2014)	FitNote_9479f4ea-1166-40e2-bbb0-3c56d0ef7f50.pdf	Dr Morrison	9D15
09/12/2014	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Sciatica; Duration: 09/12/2014 - 30/12/2014)	FitNote_62ed9f36-2518-4040-948a-9e1022052fcf.pdf	Dr Morrison	9D15
30/12/2014	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Sciatica; Duration: 30/12/2014 - 13/01/2015)	FitNote_531f679e-17b3-4b78-b9d3-8601b96a0e2a.pdf	Dr Morrison	9D15

Due Diary Entries		**Authorised By**	**Code**
25/09/2018	**Cervical smear due** SCCRS Recall	Ms Bond	685F.

Overdue Diary Entries		**Authorised By**	**Code**
06/10/2012	**Influenza vaccination OVERDUE**	Miss Staff	65E..
27/06/2015	**Medication review OVERDUE**	Dr Morrison	8B314

Alerts		**Authorised By**	**Code**
	None		

Drug Allergies		**Authorised By**	**Code**
	None		

Non Drug Allergies		**Authorised By**	**Code**
	None		

Family History		**Authorised By**	**Code**
	None		

Referrals		**Authorised By**	**Code**
26/11/2009	**Referral for further care** Refered To Falkirk and District Royal Infirmary, NHS. Referral Type Out Patient. Speciality Type Radiology. Referral Nature Investigate.	Dr Morrison	8H
12/02/2013	**Referral for cognitive behavioural therapy**	Dr Edmund	8HIK
28/10/2013	**Other follow-up** Refer Stress Control	Dr Edmund	8HB
27/01/2014	**8H59.: Referred to plastic surgeon (SCI Gateway Referral)**	Dr Edmund	8H59

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Immunisations		Authorised By	Code
02/10/1978	**Tuberculosis (BCG) vaccination**	Ms Wilkie	653
21/10/1997	**Influenza vaccination**	Ms Wilkie	65E
25/01/2000	**Boost hepatitis B vaccination**	Ms Wilkie	65F4
07/10/2011	**Influenza vaccination** H7091-2 exp 05/12 **(GMS)**	Miss Staff	65E
07/10/2011	**Adult immunisation admin.**	Miss Staff	9OF
07/10/2011	**Influenza vaccination given by other healthcare provider**	Miss Staff	65E2

Health Status			
25/09/2015		**Cervical smear result Cervical smear: negative**	
25/09/2015		**Height 159 cm**	
25/09/2015		**Weight 60 Kg**	
10/04/2013		**Body Mass Index 22.15 kg/m2**	
13/05/2016		**Blood pressure reading O/E - BP reading**	
13/05/2016		**Blood pressure reading 110/76 mm Hg**	
01/12/2015		**Smoking Status Smoker 10 Cigarettes/day**	

Other Observations		Authorised By	Code
30/07/2009	**White Scottish**	Ms Wilkie	9S13
30/07/2009	**Current smoker** Disease SPICE Basic Health Values, 10 per day	Ms Wilkie	137R
30/07/2009	**No FH: Ischaemic heart disease** Disease SPICE Basic Health Values,	Ms Wilkie	1226
30/07/2009	**No family history diabetes** Disease SPICE Basic Health Values,	Ms Wilkie	1228
30/07/2009	**Alcohol intake within recommended sensible limits** Disease SPICE Basic Health Values,	Ms Wilkie	136L
31/07/2009	Automatically generated by transaction	Ms Wilkie	PCSDT14925_1407
31/07/2009	**Patient reg. form sent to HB**	Ms Wilkie	9123
31/07/2009	**Ethnic group not recorded**	Ms Baxter	9SE
03/08/2009	Automatically generated by transaction	Ms Wilkie	PCSDT14925_1407
03/08/2009	**Pat. GP7B/GP8B card from HB**	Ms Wilkie	9124
12/08/2009	[ETK-1]	Ms Wilkie	PCSDT14925_11
12/08/2009	Automatically generated by transaction	Ms Wilkie	PCSDT14925_1407
12/08/2009	**Patient MRE received from HB**	Ms Wilkie	9125
21/08/2009	New patient. has been on Fluoxetine ever since she had PND after birth of daughter 11 years ago. Getsd low every time she stops. Also has regular thrush for which she has been "tested". Amenorrhoes and raised FSH for several months. has Mirena coil. Willcome back to discuss HRT etc.	Dr Dyer	PCSDT14925_11
21/08/2009	**Current smoker**	Dr Dyer	137R
21/08/2009	**Low mood**	Dr Dyer	1BT
21/08/2009	**Thrush**	Dr Dyer	AB2
31/08/2009	**Notes summary on computer**	Ms Wilkie	9344
04/11/2009	1. Recent FSH and LH indicate menopause. Reluctant to consider HRT. Osteoporosis etc discussed. Repeat tests and review. 2. Ran out of fluoxetine. Had none for 5 weeks and began to get very low. Found a strip - beginning to improve. Continue. 3. Thrombosed haemorrhoid. Painful and itchy. Has tried anutsol	Dr Dyer	PCSDT14925_11
04/11/2009	**FSH level abnormal**	Dr Dyer	44341
04/11/2009	**Haemorrhoids**	Dr Dyer	G84
04/11/2009	**Low mood**	Dr Dyer	1BT
06/11/2009	**Endocrine studies** Received 16/11/2009	Ms Desmond	4546
06/11/2009	**Follicle stimulating hormone level** FSH	Ms Desmond	4Q23
06/11/2009	**Oestradiol <70**	Ms Desmond	PCSDT14925_1764
23/11/2009	sick on thurs nausea, upper abdo pain since then apyrexial tender and guarding epig bs present ?? gb, rx amoxicillin tid 21 + co-codamol see thur or if worse	Dr Morrison	PCSDT14925_11
23/11/2009	**[D]Abdominal pain**	Ms Allen	R090
23/11/2009	**Computer summary updated**	Ms Allen	9348
23/11/2009	**Full blood count - FBC** Full Blood Count - Received 24/11/2009	Ms Desmond	424
23/11/2009	**Urea and electrolytes** U & E - Received 25/11/2009	Ms Desmond	44JB
23/11/2009	**Liver function test** LFT - Received 25/11/2009	Ms Desmond	44D6
23/11/2009	**eGFR >59**	Ms Desmond	PCSDT14925_1063
26/11/2009	improved still tender epigastrium , rx omep 20mg/day, lfts nad, both sisters gall	Dr Morrison	PCSDT14925_11

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	stones, for u/s then see 2wk later		
26/11/2009	**[D]Abdominal pain** follow up	Ms Allen	R090
26/11/2009	**Computer summary updated**	Ms Allen	9348
29/01/2010	1. Symptoms of menopause becoming worse but not keen on HRT. Mother and grandmother both have breast cancer (post-menopausal) Has had genetic advice from Yorkhill and been told not at extra risk. However younger sister has just found large breast lump andis being investigated. Advised come back when she knows. 2. Terrible pain across L shoulder. Has had this before. Very tender and all shoulder movt ltd. Has physio appt	Dr Dyer	PCSDT14925_11
29/01/2010	**Menopausal and postmenopausal disorder NOS**	Dr Dyer	K5Az
29/01/2010	**Shoulder pain**	Dr Dyer	N2457
05/02/2010	**Tel** C14 " Back pain" Has seen physio and had TENS and acupuncture. Still in a lot of pain.	Dr Dyer	9N31
05/02/2010	**Shoulder pain**	Dr Dyer	N2457
19/02/2010	C14 "Severe thoracic pain" No better than last time. Pain comes in spasms. Confined to L scapular region. Tender. All movement limited. Has had this 3 times in the last 2 years. Each time it has lasted 8-10 weeks. Not taking regular analgesia - "not helping" and makes her feel drowsy. TENS helps, as does heat. Fbc ue lft ca phos, esr, crp and review. Add Gabapentin	Dr Dyer	PCSDT14925_11
19/02/2010	**Acute back pain - thoracic**	Dr Dyer	N141
19/02/2010	**Calcium profile** Received 22/02/2010	Ms Desmond	44ZR
19/02/2010	**Urea and electrolytes** U & E - Received 22/02/2010	Ms Desmond	44JB
19/02/2010	**Liver function test** LFT - Received 22/02/2010	Ms Desmond	44D6
19/02/2010	**Full blood count - FBC** Full Blood Count - Received 22/02/2010	Ms Desmond	424
19/02/2010	**Protein electrophoresis** Received 05/03/2010	Ms Desmond	44NA
19/02/2010	**Serum protein electrophoresis** S Electrophoresis	Ms Desmond	44N
19/02/2010	**Calcium profile** Received 05/03/2010	Ms Desmond	44ZR
19/02/2010	**Urea and electrolytes** U & E - Received 05/03/2010	Ms Desmond	44JB
19/02/2010	**Liver function test** LFT - Received 05/03/2010	Ms Desmond	44D6
19/02/2010	**eGFR >59**	Ms Desmond	PCSDT14925_1063
19/02/2010	**C-Reactive Prot. <5**	Ms Desmond	44CC0
19/02/2010	**S Electrophoresis Please See Comment Below**	Ms Desmond	PCSDT14925_1372
19/02/2010	**eGFR >59**	Ms Desmond	PCSDT14925_1063
19/02/2010	**C-Reactive Prot. <5**	Ms Desmond	44CC0
02/03/2010	1. Pain less. Able to have physio now. All bloods normal but still worried in case something wrong. Would like x-ray. 2. LMP 16/12 ago. Bloods (hormones) not significant. Terrible flushes. Feels she needs Rx. Discusssed. Try Elleste-solo	Dr Dyer	PCSDT14925_11
02/03/2010	**Back pain, unspecified**	Dr Dyer	N145
02/03/2010	**Menopause**	Dr Dyer	1512
05/03/2010	C14 "back pain". Seen 2/7 ago	Dr Dyer	PCSDT14925_1407
19/03/2010	CF 22/03 "Severe thoracic pain" (on phased return basis) Feeling a lot better and would like yo go back to work. Has discissed with Occ Health and physio. Physio would like thoracic spine x-ray but she had on 17/12 ago for the same thing and to was normal. Copy to physio. Afraid of losing job.	Dr Dyer	PCSDT14925_11
19/03/2010	**Back pain, unspecified**	Dr Dyer	N145
22/04/2010	wax both ears no perfs or dicharge rx drops syringe 1wk---- review poor hearing after wax gone	Dr Morrison	PCSDT14925_11
22/04/2010	**Wax in ear**	Ms Allen	F504
22/04/2010	**Computer summary updated**	Ms Allen	9348
22/04/2010	**Medication review**	UnknownUser	8B314
28/04/2010	**Co op**	template2	PCSDT14925_13
28/04/2010	**Ear pain**	template2	F587
28/04/2010	**Computer summary updated**	template2	9348
29/04/2010	**Hospital Clinical** Attended for bilateral ear syringing, no contra-indications, ear care advise given, written consent obtained. Left ear clear, right ear too painful to continue, will return next week.	Ms Mayer	PCSDT14925_1019
30/04/2010	**Tel** pain and swelling in r ear after unsuccessful syringing; had to attend oohs that evening; discussed, advised; adv continue daily or bd almond oil, and analgesia prn;	Dr Edmund	9N31
30/04/2010	**Ear pain**	Dr Edmund	F587
07/10/2010	**[X] Reactive depression NOS (REVIEW)**	Dr Dyer	Eu32z
13/10/2010	**[X] Reactive depression NOS (REVIEW)**	Dr Beaman	Eu32z
07/01/2011	**Influenza NOS (REVIEW)**	Dr Dyer	H27z
17/01/2011	**Pleuritic pain (Bilateral) (REVIEW)**	Dr Dyer	1825
17/01/2011	**[X] Reactive depression NOS (REVIEW)**	Dr Dyer	Eu32z
28/02/2011	**Current smoker** hard of hearing, right ear sore and glands swollen right side, temp 37.7 in work, still SOB, over 8 weeks since first unwell 10/day	Dr McNutt	137R
14/03/2011	**Shortness of breath symptom (REVIEW)**	Ms MacDonald	173-3
14/03/2011	**Spirometry reversibility negative**	Ms MacDonald	33G0
14/03/2011	**FEV1 before bronchodilation** 2.12	Ms MacDonald	339a
14/03/2011	**FEV1 after bronchodilation** 2.19	Ms MacDonald	339b
01/07/2011	**Cervical smear taken**	Ms MacDonald	7E2A2
01/07/2011	**O/E-vaginal speculum exam. NAD**	Ms MacDonald	2691
01/07/2011	**O/E - white vag. discharge**	Ms MacDonald	26A2
01/07/2011	**H/O: Mirena coil usage -**	Ms MacDonald	EMISNQH/2
01/07/2011	**IUD checked - no problems**	Ms MacDonald	6154
01/07/2011	**O/E Cervix: transitional zone seen**	Ms MacDonald	EMISHGT62

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01/07/2011	**IUD checked - no problems**	Ms Cunningham	6154
01/07/2011	**IUD check**	Ms Cunningham	615F
22/08/2011	**Back pain, unspecified (REVIEW)**	Dr Lamont	N145-2
22/08/2011	**Medication review**	Dr Lamont	8B3S
22/08/2011	**MED3 - doctor's statement** back pain 7 days	Dr Lamont	9D1
05/10/2011	**Seen by smoking cessation advisor** NRT as per	Dr Lamont	9N2k
05/10/2011	**Smoking cessation advice**	Dr Lamont	8CAL
05/10/2011	**Current smoker**	Dr Lamont	137R
28/10/2011	**[X] Reactive depression NOS (REVIEW)**	Dr Edmund	Eu32z
11/11/2011	**MED3 - doctor's statement** back pain	Dr McNutt	9D1
18/11/2011	**Back pain, unspecified (REVIEW)**	Dr McNutt	N145-2
18/11/2011	**MED3 - doctor's statement** 1 week back pain	Dr McNutt	9D1
24/11/2011	**Back pain, unspecified (REVIEW)**	Dr McNutt	N145-2
08/02/2012	**Low mood (FLARE)**	Dr Edmund	1BT-1
08/02/2012	**Herpes simplex (FLARE)**	Dr Edmund	A54
18/07/2012	**Did not attend - no reason** for swabs per entry 2nd July.	Ms MacDonald	9N42
18/07/2012	**H/O: Mirena coil usage (REVIEW)**	Ms MacDonald	EMISNQH/2
18/07/2012	**Education for intrauterine system**	Ms MacDonald	679K2
18/07/2012	**Intrauterine device contraception leaflet given**	Ms MacDonald	8CEF
18/07/2012	**IUD checked - no problems**	Ms Cunningham	6154
18/07/2012	**IUD check**	Ms Cunningham	615F
07/08/2012	**Low mood (REVIEW)**	Dr Edmund	1BT-1
07/08/2012	**MED3 issued to patient** 7/8 - 15/8 stress related problem	Dr Edmund	9D11
07/08/2012	**H/O: Mirena coil usage (REVIEW)**	Dr Edmund	EMISNQH/2
07/08/2012	**Back pain, unspecified (REVIEW)**	Dr Edmund	N145-2
07/08/2012	**Fungal nail infection (REVIEW)**	Dr Edmund	AB01-3
20/09/2012	**Medication review**	Dr Lamont	8B3S
05/12/2012	**Low mood (REVIEW)**	Dr Edmund	1BT-1
05/12/2012	**MED3 issued to patient** 5/12 - 19/12 stress related problem	Dr Edmund	9D11
19/12/2012	**Low mood (REVIEW)**	Dr Edmund	1BT-1
19/12/2012	**MED3 issued to patient** 19/12 - 9/1/13 stress related problem / bereavement	Dr Edmund	9D11
09/01/2013	**Low mood (REVIEW)**	Dr Edmund	1BT-1
09/01/2013	**MED3 issued to patient** 9/1 - 7/2	Dr Edmund	9D11
05/02/2013	**Low mood (REVIEW)**	Dr Edmund	1BT-1
05/02/2013	**MED3 issued to patient** 7/2 - 7/3 as per 19 dec	Dr Edmund	9D11
05/02/2013	**H/O: Mirena coil usage (REVIEW)**	Dr Edmund	EMISNQH/2
05/02/2013	**H/O: Mirena coil usage (REVIEW)**	Ms MacDonald	EMISNQH/2
19/02/2013	**H/O: Mirena coil usage (REVIEW)**	Ms MacDonald	EMISNQH/2
27/02/2013	**H/O: Mirena coil usage (REVIEW)**	Ms MacDonald	EMISNQH/2
27/02/2013	**Replacement of Mirena coil**	Ms MacDonald	EMISNQRE139
27/02/2013	**Low mood (REVIEW)**	Dr Edmund	1BT-1
27/02/2013	**Menorrhagia**	Ms Cunningham	K5920
27/02/2013	**IUD change due**	Ms Cunningham	6159
27/02/2013	**IUD re-fitted**	Ms Cunningham	6153
27/02/2013	**IUD removed**	Ms Cunningham	6152
27/02/2013	**IUCD fitting - enhanced service completed**	Ms Cunningham	9kA0
27/02/2013	**Advice about treatment given**	Ms Cunningham	677B
03/04/2013	**H/O: Mirena coil usage (REVIEW)**	Dr Edmund	EMISNQH/2
03/04/2013	**Low mood (REVIEW)**	Dr Edmund	1BT-1
03/04/2013	**MED3 issued to patient** 4/4 - 18/4 rtw 18/4 phased return	Dr Edmund	9D11
10/04/2013	**H/O: Mirena coil usage (REVIEW)**	Ms MacDonald	EMISNQH/2
10/04/2013	**Thinking about stopping smoking**	Ms MacDonald	137c
10/04/2013	**Current smoker**	Ms MacDonald	137R
10/04/2013	**Smoking cessation advice**	Ms MacDonald	8CAL
10/04/2013	**IUD check**	Ms MacDonald	615F
10/04/2013	**IUD checked - no problems**	Ms Cunningham	6154
29/07/2013	**Low mood (REVIEW)**	Dr Edmund	1BT-1
18/09/2013	**Low mood (REVIEW)**	Dr Edmund	1BT-1
18/09/2013	**Medication review**	Dr Edmund	8B3S
11/10/2013	**Low mood (REVIEW)**	Dr Edmund	1BT-1
11/10/2013	**MED3 issued to patient** 11/10 - 28/10 stress related problem ; try 1 week sleeping tablet ;	Dr Edmund	9D11
06/01/2014	**Low mood (REVIEW)**	Dr Edmund	1BT-1
24/03/2014	**Medication review**	Dr Edmund	8B3S
31/03/2014	**Otitis externa NOS (REVIEW)**	Dr Sharma	F502z
10/06/2014	**Dysuria** staff nurse in renal unit FV- .	Dr Sharma	1A55
10/06/2014	**Micturition frequency** , dipped urine positive for everything incliuding sugar	Dr Sharma	1A1
27/06/2014	**Medication review**	Dr Morrison	8B3S
05/09/2014	**Back pain, unspecified (REVIEW)**	Dr Morrison	N145-2
09/09/2014	**O/E Cervix: transitional zone seen**	Ms MacDonald	EMISHGT62
09/09/2014	**Cervical smear taken**	Ms MacDonald	7E2A2
09/09/2014	**O/E-vaginal speculum exam. NAD**	Ms MacDonald	2691
09/09/2014	**O/E - no vaginal discharge**	Ms MacDonald	26A1
09/09/2014	**IUD check**	Ms MacDonald	615F

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09/09/2014	**IUD checked - no problems**	Ms MacDonald	6154
10/09/2014	**IUD check**	Ms Cunningham	615F
09/12/2014	**Sciatica (REVIEW)**	Dr Morrison	N143
10/12/2014	**Sciatica (REVIEW)**	Dr Morrison	N143
30/12/2014	**Sciatica (REVIEW)**	Dr Morrison	N143
16/02/2015	**Medication reconciliation**	Dr Lamont	8B318
16/02/2015	**Advice to continue with drug treatment** - no changes to drug treatment	Dr Lamont	67Is
16/02/2015	**Discharged from inpatient care** - IDL received and workflowed	Dr Lamont	8HE2
16/02/2015	**Drug directions adequate and appropriate** - not appropriate / necessary to discuss with patient / carer .	Dr Lamont	8BIo
12/03/2015	**Cervical smear taken**	Ms Duffy	7E2A2
12/03/2015	**O/E-vaginal speculum exam. NAD**	Ms Duffy	2691
12/03/2015	**O/E - no vaginal discharge**	Ms Duffy	26A1
12/03/2015	**O/E Cervix: transitional zone seen**	Ms Duffy	EMISHGT62
19/06/2015	**BCSP faecal occult blood test normal**	Ms Bond	686A
25/09/2015	**Cervical smear taken**	Ms Donald	7E2A2
25/09/2015	**O/E-vaginal speculum exam. NAD**	Ms Donald	2691
25/09/2015	**O/E - no vaginal discharge**	Ms Donald	26A1
25/09/2015	**IUD check**	Ms Donald	615F
25/09/2015	**IUD threads lost**	Ms Donald	615E
25/09/2015	**Current smoker**	Ms Donald	137R
25/09/2015	**Smoking cessation advice**	Ms Donald	8CAL
25/09/2015	**[V]Coil check**	Ms Donald	ZV254-1
25/09/2015	**O/E Cervix: transitional zone seen**	Ms Donald	EMISHGT62
09/10/2015	**IUD check**	Ms Donald	615F
09/10/2015	**IUD checked - no problems**	Ms Donald	6154
01/12/2015	**Smoking cessation advice** Discussed risks vs benefits. . Mirena provides progesterone so only oestrogen needed. Rv at 3m.	Dr Forsyth	8CAL
09/02/2016	**Menopausal flushing (REVIEW)**	Dr Edmund	K5A20
09/02/2016	**Gastro-oesophageal reflux (REVIEW)**	Dr Edmund	J10y4-2

Consultations

31/07/2009	Ms Elaine Baxter at Bonnybridge Health Centre
History	Ethnic group not recorded
31/07/2009	Ms Margaret Wilkie at Bonnybridge Health Centre
History	Automatically generated by transaction Patient reg. form sent to HB
03/08/2009	Ms Margaret Wilkie at Bonnybridge Health Centre
History	Automatically generated by transaction Pat. GP7B/GP8B card from HB
12/08/2009	Ms Margaret Wilkie at Bonnybridge Health Centre
History	Automatically generated by transaction Patient MRE received from HB
12/08/2009	Ms Margaret Wilkie at Bonnybridge Health Centre
History	[ETK-1]
12/08/2009	Ms Margaret Wilkie at Bonnybridge Health Centre
History	White Scottish Current smoker Disease SPICE Basic Health Values, 10 per day No FH: Ischaemic heart disease Disease SPICE Basic Health Values, No family history diabetes Disease SPICE Basic Health Values, Alcohol intake within recommended sensible limits Disease SPICE Basic Health Values, O/E - height Disease SPICE Basic Health Values O/E - weight Disease SPICE Basic Health Values Body Mass Index O/E - height O/E - weight
21/08/2009	Dr Catherine Dyer at Bonnybridge Health Centre
History	New patient. has been on Fluoxetine ever since she had PND after birth of daughter 11 years ago. Getsd low every time she stops. Also has regular thrush for which she has been "tested". Amenorrhoes and raised FSH for several months. has Mirena coil. Willcome back to discuss HRT etc.

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	Current smoker
	Low mood
	Thrush
	Systolic blood pressure
	Diastolic blood pressure
31/08/2009	Ms Margaret Wilkie at Bonnybridge Health Centre
Problem	**Infertility - female**
Problem	**Iron deficiency anaemias**
Problem	**[D]Epistaxis**
Problem	**Otitis externa NOS** -recurrent (L)
Problem	**Motor vehicle traffic accidents (MVTA)** -head injury
Problem	**Tattoo** self inflicted tattoos /wishing to have them removed
Problem	**Cyst of Bartholin's gland**
Problem	**Dyspareunia**
Problem	**Whiplash injury**
History	Cervical smear: negative Cervical Screening$$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
	Cervical smear: negative Cervical Screening$$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
31/08/2009	Ms Margaret Wilkie at Bonnybridge Health Centre
Problem	**Corneal abrasion**
31/08/2009	Ms Margaret Wilkie at Bonnybridge Health Centre
History	Cervical smear: negative Cervical Screening$$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
	Cervical smear: negative Cervical Screening$$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
31/08/2009	Ms Margaret Wilkie at Bonnybridge Health Centre
History	Influenza vaccination
Problem	**Forceps delivery** -non-rotational /female
Problem	**Head injury** -fall
Problem	**Mesenteric adenitis**
Problem	**Appendicectomy NEC**
History	Tuberculosis (BCG) vaccination
Problem	**Iron deficiency anaemias**
History	Body Mass Index
31/08/2009	Ms Margaret Wilkie at Bonnybridge Health Centre
Problem	**Endometriosis**
Problem	**Hydrotubation of fallopian tube**
Problem	**Dilation of cervix uteri and curettage of uterus NEC**
Problem	**Marsupialisation of Bartholin gland** (L)
Problem	**[M]Intradermal naevus**
Problem	**Excision of lesion of skin NOS** -skin of back
Problem	**Primary infertility unspecified**
Problem	**Whiplash injury**
Problem	**Motor vehicle traffic accidents (MVTA)**
Problem	**Urticaria**
Problem	**[X] Reactive depression NOS** + anxiety /referred to psychiatrist
Problem	**Closed fracture proximal phalanx, toe** -(L) 5th toe
Problem	**Motor vehicle traffic accidents (MVTA)** -back strain
History	Boost hepatitis B vaccination
	Notes summary on computer
	Cervical smear: negative Cervical Screening$$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
	Cervical smear: negative Cervical Screening$$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
04/11/2009	Dr Catherine Dyer at Bonnybridge Health Centre
History	1. Recent FSH and LH indicate menopause. Reluctant to consider HRT. Osteoporosis etc discussed. Repeat tests and review. 2. Ran out of fluoxetine. Had none for 5 weeks and began to get very low. Found a strip - beginning to improve. Continue. 3. Thrombosed haemorrhoid. Painful and itchy. Has tried anulsol
	FSH level abnormal
	Haemorrhoids

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	Low mood
06/11/2009	Dr Catherine Dyer at Bonnybridge Health Centre
History	Endocrine studies Received 16/11/2009 Follicle stimulating hormone level FSH Endocrine studies Report from North Glasgow Sector, NHSGGC.. LH Oestradiol <70 FSH
23/11/2009	Dr Catherine Dyer at Bonnybridge Health Centre
History	Full blood count - FBC Full Blood Count - Received 24/11/2009 Urea and electrolytes U & E - Received 25/11/2009 Liver function test LFT - Received 25/11/2009 Haemoglobin White Blood Count Platelet Count Red Blood Count Mean Cell Volume Packed Cell Volume Mean Cell Haemoglobin Mean Cell Haemoglobin Conc. Neutrophil Count Lymphocyte Count Monocyte Count Eosinophil Count Basophil Count K+ Na+ Chloride Creat Urea eGFR >59 Bilirubin Alk Phos ALT AST Total Protein Albumin
23/11/2009	Dr Stirling Morrison at Bonnybridge Health Centre
History	sick on thurs nausea, upper abdo pain since then apyrexial tender and guarding epig bs present ?? gb, rx amoxicillin tid 21 + co-codamol see thur or if worse [D]Abdominal pain Computer summary updated
26/11/2009	Dr Stirling Morrison at Bonnybridge Health Centre
History	improved still tender epigastrium , rx omep 20mg/day, lfts nad, both sisters gall stones, for u/s then see 2wk later [D]Abdominal pain follow up Computer summary updated
08/12/2009	Ms Margaret Wilkie at Bonnybridge Health Centre
History	Referral for further care Refered To Falkirk and District Royal Infirmary, NHS. Referral Type Out Patient. Speciality Type Radiology. Referral Nature Investigate.
29/01/2010	Dr Catherine Dyer at Bonnybridge Health Centre
History	1. Symptoms of menopause becoming worse but not keen on HRT. Mother and grandmother both have breast cancer (post-menopausal) Has had genetic advice from Yorkhill and been told not at extra risk. However younger sister has just found large breast lump andis being investigated. Advised come back when she knows. 2. Terrible pain across L shoulder. Has had this before. Very tender and all shoulder movt ltd. Has physio appt Menopausal and postmenopausal disorder NOS Shoulder pain
05/02/2010	Dr Catherine Dyer at Bonnybridge Health Centre

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History	Tel C14 " Back pain" Has seen physio and had TENS and acupuncture. Still in a lot of pain. Shoulder pain
19/02/2010	Dr Catherine Dyer at Bonnybridge Health Centre
History	C14 "Severe thoracic pain" No better than last time. Pain comes in spasms. Confined to L scapular region. Tender. All movement limited. Has had this 3 times in the last 2 years. Each time it has lasted 8-10 weeks. Not taking regular analgesia - "not helping" and makes her feel drowsy. TENS helps, as does heat. Fbc ue lft ca phos, esr, crp and review. Add Gabapentin Acute back pain - thoracic Calcium profile Received 22/02/2010 Urea and electrolytes U & E - Received 22/02/2010 Liver function test LFT - Received 22/02/2010 Full blood count - FBC Full Blood Count - Received 22/02/2010 Protein electrophoresis Received 05/03/2010 Serum protein electrophoresis S Electrophoresis Calcium profile Received 05/03/2010 Urea and electrolytes U & E - Received 05/03/2010 Liver function test LFT - Received 05/03/2010 Calcium profile Note revised Ref. Range, method unchanged from 30.12.09. Calcium Phosphate Calcium K+ Na+ Chloride Creat Urea eGFR >59 Bilirubin Alk Phos ALT AST Total Protein Albumin C-Reactive Prot. <5 Haemoglobin White Blood Count Platelet Count Red Blood Count Mean Cell Volume Packed Cell Volume Mean Cell Haemoglobin Mean Cell Haemoglobin Conc. Neutrophil Count Lymphocyte Count Monocyte Count Eosinophil Count Basophil Count Protein electrophoresis Normal pattern. S Electrophoresis Please See Comment Below Calcium profile Note revised Ref. Range, method unchanged from 30.12.09. Calcium Phosphate Calcium K+ Na+ Chloride Creat Urea eGFR >59 Bilirubin Alk Phos ALT AST Total Protein Albumin C-Reactive Prot. <5
02/03/2010	Dr Catherine Dyer at Bonnybridge Health Centre
History	1. Pain less. Able to have physio now. All bloods normal but still worried in case something wrong. Would like x-ray. 2. LMP 16/12 ago. Bloods (hormones) not

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	significant. Terrible flushes. Feels she needs Rx. Discusssed. Try Elleste-solo
	Back pain, unspecified
	Menopause
05/03/2010	Dr Catherine Dyer at Bonnybridge Health Centre
History	C14 "back pain". Seen 2/7 ago
19/03/2010	Dr Catherine Dyer at Bonnybridge Health Centre
History	CF 22/03 "Severe thoracic pain" (on phased return basis) Feeling a lot better and would like yo go back to work. Has discissed with Occ Health and physio. Physio would like thoracic spine x-ray but she had on 17/12 ago for the same thing and to was normal. Copy to physio. Afraid of losing job.
	Back pain, unspecified
22/04/2010	Dr Richard Dyer at Bonnybridge Health Centre
History	Medication review
22/04/2010	Dr Stirling Morrison at Bonnybridge Health Centre
History	wax both ears no perfs or dicharge rx drops syringe 1wk---- review poor hearing after wax gone
	Wax in ear
	Computer summary updated
28/04/2010	NHS 24 at Bonnybridge Health Centre
History	Co op
	Ear pain
	Computer summary updated
29/04/2010	Treatment Room Nurse at Bonnybridge Health Centre
History	Hospital Clinical Attended for bilateral ear syringing, no contra-indications, ear care advise given, written consent obtained. Left ear clear, right ear too painful to continue, will return next week.
30/04/2010	Dr June Edmund at Bonnybridge Health Centre
History	Tel pain and swelling in r ear after unsuccessful syringing; had to attend oohs that evening; discussed, advised; adv continue daily or bd almond oil, and analgesia prn;
	Ear pain
09/07/2010	Dr Richard Dyer at Data Entry
Comment	script fluoxetine, message see to review.
Medication	Fluoxetine Hydrochloride Capsules 20 mg 28 capsule TAKE ONE DAILY
07/10/2010	Dr Richard Dyer at Data Entry
Problem (REVIEW)	**[X] Reactive depression NOS**
Comment	script 2 weeks as message to say running out; has been asked to make appt.
Medication	Fluoxetine Hydrochloride Capsules 20 mg 14 capsule TAKE ONE DAILY
13/10/2010	Dr Ruth Beaman at Bonnybridge Health Centre
Problem (REVIEW)	**[X] Reactive depression NOS**
History	On fluoxetine - been taking for 10 years, also perimenopausal so was adv by CD to stay on them at present.
Comment	2/12 issued and on repeat for further 2/12.
Medication	Fluoxetine Hydrochloride Capsules 20 mg 112 CAPSULE 2 Cap Daily
Problem (FIRST)	**Thrush**
History	recurrent problem, had antibiotics recently from dentist.
Comment	For swab if no better with above (is due smear).
31/12/2010	Dr June Edmund at Telephone Consultation
Problem (FIRST)	**Flu like illness**
History	Sx started 26 dec; temp up to 39 has been taking paracetamol, ibuprofen causes GI upset; sore to touch, nausea, feels weak when gets up, [almost fainted last night] drinking well, not eating; cough but not really chesty
Comment	general advice and script issued for tamiflu

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Medication	Oseltamivir Capsules 75 mg 10 capsule TAKE ONE TWICE DAILY
02/01/2011	Dr Nhs 24 at Bonnybridge Health Centre
Problem (FIRST)	**Influenza NOS**
05/01/2011	Dr Richard Dyer at Home visit
Problem (FIRST)	**Pleuritic pain (Left)**
Examination	O/E - BP reading O/E Severe cold sores round face. Temperature 37.1. Severe cold sores round mouth. Oral thrush. O2 Sats 98%, Slight dyspnoea at rest. Chest - creps right base. BS reduced left base. Rx Stop Amoxil. Start Ciprofloxacin 500mg bd (14), Nystatin Oral Susp 1ml qid (30mls), Aciclovir 200mg 1 5 times a day (25), Prochlorperazine 5mg tid prn (30). Blood pressure reading 100/60 mm Hg
Comment	Left lower chest pain, worse if coughs. Green sputum, sometimes blood-stained. Still fever.
Medication	Aciclovir Tablets 200 mg 25 tablet TAKE ONE 5 TIMES A DAY Ciprofloxacin Tablets 500 mg 14 tablet TAKE ONE TWICE DAILY Nystatin Oral suspension 100,000 units/ml 30 ML 1ML TO BE RINSED ROUND MOUTH FOUR TIMES DAILY Prochlorperazine Maleate Tablets 5 mg 30 tablet ONE TO BE TAKEN THREE TIMES A DAY PRN
05/01/2011	Dr Richard Dyer at Telephone Consultation
Problem (FIRST)	**Influenza NOS**
Comment	still flu symptoms, also cold sores round mouth - generally unwell.
07/01/2011	Dr Richard Dyer at Bonnybridge Health Centre
History	remains unwell, breathless - looks pale and unwell, felt faint during consultation.
Problem (REVIEW)	**Influenza NOS**
Examination	BP 110/70 pa02 98 pefr 120 lungs sound clear.
Comment	suggest admission, not keen, add prednisolone and review monday, to contact NHS 24 if worse.
Medication	Prednisolone Tablets 5 mg 40 TABLET EIGHT TO BE TAKEN EACH MORNING
07/01/2011	Dr Richard Dyer at Telephone Consultation
History	not much better, pain in chest when coughs, cold sores resolving, breathless still
Comment	see
17/01/2011	Dr Richard Dyer at Bonnybridge Health Centre
History	much better, still a bit breathless
Problem (REVIEW)	**Pleuritic pain (Bilateral)**
Examination	lungs clear, PEFR 300
Comment	no further treatment needed, is improving well, ?REpeat CXR later if still symptoms
Problem (FIRST)	**Atelectasis** A on CXR
Problem (REVIEW)	**[X] Reactive depression NOS**
Comment	feels mood has dipped, is takiing fluoxetine, note comments by RB re continued use, re-authoriesed.
28/02/2011	Dr Jane McNutt at Bonnybridge Health Centre
Problem (FIRST)	**Acute right otitis media**
History	Current smoker hard of hearing, right ear sore and glands swollen right side, temp 37.7 in work, still SOB, over 8 weeks since first unwell 10/day
Examination	lot wax both ears, right sore can't see ear drum, tender glands right side, RS clear peak flow 300
Comment	spirometry, repeat chest x-ray, bloods, use drops for wax few more days, can get left ear syringed but no right
Medication	Amoxicillin Capsules 500 mg 21 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY Fluconazole Capsules 150 mg 1 CAPSULE TAKE ONE CAPSULE AS A SINGLE DOSE
Test Request	FBC, U and E, Glucose, LFTs, TFTs, Ferritin, CRP

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14/03/2011	Ms Susan MacDonald at Bonnybridge Health Centre
Problem (REVIEW)	**Shortness of breath symptom**
History	Treated for Pneumonia a few months ago. Took a long time to recover. Since then felt SOB. Smokes 10-15/day. Works as Nurse in Renal Dialysis Unit. Advised to have Spirometry test by Dr. McNutt
Examination	Spirometry reversibility negative SPIROMETRY & REVERSIBILITY PERFORMED AFTER 2 PUFFS SALBUTAMOL VIA VOLUMATIC - NORMAL RESULT although FEV1 at lower end of normal range. FEV1 before bronchodilation 2.12 FEV1 after bronchodilation 2.19
Comment	Discussed importance of stopping smoking. Has stopped for short spell in the past but intolerant of Champix - made her feel distressed mentally. Taking antidepressants. Nicotine replacement patches caused skin irritation. Wants to try Nicotine inhalator. Discussed use - 6-12cartridges per day. Review in 1-2 weeks. Advised see GP if feels salbutamol has helped SOB symptoms today to see if Salbutamol inhaler could be prescribed in the short term. Was noticeably SOB on walking to consultation room and at after each blow attempt. ?airway hyperreactivity. No obvious wheeze but coughed/gagged after blow attempts.
Examination	Peak expiratory flow rate before bronchodilation 367 litres/min Peak expiratory flow rate after bronchodilation 388 litres/min
Problem (FIRST)	**H/O: Mirena coil usage**
History	Inserted 29th June 2005 in GRI for irregular menstrual bleeding. Was due changed june 2010. Says had hormone tests and is menopausal now. Husband sterilised. Concerned if when coil removed she has bleeding problem again.
Comment	Advised to make apt with Dr. Edmunds to discuss if needs coil replaced as now menopausal. Due smear in May 2011 so if to have replaced can take swabs and smear at same apt.
14/03/2011	Ms Susan MacDonald at Bonnybridge Health Centre
Medication	Nicotine inhalation cartridge with mouthpiece (refill) 10 mg/cartridge 42 cartridge AS DIRECTED
29/06/2011	Dr Catherine Dyer at Telephone Consultation
Problem (FIRST)	**Back pain, unspecified**
History	Recurrence of back pain exactly the same as she had 2 years ago. Nurse at Larbert hospital. Has seen physio who says muscles in spasm and will see her regularly. Has run out of Cocodamol which helps her to sleep
Comment	See in surgery if not better soon and needs more analgesia
Medication	Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO UP TO QDS PRN FOR PAIN
01/07/2011	Ms Susan MacDonald at Telephone Consultation
Problem (NEW)	**H/O: Mirena coil usage**
Comment	Informed Dr. Edmunds feels it is fine to keep coil in situ another year as husband sterilised and now menopausal. See Dr. Edmunds in 1 year for coil removal and further discussion.
01/07/2011	Ms Susan MacDonald at Bonnybridge Health Centre
Problem (FIRST)	**Cervical smear screen**
History	History of recurrent thrush for years. Not had fluconazole since Jan when prescribed with antibiotic course. No symptoms at present but going on holiday next week to Portugal and always gets thrush when abroad particularly if sitting in wet bathing costumes. Menopausal - has Mirena coil in situ 6 years now. No bleeding last 3 years. Had bloods done 2 years ago - confirmed menopausal. Has flushings/sweats.
Examination	Cervical smear taken O/E-vaginal speculum exam. NAD O/E - white vag. discharge H/O: Mirena coil usage - IUD checked - no problems
Comment	Cervix appears normal. Some white discharge at cervix. As concerned may get thrush when abroad given fluconazole script but will only use if gets symptoms. Agreed by Dr. Morrison. Need to d/w Dr. Edmunds re coil - ? can stay in situ another year. Not required for contraception as husband sterilised.
Medication	Fluconazole Capsules 150 mg 1 CAPSULE TAKE ONE CAPSULE AS A SINGLE DOSE
Additional	O/E Cervix: transitional zone seen
09/08/2011	Ms Susan MacDonald at Data Entry
History	Smear report shows fungal infection but was given fluconazole prescription when attended on 1st July.

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22/08/2011	Dr Duncan Lamont at Bonnybridge Health Centre
Problem (REVIEW)	**Back pain, unspecified**
History	Upper back pain left side, not taking any regular analgesia. Off work for a week. States doesn't tolerate ibuprofen but diclofenac fine in past but only taken prn- states doesn't take pain away.
Comment	Tender rhomboid/ lower part trapezius area, advised on regular analgesia rather than prn, emphasised that treating in repsonse to pain unlikely to resolve pain. Issued diclofenac as arthrotec in view of prev issues on ibuprofen.
	MED3 - doctor's statement back pain 7 days
Medication	Diclofenac And Misoprostol Tablets 75 mg + 200 micrograms 60 tablet TAKE ONE TWICE DAILY
Additional	Medication review

05/10/2011	Dr Duncan Lamont at Data Entry
History	Seen by smoking cessation advisor NRT as per
	Smoking cessation advice
	Current smoker
Medication	Nicotine Transdermal patches 25 mg/16 hrs 28 patch APPLY DAILY
	Nicotine Oromucosal Spray Sugar Free 1 mg/dose 26.4 ml AS DIRECTED

07/10/2011	Miss Reception Staff at Data Entry
Examination	Influenza vaccination H7091-2 exp 05/12 **(GMS)**
Comment	Adult immunisation admin.
Additional	Influenza vaccination given by other healthcare provider

25/10/2011	Dr June Edmund at Data Entry
History	scrpt as per letter
Medication	Niquitin Clear Transdermal patches 21 mg/24 hrs 28 patch APPLY DAILY

28/10/2011	Dr June Edmund at Data Entry
Problem (REVIEW)	**[X] Reactive depression NOS**
History	see entry 17 jan 2011 and 13 oct 2010 re fluoxetine
Comment	re-issued but pls see for r/v next time

11/11/2011	Dr Jane McNutt at Bonnybridge Health Centre
Problem (NEW)	**Back pain, unspecified**
History	lifting patient in work hurt her back upper back same place as before, gets shooting pains into her neck, arthrotec and co-codamol have helped before
Examination	has heat pad on upper back
Comment	MED3 - doctor's statement back pain
Medication	Diclofenac And Misoprostol Tablets 75 mg + 200 micrograms 60 tablet TAKE ONE TWICE DAILY
	Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO UP TO QDS PRN FOR PAIN

18/11/2011	Dr Jane McNutt at Bonnybridge Health Centre
Problem (REVIEW)	**Back pain, unspecified**
History	back still sore was at physio on Tues wasn't able do acupuncture because back in so much spasm was asking if Sandra could get diazepam. co-codamol is making her constipated so is going take paracetamol
Comment	MED3 - doctor's statement 1 week back pain
Medication	Diazepam Tablets 2 mg *20 tablet TAKE ONE OR TWO TABLETS UP TO THREE TIMES DAILY*
Problem (FIRST)	**Smoking cessation therapy**
History	attending smoking cessation classes determined stop smoking, asking go down medium strength patch
Medication	Niquitin Clear Transdermal patches 14 mg/24 hrs *28 patch APPLY DAILY*

24/11/2011	Dr Jane McNutt at Third party Consultation
Problem (REVIEW)	**Back pain, unspecified**
History	asking for sick line go back to work 1st December

14/12/2011	Dr June Edmund at Data Entry
Medication	Niquitin Clear Transdermal patches 7 mg/24 hrs *28 patch APPLY DAILY*

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08/02/2012	Dr June Edmund at Bonnybridge Health Centre
Problem	**Low mood**
History	very stressed at home tearful recent marital problems has been on fluoxetine for long time try incr dose to 40mg
Comment	works as staff nurse renal unit FVRH feels can cope with work
Problem	**Herpes simplex**
History	more extensive lesion r upper lip had oral treatment last yr topical cream not helping
Medication	Aciclovir Dispersible tablets 200 mg *25 tablet ONE TAB FIVE TIMES A DAY*
Problem (FIRST)	**Fungal nail infection**
History	r gt toenail thickened x few months
Comment	try to get toenail clippings

30/04/2012	Dr Stirling Morrison at Bonnybridge Health Centre
History	pain l side back same as before
Examination	l side post chest muscles tender +++, chest clear, problem standing straigh-- a nurse, has self referred physio--a nurse // muscular
Problem (NEW)	**Back pain, unspecified**
Medication	Co-Codamol 30/500 Tablets *60 tablet ONE OR TWO UP TO QDS PRN FOR PAIN*

02/07/2012	Ms Susan MacDonald at Data Entry
Problem (NEW)	**H/O: Mirena coil usage**
History	Mirena coil in situ for 7 years. Needs changed. Has apt for swabs. Will need to arrange apt for coil change.
Medication	Levonorgestrel Intra-uterine device 52 mg (20 micrograms/24 hours) *1 device AS DIRECTED*

18/07/2012	Ms Susan MacDonald at Bonnybridge Health Centre
Problem (REVIEW)	**H/O: Mirena coil usage**
History	Mirena Coil inserted at GRI clinic 7 years ago. Had heavy periods for 18months. After coil fitted had a lot of pain down inside of thighs and felt unwell. Took 3 weeks to settle. Initially had light periods for 3 years then no periods. Has not bled since. Gets problems with recurrent thrush and took Fluconazole about 3 weeks ago. Symptoms settled at present. VERY ANXIOUS about having coil replaced in case has pain again. Thought about having it out and wait and see if periods don't come back but decided best to get changed. NOTE LIVING AT SISTERS HOUSE TEMPORARILY IN GARGUNNOCK. Stress at home. 13yr old daughter living with her. Plans to move into a home she currently rents in bonnybridge when tenant moves out in next few weeks.
Comment	Endocervical chlamydia swab Disposable medium speculum used. Cervix appears healthy. Coil threads very short and just noticeable when swabs used to explore cervical os. and charcoal swab taken for COS.. Apt issued for coil change in 4 weeks time. SMEAR NEGATIVE 2011.
Social	Works as staff nurse in Renal Unit FVRH
Additional	Education for intrauterine system Intrauterine device contraception leaflet given

18/07/2012	Ms Susan MacDonald at Data Entry
Comment	Did not attend - no reason for swabs per entry 2nd July. Called home number. Told staying at her sisters - Contacted mobile. Daughter answered. Has just arrived - got caught in flooding. MOBILE 07955399034 - NEED TO COME BACK AFTER CLINIC OR MAKE another APT AS 20MINS LATE.

07/08/2012	Dr June Edmund at Bonnybridge Health Centre
Problem (REVIEW)	**Low mood**
History	situation at home has been worse -- has had to leave on 3 occasions, returned on the 2 previous occasions, tried to work things out , has now left and doesn't plan to return ; her 13 yr old daughter is with her dad just now ; sandra staying with friend just now but hopes to move into property they own which is currently rented out; tearful today ; hasn't been able to go to work since thurs 2 aug ; still on fluoxetine - also getting menopausal Sx --- mirena in situ since july 2005 ;
Comment	MED3 issued to patient 7/8 - 15/8 stress related problem
Problem (REVIEW)	**H/O: Mirena coil usage**
History	doesn't feel she can come next week for mirena change ; postpone for 1-2 months ;

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Problem (REVIEW)	**Back pain, unspecified**
History	needing to take co-cod tds at the moment
Medication	Co-Codamol 30/500 Tablets *100 TABLET ONE OR TWO UP TO QDS PRN FOR PAIN*

Problem (REVIEW)	**Fungal nail infection**
History	toenail clippings negative but podiatrist has suggested topical Rx
Medication	Amorolfine Hydrochloride Medicated Nail Lacquer 5 % *1 KIT APPLY TO AFFECTED NAILS TWICE A WEEK*

23/11/2012	Dr Sandeep Sharma at Data Entry
Problem (NEW)	**Low mood**
Comment	issued fluoxetine- has appt with Dr Edmund 5th Dec

05/12/2012	Dr June Edmund at Bonnybridge Health Centre
Problem (REVIEW)	**Low mood**
History	situation with estranged husband is very difficult ; he has apparently done paternity test using sanitary towel from daughter's room ; and has said that she isnt his ; Sandra been staying with her sister but now in rented flat ; daughter has been staying half time each with both parents. until this past week . now more with Sandra ; Sandra tearful, anxious, not coping at work ; near miss at work; poor concentration ; getting nasty text messages from him ; worried about him aswell - says he has been drinking lots alcohol; thinks he is planning something, either to go somewhere or to harm himself ;
Comment	MED3 issued to patient 5/12 - 19/12 stress related problem
Medication	Co-Codamol 30/500 Caplets *100 tablet TWO TO BE TAKEN FOUR TIMES A DAY*

10/12/2012	Dr June Edmund at Data Entry
History	sandra phoned me friday 7 dec , her husband had set fire to his house early morning, and is in ITU FVRH with facial burns and self inflicted stab wounds

19/12/2012	Dr June Edmund at Data Entry
Problem (REVIEW)	**Low mood**
History	[note husband died last week 11 dec in ITU]
Comment	MED3 issued to patient 19/12 - 9/1/13 stress related problem / bereavement

09/01/2013	Dr June Edmund at Bonnybridge Health Centre
Problem (REVIEW)	**Low mood**
History	long chat --- re recent events - feels that she was grieving last year when her marriage difficulties started ; discussed the possible reasons why her husband reacted and behaved as her did ; I think its very likely he had personality disorder ; currently living in rented accomm, trying to get tenants out of the other house that she owns; focussing on her daughter's needs ; support from good friends, also her own parents ; no contact with husband's family, they apparently blame her for what happened ;
Comment	MED3 issued to patient 9/1 - 7/2

05/02/2013	Ms Susan MacDonald at Telephone Consultation
Problem (REVIEW)	**H/O: Mirena coil usage**
History	coil in situ for 8 years. Needs changed soon. Off sick from work for 4 weeks and would like coil changed sooner to allow any settling down of symptoms prior to returning to work. Swabs negative july 2012---- low risk for infection since then.
Comment	Contacted and arraned Mirena Coil change for next tuesday----addition to existing clinic. Will take 2 painkillers 1hour prior to apt. Says anxious about the change as felt a lot of pain and was lightheaded after procedure 8yrs ago.

05/02/2013	Dr June Edmund at Bonnybridge Health Centre
Problem (REVIEW)	**Low mood**
History	struggling - has been to counselling session via work , doesn't think its what she needs - I will refer to trauma based psych service --- also financial situation very difficult husband had cancelled insurance on property, she still has to pay the mortgage ; will also need to go to court to evict the tenants in her other property which she is also paying for ; currently in rented house ;
Comment	MED3 issued to patient 7/2 - 7/3 as per 19 dec

Problem (REVIEW)	**H/O: Mirena coil usage**

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History	mirena overdue change has been getting menopausal Sx for few yrs mirena was also for heavy periods -- options either remove and not replace, or remove and replace ; decided to replace --- will arrange appt
19/02/2013	Ms Susan MacDonald at Telephone Consultation
Problem (REVIEW)	**H/O: Mirena coil usage**
Comment	HAD TO CANCEL APT LAST WEEK FOR COIL CHANGE AS UNWELL. Keen to get changed asap. Offered apt on wed 27th feb as no tuesday apts available for some time. Aware extra apt set up for coil change and advised clinic may be running late due to Dr. Edmunds busy schedule. Prepared to wait. Swabs neg July 2012. Smear neg 2011.
27/02/2013	Dr June Edmund at Bonnybridge Health Centre
Problem (NEW)	**Replacement of Mirena coil**
History	see iucd sheet
Problem (REVIEW)	**Low mood**
History	had a very difficult week last week has incr fluoxetine to 2 daily rpts amended and script issued
27/02/2013	Ms Susan MacDonald at Bonnybridge Health Centre
Problem (REVIEW)	**H/O: Mirena coil usage**
Comment	Replacement of Mirena coil
History	Cx smear normal - July 2011. Endocervical swabs negative in July 2012. Not in a relationship since swabs taken. Low risk and no need to repeat swabs. Coil replacement was delayed due to personal problems.
Medication	Arthrotec 50 Tablets *30 tablet ONE TO BE TAKEN THREE TIMES A DAY*
Comment	Counselled re replacement of coil.To return in 6 weeks for coil check. Please enquire re any bleeding since coil replaced. Very anxious pre coil change. Found procedure painful but coped and coil replaced without difficulty.
03/04/2013	Dr June Edmund at Bonnybridge Health Centre
Problem (NEW)	**Herpes simplex**
History	has had several lesions recently has required oral aciclovir treatment on occasions always worse when stressed
Problem (REVIEW)	**H/O: Mirena coil usage**
History	has been fine since mirena replaced recently - sees susan next week for coil chk
Problem (REVIEW)	**Low mood**
History	the tenants are out of her house and hopes to move in soon, they had left it in a mess re-decorating it herself feels good that she can make decisions for herself [husband always decided everything in the house] feels bit better coping better has psychology appt end april further discussion re recent events
Comment	MED3 issued to patient 4/4 - 18/4 rtw 18/4 phased return
10/04/2013	Ms Susan MacDonald at Bonnybridge Health Centre
Problem (REVIEW)	**H/O: Mirena coil usage**
History	Coil changed 27th feb 2013. No problems at all. No bleeding.
Social	Thinking about stopping smoking Current smoker
Comment	Disposable medium plastic speculum used. Coil threads visible. No bleeding or discharge. Cervix appears healthy. Advised come for annual coil check
Additional	Blood pressure reading 129/79 mm Hg
Comment	IUD check
Additional	O/E - height, 159 cm O/E - weight, 56 Kg Body Mass Index, 22.15 Smoking cessation advice
14/05/2013	Dr Ruth Beaman at Data Entry
Comment	acute script aciclovir - asking re prophylaxis - seen in daughters appt - will make own appt to discuss.
29/07/2013	Dr June Edmund at Data Entry
Problem (REVIEW)	**Low mood**
History	fluoxetine re-issued appt next time pls

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28/08/2013	Mr Doc Docman Do Not Edit Or Delete at Docman
Additional	Scanned document Historical Patient Record

18/09/2013	Dr June Edmund at Bonnybridge Health Centre
Problem (REVIEW)	**Low mood**
History	has been feeling really low - is a bit tearful today - - was on hols july , ok before then and when away, so cut down fluoxetine to 1 daily mood dipped so been back on 2 daily x 6 weeks, not made any difference ; had fleeting suicidal thoughts on sunday, knows wouldn't do anything, daughter needs her ; feels can struggle at work at times ; work colleagues are supportive ; ongoing financial problems ; land up for sale and still paying mortgage ; also seeing psychologist alasdair graham , this is of some help;
Comment	incr fluoxetine to 60mg --- 3 x 20mg daily
Additional	Medication review

11/10/2013	Dr June Edmund at Bonnybridge Health Centre
Problem (REVIEW)	**Low mood**
History	long chat feeling low, not sleeping ; has managed to sell plot land altho won't cover the mortgage ; gets half of her husband's work pension, which helps a bit ; due to see alasdair graham tomoro ; wondering about group [mindfulness?] biggest thing is the emotional effect of having no contact with her stepchildren whom she has known since they were young children ; they still have contact with her daughter ; may consider getting the dna test to prove her daughter's paternity ;
Comment	MED3 issued to patient 11/10 - 28/10 stress related problem ; try 1 week sleeping tablet ;
Medication	Zopiclone Tablets 7.5 mg *7 tablet TAKE ONE TABLET AT NIGHT TO HELP SLEEP*

15/10/2013	Dr June Edmund at Data Entry
Problem (NEW)	**Herpes simplex**
History	script issued oral aciclovir has had before

06/01/2014	Dr June Edmund at Bonnybridge Health Centre
Problem (FIRST)	**Finger pain**
History	was at ED early dec - fell and needed ring cut off, but nurse tried to get it off r ring finger first - and since then the pip joint has been swollen and painful - 5 weeks since injury
Examination	swollen pip joint r ring finger - able to flex but painful
Comment	if not settling in next 2-3 weeks could ask ortho for advice
Problem (REVIEW)	**Low mood**
History	has been feeling much better recently december was difficult with anniversary of fire and husband's death but after that has been feeling better - c/t 60mg fluoxetine for further 2-3 months then conside reduction
Problem (FIRST)	**Pruritus NOS**
History	gets itchy esp at night no rash esp arms. legs also on body - finds piriton helps and also uses emollient
Medication	Chlorphenamine Tablets 4 mg *56 tablet TAKE ONE NOCTE*
Problem (FIRST)	**Mole of skin**
History	has couple benign looking moles on face - getting bigger, more prominent - would like them removed - may need to refer privately but ask advice from dermatology
Examination	one r upper lip and left side chin -

24/03/2014	Dr June Edmund at Bonnybridge Health Centre
History	having problems with her 15 yr old daughter - flying off the handle , been throwing things at her ; esp past few weeks ; Kathleen won't speak to her, doesn't want to see anyone eg counsellor ; Sandra has had to take time off work since last week ; daughter recently split up from b/f x 2 months ago ; seems upset re this, and b/f is also at same school ; no obv problems at school ; and has been in touch with her friends again after split with b/f; up until a few months ago she had been very close to mum and really quite clingy ; stayed with aunt at w/e ;
Problem (FIRST)	**Skin lesion**

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History	skin lesion post r leg - couple yrs , may have picked it , bled recently
Additional	Medication review

31/03/2014	Dr Sandeep Sharma at Bonnybridge Health Centre
Problem (REVIEW)	**Otitis externa NOS**
History	pain in left ear , seen by a doctor in workplace an dtold has ear infection
Examination	left canal swollen , cannot see TM tragus sign positive
Medication	Otosporin Ear-drops *10 ml 2 DROPS 3 TIMES DAILY*

10/06/2014	Ms Susan MacDonald at Data Entry
Comment	per previous entry--- smelly urine. No Sugar in urine.
Result	Urine glucose test negative
	Urine protein test negative
	Specific gravity of urine, 1010
	Urine blood test = +++
	Urine nitrite positive
	Leucocytes in urine
Additional	Urine pH test, 6 pH

10/06/2014	Dr Sandeep Sharma at Telephone Consultation
Problem (FIRST)	**Suspected UTI**
History	Dysuria staff nurse in renal unit FV- ,
	Micturition frequency , dipped urine positive for everything incliuding sugar
Comment	abx issued adv to bring sample to us as well as if sugar in it- could be diabetic

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27/06/2014	Dr Stirling Morrison at Telephone Consultation
History	dysuria cleared with trimethoprim but quickly recurred---leucocytes ++ on testing and msu sent + thrush----ring for msu result
Problem (FIRST)	**Urinary tract infection, site not specified**
Medication	Nitrofurantoin Capsules 50 mg *30 capsule ONE TO BE TAKEN FOUR TIMES A DAY*
	Fluconazole Capsules 50 mg *7 CAPSULE ONE DAILY FOR 7 DAYS FOR ORAL THRUSH (ADULTS)*
Additional	Medication review

22/08/2014	Dr Stirling Morrison at Bonnybridge Health Centre
History	making a bed to sudden pain in side
Examination	tender l chest wall no leg sx, sore to bend or turn---muscle strain
Problem (NEW)	**Back pain, unspecified**
Medication	Diazepam Tablets 2 mg *14 TABLET ONE TABLET TO BE TAKEN UP TO THREE TIMES A DAY WHEN REQUIRED*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Back pain, unspecified; Duration: 22/08/2014 - 05/09/2014)

05/09/2014	Dr Stirling Morrison at Bonnybridge Health Centre
History	improved wishes back to work, line was lost, trying to reduce hours
Problem (REVIEW)	**Back pain, unspecified**
Comment	discussed fluoxetine has reduced to 2 per day may reduce further if continue well
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Back pain, unspecified; Duration: 22/08/2014 - 08/09/2014)

09/09/2014	Ms Susan MacDonald at Bonnybridge Health Centre
Problem (NEW)	**Cervical smear screen**
History	Mirena coil changed 27th feb 2013. No pv bleeding since changed. Very happy with coil. No pv discomfort or discharge. Due smear.
Comment	Disposable medium plastic speculum used. Cervix appears normal. Coil threads visible. No discharge. Healthy looking cervix.
Additional	O/E Cervix: transitional zone seen
	Cervical smear taken
	O/E-vaginal speculum exam. NAD
	O/E - no vaginal discharge
	IUD check
	IUD checked - no problems

11/11/2014	Dr June Edmund at Data Entry
Problem (NEW)	**Herpes simplex**
History	aciclovir issued as before

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25/11/2014	Dr Stirling Morrison at Bonnybridge Health Centre
History	pain back to behind r knee, no trauma--denies weakness of leg or loss sensation no perianal numbness full control bowels, constipated 3 days
Examination	in pain ++ bent sl forward to r--unable to get up on couch, tender across lower spine--advised conatct sos if above sx
Problem (FIRST)	**Sciatica**
Medication	Diazepam Tablets 2 mg *28 tablet ONE TABLET TO BE TAKEN UP TO THREE TIMES A DAY WHEN REQUIRED*
	Tramadol Hydrochloride M/R capsules 50 mg *60 capsule 1 OR 2 NOCTE*
	Laxido Orange Oral Powder Sachets Sugar Free *30 sachet TO BE TAKEN AS DIRECTED*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Sciatica; Duration: 25/11/2014 - 09/12/2014)

09/12/2014	Dr Stirling Morrison at Bonnybridge Health Centre
Examination	improved still sl bent, tried shopping v sore after 1/2 hr, stooped, slr r 40, l 70 no weakness, no bowel or urine problem -- a nurse
Problem (REVIEW)	**Sciatica**
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Sciatica; Duration: 09/12/2014 - 30/12/2014)

10/12/2014	Dr Stirling Morrison at Telephone Consultation
History	spoke to manager ? gabapentin yes good for nerve pain--gradually increase------ ? referral as no leg weakness or loss sensation and improving not yet as often improve with time
Problem (REVIEW)	**Sciatica**
Medication	Gabapentin Capsules 100 mg *200 capsule ONE TO BE TAKEN THREE TIMES A DAY*
Test Request	FBC, U and E, LFTs, Calcium, CRP

30/12/2014	Dr Stirling Morrison at Bonnybridge Health Centre
History	improved still limp ? wondering about work2 or 3 wks phased
Problem (REVIEW)	**Sciatica**
Medication	Aciclovir Dispersible tablets 400 mg *42 tablet ONE TO BE TAKEN THREE TIMES A DAY*
	Gabapentin Capsules 100 mg *200 capsule TWO TO BE TAKEN THREE TIMES A DAY*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Sciatica; Duration: 30/12/2014 - 13/01/2015)

16/02/2015	Dr Sandeep Sharma at Bonnybridge Health Centre
Problem (FIRST)	**Concussion**
History	recent admission for collapse? syncope? seizure- still emotional, rt frontal headache- nausea
Examination	Alert and orientated. No cranial nerve abnormality detected. Limbs - normal tone, power, sensation, co-ordination. Both plantars normal. Fundi - nothing abnormal detected
Comment	POST CONCUSSION SYNDROME, MED 3 2 WEEKS

16/02/2015	Dr Duncan Lamont at Data Entry
History	Discharged 14/2/15 after collapse possibly due to vomiting or a seizure. no new rx
Comment	Medication reconciliation
Additional	Advice to continue with drug treatment - no changes to drug treatment
	Discharged from inpatient care - IDL received and workflowed
	Drug directions adequate and appropriate - not appropriate / necessary to discuss with patient / carer .

16/02/2015	Dr Sandeep Sharma at General Practice Surgery
Additional	WML document Post-concussion Syndrome Printed

12/03/2015	Ms Marie Duffy at Bonnybridge Health Centre
Examination	Cervical smear taken
	O/E-vaginal speculum exam. NAD
	O/E - no vaginal discharge
Comment	chaperone declined. pt breast aware. 6/12 smear test due to borderline changes. pt quite uptight about this, discussed, med disposible speculum used. cervix visualised nil to note
Additional	O/E Cervix: transitional zone seen

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25/09/2015	Ms Jane Donald at Bonnybridge Health Centre
Problem (NEW)	**Cervical smear screen**
Examination	Blood pressure reading 117/73 mm Hg
	O/E - height, 159 cm
	O/E - weight, 60 Kg
	Cervical smear taken
	O/E-vaginal speculum exam. NAD
	O/E - no vaginal discharge
	IUD check
	IUD threads lost
Social	Current smoker
Comment	Repeat smear taken, Cx appears healthy. Mirena threads not visible today, ? curled up inside cervical canal. Not awre of coild having come out at any time. No menses. Advised to make appt for further check in 2 weeks time and is still not seen for referral to GP.
Additional	Smoking cessation advice
	[V]Coil check
	O/E Cervix: transitional zone seen

09/10/2015	Ms Jane Donald at Bonnybridge Health Centre
Problem (NEW)	**H/O: Mirena coil usage**
Examination	IUD check
	IUD checked - no problems
Comment	Returned for recheck of Mireana threads as unable to visualise same at last appt. Threads seen today although curled up just at entrance to os. Patient reassured that device still insitu. Advised to reattend next year for repeat check.

11/11/2015	Dr Elizabeth Weir at Data Entry
Comment	note on script to make appt for review
Medication	Fluoxetine Hydrochloride Capsules 20 mg *112 CAPSULE 2 Cap Daily*

01/12/2015	Dr Laura Forsyth at Bonnybridge Health Centre
Problem (FIRST)	**Menopausal flushing**
History	Smoker 10 Cigarettes/day Amenorrhoeic with mirena. Problematic flushes and sweats. Hair can be soaked through. Already on SSRI. Mum had breast cancer diagnosed age 68. Has done some reading and wishes to use HRT.
Examination	O/E - BP reading
	Blood pressure reading 115/73 mm Hg
Comment	Smoking cessation advice Discussed risks vs benefits. . Mirena provides progesterone so only oestrogen needed. Rv at 3m.
Medication	Estradiol Tablets 1 mg *84 TABLET ONE TABLET TO BE TAKEN DAILY AS DIRECTED*
Problem (FIRST)	**Gastro-oesophageal reflux**
History	For about 8 months getting heartburn and epigastric pain worse with fizzy drinks. Using OTC ranitidine to good effect. No red flags.
Examination	Abdo soft and non-tender.
Comment	Check H Pylori. Continue ranitidine.
Medication	Ranitidine Tablets 150 mg *120 TABLET ONE TABLET TO BE TAKEN TWICE DAILY*
Test Request	H.pylori stool antigen - *Requested*
Problem (FIRST)	**Medication review**
History	Been on fluoxetine for 16y. Wants to think about reducing next year but not over winter. On 40mg. Reauthorised for 6m and discussed gradual reduction when ready. Uses co-codamol mainly just at night for back pain.

09/02/2016	Dr June Edmund at Telephone Consultation
Problem (REVIEW)	**Menopausal flushing**
History	HRT effective , further 3 months issued
Medication	Estradiol Tablets 1 mg *84 tablet TAKE ONE DAILY*
Problem (REVIEW)	**Gastro-oesophageal reflux**
History	h pylori result positive
Medication	Amoxicillin Capsules 500 mg *28 capsule TAKE TWO CAPS TWICE DAILY*
	Clarithromycin Tablets 500 mg *14 tablet TAKE ONE TWICE DAILY*
	Omeprazole Capsules (Gastro-Resistant) 20 mg *14 capsule TAKE ONE TWICE DAILY*

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Problem (FIRST)	**Helicobacter eradication therapy**
Comment	Helicobacter eradication treatment issued. Advised to complete full course of antibiotics.

23/03/2016	Dr Zedenka Carruthers at Bonnybridge Health Centre
Problem (FIRST)	**Low back pain**
History	moving house next week so packing boxes felt niggle in her back yesterday and during night severe pain could not turn, pain in R Slj and into buttocks, lots of mm spasm struggeling to stand straight, no tenderness over spine, worried as due holiday 4.5h flight end of next week, adviced can call to get more meds and diazepam for journey if needs to next week
Medication	Diazepam Tablets 2 mg *14 TABLET ONE TABLET TO BE TAKEN UP TO THREE TIMES A DAY WHEN REQUIRED* Amitriptyline Hydrochloride Tablets 10 mg *28 tablet ONE OR TWO TO BE TAKEN AT NIGHT* Ranitidine Tablets 150 mg *120 tablet ONE TABLET TO BE TAKEN TWICE DAILY* Algesal Cream 10 % *100 GRAM APPLY THREE TIMES A DAY*

13/05/2016	Dr Laura Forsyth at Bonnybridge Health Centre
Examination	O/E - BP reading
Problem (FIRST)	**Hormone replacement therapy**
History	Happy with this. Has mirena in situ.
Examination	Blood pressure reading 110/76 mm Hg
Comment	Continue.

Problem (FIRST)	**Memory loss symptom**
History	Concerned may have memory problem. At work cannot remember the names of patients and how to do things she has done for years. A bit stressed with moving house but mood is fine.
Comment	Discussed memory problems common at time of the menopause. could do bloods and gpcog - moving to Larbert next week so will see GP there.

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
23/03/2016	**Ranitidine Tablets 150 mg** ONE TABLET TO BE TAKEN TWICE DAILY 120 tablet	15/06/2016P	Dr Sandeep Sharma	REPEAT
05/12/2012	**Co-Codamol 30/500 Caplets** TWO TO BE TAKEN FOUR TIMES A DAY 100 tablet	15/06/2016P	Dr Sandeep Sharma	REPEAT
13/10/2010	**Fluoxetine Hydrochloride Capsules 20 mg** 2 Cap Daily 112 CAPSULE	15/06/2016P	Dr Sandeep Sharma	REPEAT

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
13/05/2016	**Estradiol Tablets 1 mg** TAKE ONE DAILY 84 tablet	13/05/2016P	Dr Laura Forsyth	ACUTE
23/03/2016	**Diazepam Tablets 2 mg** ONE TABLET TO BE TAKEN UP TO THREE TIMES A DAY WHEN REQUIRED 14 TABLET	23/03/2016P	Dr Zedenka Carruthers	ACUTE
23/03/2016	**Amitriptyline Hydrochloride Tablets 10 mg** ONE OR TWO TO BE TAKEN AT NIGHT 28 tablet	23/03/2016P	Dr Zedenka Carruthers	ACUTE
23/03/2016	**Algesal Cream 10 %** APPLY THREE TIMES A DAY 100 GRAM	23/03/2016P	Dr Zedenka Carruthers	ACUTE
09/02/2016	**Estradiol Tablets 1 mg** TAKE ONE DAILY 84 tablet	09/02/2016P	Dr June Edmund	ACUTE
09/02/2016	**Amoxicillin Capsules 500 mg** TAKE TWO CAPS TWICE DAILY 28 capsule	09/02/2016P	Dr June Edmund	ACUTE
09/02/2016	**Clarithromycin Tablets 500 mg** TAKE ONE TWICE DAILY 14 tablet	09/02/2016P	Dr June Edmund	ACUTE
09/02/2016	**Omeprazole Capsules (Gastro-Resistant) 20 mg** TAKE ONE TWICE DAILY 14 capsule	09/02/2016P	Dr June Edmund	ACUTE
01/12/2015	**Estradiol Tablets 1 mg** ONE TABLET TO BE TAKEN DAILY AS DIRECTED 84 TABLET	01/12/2015P	Dr Laura Forsyth	ACUTE
01/12/2015	**Ranitidine Tablets 150 mg** ONE TABLET TO BE TAKEN TWICE DAILY 120 TABLET	01/12/2015P	Dr Laura Forsyth	ACUTE
30/12/2014	**Aciclovir Dispersible tablets 400 mg** ONE TO BE TAKEN THREE TIMES A DAY 42 tablet	30/12/2014P	Dr Stirling Morrison	ACUTE

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30/12/2014	**Gabapentin Capsules 100 mg** TWO TO BE TAKEN THREE TIMES A DAY 200 capsule	30/12/2014P	Dr Stirling Morrison	ACUTE
10/12/2014	**Gabapentin Capsules 100 mg** ONE TO BE TAKEN THREE TIMES A DAY 200 capsule	10/12/2014P	Dr Stirling Morrison	ACUTE
25/11/2014	**Diazepam Tablets 2 mg** ONE TABLET TO BE TAKEN UP TO THREE TIMES A DAY WHEN REQUIRED 28 tablet	25/11/2014P	Dr Stirling Morrison	ACUTE
25/11/2014	**Tramadol Hydrochloride M/R capsules 50 mg** 1 OR 2 NOCTE 60 capsule	25/11/2014P	Dr Stirling Morrison	ACUTE
25/11/2014	**Laxido Orange Oral Powder Sachets Sugar Free** TO BE TAKEN AS DIRECTED 30 sachet	09/12/2014P	Dr Stirling Morrison	ACUTE
11/11/2014	**Aciclovir Dispersible tablets 200 mg** ONE TAB FIVE TIMES A DAY 25 tablet	11/11/2014P	Dr June Edmund	ACUTE
22/08/2014	**Diazepam Tablets 2 mg** ONE TABLET TO BE TAKEN UP TO THREE TIMES A DAY WHEN REQUIRED 14 TABLET	22/08/2014P	Dr Stirling Morrison	ACUTE
27/06/2014	**Nitrofurantoin Capsules 50 mg** ONE TO BE TAKEN FOUR TIMES A DAY 30 capsule	27/06/2014P	Dr Stirling Morrison	ACUTE
27/06/2014	**Fluconazole Capsules 50 mg** ONE DAILY FOR 7 DAYS FOR ORAL THRUSH (ADULTS) 7 CAPSULE	27/06/2014P	Dr Stirling Morrison	ACUTE
10/06/2014	**Trimethoprim Tablets 200 mg** TAKE ONE TABLET TWICE DAILY 6 TABLET	10/06/2014P	Dr Sandeep Sharma	ACUTE
31/03/2014	**Otosporin Ear-drops** 2 DROPS 3 TIMES DAILY 10 ml	31/03/2014P	Dr Sandeep Sharma	ACUTE
06/01/2014	**Chlorphenamine Tablets 4 mg** TAKE ONE NOCTE 56 tablet	06/01/2014P	Dr June Edmund	ACUTE
15/10/2013	**Aciclovir Dispersible tablets 200 mg** ONE TAB FIVE TIMES A DAY 25 tablet	15/10/2013P	Dr June Edmund	ACUTE
11/10/2013	**Zopiclone Tablets 7.5 mg** TAKE ONE TABLET AT NIGHT TO HELP SLEEP 7 tablet	11/10/2013P	Dr June Edmund	ACUTE
03/04/2013	**Aciclovir Dispersible tablets 200 mg** ONE TAB FIVE TIMES A DAY 25 tablet	14/05/2013P	Dr Ruth Beaman	ACUTE
27/02/2013	**Arthrotec 50 Tablets** ONE TO BE TAKEN THREE TIMES A DAY 30 tablet	27/02/2013P	Dr June Edmund	ACUTE
07/08/2012	**Amorolfine Hydrochloride Medicated Nail Lacquer 5 %** APPLY TO AFFECTED NAILS TWICE A WEEK 1 KIT	07/08/2012P	Dr June Edmund	ACUTE
01/08/2012	**Co-Codamol 30/500 Tablets** ONE OR TWO UP TO QDS PRN FOR PAIN 60 tablet	01/08/2012P	Dr Duncan Lamont	ACUTE
02/07/2012	**Levonorgestrel Intra-uterine device 52 mg (20 micrograms/24 hours)** AS DIRECTED 1 device	02/07/2012P	Dr June Edmund	ACUTE
30/04/2012	**Co-Codamol 30/500 Tablets** ONE OR TWO UP TO QDS PRN FOR PAIN 60 tablet	30/04/2012P	Dr Stirling Morrison	ACUTE
08/02/2012	**Aciclovir Dispersible tablets 200 mg** ONE TAB FIVE TIMES A DAY 25 tablet	08/02/2012P	Dr June Edmund	ACUTE
14/12/2011	**Niquitin Clear Transdermal patches 7 mg/24 hrs** APPLY DAILY 28 patch	14/12/2011P	Dr June Edmund	ACUTE
18/11/2011	**Diazepam Tablets 2 mg** TAKE ONE OR TWO TABLETS UP TO THREE TIMES DAILY 20 tablet	18/11/2011P	Dr Jane McNutt	ACUTE
18/11/2011	**Niquitin Clear Transdermal patches 14 mg/24 hrs** APPLY DAILY 28 patch	18/11/2011P	Dr Jane McNutt	ACUTE
11/11/2011	**Diclofenac And Misoprostol Tablets 75 mg + 200 micrograms** TAKE ONE TWICE DAILY 60 tablet	11/11/2011P	Dr Jane McNutt	ACUTE
11/11/2011	**Co-Codamol 30/500 Tablets** ONE OR TWO UP TO QDS PRN FOR PAIN 100 TABLET	11/11/2011P	Dr Jane McNutt	ACUTE
25/10/2011	**Niquitin Clear Transdermal patches 21 mg/24 hrs** APPLY DAILY 28 patch	25/10/2011P	Dr June Edmund	ACUTE
05/10/2011	**Nicotine Transdermal patches 25 mg/16 hrs** APPLY DAILY 28 patch	05/10/2011P	Dr Duncan Lamont	ACUTE
05/10/2011	**Nicotine Oromucosal Spray Sugar Free 1 mg/dose** AS DIRECTED 26.4 ml	05/10/2011P	Dr Duncan Lamont	ACUTE
22/08/2011	**Diclofenac And Misoprostol Tablets 75 mg + 200 micrograms** TAKE ONE TWICE DAILY 60 tablet	22/08/2011P	Dr Duncan Lamont	ACUTE
01/07/2011	**Fluconazole Capsules 150 mg** TAKE ONE CAPSULE AS A SINGLE DOSE 1 CAPSULE	01/07/2011P	Dr Duncan Lamont	ACUTE
29/06/2011	**Co-Codamol 30/500 Tablets** ONE OR TWO UP TO QDS PRN FOR PAIN 100 TABLET	29/06/2011P	Dr Catherine Dyer	ACUTE
14/03/2011	**Nicotine Inhalation cartridge with mouthpiece (refill) 10 mg/cartridge** AS DIRECTED 42 cartridge	14/03/2011P	Dr Duncan Lamont	ACUTE
28/02/2011	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 CAPSULE	28/02/2011P	Dr Jane McNutt	ACUTE
28/02/2011	**Fluconazole Capsules 150 mg** TAKE ONE CAPSULE AS A SINGLE DOSE 1 CAPSULE	28/02/2011P	Dr Jane McNutt	ACUTE
07/01/2011	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN EACH MORNING 40 TABLET	07/01/2011P	Dr Richard Dyer	ACUTE
05/01/2011	**Ciprofloxacin Tablets 500 mg** TAKE ONE TWICE DAILY 14 tablet	05/01/2011H	Dr Richard Dyer	ACUTE
05/01/2011	**Nystatin Oral suspension 100,000 units/ml** 1ML TO BE RINSED ROUND MOUTH FOUR TIMES DAILY 30 ML	05/01/2011H	Dr Richard Dyer	ACUTE
05/01/2011	**Aciclovir Tablets 200 mg** TAKE ONE 5 TIMES A DAY 25 tablet	05/01/2011H	Dr Richard Dyer	ACUTE

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05/01/2011	**Prochlorperazine Maleate Tablets 5 mg** ONE TO BE TAKEN THREE TIMES A DAY PRN 30 tablet	05/01/2011H	Dr Richard Dyer	ACUTE
31/12/2010	**Oseltamivir Capsules 75 mg** TAKE ONE TWICE DAILY 10 capsule	31/12/2010P	Dr June Edmund	ACUTE
07/10/2010	**Fluoxetine Hydrochloride Capsules 20 mg** TAKE ONE DAILY 14 capsule	07/10/2010P	Dr Richard Dyer	ACUTE
14/09/2010	**Clotrimazole Cream 1 %** APPLY TWICE DAILY 20 gram	14/09/2010P	Dr June Edmund	ACUTE
14/09/2010	**Fluconazole Capsules 150 mg** AS DIRECTED 1 capsule	13/10/2010P	Dr June Edmund	ACUTE
09/07/2010	**Fluoxetine Hydrochloride Capsules 20 mg** TAKE ONE DAILY 28 capsule	09/07/2010P	Dr Richard Dyer	ACUTE
02/03/2010	**Elleste-Solo Tablets 1 mg** 84 TABS	02/03/2010P	Dr Catherine Dyer	ACUTE
02/03/2010	**Diclofenac Sodium E/c tablets 50 mg** 1 Tab 3 times daily pc 84 TABS	02/03/2010P	Dr Catherine Dyer	ACUTE
19/02/2010	**Diazepam Tablets 2 mg** 1 tab up to 3 times a day prn 14 TABS	19/02/2010P	Dr Catherine Dyer	ACUTE
19/02/2010	**Gabapentin Capsules 300 mg** see directions attached 100 CAPS	19/02/2010P	Dr Catherine Dyer	ACUTE
05/02/2010	**Co-Codamol 30/500 Tablets** 1 or 2 Tabs 3 times daily 100 TABS	05/02/2010P	Dr Catherine Dyer	ACUTE
29/01/2010	**Diclofenac Sodium E/c tablets 50 mg** 1 Tab 3 times daily pc 84 TABS	29/01/2010P	Dr Catherine Dyer	ACUTE
29/01/2010	**Movelat Gel** apply up to 4 times a day 100 g	29/01/2010P	Dr Catherine Dyer	ACUTE
29/01/2010	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap In the morning 56 CAPS	29/01/2010P	Dr Catherine Dyer	ACUTE
26/11/2009	**Omeprazole Capsules (Gastro-Resistant) 20 mg** 1 Cap Daily 28 CAPS	26/11/2009P	Dr Stirling Morrison	ACUTE
23/11/2009	**Co-Codamol 30/500 Tablets** 1 or 2 Tabs 3 times daily 42 TABS	23/11/2009P	Dr Stirling Morrison	ACUTE
23/11/2009	**Amoxicillin Capsules 500 mg** 1 Cap 3 times daily 21 CAPS	23/11/2009P	Dr Stirling Morrison	ACUTE
04/11/2009	**Proctosedyl Ointment** 30 OINT	04/11/2009P	Dr Catherine Dyer	ACUTE
04/11/2009	**Proctosedyl Suppositories** 12 SUPPS	04/11/2009P	Dr Catherine Dyer	ACUTE
04/11/2009	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap In the morning 56 CAPS	04/11/2009P	Dr Catherine Dyer	ACUTE
21/08/2009	**Clotrimazole Cream 1 %** Apply Twice daily 20 CREAM	21/08/2009P	Dr Catherine Dyer	ACUTE
21/08/2009	**Fluconazole Capsules 150 mg** 4 CAPS	21/08/2009P	Dr Catherine Dyer	ACUTE
21/08/2009	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap In the morning 30 CAPS	21/08/2009P	Dr Catherine Dyer	ACUTE
07/08/2012	**Co-Codamol 30/500 Tablets** ONE OR TWO UP TO QDS PRN FOR PAIN 100 TABLET	23/11/2012P	Dr June Edmund	REPEAT
19/03/2010	**Gabapentin Capsules 300 mg** see directions attached 100 CAPS	19/03/2010P	Dr Catherine Dyer	REPEAT

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Practitioner Services

Medical
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel: 0345 300 1661
Fax: 0845 300 1218
www.show.scot.nhs.uk/psd

NHS National Services Scotland

Ms Sandra MacGregor and Miss Kathleen MacGregor
3 Bramble Avenue
Larbert
Stirlingshire

Date 7th July 2016
Your Ref
Our Ref FT/1g
Enquiries FORTH VALLEY TEAM
Extension 87073
Direct Line 0131 275 7073

Dear Ms MacGregor and Miss MacGregor

Ms Sandra MacGregor **DOB-CHI: 27/05/65 5441** **NHS No: s644/7/65/873**
Miss Kathleen MacGregor **DOB-CHI: 13/11/98 5905** **NHS No: 509/98/573**

This office has been informed by Bonnybank Medical Practice, Bonnybridge Health Centre, Larbert Road, Bonnybridge, Stirlingshire, FK4 1ED, that you are now living outwith their normal practice area. This means that this practice is no longer responsible for your medical care and your name will be removed from their list of patients on 15th July 2016.

In the circumstances you should take steps to register with a General Practice nearer your home.

A Request for Assignment Form is enclosed for your use if you are unable to find a GP willing to accept you onto their list.

Please return the completed form to this office in the enclosed pre-paid envelope.

Yours sincerely

FORTH VALLEY TEAM

Copy to Practice for information

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Headquarters
Gyle Square, 1 South Gyle Crescent, EDINBURGH EH12 9EB

Chair Professor Elizabeth Ireland
Interim Chief Executive Marion Bain

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

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ASSIGNMENT FORM

PATIENT ASSIGNMENT TO A NHS GENERAL MEDICAL PRACTICE

NHS National Services Scotland

RECEIVED
09 AUG 2016
PSD - MEDICAL
EDINBURGH

- Please use **BLOCK CAPITALS** to complete the form and tick all relevant boxes.
- Failure to complete this form fully may delay locating any medical records promptly.
- All assignments are issued to practices on a strictly rotational basis.
- Patients are expected to remain with the practice for a **minimum of three months**.
- Eligibility to use the NHS services depends mainly on residence in the UK, and on other qualifying provisions set out in the Regulations.
- The patient, or their representative, **must** sign the declaration overleaf.

PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

WILL YOU BE IN THE AREA FOR MORE THAN THREE MONTHS? * YES [✓] NO [ ]

IS THIS YOUR FIRST REGISTRATION WITH A GP PRACTICE IN THE UK? * YES [ ] NO [✓]

SURNAME * MACGREGOR

TITLE (Not held on CHI) MRS

MALE * [ ] FEMALE * [✓]

FORENAME * ALEXANDRA

MIDDLE NAME *

PREVIOUS SURNAME * GIBSON

DATE OF BIRTH * D 27 M 05 Y 1965

CURRENT ADDRESS *
3 BRAMBLE AVE
KINNARD VILLAGE
LARBERT
POSTCODE * FK5 4ZL

TOWN OF BIRTH * GLASGOW

COUNTRY OF BIRTH * SCOTLAND

MOTHER'S MAIDEN NAME * DAILEY

CONTACT TELEPHONE NUMBER (Not held on CHI) 07955399034

PREVIOUS ADDRESS IN THE UK *
27 ARDGAY DRIVE
BONNYBRIDGE
POSTCODE * FK4 2FH

NAME AND ADDRESS OF PREVIOUS REGISTERED GP PRACTICE IN THE UK *
DR LAMONT
BONNYBRIDGE HEALTH CENTRE
POSTCODE *

COMMUNITY HEALTH INDEX NUMBER 2705655411

NATIONAL HEALTH SERVICE NUMBER 564 7 65 873

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IF YOU ARE FROM ABROAD:
DATE YOU FIRST CAME TO LIVE IN THE UK?

IF PREVIOUSLY RESIDENT IN THE UK, DATE OF LEAVING.

YOUR MOST RECENT COUNTRY OF RESIDENCE

IF YOU HAVE SERVED IN THE BRITISH ARMED FORCES:
SERVICE / PERSONNEL NUMBER

ARE YOU A RESERVIST IN ANY OF THE BRITISH ARMED FORCES? YES ☐ NO ☐

DATE OF YOUR ENLISTMENT

DATE OF YOUR LEAVING

IS THIS YOUR FIRST REGISTRATION WITH A GP SINCE LEAVING THE ARMED FORCES? YES ☐ NO ☐

VOLUNTARY CONSENT TO ORGAN DONATION

I authorise the donation of (Please tick the boxes that apply)

any of my organs and tissue ☐ or my

Kidneys ☑ Eyes ☐ Heart ☑ Lungs ☑ Liver ☐ Pancreas ☑ Small bowel ☑ Tissue ☐

for transplantation after my death.

PATIENT SIGNATURE [signature] DATE 29/07/16

HOW WE USE YOUR INFORMATION

THE INFORMATION YOU HAVE PROVIDED WILL BE USED BY THE GP PRACTICE TO CARRY OUT ITS VARIOUS FUNCTIONS AND SERVICES INCLUDING SCHEDULING APPOINTMENTS, ORDERING TESTS, HOSPITAL REFERRALS AND SENDING CORRESPONDENCE.

YOUR INFORMATION, INCLUDING YOUR NAME, GENDER, DATE OF BIRTH AND ADDRESS, WILL BE PASSED TO NHS NATIONAL SERVICES SCOTLAND WHERE IT WILL BE HELD ON THE COMMUNITY HEALTH INDEX (CHI). THIS INFORMATION IS USED TO REGISTER YOU WITH A GP PRACTICE, TRANSFER YOUR MEDICAL RECORDS BETWEEN GP PRACTICES IN THE UK, MAKE PAYMENTS TO GP PRACTICES FOR MEDICAL SERVICES PROVIDED, AND TO PROCESS AND ISSUE MEDICAL CARDS, MEDICAL EXEMPTION CERTIFICATES AND ENTITLEMENT CARDS.

NHS NATIONAL SERVICES SCOTLAND SHARES INFORMATION ABOUT YOU WITHIN NHSSCOTLAND TO ASSIST IN THE PROVISION AND IMPROVEMENT OF NHS SERVICES AND THE HEALTH OF THE PUBLIC. WHEN WE DO THIS, WE MAKE SURE THAT THE INFORMATION WHICH COULD IDENTIFY YOU AS A PERSON AND YOUR HEALTH INFORMATION ARE SEPARATED OR ANONYMISED. HEALTH CONDITION AND TREATMENT INFORMATION WHICH COULD IDENTIFY YOU WILL NOT BE USED FOR RESEARCH PURPOSES BY THE NHS UNLESS YOU HAVE CONSENTED TO THIS.

FOR MORE INFORMATION ON HOW NHS NATIONAL SERVICES SCOTLAND USES YOUR PERSONAL INFORMATION VISIT OUR WEBSITE AT WWW.NHSNSS.ORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION IS USED BY THE NHS PLEASE ASK FOR THE LEAFLET 'CONFIDENTIALITY – IT'S YOUR RIGHT', VISIT THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE AT WWW.HRIS.ORG.UK OR ASK YOUR GP SURGERY.

PATIENT DECLARATION

I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT AND COMPLETE AND I UNDERSTAND THAT IF IT IS NOT, APPROPRIATE ACTION MAY BE TAKEN.

TO ENABLE NHS NATIONAL SERVICES SCOTLAND TO CONFIRM MY ELIGIBILTY TO LAWFULLY REGISTER WITH A GP AND FOR THE PURPOSES OF PREVENTION, DETECTION, AND INVESTIGATION OF CRIME, RELEVANT INFORMATION FROM THIS FORM WILL BE DISCLOSED TO THE NHS BUSINESS SERVICES AUTHORITY, NHS NATIONAL SERVICES SCOTLAND, THE HOME OFFICE, IDENTITY AND PASSPORTS SERVICES, HM REVENUE AND CUSTOMS, THE GENERAL REGISTER OFFICE AND LOCAL AUTHORITIES.

PATIENT / REPRESENTATIVE SIGNATURE * [signature] SIGN HERE

REPRESENTATIVE'S NAME (IF APPICABLE)

RELATIONSHIP TO PATIENT (IF APPLICABLE)

DATE 01/08/16

FOR PSD ** / PRACTICE USE ONLY

PRACTICE CODE ** V2559

GP SIGNATURE

Identification seen – Do not take or retain photocopies

GP REFERENCE NUMBER

BIRTH CERT. ☐ STUDENT ID CARD ☐ DRIVING LICENCE ☐ PASSPORT or HC2 Cert ☐ HOME OFFICE APP REG CARD ☐ OTHER specify

INPUT BY: | DATE: | CHECKED BY:

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Scottish Breast Screening Programme
South East of Scotland Breast Screening Centre
Part of NHS Lothian
Ardmillan House
42 Ardmillan Terrace
Edinburgh
EH11 2JL
0131 537 7400
Lothian.breastscreening@nhs.net

NHS
National
Services
Scotland

Dear Doctor,

Alexandra Macgregor 2705655441

Attended for Breast Screening on 17-01-2017. Result was normal.

Yours sincerely,

Janet Clarke
Lead Clinician

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Pages:

NHS Confidential: Personal data about a patient

Scottish Breast Screening Programme
South East of Scotland Breast Screening Centre
Part of NHS Lothian
Ardmillan House
42 Ardmillan Terrace
Edinburgh
EH11 2JL
0131 537 7400
Lothian.breastscreening@nhs.net

Dear Doctor,

Alexandra Clarke 2705655441

Attended for Breast Screening on 28-05-2018. Result was normal.

Yours sincerely,

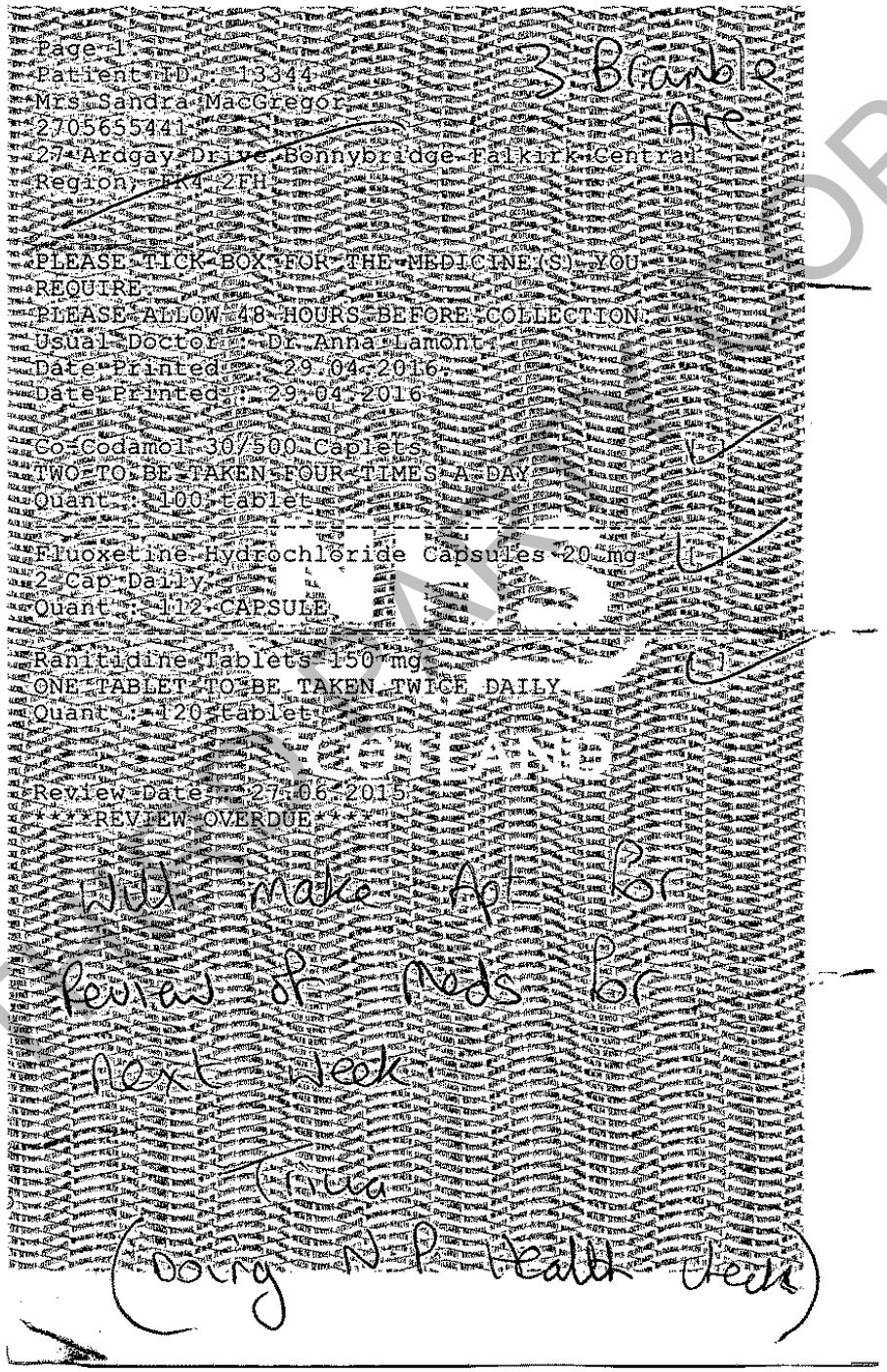
Janet Clarke
Lead Clinician

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NHS Confidential: Personal data about a patient



Page 1
Patient I.D. : 13344
Mrs Sandra MacGregor
2705655441
27 Ardgay Drive Bonnybridge Falkirk Central
Region, FK4 2FH
PLEASE TICK BOX FOR THE MEDICINE(S) YOU
REQUIRE
PLEASE ALLOW 48 HOURS BEFORE COLLECTION.
Usual Doctor : Dr Anna Lamont
Date Printed : 29.04.2016
Date Printed : 29.04.2016
Co-Codamol 30/500 Caplets
TWO TO BE TAKEN FOUR TIMES A DAY
Quant : 100 tablet
Fluoxetine Hydrochloride Capsules 20 mg
2 Cap Daily
Quant : 112 CAPSULE
Ranitidine Tablets 150 mg
ONE TABLET TO BE TAKEN TWICE DAILY
Quant : 120 Tablet
Review Date : 27.06.2015
REVIEW OVERDUE

3 Bramble Ave

Will make Apt for Review of Meds for next week

Terry (Dorg N.P. Health Dept)

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NHS Confidential: Personal data about a patient

NHS Forth Valley OOH Call Incident Report

Call number:	**31559**	Receive Date:	**30-Mar-2018 12:44**
Patient's Name:	**Alexandra Clarke**		
Date of birth:	**27-May-1965 (52 years)**	Gender:	**F**
Address:	**3 Bramble Avenue Larbert**	Current Address:	**3 Bramble Avenue Larbert**
	FK5 4ZL		**FK5 4ZL**
Return Contact No:			
Tel No:	**07955 399034**		**07955 399034**
Mobile No:			
Priority:	**Within 4 Hours**	Call Origin:	**NHS24**
Received:	**30-Mar-2018 12:44**	Calltype:	**Attend**
Advised:	**12:49**	Arrived PCC:	**30-Mar-2018 17:41**
Cons start:	**30-Mar-2018 17:46**	Cons End:	**30-Mar-2018 17:56**
Consulting Doctor:	**Michelle D'Arcy**	Own doctor:	**michael Baillie**

CHI Number:
2705655441

Reported Condition:
FALL 1 WEEK AGO

Consultation details:

History - **had a fall last week and sustained rib inury.**
Now dysuria, frequency, micturiton and fever. mno blood in urine. Staff nurse on renal unit.
nil else on enquiry. not on NSAIDS.

Examination - **urinalysis positive for protien, nitrates and leucoicytes but no blood.**

Diagnosis - **UTI**

Treatment - **for abx, avoid NSAIDS and worsening statement**

Prescriptions:
trimethoprim 200mg tablets Take ONE tablet TWICE a day for THREE days 6.00

Followups:
Patient Advised To Contact Own GP if required

Clinical Codes:
K190. Urinary tract infection

NHSD details:
Questions -

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Algorithm: DECISION SUPPORT

Keyword 1
[X] Urinary

Keyword selected
[X] URINARY

Are you/person about whom you are calling so unwell that you/person cannot stand at all e.g. walk to the toilet or sit up unaided without falling back down?
--NO

Algorithm:

Select the descriptor of the keyword that defines the callers complaint: (Select one)
[X] Pain on passing urine no fever

Is the patient pregnant or possibly pregnant?
--NO

Do you have a temperature now or have episodes of chills and shaking?
--NO

Is the patient also feeling sick with a fever, headache, nausea, throwing up, very bad muscle aches, or feeling unusually tired?
--YES

Meningitis or Septicaemia Assessment: Does the patient have ANY of the following symptoms no matter how mild at present?
[X] None of these

Algorithm: DECISION SUPPORT

Reason for not selecting the recommended final endpoint:
[X] Clinical issue

Please confirm caller's current location details
[X] The details are still correct

Disposition (override from Contact Primary Care within 2 Hours; reason: Clinical issue)

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Algorithm: DECISION SUPPORT

Keyword 1
[X] Urinary

Keyword selected
[X] URINARY

Are you/person about whom you are calling so unwell that you/person cannot stand at all e.g. walk to the toilet or sit up unaided without falling back down?
--NO

Algorithm:

Select the descriptor of the keyword that defines the callers complaint: (Select one)
[X] Pain on passing urine no fever

Is the patient pregnant or possibly pregnant?
--NO

Do you have a temperature now or have episodes of chills and shaking?
--NO

Is the patient also feeling sick with a fever, headache, nausea, throwing up, very bad muscle aches, or feeling unusually tired?
--YES

Meningitis or Septicaemia Assessment: Does the patient have ANY of the following symptoms no matter how mild at present?
[X] None of these

Algorithm: DECISION SUPPORT

Reason for not selecting the recommended final endpoint:
[X] Clinical issue

Please confirm caller's current location details
[X] The details are still correct

Disposition Contact GP Practice within 4 Hours (ASAP) (override from Contact Primary Care within 2 Hours; reason: Clinical issue)

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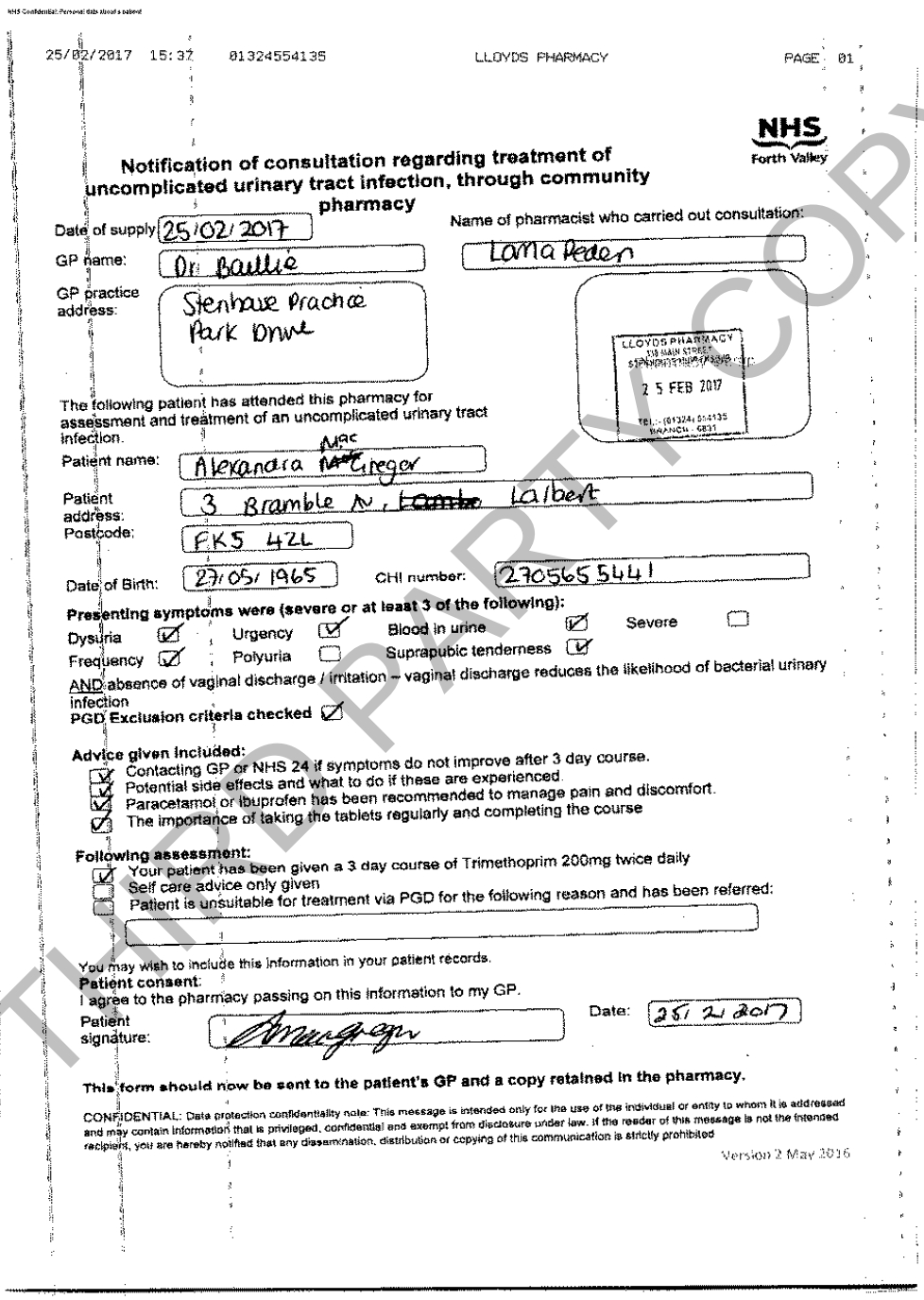
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Disposition **Contact GP Practice within 4 Hours (ASAP)**

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25/02/2017 15:37 01324554135 LLOYDS PHARMACY PAGE 01

NHS Forth Valley

Notification of consultation regarding treatment of uncomplicated urinary tract infection, through community pharmacy

Date of supply: 25/02/2017

Name of pharmacist who carried out consultation: Lama Reden

GP name: Dr Baillie

GP practice address: Stenhouse Practice Park Drive

LLOYDS PHARMACY 118 MAIN STREET STENHOUSEMUIR FK2 7JG TEL: (01324) 554135 BRANCH: 6831
25 FEB 2017

The following patient has attended this pharmacy for assessment and treatment of an uncomplicated urinary tract infection.

Patient name: Alexandra MRS ~~MRS~~ Gregor

Patient address: 3 Bramble Av, ~~Larbert~~ Larbert

Postcode: FK5 4ZL

Date of Birth: 27/05/1965 CHI number: 2705655441

Presenting symptoms were (severe or at least 3 of the following):

Dysuria ☑ Urgency ☑ Blood in urine ☑ Severe ☐
Frequency ☑ Polyuria ☐ Suprapubic tenderness ☑

AND absence of vaginal discharge / irritation – vaginal discharge reduces the likelihood of bacterial urinary infection

PGD Exclusion criteria checked ☑

Advice given included:

☑ Contacting GP or NHS 24 if symptoms do not improve after 3 day course.
☑ Potential side effects and what to do if these are experienced.
☑ Paracetamol or ibuprofen has been recommended to manage pain and discomfort.
☑ The importance of taking the tablets regularly and completing the course

Following assessment:

☑ Your patient has been given a 3 day course of Trimethoprim 200mg twice daily
☐ Self care advice only given
☐ Patient is unsuitable for treatment via PGD for the following reason and has been referred:

You may wish to include this information in your patient records.

Patient consent:
I agree to the pharmacy passing on this information to my GP.

Patient signature: A Gregor Date: 25/2/2017

This form should now be sent to the patient's GP and a copy retained in the pharmacy.

CONFIDENTIAL: Data protection confidentiality note: This message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited

Version 2 May 2016

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NHS
Forth Valley

RADIOLOGY REPORT- FORTH VALLEY ROYAL HOSPITAL

CHI NUMBER: 2705655441 **Examination Number:** 33143710

Name: Clarke, Sandra DOB: 27/05/1965

Address: 3 BRAMBLE AVENUE, , LARBERT, FK5 4ZL -- **CC:** -

Examination: XR Chest

Examination Date: 21/08/2017 **Examination Time:** 14:40

Dictating Radiologist: DR L STEWART, CONS R/IST GMC 3199369

Typed by: None

Referring Consultant: GP REQUESTOR

Referring Department / Location: BAILLIE MICHAEL STENHOUSE MP

Clinical History: Increased SOB. Decreased ET. Smoker 38 years. No red flags signs. To see if any pathology.

Report: Heart and mediastinal contours are normal. There is no evidence of active pulmonary disease.

Examination Date: 21/08/2017
Examination: XR Chest
Date Reported: 22/08/2017
Dictating Radiologist / Clinical Specialist By DR L STEWART, CONS R/IST GMC 3199369

Verified by: DR L STEWART, CONS R/IST GMC 3199369 on 22/08/2017

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Page 1 of 1

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Emergency Department
Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

Dr M BAILLIE
STENHOUSEMUIR HEALTH CENTRE
PARK DRIVE, STENHOUSEMUIR LARBERT STIRLINGSHIRE
FK5 3BB

Date: 19 Mar 2018

Dear Dr M BAILLIE,

Re: SANDRA CLARKE, 3 BRAMBLE AVENUE, LARBERT, FK5 4ZL
Date of Birth: 27/05/1966 CHI number: 2705655441

Your patient attended Forth Valley Royal Hospital on the 19 Mar 2018 at 9:07 AM.

The presenting complaint was:	**RIB INJ**
Triage information:	**CHEST INJURY, PUTTING BIN OUT THIS AM, SLIPPED ON CONCRETE AND LANDED ON L SIDE, FEELS RIBS ARE BROKEN. SORE WHEN BREATHING. BP 133/85, P 79, SPO2 99%, TEMP 36.5, RESPS 17. TOOK COCODAMOL 30/500MG AT 815**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**CONTUSION - CHEST - LEFT**
The following treatment was given:	**CO-CODAMOL 30/500 TAB (30)**
At the conclusion of treatment the patient was:	**"7 NO ALCOHOL-LEFT BY OWN MEANS**
Follow-up:	**1 SELF CARE**
Additional information:	**Mechanical fall this morning injuring left elbow/hip and left chest. No evidence bony injury elbow/hip. Left lower rib pain, no SOB, AE throughout Discharged home with chest wall injury advice, advised regular analgesia and aware to return if further concerns**

Yours sincerely,

RONA YOUNG
ST1

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
23-Jul-2018

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2705655441 CHI No:2705655441

1010165911598

Unique Care Pathway Number: 1010165911598

REFERRAL TO

Sexual HealthF1YC
FV S&RH Referral

Consultant / receiving practitioner and/or **specialty clinic**

Falkirk Community Hospital
Majors Loan
Falkirk
FK1 5QE

Hospitaland hospital address

Hospital location code.
V102H

Urgency of Referral **Routine Sexual/RH Referral**

Administrative Information
Patient has special requirements:No

PATIENT DETAILS

Surname	Clarke
Forename(s)	Alexandra
Title	- Sex Female
Previous Surname	-
Date of birth	27-May-1965
CHI no.	2705655441

Patient's address

3 Bramble Avenue
Kinnaird Village
LARBERT
FK5 4ZL

Contact number(s)
Voice: 07955 399034

REFERRING PRACTITIONER DETAILS

Name: Dr. Michael Baillie (GMC: 4369925)
Practice: Stenhouse Practice (25597)
Phone: Voice: 01324 570570

Practice address:

Stenhousemuir Health Centre
Park Drive
Stenhousemuir
FK5 3BB

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: Coil change

Comment: Dear Colleague

This lady would like a coil change. She is on the coil for bleeding not for contraception. She has asked me to refer her via the SCI Gateway pathway.

Many thanks.

Yours sincerely

Dr Michael Baillie

Patient Measurements

Diastolic	Systolic	Height	Weight	BMI	Date Recorded
128	84				03-Oct-2016
118	75				30-Aug-2016
		158	62.1	24.88	30-Aug-2016

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Medical history

Pre-existing Conditions (High Priority)

Description	Laterality	Modifier	Extension	Date Started
[X]Depressive episode, unspecified	-	-	+ anxiety	12-Aug-2016
Infertility - female	-	-	-	06-Nov-1984

Past Procedures (High priority)

Description	Laterality	Extension	Date Recorded
Hormone replacement therapy	-	-	13-May-2016

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	Drug code	Formulation	Dosage	Frequency	Last Issued
Ranitidine Tablets 150 mg	0103010T0AAAAAA	120 TABLET	ONE TABLET TO BE TAKEN TWICE DAILY	-	-

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

No recent medications recorded

Clinical warnings

Smoking status: Number per day: ?(not known)

Description	Comment	Date Recorded
Cigarette smoker, 15 cigarettes/day	-	10-Aug-2017
Current smoker	-	10-Aug-2017
Not interested in stopping smoking	-	30-Aug-2016
Cigarette smoker, 20 cigarettes/day	-	30-Aug-2016

Alcohol status: Units per day: ?(not known)

Exercise status: Not Known

Additional relevant information

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Signature of referring doctor (or other professional)	**Date**	23-Jul-2018

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Emergency Department
Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

Dr MICHAEL BAILLIE
STENHOUSEMUIR HEALTH CENTRE
PARK DRIVE, STENHOUSEMUIR LARBERT STIRLINGSHIRE
FK5 3BB

Date: 24 Dec 2018

Dear Dr MICHAEL BAILLIE,

Re: SANDRA CLARKE, 3 BRAMBLE AVENUE, LARBERT, FK5 4ZL
Date of Birth: 27/05/1965 CHI number: 2705655441

Your patient attended Forth Valley Royal Hospital on the 24 Dec 2018 at 6:17 PM.

The presenting complaint was:	**LEFT FOOT INJURY**
Triage information:	**INVERSION INJURY TENDER LATERAL MALLEOLUS**
The following investigations were carried out:	**ANKLE X-RAY LEFT** **TRIAGE XRAY**
The A&E diagnosis was:	**SPRAIN - ANKLE - LEFT LATERAL**
The following treatment was given:	**ACUTE ANKLE SPRAIN**
At the conclusion of treatment the patient was:	**"7 NO ALCOHOL-LEFT BY OWN MEANS**
Follow-up:	**1 GENERAL PRACTITIONER**
Additional information:	**None**

Yours sincerely,

CHARLIE MCCARTHY
EMERGENCY NURSE PRACTITIONER

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File Status	Not Filed.	**Tasks**	No Tasks.
Assigned User	Dr Michael Baillie	**Filed By User**	Not Filed
Patient Matched	Yes.	**SCCRS Message Type**	Result

electronic Notification of Cervical Cytology Results Service

New Result

CHI Number	2705655441
Name	CLARKE, ALEXANDRA
Date Of Birth	27/ 05/ 1965
GMC Code of Registered GP	4369925
Practice Code	V25597
Smear Taker	Patricia Beattie
Reporting Location	FVRH Cyt. Larbert
SCCRS ID	1491344212
Laboratory ID	18V1021867
Smear Taken Date	20/ 12/ 2018 00:00:00
Result	Negative (4K22.)
Report Comments	
Recommended Management	Routine Recall - 5 years
Recall Date	20/ 12/ 2023

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NHS Forth Valley OOH Call Incident Report

Call number:	**43220**	Receive Date:	**15-Jun-2019 10:58**
Patient's Name:	**Alexandra Clarke**		
Date of birth:	**27-May-1965 (54 years)**	Gender:	**F**
Address:	**3 Bramble Avenue**	Current Address:	**3 Bramble Avenue**
	Larbert		**Larbert**
	FK5 4ZL		**FK5 4ZL**
Return Contact No:			
Tel No:	**07955 399034**		**07955 399034**
Mobile No:			
Priority:	**NHS24 Advised (Info Only)**	Call Origin:	**NHS24**
Received:	**15-Jun-2019 10:58**	Calltype:	**NHS24 Advised (Info Only)**
Advised:	**12:35**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**michael Baillie**

CHI Number:
2705655441

Reported Condition:
LEFT KNEE PAIN 1/7

Followups:
None

NHSD details:
Questions -

Algorithm: DECISION SUPPORT

Keyword 1
[X] Knee

Keyword selected
[X] KNEE

Are you/person about whom you are calling so unwell that you/person cannot stand at all e.g. walk to the toilet or sit up unaided without falling back down?

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--NO

Algorithm:

Select the additional marker of the keyword that defines the callers complaint: (Select one)
[X] Swelling and redness

Select the descriptor of the keyword that defines the callers complaint: (Select one)
[X] No injury or old injury more than 24 hours

Algorithm: DECISION SUPPORT

Reason for choosing selected endpoint:
[X] CLINICAL ADVICE

Please confirm caller's current location details
[X] The details are still correct

Disposition Accident & Emergency / MIU within 4 Hours

Disposition
-
Accident & Emergency / MIU within 4 Hours

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NHS Forth Valley

Women, Children, CAMHS and Sexual Health Directorate

Consultant: Dr Kirsty Abu-Rajab
Specialty Doctor: Dr Diaz-Morales
Address: Suite D
Falkirk Community Hospital
Major's Loan
Falkirk

Telephone: 01324 673554 (0830 – 1300)
Website: www.centralsexualhealth.org
Facebook: www.facebook.com/pages/Central-Sexual-Health-Sorted-On-Sex
Clinical General Email: FV-UHB.sexualhealth@nhs.net

Date dictated/typed: 15 August 2018 / 3 September 2018
NaSH number: AN11941898
DoB/CHI: **2705655441**
Ref: ODM/CD
Enquiries to: Carol Davis Admin Lead / Secretary
Extension: 3555
Contact : 01324 624000

Confidential

Dr Baillie
Stenhouse Practice
Stenhousemuir Health Centre
Park Drive
Stenhousemuir

Dear Dr Baillie

Alexandra CLARKE 3 Bramble Avenue Kinnaird Village Larbert FALKIRK

Thank you for referring this patient to the Sexual Health clinic. She was seen by one of my colleagues in his clinic, however, as he found difficulty in removing her coil, she was referred to my clinic.

As you know, Alexandra had a Mirena coil fitted five years ago because of heavy periods. She has not had vaginal bleeding since then, however, she has been having some bleeding lately. She states that the bleeding can last for a few hours and is related to intercourse. I noticed that she is up to date with her smears and there is no risk of sexually transmitted diseases.

Due to problems with hot flushes, she would like to go ahead with hormone replacement therapy and would, therefore, like to have her Mirena coil changed. She is aware that her present Mirena coil can last up to the age of 55 and she could have combined hormone replacement therapy and keep her Mirena coil until this age, however, she wanted to go ahead with replacement of her Mirena coil.

The risks of uterine perforation, expulsion and infection were explained to her but unfortunately, it was not possible to change her Mirena coil due to the fact that Alexandra was in pain when the speculum was inserted. I did not even trial removal because of this. She is aware that she has the option to keep the coil up to age 55 and have combined hormone replacement therapy or she could be referred to Forth Valley Royal Hospital to have the coil changed. As she is happy with the information given today she has been discharged back to your care.

Yours sincerely

DR O DIAZ-MORALES
Associate Specialist in Sexual and Reproductive Health

Chairman: Alex Linkston CBE
Chief Executive: Cathie Cowan

Forth Valley NHS Board is the common name for Forth Valley Health Board
Registered Office: Carseview House, Castle Business Park, Stirling, FK9 4SW

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Patient Name: CLARKE, Sandra DOB: 27-May-1965 CHI No: 2705655441

Immediate Discharge Letter (Authorised)

Trauma and Orthopaedic Surgery
Stirling Road
Larbert
Stirlingshire
FK5 4WR

Dept. Contact Details:

M Baillie
Stenhouse Practice
Stenhousemuir Health Centre
Park Drive
Stenhousemuir
Larbert
FK5 3BB

CHI Barcode: 2705655441

Date of Completion: 15-Jun-2019

Patient Demographics

Patient Name:	CLARKE, Sandra	**Date Of Birth:**	27-May-1965
Patient Address:	3 BRAMBLE AVENUE Larbert Stirlingshire FK5 4ZL	**Gender:** **CHI No:**	Female 2705655441
Telephone No:	01324 810034		

GP Practice

GP Name:	M Baillie	**GP GMC:**	4369925
GP Practice Address:	Stenhouse Practice Stenhousemuir Health Centre Park Drive Stenhousemuir Larbert FK5 3BB	**GP Practice Code:** **GP Clinic Code:** **GP Telephone:**	4369925/25597 25597/1 01324 570570

Admission Details

Patient Location:	Trauma and Orthopaedic Surgery	**Admission Care Provider:** **Admission Time:**	Mr Mike Hendrix 16:52
Admission Date:	15-Jun-2019	**Ward:**	FVRH Ward SAU
Admission Method:	Emergency Admission, type not known		
Source Of Admission:	A&E Ward within Trust		

Discharge Details

Discharge Specialty:	Trauma and Orthopaedic Surgery	**Discharge Care Provider:** **Ward:**	Mr Mike Hendrix FVRH Ward SAU
Discharge Date:	15-Jun-2019	**Discharge Destination:**	Private Residence - living with relatives or friends
Discharge Time:	17:10		
Discharge Method:	Regular discharge, type not known		

Clinical Summary Including History

Dear Dr,
Mrs Clarke presented with a left painful knee which has gradually worsened over the past 24 hours.
O/E; She had a small effusion on her left knee, warm to touch
She had ROM to 130 degrees.
Her blood results were NAD. She was discussed with orthopaedics who felt no aspiration required.
She was discharged with worsening advice and to continue analgesia.

Many thanks for your ongoing care.

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Patient Name: CLARKE, Sandra DOB: 27-May-1965 CHI No: 2705655441

Anna McClatchey FY1
on behalf of Mr Hendrix

Reason for Admission and Presenting Complaint

Reason for Admission Minor Injury - left knee pain

Investigations

nil

Diagnosis

Initial Diagnosis:
left knee pain

Final Diagnosis:
left knee pain

Other Active Problems:
No Other Active Problem Results

Co-morbidities

Patient has Comorbidities : No
Endocrine Disorders :
Digestive :
Musculoskeletal and Connective Tissues :

IDL Additional Information

Follow Up Required : No
Please confirm if there have been changes to this patients medication: : No – there has been NO change to this patient's medication
Compliance Aid : No
Final Discharge Letter to Follow : No
Does this patient have a Detention Order? : No

Operations / Procedures

nil

Safety Alerts

Nil records exist

Allergy/Intolerance -

Allergy records are as recorded at time and date of printing
Nil records exist

Medications -

Drug Information:

Drug	Dose	Route	Frequency	GP to Continue	POD	Days Supply

Nil records exist

Drug Notes:

Drug	Drug Notes

Nil records exist

Additional Medicine Information:

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Patient Name: CLARKE, Sandra DOB: 27-May-1965 CHI No: 2705655441

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

Drug	Discontinued Reason

Nil records exist

GP Communications:

Outstanding Results - DartOCM

Responsibility of Hospital

Nil records exist

Person completing record

Name: **Specialty:**
Designation or role: **Date completed:** 15-Jun-2019

Distribution List

Recipient Name	Recipient Type	Recipient Organisation
M Baillie	GP	Stenhouse Practice

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Patient Name: CLARKE, Sandra DOB: 27-May-1965 CHI No: 2705655441

Emergency Discharge Letter (Authorised)

FVRH Emergency Department
Stirling Road
Larbert
Stirlingshire
FK5 4WR

Dept. Contact Details:

M Baillie
Stenhouse Practice
Stenhousemuir Health Centre
Park Drive
Stenhousemuir
Larbert
FK5 3BB

CHI Barcode: 2705655441

Date of Completion: 16-Jun-2019

GP Practice

GP Name:	M Baillie	**GP GMC:**	4369925
GP Practice Address:	Stenhouse Practice Stenhousemuir Health Centre Park Drive Stenhousemuir Larbert FK5 3BB	**GP Practice Code:** **GP Clinic Code:** **GP Telephone:**	4369925/25597 25597/1 01324 570570

Patient Demographics

Patient Name:	CLARKE, Sandra	**Date Of Birth:**	27-May-1965
Patient Address:	3 BRAMBLE AVENUE Larbert Stirlingshire FK5 4ZL	**Gender:** **CHI No:**	Female 2705655441
Telephone No:	01324 810034		

Admission Details

Patient Location:	FVRH Emergency Department	**Admission Date:**	15-Jun-2019
Admission Care Provider:	Dr Stephen Fellbower	**Admission Time:**	13:13
Source Of Admission:	NHS24		

Presenting Complaint

Minor Injury - left knee pain

Diagnosis

Diagnosis	Site	Laterality
Polyneuropathy In Effusion of Joint (Lower Leg)		

Procedures

No Procedure Results

Medications

Nil records exist

Discharge Details

Discharge Type:	Admitted	**Discharge Date:**	15-Jun-2019
Discharge Destination:	Admission to same NHS healthcare provider / hospital - Other Ward	**Discharge Time:**	16:52

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Patient Name: CLARKE, Sandra DOB: 27-May-1965 CHI No: 2705655441

Referred To:

Notes for GP

Person completing record

Name:		**Specialty:**	
Designation or role:		**Date completed:**	16-Jun-2019

Distribution List

Recipient Name	Recipient Type	Recipient Organisation
M Baillie	GP	Stenhouse Practice

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Forth Valley

CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA		UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT		
CONSULTANT: Dr Catherine Jewell	DOB: 27/05/1965	SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr Catherine Jewell, Stenhousemuir Health Centre		SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: ? B12 def	COPY DETAILS	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 8.4-22 mmol/24h	CREATININE CLEARANCE 85-165 ml/min	Urine 5 HIAA 0-42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 902 nmol/24h	Urine DOPAMINE less than 3356 nmol/24h

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/KgH2O	Urine SODIUM mmol/24h	Urine POTASSIUM mmol/24h	Urine UREA 160-500 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 15-50 mmol/24h	Urine URATE 1.5-4.5 mmol/24h

19/02/10 10:00	246771F	S Electrophoresis	COMM		
14/05/20 12:00	525596F	Ferritin	24	ug/L	(15 - 200)
		Folate	4.8	ug/L	(3.0 - 20.0)
		Vitamin B12	877	ng/L	(187 - 883)

Filing Range from: 14/05/2020 to: 19/02/2010 Page 1 of 1 | Date of Report 14/05/2020 23:05

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NHS
Forth Valley

CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA
UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT
CONSULTANT: Dr Catherine Jewell
DOB: 27/05/1965
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr Catherine Jewell, Stenhousemuir Health Centre
SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: ? B12 def
COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.5-6 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO2 10.5-13.5 kPa	INSPIRED OXYGEN %
01/03/11 10:30	439385J	10.30	4.4						
13/02/15 Unknown	181094T		5.3						

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO2 22-29 mmol/l	OSMOLALITY 275-295 mosm/kg H2O	SODIUM 133-146 mmol/l	POTASSIUM 3.5-5.3 mmol/l	CHLORIDE 95-108 mmol/l	UREA 2.5-7.8 mmol/l	CREATININE 40-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
23/11/09 16:30	158336F			140	4.5	106	4.7	82	>59
19/02/10 10:00	246771F			142	4.2	104	4.0	81	>59
01/03/11 10:30	439386V			142	4.1	106	3.8	76	>59
13/02/15 Unknown	181095K			141	4.1	108	3.0	71	>59
15/06/19 16:00	266513P			136	4.3	104	3.0	61	>59
14/05/20 12:00	525596F			140	4.2	106	3.0	70	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 100 iu/l 37°C	AST 0-45 iu/l 37°C	ALT 0-55 iu/l 37°C	BILIRUBIN up to 21 µmol/l	TOTAL PROTEIN 60-80 g/l	ALBUMIN 35-50 g/l	ALKALINE PHOSPHATASE 30 - 130) iu/l 37°C	YGT 0-40 (female) iu/l 37°C
23/11/09 16:30	158336F		16	15	6	73	46	**203**	
19/02/10 10:00	246771F		18	24	6	73	45	**219**	
01/03/11 10:30	439386V		20	19	8	70	45	**202**	
13/02/15 Unknown	181095K		17	14	6	66	45	92	
14/05/20 12:00	525596F		17	16	3	71	44	99	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 10-35 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.2-2.60 mmol/l	CORRECTED CALCIUM 2.2-2.60 mmol/l	PHOSPHATE 0.8-1.50 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 140-360 (female) µmol/l	CK(Total) 25-200 (female) iu/l 37°C
19/02/10 10:00	246771F			2.37	2.27	1.40			

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.35-5.00 mu/l	FREE T4 8.0-21.0 pmol/l	FREE T3 3.0-6.0 pmol/l	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are risk dependent	H.D.L. >1.2 mmol/l (female)	L.D.L. mmol/l target levels are risk dependent
01/03/11 10:30	439386V	1.12							
14/05/20 12:00	525596F	0.70							

19/02/10 10:00	246771F	C-Reactive Prot.	**<5** mg/L
01/03/11 10:30	439386V	C-Reactive Prot.	**<5** mg/L
13/02/15 Unknown	181095K	C-Reactive Prot.	**<5** mg/L
15/06/19 16:00	266513P	C-Reactive Prot.	**<5** mg/L
14/05/20 12:00	525596F	Alk. Phosphatase ALP Ref. Limit for patients <30 days old is 0-380 iu/L ALP Ref. Limit for patients <17 years old is 0-425 iu/L ALP Ref. Limit for adults (>17 years) is 0-130 iu/L	

File Permanently Page 1 of 1
Date of Report 14/05/2020 22:02

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NHS Forth Valley

Women, Children, CAMHS, Psychology & Sexual Health Services	**Consultant: Dr Kirsty Abu-Rajab** Suite D Falkirk Community Hospital Major's Loan Falkirk FK1 5QE Tel : 01324 673554 (8:30-1300) Website: www.centralsexualhealth.org Twitter @sortedonsex Facebook: www.facebook.com/pages/Central-Sexual-Health-Sorted-On-Se
	Date 26/08/20 Our CHI Ref 2705655441 Carol Davis Admin Lead/Secretary 01324 624000, Ext 3555

Confidential

Dr Baillie
Stenhouse Practice
Stenhousemuir Health Centre
[Data Not Found]
Park Drive
FK5 3BB

NaSH Number : AN11941898

Name:	Alexandra Clarke	Date of Birth:	27/05/1965

Contact Address:	3 Bramble Avenue [Data Not Found] FK5 4ZL
Preferred Contact Telephone Number:	

Your patient attended Central Sexual Health today and had the following procedure(s) carried out:

Removal of Hormonal IUD: Mirena removed with mepivacaine block.	

Yours sincerely

Elaine Q Monaghan

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NHS Forth Valley

Women, Children,
CAMHS and Sexual
Health Directorate

Consultant: Dr Kirsty Abu-Rajab
Specialty Doctor: Dr Monaghan
Address: Suite D
Falkirk Community Hospital
Major's Loan
Falkirk

Telephone: 01324 673554 (08:30 – 12:30)
Website: www.centralsexualhealth.org
Clinical Generic Email: FV-UHB.sexualhealth@nhs.net

NHS Forth Valley

Date dictated/typed: 6 October 2020 / 22 October 2020
NaSH number ANH1941898
CHI number **2705655441**
Ref EM/CD
Enquiries to Carol Davis Admin Lead / Secretary
Extension 3555
Contact 01324 624000

Confidential

Ms Alexandra Clarke
3 Bramble Avenue
Kinnaird Village
Larbert

Dear Alexandra

I now have the results of your recent ultrasound to hand, which were reassuringly normal.

Your ultrasound demonstrated a normal uterus with both ovaries seen and appearing normal, with no evidence of any cysts, masses or free fluid.

Yours sincerely

DR E MONAGHAN
Speciality Doctor in Sexual and Reproductive Health

Copy to : Dr Baillie Stenhouse Practice Stenhousemuir Health Centre Park Drive Stenhousemuir

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INVESTORS IN PEOPLE | Gold Until 2021

Chairman: Janie McCusker
Chief Executive: Cathie Cowan

Forth Valley NHS Board is the common name for Forth Valley Health Board
Registered Office: Carseview House, Castle Business Park, Stirling, FK9 4SW

www.nhsforthvalley.com Facebook.com/nhsforthvalley @nhsforthvalley

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NHS Forth Valley Haematology

NHS Forth Valley

Patient		Patient Ref. Number	
CLARKE, SANDRA 3 BRAMBLE AVENUE LARBERT		2705655441	
		Date Of Birth 27/05/1965	Sex F

Doctor/Location	Consultant/GP	Date/Time Specimen Received
Stenhousemuir Health Centre Dr Catherine Jewell	Dr Catherine Jewell	14/05/2020 15:04

Clinical Data: ? B12 def
Sample Type: Blood

HbA1c IFCC	43	mmol/mo	(a)

(a) Target for good Diabetic Control is 48-59 mmol/mol

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/L

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.
3.80	2.60	0.50	0.20	0.10					0.00

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/L	E.S.R. mm/1hr	Retics. x10 %L	Report Date/Time
4.97	0.419	84.3	27.8	329			14May20 22:24

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
138	7.2	312	Miscellaneous	639808	14/05/2020 12:00

Lab Ref: STEN - CROO

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/L)	4 - 10	4 - 10
Red Cell Count (x10^{12}/L)	4.4 - 5.5	3.8 - 4.8
Haemoglobin (g/L)	133 - 170	120 - 150
Packed Cell Volume	0.4 - 0.5	0.36 - 0.46
Mean Cell Volume (fl)	83 - 101	83 - 101
Mean Cell Haemoglobin (pg)	27 - 32	27 - 32
MCH Concentration (g/L)	315 - 345	315 - 345
Platelet Count (x10^9/L)	150 - 410	150 - 410

CHILDREN (M & F)	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS
WBC (x10^9/L)	10 - 26	6 - 16	5 - 10	5 - 13
RBC (x10^{12}/L)	5 - 6	3.9 - 5.1	4 - 5.2	4 - 5.2
Hb (g/L)	140 - 220	111 - 141	110 - 140	115 - 155
Platelets	150 - 450	200 - 550	200 - 490	170 - 450

Differential White Cell Count: (as absolute counts, x 10^9/L)

	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS	ADULT
Neutrophils	4 - 14	1 - 7	1.5 - 8	2 - 8	2 - 7
Lymphocytes	3 - 8	3.5 - 11	6 - 9	1 - 5	1 - 3
Monocytes	0.5 - 2	0.2 - 1	0.2 - 1	0.2 - 1	0.2 - 1
Eosinophils	0.1 - 1	0.1 - 1	0.1 - 1	0.1 - 1	0.02 - 0.5
Basophils					0.02 - 0.1

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2705655441
Clarke, Alexandra
27/05/1965 F
3 Bramble Avenue
Kinneird Village
FK5 4ZL
Dr Michael Baillie
Stenhouse Medical Practice
V5698/7
25597

Fw: For the attention of Dr Baillie Re Sandra Clarke

fv fvstaffphysio (NHS Forth Valley) <fv.fvstaffphysio@nhs.scot>
Fri 20/11/2020 14:52

To: fv gp25597stenhousec (NHS Forth Valley) <fv.gp25597stenhousecli@nhs.scot>
Cc: Jane Young (NHS Forth Valley) <jane.young@nhs.scot>

Sorry made an error re email address Hopefully you will get this

---

From: fv fvstaffphysio (NHS Forth Valley)
Sent: 20 November 2020 14:48
To: fv.gp25597stenhousepli@nhs.scot <fv.gp25597stenhousepli@nhs.scot>
Cc: Jane Young (NHS Forth Valley) <jane.young@nhs.scot>
Subject: For the attention of Dr Baillie Re Sandra Clarke

Hi Dr Baillie. I have just had a video consultation with Sandra Clarke a community staff nurse at Wallace Medical centre. She presented with a 3 day history c/o severe low back and left leg pain and numbness in both legs. She is having severe difficulty moving about and is struggling to straighten up or take weight through her left leg. She is struggling to find any position of comfort. Subjectively her bladder and bowels are not affected Cough and sneeze reproduces her pain their is no other red flags other bilateral leg symptoms. She has been using co-codamol from a previous prescription but this is not really easing her pain. I had suggested that she contact yourselves re getting her pain better controlled, as I was unable to carry out an assessment today as she was too acute.
I have arranged for her husband to collect a TNS machine from SCH this pm but feel she may benefit from some neuropathic medication.
I have arranged for her to come into see Jane Young on Tuesday if her pain allows.
Kind Regards
Elaine Devine
Staff Physiotherapy Service
NHS Forth Valley.

Pt 7217
Supt 20/11/20

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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Clarke
Forename	Alexandra
CHI	2705655441
Date of birth	1965-05-27
Sex	Female
Address	3 BRAMBLE AVENUE KINNAIRD VILLAGE LARBERT FK54ZL

Specimen Details

Specimen Processed Date	31-12-2020 04:32
Test Start Date	30-12-2020 10:27
Test End Date	30-12-2020 10:27
GP Practice	25597
Specimen Number	AAH21485754
Administration Method	self

End of Report

Report Date: 31/12/2020

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NHS
Forth Valley

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA
UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT
CONSULTANT: P/N Diane O'Hara
DOB: 27/05/1965
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: P/N Diane O'Hara, Stenhousemuir Health Centre
SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: back pain
COPY DETAILS: Copy Report. First Printed: 12/02/2021 at 23:05

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 8.4-22 mmol/24h	CREATININE CLEARANCE 85-165 ml/min	Urine 5 HIAA 0-42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 930 nmol/24h	Urine DOPAMINE less than 3355 nmol/24h

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/KgH2O	Urine SODIUM mmol/24h	Urine POTASSIUM mmol/24h	Urine UREA 160-500 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 15-50 mmol/24h	Urine URATE 1.5-4.5 mmol/24h

14/05/20 12:00	525596F	Ferritin	24	ug/L	(15 - 200)
		Folate	4.8	ug/L	(3.0 - 20.0)
		Vitamin B12	877	ng/L	(187 - 883)
12/02/21 11:05	910486H	Ferritin	11	ug/L	(15 - 200)
		Folate	5.1	ug/L	(3.0 - 20.0)
		Vitamin B12	762	ng/L	(187 - 883)

Filing Range from: 12/02/2021 to: 14/05/2020 Page 1 of 1
Date of Report 15/02/2021 14:06

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NHS Forth Valley

RADIOLOGY REPORT- FORTH VALLEY ROYAL HOSPITAL

CHI NUMBER: 2705655441 **Examination Number:** 35562925

Name: CLARKE, SANDRA DOB: 27/05/1965

Address: 3 BRAMBLE AVENUE Larbert, , Stirlingshire, FK5 4ZL -- **CC: -**

Examination: XR Chest

Examination Date: 02/03/2021 **Examination Time:** 13:40

Dictating Radiologist: VICTORIA GIBBS DR CONS R/IST GMC 7177198

Typed by:

Referring Consultant: BAILLIE DR MICHAEL GP

Referring Department / Location: BAILLIE MICHAEL STENHOUSE MP

Indication:
Clinical Details :
Pain in left lung area for a year, smoker, constant sputum production, intermittent sob, no haemoptysis
Provisional Diagnosis :
? lung pathology

Findings:
comparison made to previous from 21/08/2017.

Normal cardiac and mediastinal contours.
Mild peribronchial thickening in the left lower zone (projected behind the heart) indicates peribronchial inflammation, i.e. bronchitis.
The remainder of the lungs are clear.
No pleural effusion.

Examination Date: 02/03/2021
Examination: XR Chest
Date Reported: 02/03/2021 16:30:12

Report Final by: VICTORIA GIBBS DR CONS R/IST GMC 7177198

Page 1 of 1

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NHS Forth Valley OOH Call Incident Report

Call number:	**80700**	Receive Date:	**27-Dec-2020 09:48**
Patient's Name:	**Alexandra Clarke**		
Date of birth:	**27-May-1965 (55 years)**	Gender:	**F**
Address:	**3 Bramble Avenue Larbert FK5 4ZL**	Current Address:	**1 Baird Street John O'Hara Court Camelon Falkirk FK1 4PP**
Return Contact No:			
Tel No:	**07955 399034**		**07955 399034**
Mobile No:			
Priority:	**Within 4 Hours**	Call Origin:	**NHS24**
Received:	**27-Dec-2020 09:48**	Calltype:	**Telephone Contact**
Advised:	**09:59**	Arrived PCC:	
Cons start:	**27-Dec-2020 10:17**	Cons End:	**27-Dec-2020 10:34**
Consulting Doctor:	**Fiona McMahon**	Own doctor:	**michael Baillie**

CHI Number:
2705655441

Reported Condition:
BLISTERS ON TONSILS 2 DAYS

Consultation details:

History - **spoke to Alexandra, sounds alert & orientated, swallowing ok**
pc - sore throat
hpc - has had sore throat since Christmas Day, white spots on tonsils for 2 days now. Tonsils red & inflamed. Had tonsillitis years ago. Temp 37.4 - reduces with Paracetamol or Co-codamol, tried Ibuprofen - made her vomit. Painful when drinking fluids but still taking them ok. Still passing urine normally. Glands up on right side of throat. Keen for antibiotic therapy now.
pmh - back pain
dh - as per ecs - not taking amitrptyline now
allergies - none known

Examination - **Symptoms discussed. Advised re delayed prescription option for Penicillin - would prefer to start antibiotics today - email to Pharmacy.**

Diagnosis - **medication requested**

Treatment - **Happy with prescription to be e-mailed to Tesco, Retail Parlk, Falkirk. Penicillin V prescribed for 1 week as per new guidance. Also prescribed**

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Difflam throat spray. Prescriptions e-mailed as requested.
Encouraged re fluids, gargling
Advised re Paracetamol content in Co-codamol - is aware of this
If any worsening signs or concerns, to seek urgent medical review
Advised to contact own GP if not resolving
Worsening advice given and when to recontact health care support
drink plenty of clear fluids

Prescriptions:
Phenoxymethylpenicillin 250mg tablets Take TWO tablets FOUR times a day every SIX hours 56.00 Benzydamine 0.15% oromucosal spray sugar free 4 to 8 sprays - every 1.5 to 3 hours - PRN - oromucosal 30.00

Followups:
Pt Advised To Contact Own GP/Practice if req

Clinical Codes:
8B3H. Medication requested

NHSD details:
Questions -

Algorithm: DECISION SUPPORT

Keyword 1
[X] Throat Pain

Keyword selected
[X] THROAT PAIN

Do you have fever?
--NO

Is this call from a Nursing or Care Home?
--NO

Are you/person about whom you are calling so unwell that you/person cannot stand at all e.g. walk to the toilet or sit up unaided without falling back down?
--NO

Algorithm:

Select the descriptor of the keyword that defines the callers complaint: (Select one)
[X] Sore throat and or white spots

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Is the patient either unable to swallow saliva OR making grunting noise with each breath (stridor)?
--NO

Does the patient have one or more of the following symptoms?
[X] None of the above

Does the patient have any of the following symptoms? (Select One):
[X] Tenderness when touching the front of their neck or throat (just below the jaw line)

Algorithm: DECISION SUPPORT

Please confirm caller's current location details
[X] The details are still correct

SMS code
[X] 01

SMS code
[X] 96

Disposition Contact GP Practice within 4 Hours (ASAP)

Disposition
-

Contact GP Practice within 4 Hours (ASAP)

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NHS Forth Valley Haematology

NHS Forth Valley

Patient	Patient Ref. Number
CLARKE, SANDRA 3 BRAMBLE AVENUE LARBERT	2705655441
	Date Of Birth 27/05/1965 Sex F

Doctor/Location	Consultant/GP	Date/Time Specimen Received
Stenhousemuir Health Centre Dr Michael Baillie	Dr Michael Baillie	07/01/2021 14:55

Clinical Data: Prev raised HBA1C
Sample Type: Blood

HbA1c IFCC 42 mmol/mo (a)
(a) Target for good Diabetic Control is 48-59 mmol/mol

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/L

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/L	E.S.R. mm/1hr	Retics. x10 %L	Report Date/Time
							7Jan21 22:24

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
			Miscellaneous	845990	07/01/2021 09:00

Lab Ref: STEN - CROO

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/L)	4 - 10	4 - 10
Red Cell Count (x10^{12}/L)	4.4 - 5.5	3.8 - 4.8
Haemoglobin (g/L)	133 - 170	120 - 150
Packed Cell Volume	0.4 - 0.5	0.36 - 0.46
Mean Cell Volume (fl)	83 - 101	83 - 101
Mean Cell Haemoglobin (pg)	27 - 32	27 - 32
MCH Concentration (g/L)	315 - 345	315 - 345
Platelet Count (x10^9/L)	150 - 410	150 - 410

CHILDREN (M & F)	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS
WBC (x10^9/L)	10 - 26	6 - 16	5 - 10	5 - 13
RBC (x10^{12}/L)	5 - 6	3.9 - 5.1	4 - 5.2	4 - 5.2
Hb (g/L)	140 - 220	111 - 141	110 - 140	115 - 155
Platelets	150 - 450	200 - 550	200 - 490	170 - 450

Differential White Cell Count: (as absolute counts, x 10^9/L)

	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS	ADULT
Neutrophils	4 - 14	1 - 7	1.5 - 8	2 - 8	2 - 7
Lymphocytes	3 - 9	3.5 - 11	6 - 9	1 - 5	1 - 3
Monocytes	0.5 - 2	0.2 - 1	0.2 - 1	0.2 - 1	0.2 - 1
Eosinophils	0.1 - 1	0.1 - 1	0.1 - 1	0.1 - 1	0.02 - 0.5
Basophils					0.02 - 0.1

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NHS
Forth Valley

CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA
UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT
CONSULTANT: Dr Michael Baillie
DOB: 27/05/1965
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr Michael Baillie, Stenhousemuir Health Centre
SAMPLE TYPE OF LATEST SPECIMEN: Fluoride Oxalate
CLINICAL DETAILS REFERRING TO LATEST REQUEST: Prev raised HBA1C
COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.5-6 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO2 10.5-13.5 kPa	(S)PRED OXYGEN %
01/03/11 10:30	439385J	10.30	4.4						
13/02/15 Unknown	181094T		5.3						
07/01/21 09:00	841617R	09.00	4.7						

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO2 22-29 mmol/l	OSMOLALITY 275-295 mosm/kg H2O	SODIUM 133-146 mmol/l	POTASSIUM 3.5-5.3 mmol/l	CHLORIDE 95-108 mmol/l	UREA 2.5-7.8 mmol/l	CREATININE 40-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
19/02/10 10:00	246771F			142	4.2	104	4.0	81	>59
01/03/11 10:30	439386V			142	4.1	106	3.8	76	>59
13/02/15 Unknown	181095K			141	4.1	108	3.0	71	>59
15/06/19 16:00	266513P			136	4.3	104	3.0	61	>59
14/05/20 12:00	525596F			140	4.2	106	3.0	70	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 100 iu/l 37°C	AST 0-45 iu/l 37°C	ALT 0-55 iu/l 37°C	BILIRUBIN up to 21 µmol/l	TOTAL PROTEIN 60-80 g/l	ALBUMIN 35-50 g/l	ALKALINE PHOSPHATASE 30 - 130 iu/l 37°C	YGT 0-40 (female) iu/l 37°C
19/02/10 10:00	246771F		18	24	6	73	45	**219**	
01/03/11 10:30	439386V		20	19	8	70	45	**202**	
13/02/15 Unknown	181095K		17	14	6	66	45	92	
14/05/20 12:00	525596F		17	16	3	71	44	99	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 10-30 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.2-2.60 mmol/l	CORRECTED CALCIUM 2.2-2.60 mmol/l	PHOSPHATE 0.8-1.50 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 140-360 (female) µmol/l	CK(Total) 25-200 (female) iu/l 37°C
19/02/10 10:00	246771F			2.37	2.27	1.40			

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.35-5.00 mu/l	FREE T4 9.0-21.0 pmol/l	FREE T3 3.0-6.0 pmol/l	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are sex dependent	H.D.L. >1.2 mmol/l (female)	L.D.L. mmol/l target levels are sex dependent
01/03/11 10:30	439386V	1.12							
14/05/20 12:00	525596F	0.70							

19/02/10 10:00	246771F	C-Reactive Prot.	**<5**	mg/L
01/03/11 10:30	439386V	C-Reactive Prot.	**<5**	mg/L
13/02/15 Unknown	181095K	C-Reactive Prot.	**<5**	mg/L
15/06/19 16:00	266513P	C-Reactive Prot.	**<5**	mg/L

Filing Range from: 07/01/2021 to: 19/02/2010 Page 1 of 1
Date of Report: 07/01/2021 22:02

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NHS Forth Valley Haematology

NHS Forth Valley

Patient	Patient Ref. Number
CLARKE, SANDRA 3 BRAMBLE AVENUE LARBERT	2705655441
	Date Of Birth 27/05/1965 Sex F

Doctor/Location	Consultant/GP	Date/Time Specimen Received
Stenhousemuir Health Centre P/N Diane O'Hara	P/N Diane O'Hara	12/02/2021 13:31

Clinical Data: back pain
Sample Type: Blood

HbA1c IFCC 44 mmol/mo (a)
(a) Target for good Diabetic Control is 48-59 mmol/mol

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/L

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/L	E.S.R. mm/1hr	Retics. x10 %L	Report Date/Time
					9		12/02/2021 22:24

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
			FBC + ESR + A1C	890833	12/02/2021 11:05

Lab Ref: STEN - CROO

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/L)	4 - 10	4 - 10
Red Cell Count (x10^{12}/L)	4.4 - 5.5	3.8 - 4.8
Haemoglobin (g/L)	133 - 170	120 - 150
Packed Cell Volume	0.4 - 0.5	0.36 - 0.46
Mean Cell Volume (fl)	83 - 101	83 - 101
Mean Cell Haemoglobin (pg)	27 - 32	27 - 32
MCH Concentration (g/L)	315 - 345	315 - 345
Platelet Count (x10^9/L)	150 - 410	150 - 410

CHILDREN (M & F)	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS
WBC (x10^9/L)	10 - 26	6 - 16	5 - 10	5 - 13
RBC (x10^{12}/L)	5 - 6	3.9 - 5.1	4 - 5.2	4 - 5.2
Hb (g/L)	140 - 220	111 - 141	110 - 140	115 - 155
Platelets	150 - 450	200 - 550	200 - 490	170 - 450

Differential White Cell Count: (as absolute counts, x 10^9/L)

	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS	ADULT
Neutrophils	4 - 14	1 - 7	1.5 - 8	2 - 8	2 - 7
Lymphocytes	3 - 9	3.5 - 11	6 - 9	1 - 5	1 - 3
Monocytes	0.5 - 2	0.2 - 1	0.2 - 1	0.2 - 1	0.2 - 1
Eosinophils	0.1 - 1	0.1 - 1	0.1 - 1	0.1 - 1	0.02 - 0.5
Basophils					0.02 - 0.1

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NHS Forth Valley Haematology

NHS Forth Valley

Patient	Patient Ref. Number
CLARKE, SANDRA 3 BRAMBLE AVENUE LARBERT	2705655441
	Date Of Birth 27/05/1965 Sex F

Doctor/Location	Consultant/GP	Date/Time Specimen Received
Stenhousemuir Health Centre P/N Diane O'Hara	P/N Diane O'Hara	12/02/2021 13:31

Clinical Data: back pain
Sample Type: Blood

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/L

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.
3.30	1.90	0.50	0.20	0.10					0.00

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/L	E.S.R. mm/1hr	Retics. x10 %L	Report Date/Time
4.87	0.407	83.6	26.7	319			12/02/2021 14:04

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
130	6.0	307	Full Blood Count	890833	12/02/2021 11:05

Lab Ref: STEN - CROO

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/L)	4 - 10	4 - 10
Red Cell Count (x10^{12}/L)	4.4 - 5.5	3.8 - 4.8
Haemoglobin (g/L)	133 - 170	120 - 150
Packed Cell Volume	0.4 - 0.5	0.36 - 0.46
Mean Cell Volume (fl)	83 - 101	83 - 101
Mean Cell Haemoglobin (pg)	27 - 32	27 - 32
MCH Concentration (g/L)	315 - 345	315 - 345
Platelet Count (x10^9/L)	150 - 410	150 - 410

CHILDREN (M & F)	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS
WBC (x10^9/L)	10 - 26	6 - 16	5 - 10	5 - 13
RBC (x10^{12}/L)	5 - 6	3.9 - 5.1	4 - 5.2	4 - 5.2
Hb (g/L)	140 - 220	111 - 141	110 - 140	115 - 155
Platelets	150 - 450	200 - 550	200 - 490	170 - 450

Differential White Cell Count: (as absolute counts, x 10^9/L)

	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS	ADULT
Neutrophils	4 - 14	1 - 7	1.5 - 8	2 - 8	2 - 7
Lymphocytes	3 - 8	3.5 - 11	6 - 9	1 - 5	1 - 3
Monocytes	0.5 - 2	0.2 - 1	0.2 - 1	0.2 - 1	0.2 - 1
Eosinophils	0.1 - 1	0.1 - 1	0.1 - 1	0.1 - 1	0.02 - 0.5
Basophils					0.02 - 0.1

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Advice Request

04-03-2021 17:03:53

ADVICE REQUESTED FROM	ADVICE REQUESTED BY
Respiratory Medicine Forth Valley Royal Hospital Stirling Road Larbert FK5 4WR	Dr. Michael Baillie Stenhouse Practice (25597) Stenhousemuir Health Centre Park Drive Stenhousemuir

ADVICE REQUIRED:-

I was just looking for advice for this 55 year old. She attended in February with left upper lung pain since 2019. She was seen at the time and given antibiotics but did not return when they didn't help. She is a smoker currently 6/day, she has constant sputum production. She denies shortness of breath, haemoptysis or cough. Her chest x-ray has been reported as left lower lobe peri-bronchial inflammation. I was unsure what this may mean? Does she need further imaging such as a CT?Many thanksDr Victoria SpeedieLocum

PATIENT DETAILS:-

Forename	Alexandra
Surname	Clarke
Middlename(s)	-
Previous Surname	-
Sex	Female
Date of Birth	27-05-1965
CHI No.	2705655441

3
Bramble
Avenue
Kinnaird
Village
LARBERT

Current and recent medication:-

Drug Name	BNF	Formulation	Dosage	Frequency	Started	Last Issued
Fluoxetine Hydrochloride Capsules 20 mg	0403030E0AAAAAA	112 CAPSULE	TWO TO BE TAKEN EACH MORNING		26-06-2017	
Co-Codamol 30/500 Tablets	0407010F0AAAHAH	50 TABLET	ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY		14-08-2018	
Ranitidine Tablets 150 mg	0103010T0AAAAAA	120 TABLET	ONE TABLET TO BE TAKEN TWICE DAILY		31-08-2016	
Omeprazole Capsules (Gastro-Resistant) 10 mg	0103050P0AAAFAF	28 capsule	ONE CAPSULE TO BE TAKEN ONCE DAILY IF REQUIRED		10-09-2020	
Amitriptyline Hydrochloride Tablets 10 mg	0403010B0AAAGAG	14 tablet	ONE NOCTE INC TO 2 NOCTE IF NO BETTER		20-11-2020	
Phenoxymethylpenicillin Tablets 250 mg	0501011P0AAAJAJ	56 tablet	2 TABS QID EVERY 6 HRS		27-12-2020	
Benzydamine Hydrochloride Spray Sugar Free 0.15 %	1203010E0AAABAB	30 ML	4 - 8 SPRAYS TO BE USED EVERY 1.5 - 3 HOURS PRN		27-12-2020	
Clarithromycin Tablets 250 mg	0501050B0AAAAAA	1*14 tablet	ONE BD		29-12-2020	
Omeprazole Capsules (Gastro-Resistant) 10 mg	0103050P0AAAFAF	28 capsule	ONE CAPSULE TO BE TAKEN ONCE DAILY IF REQUIRED		27-01-2021	
Ferrous Fumarate Tablets 210 mg		56 tablet	ONE DAILY		16-02-2021	

Consent to share	-
Sensitivity	-

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Advice Response

05/03/2021 13:42:28

ADVICE REQUESTED FROM	ADVICE REQUESTED BY
Matthew Embley Forth Valley Royal Hospital Stirling Road Larbert	Stenhouse Practice (25597) Stenhousemuir Health Centre Park Drive Stenhousemuir

ADVICE REQUIRED:-

I was just looking for advice for this 55 year old. She attended in February with left upper lung pain since 2019. She was seen at the time and given antibiotics but did not return when they didn't help. She is a smoker currently 6/day, she has constant sputum production. She denies shortness of breath, haemoptysis or cough. Her chest x-ray has been reported as left lower lobe peri-bronchial inflammation. I was unsure what this may mean? Does she need further imaging such as a CT? Many thanks Dr Victoria Speedie Locum

ADVICE GIVEN:-

It could be bronchitis from smoking, the single most effective treatment for this being smoking cessation. The CXR has not changed very much since the last in 2017. These features are basically what used to be called "tramlines" on CXR - can be a sign of bronchiectasis. Either way she needs to stop smoking, if you think she may have bronchiectasis, please refer and we could evaluate. Best wishes

PATIENT DETAILS:-

Forename	Alexandra
Surname	Clarke
Middlename(s)	-
Previous Surname	-
Sex	F
Date of Birth	27/05/1965
CHI No.	2705655441

3
Bramble
Avenue
Kinnaird
Village
LARBERT

Current and recent medication:-

Drug Name	BNF	Formulation	Dosage	Frequency	Started	Last Issued
Fluoxetine Hydrochloride Capsules 20 mg	0403030E0AAAAAA	112 CAPSULE	TWO TO BE TAKEN EACH MORNING		26/06/2017	
Co-Codamol 30/500 Tablets	0407010F0AAAHAH	50 TABLET	ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR SEVERE PAIN ONLY		14/08/2018	
Ranitidine Tablets 150 mg	0103010T0AAAAAA	120 TABLET	ONE TABLET TO BE TAKEN TWICE DAILY		31/08/2016	
Omeprazole Capsules (Gastro-Resistant) 10 mg	0103050P0AAAFAF	28 capsule	ONE CAPSULE TO BE TAKEN ONCE DAILY IF REQUIRED		10/09/2020	
Amitriptyline Hydrochloride Tablets 10 mg	0403010B0AAAGAG	14 tablet	ONE NOCTE INC TO 2 NOCTE IF NO BETTER		20/11/2020	
Phenoxymethylpenicillin Tablets 250 mg	0501011P0AAAJAJ	56 tablet	2 TABS QID EVERY 6 HRS		27/12/2020	
Benzydamine Hydrochloride Spray Sugar Free 0.15 %	1203010E0AAABAB	30 ML	4 - 8 SPRAYS TO BE USED EVERY 1.5 - 3 HOURS PRN		27/12/2020	
Clarithromycin Tablets 250 mg	0501050B0AAAAAA	1*14 tablet	ONE BD		29/12/2020	
Omeprazole Capsules (Gastro-Resistant) 10 mg	0103050P0AAAFAF	28 capsule	ONE CAPSULE TO BE TAKEN ONCE DAILY IF REQUIRED		27/01/2021	
Ferrous Fumarate Tablets 210 mg		56 tablet	ONE DAILY		16/02/2021	

Consent to share	-
Sensitivity	-

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NHS Forth Valley

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA | UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT
CONSULTANT: P/N Diane O'Hara | DOB: 27/05/1965 | SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: P/N Diane O'Hara, Stenhousemuir Health Centre | SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: back pain | COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.5-6 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO2 10.5-13.5 kPa	INSPIRED OXYGEN %
01/03/11 10:30	439385J	10.30	4.4						
13/02/15 Unknown	181094T		5.3						
07/01/21 09:00	841617R	09.00	4.7						

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO2 22-29 mmol/l	OSMOLALITY 275-295 mosmol/kg H2O	SODIUM 133-146 mmol/l	POTASSIUM 3.5-5.3 mmol/l	CHLORIDE 95-108 mmol/l	UREA 2.5-7.8 mmol/l	CREATININE 40-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
01/03/11 10:30	439386V			142	4.1	106	3.8	76	>59
13/02/15 Unknown	181095K			141	4.1	108	3.0	71	>59
15/06/19 16:00	266513P			136	4.3	104	3.0	61	>59
14/05/20 12:00	525596F			140	4.2	106	3.0	70	>59
12/02/21 11:05	910486H			137	4.4	104	4.3	67	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 100 iu/l 37°C	AST 0-45 iu/l 37°C	ALT 0-55 iu/l 37°C	BILIRUBIN up to 21 µmol/l	TOTAL PROTEIN 60-80 g/l	ALBUMIN 35-50 g/l	ALKALINE PHOSPHATASE 30 - 130 iu/l 37°C	YGT 0-40 (female) iu/l 37°C
01/03/11 10:30	439386V		20	19	8	70	45	**202**	
13/02/15 Unknown	181095K		17	14	6	66	45	92	
14/05/20 12:00	525596F		17	16	3	71	44	99	
12/02/21 11:05	910486H		17	16	3	67	40	97	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 10-35 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.2-2.60 mmol/l	CORRECTED CALCIUM 2.2-2.60 mmol/l	PHOSPHATE 0.8-1.50 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 140-360 (female) µmol/l	CK(Total) 25-200 (female) iu/l 37°C

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.36-5.00 mu/l	FREE T4 8.0-21.0 pmol/l	FREE T3 3.0-6.0 pmol/l	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are risk dependent	H.D.L. >1.2 mmol/l (female)	L.D.L. mmol/l target levels are risk dependent
01/03/11 10:30	439386V	1.12							
14/05/20 12:00	525596F	0.70							
12/02/21 11:05	910486H	0.95							

01/03/11 10:30	439386V	C-Reactive Prot.	**<5** mg/L
13/02/15 Unknown	181095K	C-Reactive Prot.	**<5** mg/L
15/06/19 16:00	266513P	C-Reactive Prot.	**<5** mg/L
12/02/21 11:05	910486H	C-Reactive Prot.	**<5** mg/L
12/02/21 11:05	910486H	Alk. Phosphatase ALP Ref. Limit for patients <30 days old is 0-380 iu/L ALP Ref. Limit for patients <17 years old is 0-425 iu/L ALP Ref. Limit for adults (>17 years) is 0-130 iu/L	

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NHS
Forth Valley
Microbiology

SURNAME	FORENAME	UNIT No.
CLARKE 3 BRAMBLE AVENUE LARBERT	SANDRA	2705655441
	DATE OF BIRTH: 27/05/1965	SEX: F

CONSULTANT	WARD	
Dr Michael Baillie	Dr Michael Baillie	56987
	G.P. Stenhousemuir Health Centre	

CLINICAL DATA: Persistent cough and SOB

Pyogenic Culture
No Lower Respiratory Tract pathogens isolated

EXAMINATION	LAB No.	AUTHORISED	
Pyogenic Culture	MG534460B	G.Wilson	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Sputum	04/05/2021	04/05/2021	06/05/2021

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NHS
Forth Valley

CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA		UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT		
CONSULTANT: Dr Michael Baillie	DOB: 27/05/1965	SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr Michael Baillie, Stenhousemuir Health Centre		SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: prev low	COPY DETAILS	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 8.4-22 mmol/24h	CREATININE CLEARANCE 65-150 ml/min	Urine 5 HIAA 0-42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 702 nmol/24h	Urine DOPAMINE less than 3366 nmol/24h

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/KgH2O	Urine SODIUM mmol/24h	Urine POTASSIUM mmol/24h	Urine UREA 100-500 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 15-50 mmol/24h	Urine URATE 1.5-4.5 mmol/24h

14/05/20 12:00	525596F	Ferritin	24	ug/L	(15 - 200)
		Folate	4.8	ug/L	(3.0 - 20.0)
		Vitamin B12	877	ng/L	(187 - 883)
12/02/21 11:05	910486H	Ferritin	11	ug/L	(15 - 200)
		Folate	5.1	ug/L	(3.0 - 20.0)
		Vitamin B12	762	ng/L	(187 - 883)
01/04/21 09:00	986583B	Ferritin	37	ug/L	(15 - 200)

Filing Range from: 01/04/2021 to: 14/05/2020 Page 1 of 1 | Date of Report 01/04/2021 23:05

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Forth Valley

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA		UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT		
CONSULTANT: P/N Diane O'Hara	DOB: 27/05/1965	SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: P/N Diane O'Hara, Stenhousemuir Health Centre		SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: back pain	COPY DETAILS	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 8.4-22 mmol/24h	CREATININE CLEARANCE 85-165 ml/min	Urine 5 HIAA 0-42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 902 nmol/24h	Urine DOPAMINE less than 3356 nmol/24h

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/KgH2O	Urine SODIUM mmol/24h	Urine POTASSIUM mmol/24h	Urine UREA 180-500 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 15-50 mmol/24h	Urine URATE 1.5-4.5 mmol/24h

14/05/20 12:00	525596F	Ferritin	24	ug/L	(15 - 200)
		Folate	4.8	ug/L	(3.0 - 20.0)
		Vitamin B12	877	ng/L	(187 - 883)
12/02/21 11:05	910486H	Ferritin	REQ	ug/L	(15 - 200)
		Folate	5.1	ug/L	(3.0 - 20.0)
		Vitamin B12	762	ng/L	(187 - 883)

Filing Range from: 12/02/2021 to: 14/05/2020 Page 1 of 1 | Date of Report 12/02/2021 23:05

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NHS Forth Valley Haematology

NHS Forth Valley

Patient		Patient Ref. Number	
CLARKE, SANDRA 3 BRAMBLE AVENUE LARBERT		2705655441	
		Date Of Birth 27/05/1965	Sex F
Doctor/Location	Consultant/GP	Date/Time Specimen Received	
Stenhousemuir Health Centre Dr Michael Baillie	Dr Michael Baillie	21/05/2021 11:23	
Clinical Data knee pains		Sample Type Blood	

HbA1c IFCC 44 mmol/mo (a)
(a) Target for good Diabetic Control is 48-59 mmol/mol

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/L

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/L	E.S.R. mm/1hr	Retics. x10 %L	Report Date/Time
							21/05/2021 22:24

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
			FBC + ESR + A1C	451755	21/05/2021 10:12

Lab Ref: STEN - CROO

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/L)	4 - 10	4 - 10
Red Cell Count (x10^{12}/L)	4.4 - 5.5	3.8 - 4.8
Haemoglobin (g/L)	133 - 170	120 - 150
Packed Cell Volume	0.4 - 0.5	0.36 - 0.46
Mean Cell Volume (fl)	83 - 101	83 - 101
Mean Cell Haemoglobin (pg)	27 - 32	27 - 32
MCH Concentration (g/L)	315 - 345	315 - 345
Platelet Count (x10^9/L)	150 - 410	150 - 410

CHILDREN (M & F)	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS
WBC (x10^9/L)	10 - 26	6 - 16	5 - 10	5 - 13
RBC (x10^{12}/L)	5 - 6	3.9 - 5.1	4 - 5.2	4 - 5.2
Hb (g/L)	140 - 220	111 - 141	110 - 140	115 - 155
Platelets	150 - 450	200 - 550	200 - 490	170 - 450

Differential White Cell Count: (as absolute counts, x 10^9/L)

	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS	ADULT
Neutrophils	4 - 14	1 - 7	1.5 - 8	2 - 8	2 - 7
Lymphocytes	3 - 8	3.5 - 11	6 - 9	1 - 5	1 - 3
Monocytes	0.5 - 2	0.2 - 1	0.2 - 1	0.2 - 1	0.2 - 1
Eosinophils	0.1 - 1	0.1 - 1	0.1 - 1	0.1 - 1	0.02 - 0.5
Basophils					0.02 - 0.1

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NHS Forth Valley Haematology

NHS Forth Valley

Patient	CLARKE, SANDRA 3 BRAMBLE AVENUE LARBERT	Patient Ref. Number	2705655441
		Date Of Birth	27/05/1965
		Sex	F

Doctor/Location	Consultant/GP	Date/Time Specimen Received
Stenhousemuir Health Centre Dr Michael Baillie	Dr Michael Baillie	21/05/2021 11:23

Clinical Data	knee pains	Sample Type	Blood

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/L

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.
2.40	2.10	0.40	0.20	0.10					0.00

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/L	E.S.R. mm/1hr	Retics. x10 ^{9}/L	Report Date/Time
5.24	0.427	81.5	26.5	326	11		21/05/2021 14:04

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
139	5.2	309	FBC + ESR	451755	21/05/2021 10:12

Lab Ref: STEN - CROO

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/L)	4 - 10	4 - 10
Red Cell Count (x10^{12}/L)	4.4 - 5.5	3.8 - 4.8
Haemoglobin (g/L)	133 - 170	120 - 150
Packed Cell Volume	0.4 - 0.5	0.36 - 0.46
Mean Cell Volume (fl)	83 - 101	83 - 101
Mean Cell Haemoglobin (pg)	27 - 32	27 - 32
MCH Concentration (g/L)	315 - 345	315 - 345
Platelet Count (x10^9/L)	150 - 410	150 - 410

CHILDREN (M & F)	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS
WBC (x10 ^{9}/L)	10 - 26	6 - 16	5 - 10	5 - 13
RBC (x10^9/L)	5 - 6	3.9 - 5.1	4 - 5.2	4 - 5.2
Hb (g/L)	140 - 220	111 - 141	110 - 140	115 - 155
Platelets	150 - 450	200 - 550	200 - 490	170 - 450

Differential White Cell Count: (as absolute counts, x 10^9/L)

	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS	ADULT
Neutrophils	4 - 14	1 - 7	1.5 - 8	2 - 8	2 - 7
Lymphocytes	3 - 8	3.5 - 11	6 - 9	1 - 5	1 - 3
Monocytes	0.5 - 2	0.2 - 1	0.2 - 1	0.2 - 1	0.2 - 1
Eosinophils	0.1 - 1	0.1 - 1	0.1 - 1	0.1 - 1	0.02 - 0.5
Basophils					0.02 - 0.1

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Forth Valley

CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA
UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT
CONSULTANT: Dr Michael Baillie
DOB: 27/05/1965
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr Michael Baillie, Stenhousemuir Health Centre
SAMPLE TYPE OF LATEST SPECIMEN: Fluoride Oxalate
CLINICAL DETAILS REFERRING TO LATEST REQUEST: knee pains
COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.5-6 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO2 10.5-13.5 kPa	INSPIRED OXYGEN %
07/01/21 09:00	841617R	09.00	4.7						
21/05/21 10:12	376630P	10.12	6.0						

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO2 22-26 mmol/l	OSMOLALITY 275-295 mosmol/kg H2O	SODIUM 133-146 mmol/l	POTASSIUM 3.5-5.3 mmol/l	CHLORIDE 95-108 mmol/l	UREA 2.5-7.8 mmol/l	CREATININE 40-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
13/02/15 Unknown	181095K			141	4.1	108	3.0	71	>59
15/06/19 16:00	266513P			136	4.3	104	3.0	61	>59
14/05/20 12:00	525596F			140	4.2	106	3.0	70	>59
12/02/21 11:05	910486H			137	4.4	104	4.3	67	>59
21/05/21 10:12	376640X			141	4.6	107	3.6	72	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 100 iu/l 37°C	AST 0-45 iu/l 37°C	ALT 0-55 iu/l 37°C	BILIRUBIN up to 21 µmol/l	TOTAL PROTEIN 60-80 g/l	ALBUMIN 35-50 g/l	ALKALINE PHOSPHATASE 30 - 130) iu/l 37°C	YGT 0-40 (female) iu/l 37°C
13/02/15 Unknown	181095K		17	14	6	66	45	92	
14/05/20 12:00	525596F		17	16	3	71	44	99	
12/02/21 11:05	910486H		17	16	3	67	40	97	
21/05/21 10:12	376640X		16	16	4	69	43	107	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 10-35 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.2-2.60 mmol/l	CORRECTED CALCIUM 2.2-2.60 mmol/l	PHOSPHATE 0.8-1.50 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 140-360 (female) µmol/l	CK(Total) 25-200 (female) iu/l 37°C
21/05/21 10:12	376640X			2.27	2.26	1.21			

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.36-5.00 mu/l	FREE T4 9.0-21.0 pmol/l	FREE T3 3.0-6.0 pmol/l	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are sex dependent	H.D.L. >1.2 mmol/l (female)	L.D.L. mmol/l target levels are sex dependent
14/05/20 12:00	525596F	0.70							
12/02/21 11:05	910486H	0.95							
21/05/21 10:12	376640X	1.15							

13/02/15 Unknown	181095K	C-Reactive Prot.	**<5**	mg/L
15/06/19 16:00	266513P	C-Reactive Prot.	**<5**	mg/L
12/02/21 11:05	910486H	C-Reactive Prot.	**<5**	mg/L
21/05/21 10:12	376640X	C-Reactive Prot.	**<5**	mg/L

Filing Range from: 21/05/2021 to: 13/02/2015 Page 1 of 1
Date of Report: 21/05/2021 14:00

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RADIOLOGY REPORT- FORTH VALLEY ROYAL HOSPITAL

CHI NUMBER: 2705655441 **Examination Number:** 35773702

Name: CLARKE, SANDRA DOB: 27/05/1965

Address: 3 BRAMBLE AVENUE, LARBERT, FK5 4ZL, -- **CC:** -

Examination: XR Knee Rt

Examination Date: 15/06/2021 **Examination Time:** 17:00

Dictating Radiologist: PAUL KELLY DR CONS R/IST GMC 3277029

Typed by:

Referring Consultant: BAILLIE DR MICHAEL GP

Referring Department / Location: BAILLIE MICHAEL STENHOUSE MP

Indication:
Clinical Details :
Ongoing issues with pain in right knee. tender hot swollen cis a district nurse affecting work
Provisional Diagnosis :
OA

Findings:
Minor peaking tibial spines and retropatellar osteophytic lipping. Consistent with mild degenerative change. Preserved joint space.
-

Examination Date: 15/06/2021
Examination: XR Knee Rt
Date Reported: 22/06/2021 16:34:04

Report Final by: PAUL KELLY DR CONS R/IST GMC 3277029

Page 1 of 1

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NHS
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CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA
UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT
CONSULTANT: Dr Michael Baillie
DOB: 27/05/1965
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr Michael Baillie, Stenhousemuir Health Centre
SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: knee pains
COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.5-6 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO_2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO_2 10.5-13.5 kPa	INSPIRED OXYGEN %
13/02/15 Unknown	181094T		5.3						
07/01/21 09:00	841617R	09.00	4.7						

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO_2 22-29 mmol/l	OSMOLALITY 275-295 mosm/kg H_2O	SODIUM 133-146 mmol/l	POTASSIUM 3.5-5.3 mmol/l	CHLORIDE 95-108 mmol/l	UREA 2.5-7.8 mmol/l	CREATININE 40-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
13/02/15 Unknown	181095K			141	4.1	108	3.0	71	>59
15/06/19 16:00	266513P			136	4.3	104	3.0	61	>59
14/05/20 12:00	525596F			140	4.2	106	3.0	70	>59
12/02/21 11:05	910486H			137	4.4	104	4.3	67	>59
21/05/21 10:12	376640X			141	4.6	107	3.6	72	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 100 iu/l 37°C	AST 0-45 iu/l 37°C	ALT 0-55 iu/l 37°C	BILIRUBIN up to 21 µmol/l	TOTAL PROTEIN 60-80 g/l	ALBUMIN 35-50 g/l	ALKALINE PHOSPHATASE 30 - 130) iu/l 37°C	YGT (1-40 (female) iu/l 37°C
13/02/15 Unknown	181095K		17	14	6	66	45	92	
14/05/20 12:00	525596F		17	16	3	71	44	99	
12/02/21 11:05	910486H		17	16	3	67	40	97	
21/05/21 10:12	376640X		16	16	4	69	43	107	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 10-30 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.2-2.60 mmol/l	CORRECTED CALCIUM 2.2-2.60 mmol/l	PHOSPHATE 0.8-1.50 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 140-360 (female) µmol/l	CK(Total) 25-200 (female) iu/l 37°C
21/05/21 10:12	376640X			2.27	2.26	1.21			

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.36-5.00 mu/l	FREE T4 8.0-21.0 pmol/l	FREE T3 3.0-6.0 pmol/l	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are sex dependent	H.D.L. >1.2 mmol/l (female)	L.D.L. mmol/l target levels are sex dependent
14/05/20 12:00	525596F	0.70							
12/02/21 11:05	910486H	0.95							
21/05/21 10:12	376640X	1.15							

13/02/15 Unknown	181095K	C-Reactive Prot.	**<5** mg/L
15/06/19 16:00	266513P	C-Reactive Prot.	**<5** mg/L
12/02/21 11:05	910486H	C-Reactive Prot.	**<5** mg/L
21/05/21 10:12	376640X	C-Reactive Prot.	**<5** mg/L
21/05/21 10:12	376640X	Alk. Phosphatase ALP Ref. Limit for patients <30 days old is 0-380 iu/L ALP Ref. Limit for patients <17 years old is 0-425 iu/L ALP Ref. Limit for adults (>17 years) is 0-130 iu/L	

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Date of Report 21/05/2021 14:00

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NHS Forth Valley Haematology

NHS Forth Valley

Patient		Patient Ref. Number	
CLARKE, SANDRA 3 BRAMBLE AVENUE LARBERT		2705655441	
		Date Of Birth 27/05/1965	Sex F

Doctor/Location	Consultant/GP	Date/Time Specimen Received
Stenhousemuir Health Centre P/N Diane O'Hara	P/N Diane O'Hara	27/10/2021 16:07

Clinical Data: sweats/poor memory — Sample Type: Blood

HbA1c IFCC 43 mmol/mo (a)
(a) Target for good Diabetic Control is 48-59 mmol/mol

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/L

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.
3.20	2.00	0.60	0.20	0.10					0.00

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/L	E.S.R. mm/1hr	Retics. x10 %L	Report Date/Time
5.05	0.425	84.2	26.9	320			27Oct21 22:24

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
136	6.0	326	Miscellaneous	630521	27/10/2021 12:44

Lab Ref: STEN - CROO

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/L)	4 - 10	4 - 10
Red Cell Count (x10^{12}/L)	4.4 - 5.5	3.8 - 4.8
Haemoglobin (g/L)	133 - 170	120 - 150
Packed Cell Volume	0.4 - 0.5	0.36 - 0.46
Mean Cell Volume (fl)	83 - 101	83 - 101
Mean Cell Haemoglobin (pg)	27 - 32	27 - 32
MCH Concentration (g/L)	315 - 345	315 - 345
Platelet Count (x10^9/L)	150 - 410	150 - 410

CHILDREN (M & F)	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS
WBC (x10^9/L)	10 - 26	6 - 16	5 - 10	5 - 13
RBC (x10^{12}/L)	5 - 6	3.9 - 5.1	4 - 5.2	4 - 5.2
Hb (g/L)	140 - 220	111 - 141	110 - 140	115 - 155
Platelets	150 - 450	200 - 550	200 - 490	170 - 450

Differential White Cell Count: (as absolute counts, x 10^9/L)

	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS	ADULT
Neutrophils	4 - 14	1 - 7	1.5 - 8	2 - 8	2 - 7
Lymphocytes	3 - 8	3.5 - 11	6 - 9	1 - 5	1 - 3
Monocytes	0.5 - 2	0.2 - 1	0.2 - 1	0.2 - 1	0.2 - 1
Eosinophils	0.1 - 1	0.1 - 1	0.1 - 1	0.1 - 1	0.02 - 0.5
Basophils					0.02 - 0.1

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Patient Name: CLARKE, Sandra DOB: 27-May-1965 CHI No: 2705655441

Immediate Discharge Letter (Authorised)

Acute Medicine
Stirling Road
Larbert
Larbert
Stirlingshire
FK5 4WR

Dept. Contact Details:

M Baillie
Stenhouse Practice
Stenhousemuir Health Centre
Park Drive
Stenhousemuir
Larbert
FK5 3BB

CHI Barcode: 2705655441

Date of Completion: 07-Nov-2021

Patient Demographics

Patient Name:	CLARKE, Sandra	**Date Of Birth:**	27-May-1965
Patient Address:	3 BRAMBLE AVENUE Larbert Stirlingshire FK5 4ZL	**Gender:** **CHI No:**	Female 2705655441
Telephone No:	01324 810034		

GP Practice

GP Name:	M Baillie	**GP GMC:**	4369925
GP Practice Address:	Stenhouse Practice Stenhousemuir Health Centre Park Drive Stenhousemuir Larbert FK5 3BB	**GP Practice Code:** **GP Clinic Code:** **GP Telephone:**	4369925/25597 25597/1 01324 570570

Admission Details

Patient Location:	Acute Medicine	**Admission Care Provider:**	Dr Daniel Beckett
Admission Date:	07-Nov-2021	**Admission Time:**	15:35
Admission Method:	Emergency Admission, no additional detail added	**Ward:**	FVRH UCC SDEC
Source Of Admission:	GP Non Obstetrics - same Provider		

Discharge Details

Discharge Specialty:	Acute Medicine	**Discharge Care Provider:**	Dr Daniel Beckett
Discharge Date:	07-Nov-2021	**Ward:**	FVRH UCC SDEC
Discharge Time:	17:50	**Discharge Destination:**	Private Residence - no additional detail added
Discharge Method:	Regular discharge, no additional detail added		

Clinical Summary including History

Dear Doctor,

Mrs Clarke was referred from ED with episode of chest pain. Reports onset of pain yesterday at 5pm, central in nature describedpain as buring and sharp radiating up herthroat. No associated symptoms, denies any previous CP or exertional symptoms. Co-codamol helped and aspirin. No clear exacerbating factors.

PMH - Back pain, depression, ex-smoker, no Fx IHD

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O/E - Looked well, NEWS = 0, no murmur, chest clear, abdo SNT. Tender on palpatation over sternum and left side of chest. No radial to radial delay.

Investigations
ECG - SB nil acute(not betablocked)
Troponin < 5
Wells score = 0, PERC - 1 (Age)
D Dimer - negative (0.15)
CXR - no obvious consolidation or pneumothorax
Bloods including infection markers normal

Impression - ?GORD
- ACS excluded/PE excluded

Plan - Home with worsening advise, TTO for omeprazole

Kind regards

Lyndsay Martin ANP
#1649
SDEC/UCC

Reason for Admission and Presenting Complaint

Reason for Admission chest pain

Investigations

Formal CXR report

Diagnosis

Initial Diagnosis:

.

Final Diagnosis:

MAIN DIAGNOSIS:
Chest Pain, Unspecified

Other Active Problems:

.

Co-morbidities

Patient has Comorbidities : No

IDL Additional Information

Follow Up Required : No
Please confirm if there have been changes to this patients medication: : Yes – this patients medication has changed
Community Pharmacy : given TTO for omeprazole 20mgs OD
Compliance Aid : No
Final Discharge Letter to Follow : No
Does this patient have a Detention Order? : No

Operations / Procedures

.

Safety Alerts

Nil records exist

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Patient Name: CLARKE, Sandra DOB: 27-May-1965 CHI No: 2705655441

Allergy/Intolerance -

Allergy records are as recorded at time and date of printing
Nil records exist

Medications -

Drug Information:

Drug	Dose	Route	Frequency	GP to Continue	POD	Days Supply

Nil records exist

Drug Notes:

Drug	Drug Notes

Nil records exist

Additional Medicine Information:

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

Drug	Discontinued Reason

Nil records exist

GP Communications:

Outstanding Results - DartOCM

Responsibility of Hospital

Discipline	Investigation	Date Ordered
Radiology	XR Chest	07-Nov-2021

Person completing record

Name:
Designation or role:
Specialty:
Date completed: 07-Nov-2021

Distribution List

Recipient Name	Recipient Type	Recipient Organisation
M Baillie	GP	Stenhouse Practice
Mrs Sandra Clarke	Patient	

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
24-Jun-2022

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2705655441 CHI No:2705655441

1010267062110
Unique Care Pathway Number: 1010267062110

REFERRAL TO

Gynaecology - UrogynaecologyF2J
FV Urogynaecology Service
— **Consultant / receiving practitioner** and/or **specialty clinic**

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR
— **Hospitaland hospital address**

Hospital location code.
V217H

Urgency of Referral **Urgent Urogynaecology Referral** was referred last year but due to IT issues referral wasnt sent

Administrative Information
Please indicate suitability for Near Me or Telephone consult (preference Near Me):Suitable for a Phone Consultation
Patient has special requirements:No

PATIENT DETAILS

Surname	Clarke
Forename(s)	Alexandra
Title	- Sex Female
Previous Surname	-
Date of birth	27-May-1965
CHI no.	2705655441

Patient's address
3 Bramble Avenue
Kinnaird Village
LARBERT
FK5 4ZL

Contact number(s)
Voice: 07955 399034

REFERRING PRACTITIONER DETAILS

Name: Dr. Michael Baillie (GMC: 4369925)
Practice: Stenhouse Practice (25597)
Phone: Voice: 01324 570570

Practice address:
Stenhousemuir Health Centre
Park Drive
Stenhousemuir
FK5 3BB

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: incontinence

Examinations and Investigations

Vesicare (Solifenacin) 5mg :	Yes	-
Betmiga (Mirabegron) 50mg:	No	-
Toviaz (Fesoterodine) 4mg:	No	-
Tolterodine 2mg b.d:	No	-
Please give details of any drug medication:	Has tried medication but still having symptoms of stress incomitance. offered alt medication to try but wishes to be seen FV employee. available short notice was seen last summer but due to IT issues referral didn't send. Can she bee seen for review or happy to take advice if appropriate.	-
Findings on physical examination:	Normal	-

Investigations

Date of last smear: 2018-12-20 -

Patient Measurements

Diastolic	Systolic	Height	Weight	BMI	Date Recorded
135	82				11-Nov-2021
128	84				03-Oct-2016
118	75				30-Aug-2016
			65.3		11-Nov-2021
		158	62.1	24.88	30-Aug-2016

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Medical history

Pre-existing Conditions (High Priority)

Description	Laterality	Modifier	Extension	Date Started
[D]Impaired glucose tolerance	-	-	-	15-May-2020
[X]Depressive episode, unspecified	-	-	+ anxiety	12-Aug-2016
Infertility - female	-	-	-	06-Nov-1984

Past Procedures (High priority)

Description	Laterality	Extension	Date Recorded
Hormone replacement therapy	-	-	13-May-2016

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	Drug code	Formulation	Dosage	Frequency	Last Issued	
Fluoxetine Hydrochloride Capsules 20 mg	0403030E0AAAAAA	112 CAPSULE	TWO TO BE TAKEN EACH MORNING	-	-	-

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	Drug code	Formulation	Dosage	Frequency		
Otomize Spray	120101050BCAAAB	1*1 spray	2 SPRAYS BD	-	-	42 Days
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	28 capsule	ONE TO BE TAKEN EACH MORNING	-	-	42 Days
Co-Codamol 30/500 Tablets	0407010F0AAAHAH	100 TABLET	ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN	-	-	-
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	28 capsule	ONE TO BE TAKEN EACH MORNING	-	-	28 Days

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Clinical warnings

Smoking status: Number per day: ?(not known)

Description	Comment	Date Recorded
Ex smoker	-	11-Nov-2021
Cigarette smoker, 15 cigarettes/day	-	10-Aug-2017
Current smoker	-	10-Aug-2017
Not interested in stopping smoking	-	30-Aug-2016
Cigarette smoker, 20 cigarettes/day	-	30-Aug-2016

Alcohol status: Units per day: ?(not known)

Exercise status: Not Known

Additional relevant information

Signature of referring doctor (or other professional) **Date** 24-Jun-2022

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Patient Name: CLARKE, Sandra DOB: 27-May-1965 CHI No: 2705655441

Emergency Discharge Letter (Authorised)

FVRH Emergency Department
Stirling Road
Larbert
Larbert
Stirlingshire
FK5 4WR

Dept. Contact Details:

M Baillie
Stenhouse Practice
Stenhousemuir Health Centre
Park Drive
Stenhousemuir
Larbert
FK5 3BB

CHI Barcode: 2705655441

Date of Completion: 10-Nov-2021

GP Practice

GP Name:	M Baillie	**GP GMC:**	4369925
GP Practice Address:	Stenhouse Practice Stenhousemuir Health Centre Park Drive Stenhousemuir Larbert FK5 3BB	**GP Practice Code:** **GP Clinic Code:** **GP Telephone:**	4369925/25597 25597/1 01324 570570

Patient Demographics

Patient Name:	CLARKE, Sandra	**Date Of Birth:**	27-May-1965
Patient Address:	3 BRAMBLE AVENUE Larbert Stirlingshire FK5 4ZL	**Gender:** **CHI No:**	Female 2705655441
Telephone No:	01324 810034		

Admission Details

Patient Location:	FVRH Emergency Department	**Admission Date:**	07-Nov-2021
Admission Care Provider:	Dr Joanne Mitchell	**Admission Time:**	14:49
Source Of Admission:	999 Emergency Services		

Presenting Complaint

chest pain

Diagnosis

Diagnosis	Site	Laterality
ED diagnosis - Redirection - ED nurse redirection (as per policy)		

Procedures

No Procedure Results

Medications

Nil records exist

Discharge Details

Discharge Type:	Admitted	**Discharge Date:**	07-Nov-2021
		Discharge Time:	15:35

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Patient Name: CLARKE, Sandra DOB: 27-May-1965 CHI No: 2705655441

Discharge Destination:	Admission to same NHS healthcare provider / hospital - Other Ward
Referred To:	

Notes for GP

Person completing record

Name:	Dr Laura Muir	**Specialty:**	
Designation or role:	Doctor	**Date completed:**	10-Nov-2021

Distribution List

Recipient Name	Recipient Type	Recipient Organisation
M Baillie	GP	Stenhouse Practice

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NHS
Forth Valley

CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA			UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT			
CONSULTANT: P/N Diane O'Hara		DOB: 27/05/1965	SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: P/N Diane O'Hara, Stenhousemuir Health Centre			SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: sweats/poor memory		COPY DETAILS: Copy Report. First Printed: 27/10/2021 at 23:05	

DATE / TIME OF COLLECTION	LABORATORY NUMBER								
		Duration of Collection	Urine VOLUME ml	Urine CREATININE 8.4-22 mmol/24h	CREATININE CLEARANCE 85-165 ml/min	Urine 5 HIAA 0-42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 903 nmol/24h	Urine DOPAMINE less than 3366 nmol/24h
DATE / TIME OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY 850m/KgH2O	Urine SODIUM mmol/24h	Urine POTASSIUM mmol/24h	Urine UREA 160-500 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 15-40 mmol/24h	Urine URATE 1.5-4.5 mmol/24h	

14/05/20 12:00	525596F	Ferritin	24	ug/L	(15 - 200)
		Folate	4.8	ug/L	(3.0 - 20.0)
		Vitamin B12	877	ng/L	(187 - 883)
12/02/21 11:05	910486H	Ferritin	11	ug/L	(15 - 200)
		Folate	5.1	ug/L	(3.0 - 20.0)
		Vitamin B12	762	ng/L	(187 - 883)
01/04/21 09:00	986583B	Ferritin	37	ug/L	(15 - 200)
27/10/21 12:44	648282A	Ferritin	22	ug/L	(15 - 200)
		Folate	8.4	ug/L	(3.0 - 20.0)
		IgA	1.89	g/L	(0.80 - 4.00
		IgG	11.7	g/L	(6.0 - 16)
		IgM	1.50	g/L	(0.40 - 2.40
		S Electrophoresis	NPI		
		Vitamin B12	839	ng/L	(187 - 883)
27/10/21 12:44	648282A	S Electrophoresis No paraprotein or immunosuppression detected.			

File Permanently Page 1 of 1	Date of Report 29/10/2021 23:05

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Scottish Breast Screening Programme
South East of Scotland Breast Screening Centre
Part of NHS Lothian
Ardmillan House
42 Ardmillan Terrace
Edinburgh
EH11 2JL
0131 537 7400
Lothian.breastscreening@nhs.net

Dear Doctor,

Alexandra Clarke 2705655441

Attended for Breast Screening on 11-11-2021. Result was normal.

Yours sincerely,

Janet Clarke
Lead Clinician

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NHS
Forth Valley

CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA
UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT
CONSULTANT: P/N Diane O'Hara
DOB: 27/05/1965
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: P/N Diane O'Hara, Stenhousemuir Health Centre
SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: sweats/poor memory
COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.5-6 mmol/l	BLOOD GAS Specimen type	[NH] 36-43 nmol/l	pCO_2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO_2 10.5-13.5 kPa	INSPIRED OXYGEN %
07/01/21 09:00	841617R	09.00	4.7						
21/05/21 10:12	376630P	10.12	6.0						

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO_2 22-29 mmol/l	OSMOLALITY 275-295 mosmol/kg H2O	SODIUM 133-146 mmol/l	POTASSIUM 3.5-5.3 mmol/l	CHLORIDE 95-108 mmol/l	UREA 2.5-7.8 mmol/l	CREATININE 40-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
15/06/19 16:00	266513P			136	4.3	104	3.0	61	>59
14/05/20 12:00	525596F			140	4.2	106	3.0	70	>59
12/02/21 11:05	910486H			137	4.4	104	4.3	67	>59
21/05/21 10:12	376640X			141	4.6	107	3.6	72	>59
27/10/21 12:44	648282A			141	4.0	105	4.4	69	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 100 iu/l 37°C	AST 0-45 iu/l 37°C	ALT 0-55 iu/l 37°C	BILIRUBIN up to 21 µmol/l	TOTAL PROTEIN 60-80 g/l	ALBUMIN 35-50 g/l	ALKALINE PHOSPHATASE 30 - 130) iu/l 37°C	YGT 0-40 (female) iu/l 37°C
14/05/20 12:00	525596F		17	16	3	71	44	99	
12/02/21 11:05	910486H		17	16	3	67	40	97	
21/05/21 10:12	376640X		16	16	4	69	43	107	
27/10/21 12:44	648282A		18	19	4	71	42	107	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 10-35 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.2-2.60 mmol/l	CORRECTED CALCIUM 2.2-2.60 mmol/l	PHOSPHATE 0.8-1.50 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 140-360 (female) µmol/l	CK(Total) 25-200 (female) iu/l 37°C
21/05/21 10:12	376640X			2.27	2.26	1.21			
27/10/21 12:44	648282A			2.27	2.27	1.40			

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.35-5.00 mu/l	FREE T4 9.0-21.0 pmol/l	FREE T3 3.0-6.0 pmol/l	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are risk dependent	H.D.L. >1.2 mmol/l (female)	L.D.L. mmol/l target levels are risk dependent
14/05/20 12:00	525596F	0.70							
12/02/21 11:05	910486H	0.95							
21/05/21 10:12	376640X	1.15							
27/10/21 12:44	648282A	1.34							

15/06/19 16:00	266513P	C-Reactive Prot.	**<5** mg/L
12/02/21 11:05	910486H	C-Reactive Prot.	**<5** mg/L
21/05/21 10:12	376640X	C-Reactive Prot.	**<5** mg/L
27/10/21 12:44	648282A	C-Reactive Prot.	**<5** mg/L
27/10/21 12:44	648282A	Alk. Phosphatase ALP Ref. Limit for patients <30 days old is 0-380 iu/L ALP Ref. Limit for patients <17 years old is 0-425 iu/L ALP Ref. Limit for adults (>17 years) is 0-130 iu/L	

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CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA
UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT
CONSULTANT: P/N Diane O'Hara
DOB: 27/05/1965
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: P/N Diane O'Hara, Stenhousemuir Health Centre
SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: sweats/poor memory
COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 8.4-22 mmol/24h	CREATININE CLEARANCE 85-165 ml/min	Urine 5 HIAA 0-42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 702 nmol/24h	Urine DOPAMINE less than 3366 nmol/24h

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY 'osm/KgH2O	Urine SODIUM mmol/24h	Urine POTASSIUM mmol/24h	Urine UREA 180-500 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 15-50 mmol/24h	Urine URATE 1.5-4.5 mmol/24h

14/05/20 12:00	525596F	Ferritin	24	ug/L	(15 - 200)
		Folate	4.8	ug/L	(3.0 - 20.0)
		Vitamin B12	877	ng/L	(187 - 883)
12/02/21 11:05	910486H	Ferritin	11	ug/L	(15 - 200)
		Folate	5.1	ug/L	(3.0 - 20.0)
		Vitamin B12	762	ng/L	(187 - 883)
01/04/21 09:00	986583B	Ferritin	37	ug/L	(15 - 200)
27/10/21 12:44	648282A	Ferritin	22	ug/L	(15 - 200)
		Folate	8.4	ug/L	(3.0 - 20.0)
		IgA	1.89	g/L	(0.80 - 4.00
		IgG	11.7	g/L	(6.0 - 16)
		IgM	1.50	g/L	(0.40 - 2.40
		S Electrophoresis	REQ		
		Vitamin B12	839	ng/L	(187 - 883)

Filing Range from: 27/10/2021 to: 14/05/2020 Page 1 of 1
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CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA
UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT
CONSULTANT: Dr Michael Baillie
DOB: 27/05/1965
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr Michael Baillie, Stenhousemuir Health Centre
SAMPLE TYPE OF LATEST SPECIMEN: Fluoride Oxalate
CLINICAL DETAILS REFERRING TO LATEST REQUEST: bloods
COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.5-6 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO2 10.5-13.5 kPa	%SPIRED OXYGEN %
21/05/21 10:12	376639P	10.12	6.0						
07/11/21 15:05	670751Y	15.05	5.1						
22/06/22 11:16	390149T	11.16	4.6						

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO2 22-29 mmol/l	OSMOLALITY 275-295 mosm/kg H2O	SODIUM 133-146 mmol/l	POTASSIUM 3.5-5.3 mmol/l	CHLORIDE 95-108 mmol/l	UREA 2.5-7.8 mmol/l	CREATININE 40-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
21/05/21 10:12	376640X			141	4.6	107	3.6	72	>59
27/10/21 12:44	648282A			141	4.0	105	4.4	69	>59
07/11/21 15:05	670753A			140	4.0	105	4.1	67	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 100 IU/l 37°C	AST 0-45 IU/l 37°C	ALT 0-55 IU/l 37°C	BILIRUBIN up to 21 µmol/l	TOTAL PROTEIN 60-80 g/l	ALBUMIN 35-50 g/l	ALKALINE PHOSPHATASE 30 - 130) IU/l 37°C	YGT (1-40 female) IU/l 37°C
21/05/21 10:12	376640X		16	16	4	69	43	107	
27/10/21 12:44	648282A		18	19	4	71	42	107	
07/11/21 15:05	670753A	56	17	16	6	74	43	106	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 10-35 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.2-2.60 mmol/l	CORRECTED CALCIUM 2.2-2.60 mmol/l	PHOSPHATE 0.8-1.50 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 140-360 (female) µmol/l	CK(Total) 25-200 (female) IU/l 37°C
21/05/21 10:12	376640X			2.27	2.26	1.21			
27/10/21 12:44	648282A			2.27	2.27	1.40			

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.35-5.00 mU/l	FREE T4 9.0-21.0 pmol/l	FREE T3 3.0-6.0 pmol/l	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are risk dependent	H.D.L. >1.2 mmol/l (female)	L.D.L. mmol/l target levels are risk dependent
21/05/21 10:12	376640X	1.15							
27/10/21 12:44	648282A	1.34							

21/05/21 10:12	376640X	C-Reactive Prot.	<5 mg/L
27/10/21 12:44	648282A	C-Reactive Prot.	<5 mg/L
07/11/21 15:05	670753A	C-Reactive Prot.	<5 mg/L

Filing Range from: 22/06/2022 to: 21/05/2021 Page 1 of 1
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Name: SANDRA , CLARKE CHI NUMBER: 2705655441

Accession Number : V213739671301

NHS Forth Valley

RADIOLOGY REPORT- FORTH VALLEY ROYAL HOSPITAL

CHI NUMBER:	2705655441	Examination Number:	37396713
Name:	SANDRA , CLARKE	DOB:	27 May, 1965
Address:	3 BRAMBLE AVENUE LARBERT		
Examination:	CT Head		
Examination Date:	12/07/2022	Examination Time:	08.10
Dictating Radiologist:	null		
Referring Consultant:	BAILLIE DR MICHAEL GP		
Referring Dept/Location	BAILLIE MICHAEL STENHOUSE MP		

Clinical Indication:

Clinical Details :
FV distirct nurse 6 m hfeeling of buzzing in head also affecting balance has some cerebeallr signs diff with past pointing and rombergs +ve and heel to walking v poor can we exclude icl
Provisional Diagnosis :
To exclude inter cranial lesion

Report :

Clinical Reason:Buzzing in the head worse balance cerebellar signs

CT Head

[redacted]Normal scan.
No focal intracranial abnormality.

Verified by:
Grant Baxter
Consultant Radiologist
GMC2837396
Reported Created: 12/07/2022 15:42:55

Report not checked by Forth Valley Radiologist. Scanned at the Golden Jubilee Hospital as part of the Waiting List Initiative.

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NHS Forth Valley Haematology

NHS Forth Valley

Patient	Patient Ref. Number
CLARKE, SANDRA 3 BRAMBLE AVENUE LARBERT	2705655441
	Date Of Birth 27/05/1965 Sex F

Doctor/Location	Consultant/GP	Date/Time Specimen Received
Stenhousemuir Health Centre Dr Michael Baillie	Dr Michael Baillie	22/06/2022 14:13

Clinical Data: bloods
Sample Type: Blood

HbA1c IFCC 43 mmol/mo (a)
(a) Target for good Diabetic Control is 48-59 mmol/mol

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/L

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.

R.B.C. x10^{12}/L	P.C.V.	M.C.V. fl	M.C.H. pg	M.C.H.C. g/L	E.S.R. mm/1hr	Retics. x10 %L	Report Date/Time
							22/06/2022 22:24

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
			Miscellaneous	929601	22/06/2022 11:16

Lab Ref: STEN - CROO

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/L)	4 - 10	4 - 10
Red Cell Count (x10^{12}/L)	4.4 - 5.5	3.8 - 4.8
Haemoglobin (g/L)	133 - 170	120 - 150
Packed Cell Volume	0.4 - 0.5	0.36 - 0.46
Mean Cell Volume (fl)	83 - 101	83 - 101
Mean Cell Haemoglobin (pg)	27 - 32	27 - 32
MCH Concentration (g/L)	315 - 345	315 - 345
Platelet Count (x10^9/L)	150 - 410	150 - 410

CHILDREN (M & F)	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS
WBC (x10 ^{9}/L)	10 - 26	6 - 16	5 - 10	5 - 13
RBC (x10^{12}/L)	5 - 6	3.9 - 5.1	4 - 5.2	4 - 5.2
Hb (g/L)	140 - 220	111 - 141	110 - 140	115 - 155
Platelets	150 - 450	200 - 550	200 - 490	170 - 450

Differential White Cell Count: (as absolute counts, x 10^9/L)

	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS	ADULT
Neutrophils	4 - 14	1 - 7	1.5 - 8	2 - 8	2 - 7
Lymphocytes	3 - 8	3.5 - 11	6 - 9	1 - 5	1 - 3
Monocytes	0.5 - 2	0.2 - 1	0.2 - 1	0.2 - 1	0.2 - 1
Eosinophils	0.1 - 1	0.1 - 1	0.1 - 1	0.1 - 1	0.02 - 0.5
Basophils					0.02 - 0.1

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Forth Valley
Microbiology

SURNAME	FORENAME	UNIT No.
CLARKE 3 BRAMBLE AVENUE LARBERT	SANDRA	2705655441
	DATE OF BIRTH: 27/05/1965	SEX: F

CONSULTANT: Dr Michael Baillie
WARD: Dr Michael Baillie 56987
G.P.: Stenhousemuir Health Centre

CLINICAL DATA: Pos blood Leucocytes

Red Blood Cells (ul) :147
White Blood Cells (ul) :217
Epithelial Cells (ul) :6

Urine Culture
Escherichia coli >100,000 orgs./ml

Trimethoprim S
Amp/Amoxicillin S
Nitrofurantoin S
Pivmecillinam S
Gentamicin S

Normal Ranges
Red Blood Cells 0 - 40 /ul
White Blood Cells >400/ul and negative culture is considered sterile pyuria.
White Blood Cells >40 and <400/ul with a negative culture, consider further investigation if clinically indicated.

EXAMINATION	LAB No.	AUTHORISED	
Urine exam	MU593570C	Auto authorised	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Midstream specimen of Urine	29/07/2022	29/07/2022	31/07/2022

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Patient Name: CLARKE, Sandra DOB: 27-May-1965 CHI No: 2705655441

Emergency Discharge Letter (Authorised)

FVRH Emergency Department
Stirling Road
Larbert
Larbert
Stirlingshire
FK5 4WR

Dept. Contact Details:

M Baillie
Stenhouse Practice
Stenhousemuir Health Centre
Park Drive
Stenhousemuir
Larbert
FK5 3BB

CHI Barcode: 2705655441

Date of Completion: 15-Jul-2022

GP Practice

GP Name:	M Baillie	**GP GMC:**	4369925
GP Practice Address:	Stenhouse Practice Stenhousemuir Health Centre Park Drive Stenhousemuir Larbert FK5 3BB	**GP Practice Code:** **GP Clinic Code:** **GP Telephone:**	4369925/25597 25597/1 01324 570570

Patient Demographics

Patient Name:	CLARKE, Sandra	**Date Of Birth:**	27-May-1965
Patient Address:	3 Bramble Avenue Larbert Stirlingshire FK5 4ZL	**Gender:** **CHI No:**	Female 2705655441
Telephone No:	01324 810034		

Admission Details

Patient Location:	FVRH Emergency Department	**Admission Date:**	15-Jul-2022
Admission Care Provider:	Dr Alice Drysdale	**Admission Time:**	17:51
Source Of Admission:	999 Emergency Services		

Presenting Complaint

chest pain

Diagnosis

Diagnosis	Site	Laterality
ED injury - soft tissue - Ligament strain		

Procedures

No Procedure Results

Medications

Nil records exist

Discharge Details

Discharge Type:	With follow up by Primary Care team	**Discharge Date:** **Discharge Time:**	15-Jul-2022 20:09

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Patient Name: CLARKE, Sandra DOB: 27-May-1965 CHI No: 2705655441

Discharge Destination: Private Residence - Usual place of residence

Referred To:

Notes for GP

This community nurse came with pain in left arm.
Did not have any pain in chest.
No injury or strain.
Normal movements and sensations.
Her ECG did not show anything acute and her trop was normal.
She was allowed home with worsening advice, and followup with primary care if required

Person completing record

Name:	Dr Chaudhry Aqueel Safdar	**Specialty:**	
Designation or role:	Doctor	**Date completed:**	15-Jul-2022

Distribution List

Recipient Name	Recipient Type	Recipient Organisation
M Baillie	GP	Stenhouse Practice

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Alexandra Clarke

FAO Dr Baillie

Holly Horsley (NHS Forth Valley) <holly.horsley@nhs.scot>
Thu 03/11/2022 09:12
To: fv gp25597stenhousec (NHS Forth Valley) <fv.gp25597stenhousecli@nhs.scot>
FAO Dr Baillie ,

Thank you for referring AC 2705655441 to Pelvic Health Physiotherapy for management of Stress dominant mixed urinary incontinence; assuming there are no contraindications would you please consider deprescribing the Solifenacin at the 10mg dose for her to trial for 6-8 weeks? The lower dose was ineffective but did not give any side effects.

I feel she may also benefit from the Contiform intravaginal urethral support device which can reduce the incidence of urinary incontinence particularly during physical activity. I wondered if you would consider prescribing a Contiform starter pack for her?

Contiform is available from Pioneer Medical Europe Ltd. The NHS code for the starter pack of three sizes is SKU184 and is listed under the IXB of the drug tariff. The patient will then need a repeat prescription for a replacement device of the appropriate size (not a starter pack). The device should last around 3 months at a cost of around 28p per day and the patient can inform the practice of the size required.

Contiform Starter Pack	PIP code 375-5808
Contiform Small	PIP code 375-5824
Contiform Medium	PIP code 375-5840
Contiform Large	PIP code 375-5865

Kind Regards,

Holly Horsley
Pelvic Health Physiotherapy Team Lead
Contact via Microsoft teams or email holly.horsley@nhs.scot (Tues- Fri)
OR 01786 434 061 (Thurs/ Fri only)

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Department of Oral & Maxillofacial Surgery
CT3: Dr Emma Carr
Tel: 01324 566360/01324 566364

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Dr D Scott Edwards
Dental Surgeon
The Village Dental Surgery
2 a/b The Wynd
Cumbernauld
G67 3SU

Date Dictated: 08/11/2022
Date Typed: 15/11/2022
Our Ref: EC/AMcK
CHI: 2705655441

Dear Dr Edwards

Sandra Clarke DOB: 27-05-1965
3 Bramble Avenue Larbert FK5 4ZL

Thank you for your referral of this patient. She was seen within the OMFS clinic on 8th November 2022.

Reason for referral:
Ulceration lower lip

History of presenting complaint:
The patient reports a 2 to 3 month history of ulceration affecting the lower labial mucosa. At present this is asymptomatic and does not give the patient any problems. She tells me today that when her ulcer comes it can sometimes take months to heal. There is no family history of ulcers and she has never been bothered by them before.

Medical history:
Includes sciatica which she takes Fluoxetine and Cocodamol. She has no known drug allergies.

Social history:
She is a staff nurse in the community. She was a previous smoker, smoking 20 cigarettes a day for 40 years and stopped 1.5 years ago. She drinks alcohol occasionally.

On examination:
On examination today extraoral was unremarkable. The intraoral soft tissues showed normal anatomy of the lower labial mucosa and the small lumps the patient is feeling is likely to be minor saliva glands. On the right labial mucosa there appeared to be around a 1 to 2mm polyp like lesion and there was also one present on the left buccal mucosa adjacent to the commissure of the lip. As these two polyp like lesions were so small we discussed with the patient that removal would likely cause scarring which would be more problematic than the polyps themself. As the patient is currently experiencing no problems from them, they do not bother her we agreed that it is best to leave them at present.

Chair: Janie McCusker
Chief Executive: Cathie Cowan

NHS Forth Valley
Headquarters: Carseview House, Castle Business Park, Stirling, FK9 4SW

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Also present today was a healing ulcer on the left buccal mucosa adjacent to the commissure of the lip, however this had no sinister features.

Given the fact that there was no sinister features today the following treatment plan has been made:

1. The patient has had bloods to check haematinics.
2. She has been booked for a telephone review to inform her of the results of the bloods.
3. There is no further follow up regarding the bumps on the lower labial mucosa as this is likely part of her normal anatomy.

We shall keep you updated with the results. Should you require any additional information please do not hesitate to get in contact.

Kind regards

Yours sincerely

Dictated and electronically checked by:

Dr Emma Carr
Dental Core Trainee 3 in Oral and Maxillofacial Surgery

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NHS Forth Valley
Microbiology

SURNAME	FORENAME	UNIT No.
CLARKE 3 BRAMBLE AVENUE LARBERT	SANDRA	2705655441
	DATE OF BIRTH: 27/05/1965	SEX: F

CONSULTANT: Dr Michael Baillie
WARD: Dr Michael Baillie 56987
G.P.: Stenhousemuir Health Centre

CLINICAL DATA: Repeat Test Post Antibiotic

```
Red Blood Cells (ul)          :0
White Blood Cells (ul)        :2
Epithelial Cells (ul)         :27

Urine Culture
  Urine microscopy indicates no culture required.

Normal Ranges
Red Blood Cells   0 - 40 /ul
White Blood Cells >400/ul and negative culture is
                  considered sterile pyuria.
White Blood Cells >40 and <400/ul with a negative culture,
                   consider further investigation if
                   clinically indicated.
```

EXAMINATION	LAB No.	AUTHORISED	
Urine exam	MU594709T	Vanessa Grant	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Midstream specimen of Urine	04/08/2022	04/08/2022	04/08/2022

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Department of Oral & Maxillofacial Surgery
CT3: Dr Niall McInnes
Tel: 01324 566360/01324 566364

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Dr D Scott Edwards
Dental Surgeon
The Village Dental Surgery
2 a/b The Wynd
Cumbernauld
G67 3SU

Date Dictated: 24/11/2022
Date Typed: 30/11/2022
Our Ref: NMcI/AMcK
CHI: 2705655441

Dear Dr Edwards

Sandra Clarke DOB: 27-05-1965
3 Bramble Avenue Larbert FK5 4ZL

We reviewed Ms. Clarke by telephone call in the oral and maxillofacial out-patient department following completion of haematinics. We previously reviewed Mrs Clarke regarding prominent labial salivary glands and a history of oral ulceration. The patient at that time had no active ulceration and still has not active ulceration. Haematinics were done to investigate potential cause for ulceration, however all results came back normal. I reassured the patient regarding the previous clinical findings in addition to the normal blood tests. In view of this there is no need for active oral maxillofacial follow up. We would be grateful if you could continue to see the patient for ongoing dental needs and continue to assess her soft tissue should any significant changes in clinical picture present please feel free to re-refer.

Yours sincerely

Dictated and electronically checked by:

Dr Niall McInnes
Dental Core Trainee 3 in Oral and Maxillofacial Surgery

CC:

Mrs Sandra Clarke
3 Bramble Avenue
Larbert
Stirlingshire
FK5 4ZL

Chair: Janie McCusker
Chief Executive: Cathie Cowan

NHS Forth Valley
Headquarters: Carseview House, Castle Business Park, Stirling, FK9 4SW

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Re: FAO Dr Baillie

Holly Horsley (NHS Forth Valley) <holly.horsley@nhs.scot>
Wed 04/01/2023 17:42
To: fv gp25597stenhousec (NHS Forth Valley) <fv.gp25597stenhousecli@nhs.scot>

Hi Dr Baillie,

Unfortunately, Sandra has not found the 10mg Solifenacin helpful and was unable to insert any of the contiform devices, she reports her symptoms have worsened. I think we are likely heading for a Urogynaecology referral and Urodynamics in the near future which I can arrange; before that happens can she please have further medication trials as per the protocol?

I am planning to ring her in 8 weeks and see how her symptoms are.

Many thanks,

Holly Horsley
Pelvic Health Physiotherapy Team Lead
Contact via Microsoft teams or email holly.horsley@nhs.scot (Tues- Fri)
OR 01786 434 061 (Thurs/ Fri only)

From: Holly Horsley (NHS Forth Valley)
Sent: 03 November 2022 09:12
To: fv gp25597stenhousec (NHS Forth Valley) <fv.gp25597stenhousecli@nhs.scot>
Subject: FAO Dr Baillie

FAO Dr Baillie ,

Thank you for referring AC 2705655441 to Pelvic Health Physiotherapy for management of Stress dominant mixed urinary incontinence; assuming there are no contraindications would you please consider deprescribing the Solifenacin at the 10mg dose for her to trial for 6-8 weeks? The lower dose was ineffective but did not give any side effects.

I feel she may also benefit from the Contiform intravaginal urethral support device which can reduce the incidence of urinary incontinence particularly during physical activity. I wondered if you would consider prescribing a Contiform starter pack for her?

Contiform is available from Pioneer Medical Europe Ltd. The NHS code for the starter pack of three sizes is SKU184 and is listed under the IXB of the drug tariff. The patient will then need a repeat prescription for a replacement device of the appropriate size (not a starter pack). The device should last around 3 months at a cost of around 28p per day and the patient can inform the practice of the size required.

Contiform Starter Pack	PIP code 375-5808
Contiform Small	PIP code 375-5824
Contiform Medium	PIP code 375-5840
Contiform Large	PIP code 375-5865

Kind Regards,

Holly Horsley
Pelvic Health Physiotherapy Team Lead
Contact via Microsoft teams or email holly.horsley@nhs.scot (Tues- Fri)

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OR 01786 434 061 (Thurs/ Fri only)

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NHS Forth Valley
Physiotherapy Service
Pelvic Health

NHS Forth Valley

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Date: 08/03/2023
Our Ref: HH
CHI: 2705655441

Dear <<MERGEFIELD>><<MERGEFIELD>>Dr Reilly/ Dr Misra,

Sandra Clarke DOB: 27-05-1965
3 Bramble Avenue Larbert FK5 4ZL

Could this lady please be reviewed with a view to discuss her options for treatment of her persisting stress dominant mixed urinary incontinence; ICIQ 18, requiring 3 (4 drop) Tena pads daily.

This lady was referred to Uro-gynaecology June 2022 and the referral was redirected to pelvic Health physiotherapy where she has been attending from November. Treatment to date has included medication trials of Solifenacin (5/ 10mg) Betmiga (50mg), Contiform (failed trial as unable to insert), PFMT, bladder drill and weight loss advice. The Betmiga did reduce her urinry 'flooding' episodes but the side effects were intolerable and the SUI unchanged. Sandra is now keen to discuss her options.

Yours sincerely

Dictated and electronically checked by:

Holly Horsley
Physiotherapist

Physiotherapy Service, NHS Forth Valley

For NHS Forth Valley physiotherapy appointments and queries contact:-

- Physiotherapy Department, Stirling Community Hospital, Livilands, Stirling FK8 2AU
  Tel: 01786 434061

Chair: Janie McCusker
Chief Executive: Cathie Cowan

NHS Forth Valley
Headquarters: Carseview House, Castle Business Park, Stirling, FK9 4SW

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NHS Forth Valley Haematology

NHS Forth Valley

Patient	Patient Ref. Number
CLARKE, SANDRA 3 BRAMBLE AVENUE LARBERT	2705655441
	Date Of Birth 27/05/1965 Sex F

Doctor/Location	Consultant/GP	Date/Time Specimen Received
Stenhousemuir Health Centre Dr Michael Baillie	Dr Michael Baillie	21/06/2023 13:44

Clinical Data: repeat bloods
Sample Type: Blood

HbA1c IFCC 43 mmol/mo (a)
(a) Target for good Diabetic Control is 48-59 mmol/mol

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/L

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.

R.B.C. x10^{12}/L	P.C.V.	M.C.V. fl	M.C.H. pg	M.C.H.C. g/L	E.S.R. mm/1hr	Retics. x10 %L	Report Date/Time
							21/06/2023 22:24

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
			Miscellaneous	814263	21/06/2023 11:05

Lab Ref: STEN - CROO

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/L)	4 - 10	4 - 10
Red Cell Count (x10^{12}/L)	4.4 - 5.5	3.8 - 4.8
Haemoglobin (g/L)	133 - 170	120 - 150
Packed Cell Volume	0.4 - 0.5	0.36 - 0.46
Mean Cell Volume (fl)	83 - 101	83 - 101
Mean Cell Haemoglobin (pg)	27 - 32	27 - 32
MCH Concentration (g/L)	315 - 345	315 - 345
Platelet Count (x10^9/L)	150 - 410	150 - 410

CHILDREN (M & F)	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS
WBC (x10^9/L)	10 - 26	6 - 16	5 - 10	5 - 13
RBC (x10^{12}/L)	5 - 6	3.9 - 5.1	4 - 5.2	4 - 5.2
Hb (g/L)	140 - 220	111 - 141	110 - 140	115 - 155
Platelets	150 - 450	200 - 550	200 - 490	170 - 450

Differential White Cell Count: (as absolute counts, x 10^9/L)

	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS	ADULT
Neutrophils	4 - 14	1 - 7	1.5 - 8	2 - 8	2 - 7
Lymphocytes	3 - 8	3.5 - 11	6 - 9	1 - 5	1 - 3
Monocytes	0.5 - 2	0.2 - 1	0.2 - 1	0.2 - 1	0.2 - 1
Eosinophils	0.1 - 1	0.1 - 1	0.1 - 1	0.1 - 1	0.02 - 0.5
Basophils					0.02 - 0.1

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Urgent Outpatient Clinic Note

Name: **Sandra Clarke**
CHI: **2705655441**

NHS Forth Valley

Registered GP Name: BAILLIE, MICHAEL
Registered GP Practice: Stenhouse Practice

Clinic attended: Gynaecology

Clinic (From PAS): Gynaecology Mon PM
Date/Time of clinic: Mon 18 Sep 2023 15:20
Lead clinician for clinic: Dr Sonika Misra UroGyn

Presenting Complaint, Investigations, Results, Diagnosis:

mixed UI
attended physio
on med treatment
no huge improvement in symptoms
advice to add mirabegron to toviaz
referred to UD

[redacted]

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: Sonika Misra on Mon 18 September 2023 at 10:19
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

NHS Forth Valley

Form: OPTCN545310, for CHI: 2705655441, generated by: Sonika Misra on 18/09/2023 10:19:57

Urgent Outpatient Clinic Note: Sandra Clarke / 2705655441

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Urgent Outpatient Clinic Note

NHS Forth Valley

Name: **Sandra Clarke**
CHI: **2705655441**

Registered GP Name: BAILLIE, MICHAEL
Registered GP Practice: Stenhouse Practice

Clinic attended: Gynaecology

Clinic (From PAS): Uro Dynamics - SN Donna McAinsh
Date/Time of clinic: Thu 02 Nov 2023 10:00
Lead clinician for clinic: Uro Dynamics

Presenting Complaint, Investigations, Results, Diagnosis:

Referred with MUI. currently taking Tolterodine 4mgs and Betmiga 25mgs without success. ICIQ - 18/21. Reports being wet when moves

Urodynamic studies
Consultant: referred by physio
Urinalysis:neg
Uroflometry
Able to void: yes
Voided time:4.6s
Time to max flow:1.8s
Max flow rate (ml/s):34.2
Voided volume(ml):110.3
Post voided Residual (ml):0
Filling Cystometry
Rate (ml/min):50
First sensation (mls):
Normal desire (mls):243.8
Strong desire (mls):450.8
Detrusor overactivity: no
Stress leaks: yes
Voiding phase
Time to max flow (min:s):16.9
Voided volume (ml):598.2
Post voided residual (ml):0
Impression: significant SUI on coughing when standing, no OAB demonstrated. Can increase Betmiga to 50mgs while awaiting follow up appointment

[redacted]

No (new, stop or alter) medication recommendation(s) entered/recorded

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: Donna McAinsh on Thu 02 November 2023 at 12:26
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

Urgent Outpatient Clinic Note: Sandra Clarke / 2705655441

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NHS Forth Valley Haematology

NHS Forth Valley

Patient		Patient Ref. Number	
CLARKE, SANDRA 3 BRAMBLE AVENUE LARBERT		2705655441	
		Date Of Birth 27/05/1965	Sex F

Doctor/Location	Consultant/GP	Date/Time Specimen Received
Stenhousemuir Health Centre Dr Dawn Harrington	Dr Dawn Harrington	09/02/2024 15:57

Clinical Data: LMP 10y Mirena Stress
Sample Type: Blood

HbA1c IFCC 41 mmol/mo (a)
(a) Target for good Diabetic Control is 48-59 mmol/mol

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/L

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.
3.90	2.00	0.50	0.30	0.10					0.00

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/L	E.S.R. mm/1hr	Retics. x10 %L	Report Date/Time
5.05	0.428	84.8	26.9	318			9Feb24 22:24

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
136	6.8	335	Miscellaneous	552442	09/02/2024 10:17

Lab Ref: STEN - CROO

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/L)	4 - 10	4 - 10
Red Cell Count (x10^{12}/L)	4.4 - 5.5	3.8 - 4.8
Haemoglobin (g/L)	133 - 170	120 - 150
Packed Cell Volume	0.4 - 0.5	0.36 - 0.46
Mean Cell Volume (fl)	83 - 101	83 - 101
Mean Cell Haemoglobin (pg)	27 - 32	27 - 32
MCH Concentration (g/L)	315 - 345	315 - 345
Platelet Count (x10^9/L)	150 - 410	150 - 410

CHILDREN (M & F)	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS
WBC (x10^9/L)	10 - 26	6 - 16	5 - 10	5 - 13
RBC (x10^{12}/L)	5 - 6	3.9 - 5.1	4 - 5.2	4 - 5.2
Hb (g/L)	140 - 220	111 - 141	110 - 140	115 - 155
Platelets	150 - 450	200 - 550	200 - 490	170 - 450

Differential White Cell Count: (as absolute counts, x 10^9/L)

	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS	ADULT
Neutrophils	4 - 14	1 - 7	1.5 - 8	2 - 8	2 - 7
Lymphocytes	3 - 9	3.5 - 11	6 - 9	1 - 5	1 - 3
Monocytes	0.5 - 2	0.2 - 1	0.2 - 1	0.2 - 1	0.2 - 1
Eosinophils	0.1 - 1	0.1 - 1	0.1 - 1	0.1 - 1	0.02 - 0.5
Basophils					0.02 - 0.1

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
11-Nov-2024

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2705655441 CHI No: 2705655441 *101034752148I*

Unique Care Pathway Number: 101034752148I

REFERRAL TO

Ear, Nose & Throat (ENT)C5
FV Head and Neck Cancer
— **Consultant / receiving practitioner** and/or **specialty clinic**

Forth Valley Cancer Services
NHS Forth Valley
— **Hospital** and **hospital address**

Hospital location code.
V001G

Urgency of Referral **Urgent - Suspected Cancer (Head and Neck)**

Administrative Information
Please indicate suitability for Near Me or Telephone consult (preference Near Me):Unknown
Patient has special requirements:No

PATIENT DETAILS

Surname	Clarke
Forename(s)	Alexandra
Title	- Sex Female
Previous Surname	-
Date of birth	27-May-1965
CHI no.	2705655441

Patient's address
3 Bramble Avenue
Kinnaird Village
LARBERT
FK5 4ZL

Contact number(s)
Voice: 07955 399034

REFERRING HCP DETAILS

Name:	Michael Baillie
Organisation name:	Stenhouse Practice (25597) (25597)
Specialty:	- (-)

Organisation address
Stenhousemuir Health Centre
Park Drive
Stenhousemuir
FK5 3BB
Voice: 01324 570570

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: throat discomfort voice changes

Comment: is one of outr district nursing team. Has had a 5-6 week history , perhaps longer of a sore throat focussing on the right hand side of the chest. Has had issues with voice. ex smoker now vapes. Nil seen worried has throat ca.
Nil to see convinced herself that she has throat ca. could we exclude a sinister cuase. One course of abs hasn't helped
triedon pen v today
away - 1 12 to 8th dec . funeral 21 22 nd oct

Examinations and Investigations

Hoarseness > 3 weeks:	Yes	-
Persistent throat discomfort in a smoker or drinker:	Yes	-
Patient understanding::	Patient has been told that referring clinician feels that cancer is unlikely but still warrants exclusion	-
Performance Status:	No numerical value	-

Patient Measurements

Diastolic	Systolic	Height	Weight	BMI	Date Recorded
146	85				09-Jul-2024
160	90				21-Mar-2024
128	84				29-Feb-2024
138	84				27-Feb-2024
135	82				11-Nov-2021
		160	66.8	26.09	09-Jul-2024
			65.3		11-Nov-2021
		158	62.1	24.88	30-Aug-2016

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Medical history

Pre-existing Conditions (High Priority)

Description	Laterality	Modifier	Extension	Date Started
[D]Prediabetes	-	-	-	29-Feb-2024
[X]Depressive episode, unspecified	-	-	+ anxiety	12-Aug-2016
Infertility - female	-	-	-	06-Nov-1984

Past Procedures (High priority)

Description	Laterality	Extension	Date Recorded
Hormone replacement therapy	-	-	13-May-2016

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	Drug code	Formulation	Dosage	Frequency	Last Issued	
Tolterodine Tartrate M/R capsules 4 mg	-	56 capsule	ONE DAILY	-	-	-
Co-Codamol 30/500 Tablets	0407010F0AAAHAH	100 TABLET	ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN REQUIRED FOR PAIN	-	-	-
Fluoxetine Hydrochloride Capsules 20 mg	0403030E0AAAAAA	112 CAPSULE	TWO TO BE TAKEN EACH MORNING	-	-	-

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	Drug code	Formulation	Dosage	Frequency		
Phenoxymethylpenicillin Tablets 250 mg	0501011P0AAAJAJ	56 tablet	TWO TO BE TAKEN FOUR TIMES A DAY	-	-	7 Days
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	28 capsule	ONE TO BE TAKEN EACH MORNING	-	-	42 Days

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Clinical warnings

Description	Comment	Date Recorded
Ex smoker	-	09-Jul-2024
Ex smoker	-	21-Mar-2024
Ex smoker	-	11-Nov-2021
Cigarette smoker, 15 cigarettes/day	-	10-Aug-2017
Current smoker	-	10-Aug-2017

Description	Comment	Date Recorded
Alcohol consumption, 0 units/week	-	09-Jul-2024

Exercise status: Not Known

Additional relevant information

Signature of referring doctor (or other professional) **Date** 11-Nov-2024

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NHS
Forth Valley

CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA		UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT		
CONSULTANT: Dr Dawn Harrington	DOB: 27/05/1965	SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr Dawn Harrington, Stenhousemuir Health Centre		SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: LMP 10y Mirena Stress	COPY DETAILS	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 8.4-22 mmol/24h	CREATININE CLEARANCE 85-150 ml/min	Urine 5 HIAA 0-42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 902 nmol/24h	Urine DOPAMINE less than 3356 nmol/24h

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/KgH2O	Urine SODIUM mmol/24h	Urine POTASSIUM mmol/24h	Urine UREA 160-500 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 15-50 mmol/24h	Urine URATE 1.5-4.5 mmol/24h

07/11/21 15:05	670752P	Troponin I	<5	ng/L	
15/07/22 18:27	431982F	Troponin I	<5	ng/L	
08/11/22 11:31	645289B	Ferritin	19	ug/L	(15 - 200)
		Folate	3.8	ug/L	(3.0 - 20.0)
		Vitamin B12	923	ng/L	(187 - 883)
09/02/24 10:17	795718G	25 OH Vitamin D	72	nmol/l	
		Ferritin	33	ug/L	(15 - 200)
		Folate	5.3	ug/L	(3.0 - 20.0)
		Vitamin B12	850	ng/L	(187 - 883)
09/02/24 10:17	795718G	25 OH Vitamin D >50 adequate.	Total 25OH Vit D: <25 deficient, 25-50 insufficient,		

File Permanently Page 1 of 1 | Date of Report 09/02/2024 23:05

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CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA			UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT			
CONSULTANT: Dr Dawn Harrington	DOB: 27/05/1965	SEX: Female	
WARD AND HOSPITAL / GENERAL PRACTICE: Dr Dawn Harrington, Stenhousemuir Health Centre		SAMPLE TYPE OF LATEST SPECIMEN: Serum	
CLINICAL DETAILS REFERRING TO LATEST REQUEST: LMP 10y Mirena Stress	COPY DETAILS: Copy Report. First Printed: 09/02/2024 at 23:05		

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 8.4-22 mmol/24h	CREATININE CLEARANCE 85-160 ml/min	Urine 5 HIAA 0-42 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 900 nmol/24h	Urine DOPAMINE less than 3300 nmol/24h

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/KgH2O	Urine SODIUM mmol/24h	Urine POTASSIUM mmol/24h	Urine UREA 160-500 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 15-50 mmol/24h	Urine URATE 1.5-4.5 mmol/24h

07/11/21 15:05	670752P	Troponin I	<5	ng/L	
15/07/22 18:27	431982F	Troponin I	<5	ng/L	
08/11/22 11:31	645289B	Ferritin	19	ug/L	(15 - 200)
		Folate	3.8	ug/L	(3.0 - 20.0)
		Vitamin B12	923	ng/L	(187 - 883)
09/02/24 10:17	795718G	Ferritin	33	ug/L	(15 - 200)
		Folate	5.3	ug/L	(3.0 - 20.0)
		FSH	80.2	U/L	
		LH	24.7	U/L	
		Vitamin B12	850	ng/L	(187 - 883)
09/02/24 10:17	795718G	FSH	Post-pubertal female follicular FSH 3-8 U/L LH 2-13 U/L		

File Permanently	Page 1 of 1	Date of Report	10/02/2024 14:06

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Scottish Breast Screening Programme
South East of Scotland Breast Screening Centre
Part of NHS Lothian
Ardmillan House
42 Ardmillan Terrace
Edinburgh
EH11 2JL
0131 537 7400
Lothian.breastscreening@nhs.net

Dear Doctor,

Alexandra Clarke 2705655441

Attended for Breast Screening on 10-12-2024. Result was normal.

Yours sincerely,

Janet Clarke
Lead Clinician

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CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA
UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT
CONSULTANT: Dr Dawn Harrington
DOB: 27/05/1965
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr Dawn Harrington, Stenhousemuir Health Centre
SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: LMP 10y Mirena Stress
COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.5-6 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO2 10.5-13.5 kPa	INSPIRED OXYGEN %
07/11/21 15:05	670751Y	15.05	5.1						
22/06/22 11:16	390140T	11.16	4.6						

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO2 22-29 mmol/l	OSMOLALITY 275-295 mosmol/kg H2O	SODIUM 133-146 mmol/l	POTASSIUM 3.5-5.3 mmol/l	CHLORIDE 95-108 mmol/l	UREA 2.5-7.8 mmol/l	CREATININE 40-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
07/11/21 15:05	670753A			140	4.0	105	4.1	67	>59
15/07/22 18:27	431981P			139	3.6	104	3.5	66	>59
08/11/22 11:31	645289B			140	4.6	103	4.1	71	>59
09/02/24 10:17	795718G			141	4.2	103	4.2	66	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 100 iu/l 37°C	AST 0-45 iu/l 37°C	ALT 0-55 iu/l 37°C	BILIRUBIN up to 21 µmol/l	TOTAL PROTEIN 60-80 g/l	ALBUMIN 35-50 g/l	ALKALINE PHOSPHATASE 30 - 130 iu/l 37°C	γGT 0-40 (female) iu/l 37°C
07/11/21 15:05	670753A	56	17	16	6	74	43	106	
08/11/22 11:31	645289B		15	12	4	74	44	109	
09/02/24 10:17	795718G		18	19	5	73	45	102	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 10-35 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.2-2.60 mmol/l	CORRECTED CALCIUM 2.2-2.60 mmol/l	PHOSPHATE 0.8-1.50 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 140-360 (female) µmol/l	CK(Total) 25-200 (female) iu/l 37°C
09/02/24 10:17	795718G			2.27	2.23	1.24			

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.36-5.00 mu/l	FREE T4 9.0-21.0 pmol/l	FREE T3 3.0-6.0 pmol/l	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l (target levels are risk dependent	HDL-C >1.2 mmol/l (female)	LDL-C mmol/l (target levels are risk dependent
09/02/24 10:17	795718G	1.11							

07/11/21 15:05	670753A	C-Reactive Prot.	**<5** mg/L
15/07/22 18:27	431981P	C-Reactive Prot.	**<5** mg/L
08/11/22 11:31	645289B	C-Reactive Prot.	**<5** mg/L
09/02/24 10:17	795718G	Alk. Phosphatase ALP Ref. Limit for patients <30 days old is 0-360 iu/L ALP Ref. Limit for patients <17 years old is 0-425 iu/L ALP Ref. Limit for adults (>17 years) is 0-130 iu/L	

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Date of Report 09/02/2024 22:02

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17/2	152/96	P85
18/2	140/88	P80
20/2	140/88	P86
21/2 Feb 2024	134/88	P105
24/2/24	114/79	P99
25/2/24	148/96	P80
26/2	144/94	P89
27/2	148/94	P86.

2705655441
Clarke, Alexandra
27/05/1965 F
3 Bramble Avenue
Kinnaird Village
FK5 4ZL
Diane Ohara
Stenhouse Medical Practice
00B0380
25597

healthier scotland
SCOTTISH GOVERNMENT

[redacted]

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Ear, Nose & Throat Department
Consultant ENT Surgeon: Hitesh Tailor
Tel: 01324 566920

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Dr A Cheema
Stenhouse Practice
Stenhousemuir Health Centre
Park Drive
Stenhousemuir
FK5 3BB

Date Dictated: 10/12/2024
Date Typed: 19/12/2024
Our Ref: HT/CMacF
CHI: 2705655441

Dear Dr A Cheema

Sandra Clarke DOB: 27-05-1965
3 Bramble Avenue Larbert FK5 4ZL

Thank you for referring this 59 year old Staff Nurse who works in the Community. She reports a FOSSIT sensation on the right side of her throat which occasionally is like broken glass but is more of a discomfort every time she swallows. She is eating and drinking fine otherwise. She is an ex-smoker having stopped three years ago and now currently vapes. She drinks only occasional alcohol.

Examination of the oral cavity showed a small ulcer on the under surface of the right tongue of which she says comes and goes. The remainder of the oral cavity was normal. Neck exam and fibre optic nasoendoscopy was also normal which I have demonstraled to her on the stack.

I have reassured her of these findings and she has been discharged. If this changes or progresses, please refer back to us.

Yours sincerely

Dictated and electronically checked by:

Hitesh Tailor
Consultant ENT Surgeon

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NHS
Forth Valley

CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA
UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT
CONSULTANT: Dr Dawn Harrington
DOB: 27/05/1965
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: Dr Dawn Harrington, Stenhousemuir Health Centre
SAMPLE TYPE OF LATEST SPECIMEN: Fluoride Oxalate
CLINICAL DETAILS REFERRING TO LATEST REQUEST: LMP 10y Mirena Stress
COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.5 - 6 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO2 10.5-13.5 kPa	%SPIRED OXYGEN %
22/06/22 11:16	390149T	11.16	4.6						
09/02/24 10:17	795717G	10.17	5.5						

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO2 22-29 mmol/l	OSMOLALITY 275-295 mosm/kg H2O	SODIUM 133-146 mmol/l	POTASSIUM 3.5-5.3 mmol/l	CHLORIDE 95-108 mmol/l	UREA 2.5-7.8 mmol/l	CREATININE 40-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
07/11/21 15:05	670753A			140	4.0	105	4.1	67	>59
15/07/22 18:27	431981P			139	3.6	104	3.5	66	>59
08/11/22 11:31	645289B			140	4.6	103	4.1	71	>59
09/02/24 10:17	795718G			141	4.2	103	4.2	66	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 100 iu/l 37°C	AST 0-45 iu/l 37°C	ALT 0-55 iu/l 37°C	BILIRUBIN up to 21 µmol/l	TOTAL PROTEIN 60-80 g/l	ALBUMIN 35-50 g/l	ALKALINE PHOSPHATASE 30 - 130 iu/l 37°C	YGT 8-40 (female) iu/l 37°C
07/11/21 15:05	670753A	56	17	16	6	74	43	106	
08/11/22 11:31	645289B		15	12	4	74	44	109	
09/02/24 10:17	795718G		18	19	5	73	45	102	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 10-35 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.2-2.60 mmol/l	CORRECTED CALCIUM 2.2-2.60 mmol/l	PHOSPHATE 0.8-1.50 mmol/l (12-69 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 140-360 (female) µmol/l	CK(Total) 25-200 (female) iu/l 37°C
09/02/24 10:17	795718G			2.27	2.23	1.24			

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.35-5.00 mu/l	FREE T4 9.0-21.0 pmol/l	FREE T3 3.0-6.0 pmol/l	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are sex dependant	HDLL >1.2 mmol/l (female)	LDL mmol/l target levels are sex dependant
09/02/24 10:17	795718G	1.11							

07/11/21 15:05	670753A	C-Reactive Prot.	**<5**	mg/L
15/07/22 18:27	431981P	C-Reactive Prot.	**<5**	mg/L
08/11/22 11:31	645289B	C-Reactive Prot.	**<5**	mg/L

Filing Range from: 09/02/2024 to: 07/11/2021 Page 1 of 1
Date of Report: 09/02/2024 22:02

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Adult Disability Payment: Supporting information request

You have received this request because someone applying for Adult Disability Payment£has asked Social Security Scotland to contact you on their behalf. We need you to confirm the applicant£s conditions, disability or needs. You do not need to include a diagnosis. We would like you to provide this supporting information within 28 days of receiving it. The quicker you respond, the sooner we can provide disability assistance if the applicant is entitled to it. If you cannot provide this information within 28 days, call us free on 0800 182 2222.

For the attention of: Name: Organisation:

The applicant has authorised us to approach you to provide supporting information for their case.

The applicant has also given permission for another person in your organisation to complete this request if they hold the information to do so.

Claimant / Patient:

CHI: 2705655441
Alexandra Clarke
Date of Birth: 27-May-1965

3 BRAMBLE AVENUE
FK5 4ZL

Applicant (if different from subject):

Name: Alexandra Clarke
Relationship: Client

Is this patient known to you?

Patient is [X] Known to me [ ] NOT known to me

Your Details

Fill in your details if you are the professional completing this form.

Your name:	Dr. Waqar Ashraf Cheema
Registration Code:	6119511
Registration Scheme:	GmcCode
Organisation name:	Stenhouse Practice (25597)
Organisation adress:	Stenhousemuir Health Centre Park Drive Stenhousemuir FK5 3BB

Supporting Information

Please answer the following questions. Use the box below to tell us what you know. Can you please confirm this clients conditions, including any being investigated or uncontrolled symptoms? Can you please confirm this clients medication and any treatments or referrals they are currently undergoing or waiting for?

Please answer in the box below.

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Knee Joint pain
Pre diabetes
Depression
Stress
Migraines
Urinary stress incontinence
On Tolterodine, Co Codamol, fluoxetine and lansoprazole

Harmful Information

If you are aware of potentially harmful information You should tell us any information that might be harmful to the applicant or appointee. For example, a prognosis that the applicant has not been told about or test results that have not been discussed yet. For Social Security Scotland to be able to withhold the information, a registered medical practitioner or a registered nurse would have to certify that the information would be likely to cause serious harm to the health of the applicant. Anything you write in this box will not be shared with the applicant, even if they ask for a copy of this form.

Please answer in the box below.

N/A

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Completing this form

How to complete a supporting information request

The applicant has identified you as a professional who can provide information to support their application for Adult Disability Payment. We have used information the applicant gave us to decide which questions to ask you. We need you to answer these questions with as much detail as you can. We do not expect you to answer questions outside of your area of expertise. Please provide this supporting information within 28 days of receiving it. If you cannot provide this information within 28 days, call us free on 0800 182 2222 as soon as possible. Our opening times are Monday to Friday, 8am to 6pm.

How your supporting information helps us

We use the supporting information you provide to: confirm what the applicant has told us in their application understand the impact their conditions or disability have on their daily life We will review the supporting information you provide, together with any other supporting documents. Once we have made a decision, we£ll contact the applicant to let them know.

If you cannot complete this form

If you are unable to provide this information, but there is someone else at your practice who is involved in the care or support of the applicant, you can ask them to complete this form.

Harmful information

You should use the Harmful Information section to tell us any information about their health that the applicant is not aware of. This protects the applicant from discovering information that could have a harmful effect. For example, a prognosis that the applicant has not been told about or test results that have not been discussed yet. Withholding harmful information from the applicant will only be possible if a registered medical practitioner or a registered nurse certifies that the information would be likely to cause serious harm to the health of the applicant.

Information governance

We have an information-sharing agreement with your organisation. This enables us to legally share information about applications to Social Security Scotland. You can find out more at socialsecurity.gov.scot. We are looking for information to support an application for Adult Disability Payment. We have the applicant£s authorisation to contact you about their application.

Contact us

Contact us

If you have any questions or concerns about this supporting information request, call us free on 0800 182 2222. Our opening times are Monday to Friday, 8am to 6pm.

If you cannot complete this form

If you do not have enough information to complete this form, you can tell us about someone else who can help.

Add the name, role and organisation of another professional involved in the client's care below. Any information you can give us is helpful, even if you cannot complete the full details.

We phone the applicant to confirm before we approach any new contacts.

Name:	
Role:	
Organisation:	
Contact Details:	
Name:	
Role:	
Organisation:	
Contact Details:	
Name:	

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Role:

Organisation:

Contact Details:

Fee

Fee payable: £33.50

Fee claim: [X] I am claiming the fee above [ ] I am NOT claiming the fee above

Confirm and sign

I declare that the information on this form is correct, complete and up to date as far as I know and believe. [X]

Your signature: Dr. Waqar Ashraf Cheema

Date: 07-May-2025

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RADIOLOGY REPORT - FORTH VALLEY ROYAL HOSPITAL

Booking No:- 40111364 **Exam Date:**- 12/03/2025

Patient:- CLARKE SANDRA

CHI:- 2705655441

PATIENT ADDRESS:- 3 Bramble Avenue, Larbert, Stirlingshire, FK5 4ZL

Date of Birth:- 27/05/1965 **Sex:**- Female

Referring Consultant:- HARLEY, DOREEN, ANP STENHOUSE PRACTICE
Referring Department:- HARLEY, DOREEN, ANP STENHOUSE PRACTICE

Reported as part of the Scottish National Radiology Reporting Service

Clinical Indications
Clinical Details :
ongoing and increasing pain to right knee, some swelling if doesnt support with knee brace, pain - worse at night, ability to walk even short distances is reducing
Provisional Diagnosis :
advancing osteoarthritis

XR Knee Rt

Mild medial and patellofemoral compartment osteoarthritis. This has progressed slightly compared with 15/06/2021.

Reported by
Dr Greg O'Neill
Consultant Radiologist
GMC 3691593
NHS Greater Glasgow & Clyde
Email- snrrs@gjnh.scot.nhs.uk

Verified on 15/03/2025

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
31-Mar-2026

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2705655441 CHI No: 2705655441

101039526643C
Unique Care Pathway Number: 101039526643C

REFERRAL TO

CardiologyA2
FV ECG Cardiology
— **Consultant / receiving practitioner** and/or **specialty clinic**

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR
— **Hospital** and **hospital address**
Hospital location code.
V217H

Urgency of Referral **Routine ECG Cardiology Referral**

Administrative Information
Please indicate suitability for Near Me or Telephone consult (preference Near Me):Unknown
Age in Years:60
Patient has special requirements:No

PATIENT DETAILS

Surname	Clarke
Forename(s)	Alexandra
Title	- Sex Female
Previous Surname	-
Date of birth	27-May-1965
CHI no.	2705655441

Patient's address
3 Bramble Avenue
Kinnaird Village
LARBERT
FK5 4ZL

Contact number(s)
Voice: 07955 399034

REFERRING HCP DETAILS

Name:	Susan Davis
Organisation name:	Stenhouse Practice (25597) (25597)
Specialty:	- (-)

Organisation address
Stenhousemuir Health Centre
Park Drive
Stenhousemuir
FK5 3BB
Voice: 01324 570570

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: New diagnosis of hypertension

Comment: New HTN diagnosis, on amlodipine 5mg OD. Is a District Nurse Community.

Examinations and Investigations

Murmur present:	Not Recorded	-
Is a 12 lead ECG:	Not done	-
Recent CXR:	Not done	-
FBC:	Not Recorded	-
Urea and Electrolytes:	Not Recorded	-
LFT:	Not Recorded	-
TFT:	Not Recorded	-
Lipid Profile:	Not Recorded	-
Glucose:	Not Recorded	-

Patient Measurements

Diastolic	Systolic	Height	Weight	BMI	Date Recorded
160	85				23-Mar-2026
146	85				09-Jul-2024
160	90				21-Mar-2024
128	84				29-Feb-2024
138	84				27-Feb-2024
		160	66.8	26.09	09-Jul-2024
			65.3		11-Nov-2021
		158	62.1	24.88	30-Aug-2016

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Medical history

Pre-existing Conditions (High Priority)

Description	Laterality	Modifier	Extension	Date Started
Essential hypertension	-	-	-	23-Mar-2026
[D]Prediabetes	-	-	-	29-Feb-2024
[X]Depressive episode, unspecified	-	-	+ anxiety	12-Aug-2016
Infertility - female	-	-	-	06-Nov-1984

Past Procedures (High priority)

Description	Laterality	Extension	Date Recorded
Hormone replacement therapy	-	-	13-May-2016

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	Drug code	Formulation	Dosage	Frequency	Last Issued	
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	56 capsule	ONE TO BE TAKEN EACH MORNING	-	-	-
Viveca Biomed Contrelle Activgard Vaginal Insert For Stress Incontinence Size 1, V010001P30, 30 devices + applicator	-	2*1 device	AS DIRECTED	-	-	-
Estradiol Pessaries 10 micrograms	-	24 PESSARY	INSERT ONE TWICE A WEEK	-	-	-
Tolterodine Tartrate M/R capsules 4 mg	-	56 capsule	ONE DAILY	-	-	-
Co-Codamol 30/500 Tablets	0407010F0AAAHAH	100 TABLET	ONE OR TWO TO BE TAKEN UP TO A MAXIMUM OF FOUR TIMES A DAY WHEN	-	-	-

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				REQUIRED FOR PAIN		
Fluoxetine Hydrochloride Capsules 20 mg	0403030E0AAAAAA	112 CAPSULE		TWO TO BE TAKEN EACH MORNING	-	- -

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	Drug code	Formulation	Dosage	Frequency	
Amlodipine Tablets 5 mg	-	28 Tablet(s)	ONE TO BE TAKEN EACH MORNING	- -	28 Days

Clinical warnings

Description	Comment	Date Recorded
Ex smoker	-	09-Jul-2024
Ex smoker	-	21-Mar-2024
Ex smoker	-	11-Nov-2021
Cigarette smoker, 15 cigarettes/day	-	10-Aug-2017
Current smoker	-	10-Aug-2017
Description	**Comment**	**Date Recorded**
Alcohol consumption, 0 units/week	-	09-Jul-2024

Exercise status: Not Known

Additional relevant information

Signature of referring doctor (or other professional) **Date** 31-Mar-2026

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Outpatient Clinic Note + Med Recommendation(s)

NHS Forth Valley

Name: **Sandra Clarke**
CHI: **2705655441**

Registered GP Name: CHEEMA, AAMNAH
Registered GP Practice: Stenhouse Practice

Clinic attended: Gynaecology

Clinic (From PAS): Dr Eileen Reilly UroGyn
Date/Time of clinic: Mon 05 May 2025 15:35
Lead clinician for clinic: Dr Eileen Reilly UroGyn

Presenting Complaint, Investigations, Results, Diagnosis:

c/o stress incontinence

[redacted]

Authorised prescriber? Yes, I am an authorised prescriber
Clinician making recommendation(s): Eileen Reilly
Designation: Consultant

[redacted]

(NEW) Recommendation 1 of 1: ESTRADIOL

Form:	Vaginal Tablets
Strength:	10 micrograms
Dose:	10 mcg
Freq/Duration:	pv nocte x 2/week
Supplied by Hospital?	No
Included in FV Formulary?	Yes
SMC approved?	Yes
Licenced for indication?	Yes

0 Follow Up action(s):

No 'follow up' info recorded/entered

Further Info:

No 'further info' recorded/entered

Form completed by: Eileen Reilly on Mon 05 May 2025 at 16:03
Form sent to: Primary and secondary care document management system(s), eg. Docman and EDMS

NHS Forth Valley

Form: OPTCN819234, for CHI: 2705655441, generated by: Eileen Reilly on 05/05/2025 16:03:09

Outpatient Clinic Note with Med Recommendation(s): Sandra Clarke / 2705655441

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GMS NO: 2705655441 27/05/1965
CRN: F
Sandra CLARKE
3 BRAMBLE AVENUE

LANCASTER
PR5 4ZL

5/5/25

RE: [Patient name, DOB and address, NHS Number]
I have been treating the above patient for symptoms of stress urinary incontinence / pelvic floor dysfunction. She is adhering to a programme of pelvic floor exercises, and we have followed a conservative treatment pathway. However, she still leaks at times of exercise or exertion
To help [patient name] we are using the Contrelle Activgard bladder support in conjunction with pelvic floor exercises. This is demonstrating positive clinical outcomes in stopping bladder leakage in women with stress urinary incontinence.
Contrelle Activgard is an intravaginal device for female stress urinary incontinence. Intravaginal devices are supported by NICE 2021 guidance for non-surgical management of Pelvic Floor Dysfunction. Prescribing Contrelle Activgard will allow the patient to remain active with minimal leakage. Intravaginal devices can also contribute to improvements in quality of life and mental wellbeing and prevent the need for use of pads or further intervention, such as surgery.
Either paragraph, delete as appropriate.
We have been working on strengthening the patients pelvic floor muscles as part of the continued management plan. However, for symptom management I do think the patient would benefit from the use of Contrelle, which we have initiated. Please prescribe the device as outlined below to continue with symptom management of their urinary incontinence.
or
We have been working on strengthening the patients pelvic floor muscles as part of the continued management plan. However, for symptom management I think the patient would benefit from the use of Contrelle, which we have initiated and the patient has trialled all sizes and found the right size for the level of support required and her anatomy.

In order to support with the on-going care of this patient please continue to prescribe the following:
Sizing Kit: Product code: V01SP /
PIP no: 4232427 Snomed 41407911000001105
Size 1: Product code: V010001P30/
Pharmacy PIP no: 4232377. (30 unit pack) Snomed 41407311000001109

Size 2: Product code: V010002P30/.
Pharmacy PIP no: 4232401 (30 unit pack) Snomed 41407S11000001103

Size 3: Product code: V010003P30/
Pharmacy PIP no: 4232385 (30 unit pack) Snomed 41407711000001108

The cost is approximately £1.81 per device.
Yours sincerely
[Your Name]

Sheila

Icing away
Friday night

[redacted]

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Patient Name: Alexandra Clarke
CHI: 2705655461

Steroid Injection Checklist

NHS Forth Valley

Working Diagnosis: OA Knee. Right

Total number of injections to this site 0

CONTRAINDICATIONS: *Issues identified with a X, expand in comments section if required*

Current infection / Generally unwell ☐ Allergy or issues with prior injection ☐ Previous infection in joint to be injected ☐
Pregnant or breast feeding ☐ History of Myasthenia Gravis ☐ PVD/circulation issues at injection site ☐
Haemarthrosis or bleeding disorder ☒ Unstable or prosthetic joint ☐ Recent trauma of area to be injected ☐
History of Tuberculosis ☐ Patient Under 18 ☐ Comments: _____

*For Lidocaine (**Contraindications** - Hypovolaemia, Arrhythmia, Heart block ☐ **Precautions** - Bradycardia, Resp.depression)* ☐

PRECAUTIONS/CONSIDER ADVICE

Poor diabetic control – HbA1c_____ ☐ 2 weeks pre/ post Vaccination ☐ Lymph node removal / lymphoedema in limb ☐
Previous steroid induced myopathy ☐ Recent intestinal anastomoses ☐ Severe organ failure/impairment ☐
Immunosuppression (Medication/Disease) ☐ Uncontrolled hypertension ☐ Predisposition to thrombophlebitis ☐
Other allergies/history of anaphylaxis ☐ Congestive heart failure ☐ Osteomyelitis within the limb to be injected ☐
Severe diverticular disease ☐ Anxious patient ☐ Epilepsy ☐ Osteoporosis ☐ Glaucoma ☐
Severe affective disorder (steroid induced psychosis) ☐, Comments: _____

MEDICATIONS: (Refer to PGDs):

For **Corticosteroids** - Anti-coagulation therapy, Ciclosporin, Ritonavir, Insulin or oral hypoglycaemic agents, Concurrent or previous long term oral steroids, Enzyme inducers e.g. anti-epileptics, rifampicin ☐

For **Lidocaine** – beta-blockers, Cimetidine, Anti-arrhythmics, anti-psychotics, antivirals, Ondansetron, Tropisetron, diuretics ☐

ACTIONS

Patient information leaflet issued ☐ Treatment options discussed ☑ Possible side effects / complications discussed ☑
Appropriate PGD applied and considered ☐ PMH & Drug Hx checked ☐ Patient retained for 20mins ☐
Steroid card issued ☐

PATIENT CONSENT

I have read and understood the information leaflet. The benefits and risks of Corticosteroid/local anaesthetic injection have been explained including a temporary suppression of my immune system. I confirm I do not have any of the exclusions listed. Aftercare advice on what I should do and what I should avoid in the way of exercise and rest has been provided.

If I am concerned about any serious/unusual side effects or adverse reactions, I will contact the injecting therapist or other health professional. If I develop signs of infection I will seek immediate medical attention, alerting the clinician to the details of my injection. I have disclosed all relevant information accurately and truthfully.

Signature: [signature] Name (please print): A. CLARKE Date: _____

INJECTION

Site Injected: R Knee Drug: Kenalog Dose: 40mg Batch: 8106115 Expiry: 09.2027
Safety aspiration performed: ☑ Technique: (Aseptic / (Sterile) Delivery: (Peppering / (Bolus)

POST INJECTION

Advice and follow up: Rest 2/7, Recommence HEP, R/v 4/52
Adverse event (Yes / (No) Details: _____

Clinician name / Grade: BT Signed: [signature] Date: 29.6.25

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EVERYONE MATTERS: 2020 WORKFORCE VISION

NHS SCOTLAND

155/94 16/3/26

155/90 17/3/26

143/84 18/3/26

2705655441
Clarke, Alexandra Scan to
27/05/1965 F FK5 4ZL
3 Bramble Avenue
Kinnaird Village
Sister Beattie - Records
Stenhouse Medical Practice V2DWD Y25597

150/88 22/3/26 AM.

169/98 22/3/26 pm

148/91 headache

www.workforcevision.scot.nhs.uk

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SCOTTISH GOVERNMENT

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Gynaecology Department
Consultant: Dr Eileen Reilly
Tel: 01324 566234

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Uro-Gynaecology Clinic - Monday 5th May 2025

Dr A Cheema
Stenhouse Practice
Stenhousemuir Health Centre
Park Drive
Stenhousemuir
FK5 3BB

Date Dictated: 05/05/2025
Date Typed: 09/05/2025
Our Ref: ER/LL
CHI: 2705655441

Dear Dr A Cheema

Sandra Clarke DOB: 27-05-1965
3 Bramble Avenue Larbert FK5 4ZL

I reviewed Sandra who is a 59 year old nurse who has been bothered with urinary incontinence for quite a while. She had urodynamics performed in November 2023 and sadly has been waiting for a return appointment to discuss the results of this.

She is currently on Tolterodine and is no longer taking Mirabegron. She describes mixed urinary incontinence but stress incontinence appears to be the main issue. Certainly her urodynamics showed urodynamic stress incontinence with a stable bladder with a maximum capacity of almost 600mls.

She tried HRT recently but had to stop this due to anxiety. She found that her bladder problems were much better with it. She is an ex smoker of 20 cigarettes per day and 4 years ago she started to vape instead.

On examination her BMI is 26 with a current weight of 65kgs. There was no prolapse evident today. There was obvious stress incontinence on coughing. This was cured by inserting the contrelle intravaginal device, size 1. Her bladder diary shows that she voids 5 times during the day with a maximum void of 400mls and she gets up once at night which would be consistent with stress incontinence rather than overactive bladder. Her ICIQ score is 18 out 21.

I discussed her options for stress incontinence and she is willing to give the contrelle device a try and I'd be grateful if you could prescribe this for her before she goes on holiday this weekend for her 60th birthday. I discussed the other surgical options including Bulkamid, colposuspension or a sling procedure. She is keen to be considered for Bulkamid bladder neck injections and I will take her case to the next MDT to be discussed. If the team agree we will list her for this.

Kind regards,

Yours sincerely

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Dictated and electronically checked by:

Dr Eileen Reilly
Consultant Gynaecologist

CC:

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Gynaecology Department
Consultant: Dr Eileen Reilly
Tel: 01324 566234

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Mrs Sandra Clarke
3 Bramble Avenue
Larbert
Stirlingshire
FK5 4ZL

Date Dictated: 24/07/2025
Date Typed: 30/07/2025
Our Ref: ER/LL
CHI: 2705655441

Dear Mrs Clarke

I am sorry for the delay in writing to you.

I just wanted to let you know that your case was discussed at our Multidisciplinary Uro-Gynaecology Team Meeting and the group are happy to support your request for Bulkamid bladder neck injections for stress incontinence.

Your name has been placed on our waiting list and I hope the Contrelle device is helping meantime.

Kind regards,

Yours sincerely

Dictated and electronically checked by:

Dr Eileen Reilly
Consultant Gynaecologist

CC:
Dr A Cheema
Stenhouse Practice
Stenhousemuir Health Centre
Park Drive
Stenhousemuir
FK5 3BB

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Louise Westwater/Lisa Russell
Waiting Times Dept
Health Records Dept
Forth Valley Royal Hospital

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NHS Forth Valley Haematology

NHS Forth Valley

Patient		Patient Ref. Number	
CLARKE, SANDRA 3 BRAMBLE AVENUE LARBERT		2705655441	
		Date Of Birth 27/05/1965	Sex F

Doctor/Location	Consultant/GP	Date/Time Specimen Received
Stenhousemuir Health Centre P/N Susan Davis	P/N Susan Davis	31/03/2026 17:54

Clinical Data: New HTN diagnosis — Sample Type: Blood

HbA1c IFCC 43 mmol/mo (a)
(a) Target for good Diabetic Control is 48-59 mmol/mol

DIFFERENTIAL W.B.C. COUNT ALL x 10^9/L

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Meta.	Myelocytes	*	Blasts	N.R.B.C.
2.40	1.60	0.40	0.10	0.10					0.00

R.B.C. x10^{12}/L	P.C.V.	M.C.V.fl	M.C.H. pg	M.C.H.C. g/L	E.S.R. mm/1hr	Retics. x10 %L	Report Date/Time
5.25	0.436	83.0	26.3	317			31/03/2026 22:24

Hb g/L	W.B.C. x 10^9/L	Plt. x 10^9/L	Investigation	Lab. Number	Collection Date/Time
138	4.5	372	Miscellaneous	459615	31/03/2026 10:45

Lab Ref: STEN - CROO

Full Blood Count Reference Ranges:

ADULTS	MALE	FEMALE
White Cell Count (x10^9/L)	4 - 10	4 - 10
Red Cell Count (x10^{12}/L)	4.4 - 5.5	3.8 - 4.8
Haemoglobin (g/L)	133 - 170	120 - 150
Packed Cell Volume	0.4 - 0.5	0.36 - 0.46
Mean Cell Volume (fl)	83 - 101	83 - 101
Mean Cell Haemoglobin (pg)	27 - 32	27 - 32
MCH Concentration (g/L)	315 - 345	315 - 345
Platelet Count (x10^9/L)	150 - 410	150 - 410

CHILDREN (M & F)	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS
WBC (x10^9/L)	10 - 26	6 - 16	5 - 10	5 - 13
RBC (x10^{12}/L)	5 - 6	3.9 - 5.1	4 - 5.2	4 - 5.2
Hb (g/L)	140 - 220	111 - 141	110 - 140	115 - 155
Platelets	150 - 450	200 - 550	200 - 490	170 - 450

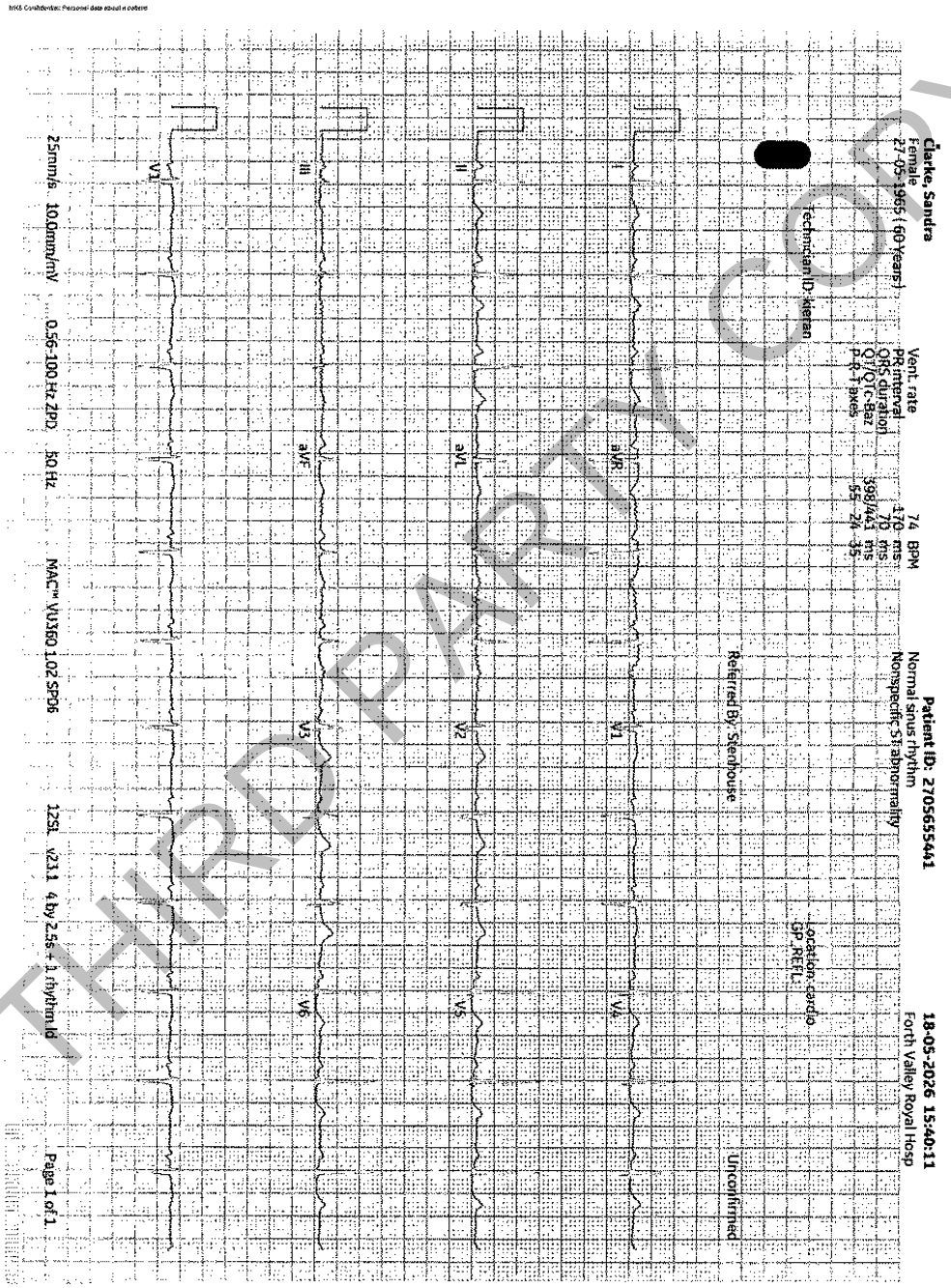
Differential White Cell Count: (as absolute counts, x 10^9/L)

	BIRTH	1 YEAR	2 - 6 YEARS	6 - 12 YEARS	ADULT
Neutrophils	4 - 14	1 - 7	1.5 - 8	2 - 8	2 - 7
Lymphocytes	3 - 8	3.5 - 11	6 - 9	1 - 5	1 - 3
Monocytes	0.5 - 2	0.2 - 1	0.2 - 1	0.2 - 1	0.2 - 1
Eosinophils	0.1 - 1	0.1 - 1	0.1 - 1	0.1 - 1	0.02 - 0.5
Basophils					0.02 - 0.1

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HOME BLOOD PRESSURE MONITORING FORM

Name SANDRA CLARKE DOB 270565 DATE STARTED:

Take two BP readings in morning and evening at least one minute apart.

	Top Reading	Bottom Reading	Comments
Example	159	95	Noticed some palpitations.
Day one	160	89	
Morning	149	92	R Arm
Morning			
Evening	156	87	1st dose 1 hour ago. Amlodipine 5mg.
Evening			
//////////	//////////	//////////	//////////////////////////////////////
Day Two			
Morning	144	82	
Morning	136	90	
Evening	132	77	
Evening	132	72	
Day Three			
Morning	135	81	
Morning	135	89	
Evening	165	104	
Evening	173	96	
Day Four			
Morning	137	89	
Morning	132	90	
Evening	141	95	
Evening	135	91	
Day five	124	92	
Morning	140	84	
Morning	[illegible]		
Evening	149	84	
Evening	139	88	
Day six			
Morning			
Morning	139	85	
Evening	148	83	
Evening	123	77	
Day seven			
Morning			
Morning	137	87	
Evening	145	91	
Evening	138	90	

March 2026

2705655441
Clarke, Alexandra
27/05/1965 F
3 Bramble Avenue
Kinnaird Village
Sister Beatie
Stenhouse Medical Practice
FK5 4ZL
VZDWD
25597

For professional use **NB Calculate average BP reading day 2-7 only.**

Average blood pressure reading	/

Scan to Records.

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16/3/26	155/94
17/3 26	155/90
18/3/26	148/84
20/3/26 Am	150/88
22/3/26	169/98
	148/91

2705655441
Clarke, Alexandra
27/05/1965 F FK5 4ZL
3 Bramble Avenue
Kinnaird Village
Dr Michael Baillie V5698/7
Stenhouse Medical Practice/25597

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SCOTTISH GOVERNMENT

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NHS
Forth Valley

CLINICAL CHEMISTRY
AREA LABORATORY SERVICE

PATIENT: CLARKE,SANDRA
UNIT NUMBER: 2705655441
PATIENT'S ADDRESS: 3 BRAMBLE AVENUE, LARBERT
CONSULTANT: P/N Susan Davis
DOB: 27/05/1965
SEX: Female
WARD AND HOSPITAL / GENERAL PRACTICE: P/N Susan Davis, Stenhousemuir Health Centre
SAMPLE TYPE OF LATEST SPECIMEN: Serum
CLINICAL DETAILS REFERRING TO LATEST REQUEST: New HTN diagnosis
COPY DETAILS:

DATE / TIME OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3.5-6 mmol/l	BLOOD GAS Specimen type	[H+] 36-43 nmol/l	pCO2 4.6-6.0 kPa	CALCULATED BICARBONATE 20-28 mmol/l	pO2 10.5-13.5 kPa	INSPIRED OXYGEN %
22/06/22 11:16	390149T	11.16	4.6						
09/02/24 10:17	795717G	10.17	5.5						
31/03/26 10:45	937660K	10.45							

DATE / TIME OF COLLECTION	LABORATORY NUMBER	Total CO2 22-29 mmol/l	OSMOLALITY 275-295 mosmol/kg H2O	SODIUM 133-146 mmol/l	POTASSIUM 3.5-5.3 mmol/l	CHLORIDE 95-108 mmol/l	UREA 2.5-7.8 mmol/l	CREATININE 40-130 µmol/l	eGFR ml/min/1.73m2 <60 = CKD stage 3,4 or 5
15/07/22 18:27	431981P			139	3.6	104	3.5	66	>59
08/11/22 11:31	645289B			140	4.6	103	4.1	71	>59
09/02/24 10:17	795718G			141	4.2	103	4.2	66	>59
31/03/26 10:45	937660K			139	4.2	104	5.1	64	>59

DATE / TIME OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 100 IU/l 37°C	AST 0-45 IU/l 37°C	ALT 0-55 IU/l 37°C	BILIRUBIN up to 21 µmol/l	TOTAL PROTEIN 60-80 g/l	ALBUMIN 35-50 g/l	ALKALINE PHOSPHATASE 30 - 130 IU/l 37°C	γGT 0-40 (female) IU/l 37°C
08/11/22 11:31	645289B		15	12	4	74	44	109	
09/02/24 10:17	795718G		18	19	5	73	45	102	
31/03/26 10:45	937660K		19	15	7	72	45	106	

DATE / TIME OF COLLECTION	LABORATORY NUMBER	IRON 10-30 µmol/l	TIBC 45-72 µmol/l	CALCIUM 2.03-2.48 mmol/l	CORRECTED CALCIUM 2.03-2.48 mmol/l	PHOSPHATE 0.8-1.50 mmol/l (12-60 years)	MAGNESIUM 0.7-1.0 mmol/l	URATE 140-360 (female) µmol/l	CK(Total) 25-200 (female) IU/l 37°C
09/02/24 10:17	795718G			2.27	2.23	1.24			

DATE / TIME OF COLLECTION	LABORATORY NUMBER	T.S.H. 0.36-5.00 mU/l	FREE T4 8.0-21.0 pmol/l	FREE T3 3.0-6.0 pmol/l	PSA <4.0 µg/L	TRIGLYCERIDE fasting <2.0 mmol/l	CHOLESTEROL mmol/l target levels are risk dependent	H.D.L. >1.2 mmol/l (female)	L.D.L. mmol/l target levels are risk dependent
09/02/24 10:17	795718G	1.11							
31/03/26 10:45	937660K	0.67				1.7	5.2	**1.20**	3.2

15/07/22 18:27	431981P	C-Reactive Prot. **<5** mg/L
08/11/22 11:31	645289B	C-Reactive Prot. **<5** mg/L
31/03/26 10:45	937660K	Alk. Phosphatase ALP Ref. Limit for patients <30 days old is 70-80 U/L ALP Ref. Limit for patients <17 years old is 60-425 U/L ALP Ref. Limit for adults (>17 years) is 30-130 U/L

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Gynaecology Department
Consultant: Dr Eileen Reilly
Tel: 01324 566234

Forth Valley Royal Hospital
Stirling Road
Larbert
FK5 4WR

NHS Forth Valley

Theatre - Tuesday 30th June 2026

Mrs Sandra Clarke
3 Bramble Avenue
Larbert
Stirlingshire
FK5 4ZL

Date Dictated: 30/06/2026
Date Typed: 06/07/2026
Our Ref: ER/LLA
CHI: 2705655441

Dear Mrs Clarke

You had Bulkamid bladder neck injections performed under general anaesthetic on 30th June 2026.

This was treatment for stress incontinence. There was good bulking of the bladder neck and hopefully this will translate into an improvement in your stress incontinence symptoms.

You will be followed up in 4 months time with a telephone questionnaire by our Uro-Gynaecology Nurses.

Kind regards,

Yours sincerely

Dictated and electronically checked by:

Dr Eileen Reilly
Consultant Gynaecologist

CC:
Dr A Cheema
Stenhouse Practice
Stenhousemuir Health Centre
Park Drive
Stenhousemuir
FK5 3BB

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eMED3 (2010) new statement issued, not fit for work
28-May-2026 Dr Amnah Cheema (AC1)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Right knee pain; Duration: 28/05/2026 - 11/06/2026)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Alexandra Clarke

I assessed your case on: 28 /05 / 2026

and, because of the following condition(s): Right knee pain

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 28 /05 / 2026 **to** 11 /06 / 2026

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Amnah Cheema

Issuer's profession Doctor

Date of statement 28 /05 / 2026

Issuer's address
Stenhouse Practice
Park Drive, Stenhousemuir
Larbert, FK5 3BB
Telephone: 01324 570570

Unique ID: Med 3 04/22

B9B7B58F-595B-4DEF-8D4E-73C8606641DC

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ CLARKE

Other names ALEXANDRA

Address 3 BRAMBLE AVENUE
KINNAIRD VILLAGE
LARBERT **Postcode** FK5 4ZL

Date of birth 27 / 05 / 1965 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
29-Feb-2024 Dr Michael Baillie (MB)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Under Investigation; Duration: 29/02/2024 - 25/03/2024)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss,~~ ~~Ms~~ Alexandra Clarke

I assessed your case on: 29 /02 / 2024

and, because of the following condition(s): Under Investigation

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 29 /02 / 2024 **to** 25 /03 / 2024

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Michael Baillie

Issuer's profession Doctor

Date of statement 29 /02 / 2024

Issuer's address
Stenhouse Practice
Park Drive, Stenhousemuir
Larbert, FK5 3BB
Telephone: 01324 570570

Unique ID: Med 3 04/22

6EE13B27-D154-4D41-A0EB-D831A508E134

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss,~~ ~~Ms~~ CLARKE

Other names ALEXANDRA

Address 3 BRAMBLE AVENUE
KINNAIRD VILLAGE
LARBERT **Postcode** FK5 4ZL

Date of birth 27 / 05 / 1965 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
08-Feb-2024 Dr Dawn Harrington (DHA)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Under investigation; Duration: 08/02/2024 - 07/03/2024)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Alexandra Clarke

I assessed your case on: 08 /02 / 2024

and, because of the following condition(s): Under investigation

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 4 Week(s)

or from / / **to** / /

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Dawn Harrington

Issuer's profession Doctor

Date of statement 08 /02 / 2024

Issuer's address
Stenhouse Practice
Park Drive, Stenhousemuir
Larbert, FK5 3BB
Telephone: 01324 570570

Unique ID: Med 3 04/22

20F04487-2497-414D-BAAF-74251F01286D

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ CLARKE

Other names ALEXANDRA

Address 3 BRAMBLE AVENUE
KINNAIRD VILLAGE
LARBERT **Postcode** FK5 4ZL

Date of birth 27 / 05 / 1965 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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THIRD PARTY COPY

eMED3 (2010) duplicate issued, not fit for work
08-Feb-2024 Dr Dawn Harrington (DHA)
Additional:eMED3 (2010) duplicate issued, not fit for work
FitNote.pdf, (Diagnosis: Under investigation; Duration: 08/02/2024 - 07/03/2024)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ ~~Mrs,~~ ~~Miss,~~ ~~Ms~~ Alexandra Clarke

I assessed your case on: 08 /02 / 2024

and, because of the following condition(s): Under investigation

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 4 Week(s)

or from / / **to** / /

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Dawn Harrington

Issuer's profession Doctor

Date of statement 08 /02 / 2024

Issuer's address
Stenhouse Practice
Park Drive, Stenhousemuir
Larbert, FK5 3BB
Telephone: 01324 570570

Unique ID: Med 3 04/22

20F04487-2497-414D-BAAF-74251F01286D

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

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Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss,~~ ~~Ms.~~ CLARKE

Other names ALEXANDRA

Address 3 BRAMBLE AVENUE
KINNAIRD VILLAGE
LARBERT **Postcode** FK5 4ZL

Date of birth 27 / 05 / 1965 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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Duplicate
THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
03-Nov-2022 Dr Zsolt Torok (ZT)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Sciatica; Duration: 03/11/2022 - 27/11/2022)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Alexandra Clarke

I assessed your case on: 03 /11 / 2022

and, because of the following condition(s): Sciatica

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 03 /11 / 2022 **to** 27 /11 / 2022

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Zsolt Torok

Issuer's profession Doctor

Date of statement 03 /11 / 2022

Issuer's address
Stenhouse Practice
Park Drive, Stenhousemuir
Larbert, FK5 3BB
Telephone: 01324 570570

Unique ID: Med 3 04/22

01E4A1F6-32F8-4D17-93A4-6F60B3CEF66F

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ CLARKE

Other names ALEXANDRA

Address 3 BRAMBLE AVENUE
KINNAIRD VILLAGE
LARBERT **Postcode** FK5 4ZL

Date of birth 27 / 05 / 1965 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
26-Oct-2022 Dr Michael Baillie (MB)
Additional: eMED3 (2010) new statement issued, not fit for work
(Diagnosis: Sciatica; Duration: 26/10/2022 - 02/11/2022)
Filename: FitNote_502aedba-490a-43f1-9760-b8e6b1d13c11.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss,~~ ~~Ms~~ Alexandra Clarke

I assessed your case on: 26 /10 / 2022

and, because of the following condition(s): Sciatica

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 26 /10 / 2022 **to** 02 /11 / 2022

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Michael Baillie

Issuer's profession Doctor

Date of statement 26 /10 / 2022

Issuer's address
Stenhouse Practice
Park Drive, Stenhousemuir
Larbert, FK5 3BB
Telephone: 01324 570570

Unique ID: Med 3 04/22

502AEDBA-490A-43F1-9760-B8E6B1D13C11

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss,~~ ~~Ms~~ CLARKE

Other names ALEXANDRA

Address 3 BRAMBLE AVENUE
KINNAIRD VILLAGE
LARBERT **Postcode** FK5 4ZL

Date of birth 27 / 05 / 1965 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
23-Aug-2021 Dr Michael Baillie (MB)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Knee pain; Duration: 20/08/2021 - 13/09/2021)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Alexandra Clarke

I assessed your case on: 23 /08 / 2021

and, because of the following condition(s): Knee pain

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 20 /08 / 2021 **to** 13 /09 / 2021

I ~~will/will~~ not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 23 /08 / 2021

Doctor's address
Stenhouse Practice
Park Drive, Stenhousemuir
Larbert, FK5 3BB
Telephone: 01324 570570

Unique ID: Med 3 01/17

91118035-D4F7-4640-9E63-3DF1EDD83837

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ CLARKE

Other names ALEXANDRA

Address 3 BRAMBLE AVENUE
KINNAIRD VILLAGE
LARBERT Postcode FK5 4ZL

Date of birth 27 / 05 / 1965 **Mobile**

NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
12-Aug-2021 Dr Zsolt Torok (ZT)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: knee pain; Duration: 12/08/2021 - 20/08/2021)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Alexandra Clarke

I assessed your case on: 12 /08 / 2021

and, because of the following condition(s): knee pain

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 12 /08 / 2021 **to** 20 /08 / 2021

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 12 /08 / 2021

Doctor's address
Stenhouse Practice
Park Drive, Stenhousemuir
Larbert, FK5 3BB
Telephone: 01324 570570

Unique ID: Med 3 01/17 54281A6F-4D2D-4771-811A-A82EFCAFAAF5

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ CLARKE

Other names ALEXANDRA

Address 3 BRAMBLE AVENUE
KINNAIRD VILLAGE
LARBERT Postcode FK5 4ZL

Date of birth 27 / 05 / 1965 **Mobile**

NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
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THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
25-Nov-2020 Dr Michael Baillie (MB)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Physiotherapy; Duration: 25/11/2020 - 09/12/2020)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Alexandra Clarke

I assessed your case on: 25 /11 / 2020

and, because of the following condition(s): Physiotherapy

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 25 /11 / 2020 **to** 09 /12 / 2020

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 25 /11 / 2020

Doctor's address
Stenhouse Practice
Park Drive, Stenhousemuir
Larbert, FK5 3BB
Telephone: 01324 570570

Unique ID: Med 3 01/17
C5461BD3-72A2-4FEB-8F51-5148254B85E0

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Help getting back to work if you are employed
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- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ CLARKE
Other names ALEXANDRA
Address 3 BRAMBLE AVENUE
KINNAIRD VILLAGE
LARBERT Postcode FK5 4ZL
Date of birth 27 / 05 / 1965 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

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Bowel cancer screening programme invitation letter sent
28-Aug-2017 Mrs Jean Devlin (JEAN18765)
Additional: Bowel cancer screening programme invitation letter sent
bowel screening reminder letter
Filename: bowel screening reminder letter.doc
Extension: .tif
Pages:

STENHOUSE PRACTICE
Park Drive
Stenhousemuir
Larbert
Stirlingshire
FK5 3BB

Mrs Alexandra Clarke
3 Bramble Avenue
Kinnaird Village
LARBERT
FK5 4ZL

28 08 2017

Dear Mrs Clarke

We have received a letter from the Scottish Bowel Screening Service informing us that they have not received any response from the invitations they sent to you to partake in the recent Bowel Screening Program. If you have not received this correspondence could you please call them on the number provided below.

We would like to encourage you to take up this opportunity as bowel cancer is more common in people over 50 years of age, especially men. One in twenty people over 50 will get bowel cancer at some point in their lives. Screening aims to find bowel cancer at an early stage even in people with no symptoms.

If you have decided to decline this invitation, please take time to reconsider and should you change your mind please contact the Bowel Screening Service, which you can do at any time, to request a bowel screening kit. The contact number for this service is 0800 0121 833.

Please do not hesitate to contact us should you have any questions about this service.

Kind regards

Yours sincerely

Stenhouse Practice

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eMED3 (2010) new statement issued, not fit for work
07-Dec-2016 Dr Michael Baillie (MB)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Chest Infection Conjunctivitis; Duration: 07/12/2016 - 14/12/2016)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Alexandra MacGregor

I assessed your case on: 07 / 12 / 2016

and, because of the following condition(s): Chest Infection; Conjunctivitis

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 07 / 12 / 2016 to 14 / 12 / 2016

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 07 / 12 / 2016

Doctor's address: Stenhouse Practice, Park Drive, Stenhousemuir, Larbert, FK5 3BB, Telephone: 01324 570570

Unique ID: Med 3 04/10- F0376620-EE48-4C42-AEC7-B2904C82216D

For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ MACGREGOR
Other names: ALEXANDRA
Address: 3 BRAMBLE AVENUE, KINNAIRD VILLAGE, LARBERT Postcode FK5 4ZL
Date of birth: 27 / 05 / 1965
National Insurance (NI) number:

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

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eMED3 (2010) new statement issued, not fit for work
19-Oct-2016 Dr Michael Baillie (MB)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Sciatica; Duration: 19/10/2016 - 29/10/2016)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Alexandra MacGregor

I assessed your case on: 19 / 10 / 2016

and, because of the following condition(s): Sciatica

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 19 / 10 / 2016 to 29 / 10 / 2016

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 19 / 10 / 2016

Doctor's address:
Stenhouse Practice
Park Drive, Stenhousemuir
Larbert, FK5 3BB
Telephone: 01324 570570

Unique ID: Med 3 04/10- E73C902C-F3F1-4D14-A78F-F36F0E525512

For the patient – what to do now
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Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ MACGREGOR
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LARBERT Postcode FK5 4ZL
Date of birth: 27 / 05 / 1965
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Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

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