Registration

Mrs Fiona Steedman
250 Methilhaven Road
METHIL
LEVEN
FIFE

KY8 3LE
Telephone: 01333 302636
Contact: ? ContactRelship: ?
Email: ?

Service Code: Permanent
DoB: 28/11/1969

Age: 36

CHI Number: 2811693181 NHS Number: SCR/316142
Patient ID:
Occupation:
Registered GP: DR C TAYLOR
BMI: 22.1 Height: 1.67 m Weight: 61.5 kg

Road: 0 Water: 0 FootPath: 0
Marital Status: Married
Seen By GP: DR C TAYLOR
BP: 120/66

Priority Clinical / User Marker

12/12/2005	High	Ex smoker

Clinical / User Marker

12/12/2005	High	Ex smoker
25/01/2006	Medium	Patient MRE received from HB
16/01/2006	Medium	Pat. GP7B/GP8B card from HB
13/01/2006	Medium	Patient reg. form sent to HB
11/04/2006	Low	Notes summariesed
12/12/2005	Low	Current non drinker
12/12/2005	Low	Enjoys light exercise
12/12/2005	Low	Smoking cessation advice
02/11/2004	Low	IVF
21/05/2003	Low	IVF
24/05/1999	Low	[X]Neurotic depression
21/10/1998	Low	[X]Assault
29/07/1997	Low	Whiplash injury
08/08/1996	Low	IVF
29/03/1995	Low	Infertility - female
10/10/1991	Low	Perianal warts
01/04/1991	Low	PID - pelvic inflammatory disease
07/08/1989	Low	PID - pelvic inflammatory disease
20/12/1988	Low	Endoscopic retrograde cholangiopancreatography
22/09/1988	Low	Missed abortion
11/03/1988	Low	Emergency appendicectomy

10/10/1985 Low Overdose of drug

Last Encounter

NURSE Date: Dec 12 2005 4:40PM

Screening:

Urinalysis$$ - Urinalysis = no abnormality - Repeat after an Interval - (Review 36M)

Clinical / User Markers:

Ex smoker - -
Smoking cessation advice - -
Current non drinker - -
Enjoys light exercise - -

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Acute - SPICE Basic Health Values 12/12/2005 Recall Period - N/A

WESTERN DISTRICT

e: 041-339 8888

ROYAL HOSPITAL FOR SICK CHILDREN
YORKHILL, GLASGOW G3 8SJ

ANC/MJM.

ORTHOPAEDIC DEPARTMENT.

174

19th November, 1974.

Dr. L. Stewart,
1314 Paisley Road West,
GLASGOW, G52.

Dear Dr. Stewart,

Re:- Fiona Waddell - H.N. 190365.
58 Bathgo Ave., Ralston.

Thank you for your letter about this little girl. I could not find any convincing knock knee deformity this morning, and I think her whole gait problem is one of habit. She has an internal rotation gait. This means that the child turns the legs in at the hips. This gives the impression of knock knee and hentoes. There are no actual structural abnormalities in the legs. I think this should be looked upon as a postural habit. It is, of course, extremely common in younger children, but gradually as the child gets older their walking pattern improves. I do not see any advantage to be gained by exercises, nor of alteration to footwear, and I understand that Fiona is now most reluctant to attend for physiotherapy. I would advise therefore that it is stopped. I think she should be allowed to wear any sensible kind of footwear that she would like, including wellingtons and sandles, and I am sure as she gets older that her tendency to turn the legs in will become less obvious. I have explained this all [redacted] Mr. & Mrs. Waddell and reassured them that all will be well.

Yours sincerely,

A.N. Conner, F.R.C.S.,
Consultant Orthopaedic Surgeon.

500 8.30

PAEDIATRIC DEPARTMENT

Consultants:
Dr. Isobel C. Ferguson
Dr. Krishna M. Goel

SOUTHERN GENERAL HOSPITAL
GLASGOW, G51 4TF

Tel: 445 2466
Ext: 351

172

ICF/GPMcM/291545

15th March, 1976.

Dr. R. Steen,
1314 Paisley Road West,
GLASGOW, G52 1DB.

Dear Dr. Steen,

Fiona Waddell (d.o.b. 28.11.69),
58 Bathgo Avenue, Ralston, PAISLEY.

I was interested to see this little girl whom you referred to the paediatric clinic with a history of recurring chest infections during the past two winters. Her mother dates this from a pertussis infection. She has recently had influenza and has been lethargic and pale since then.

On examination, she was indeed thin and pale, but the mucus membranes were well infected. Her tonsillar glands are enlarged but her throat was clear and I could find no abnormality on general examination. I think her symptoms are due to recurring upper respiratory tract infection, presumably associated with beginning school and meeting infections for the first time. I think she is likely to recover without specific treatment. I have done an x-ray of chest and full blood count and shall send you the results when available.

Yours sincerely,

I. C. Ferguson

I. C. Ferguson,
Consultant Paediatrician.

P.S. Chest x-ray shows chronic peribronchial inflammatory changes. This could be compatible with fibrocystic disease and I am arranging sweat electrolytes. Blood count

was normal. I shall send you a further report when I have the result of the sweat test.

90

GLASGOW ROYAL INFIRMARY
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University N.H.S. Trust

• 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

20 FEB 1998

DR. R.W.S. YATES
ASSISTED CONCEPTION SERVICES UNIT

TEL. NO: 0141-211-4758

GG/PJ/760724

16th February, 1998.

Dr. Ferguson,
Mains Drive Health Centre,
Erskine.

Dear Dr. Ferguson,

FIONA DINSMORE,124 HIGH PARKSAIL, ERSKINE, PA8 7HQ.
D.O.B: 28.11.69.

Mrs. Dinsmore had frozen embryo replacement carried out on the 6th February 1998. She had had seven embryos crypreserved, three of these were thawed, two embryos survived and were replaced on the 6th February. The embryo transfer itself was carried out quite easily. She has a further four embryos in storage for her use.

Kind regards,

Yours sincerely,

GURI GREWEL,
SENIOR REGISTRAR.

FCA

93

Department of Orthopaedic Surgery

MR DAVID SHERLOCK, D.PHIL, FRCS,
RETURNS CLINIC.

Our Ref: DAS/LM
Enquiries To: Lillian McInnes
Direct Tel No: 0141 201 1465

Southern General Hospital
NHS Trust

1345 Govan Road Glasgow G51 4TF
Tel 0141-201 1100 Fax 0141-201 2997

Seen/Dictated: 5th November 1997
Typed: 7th November 1997

12 NOV 1997

Dr. Ferguson
The Mains Medical Centre
300 Mains Drive
Erskine
PA8 7JQ

Dear Dr. Ferguson

RE: FIONA DINSMORE, 124 HIGH PARK SAIL, ERSKINE
DOB: 28/11/69 UNIT NO: 461966

Further to my last letter Fiona has had a bone scan which has shown no abnormality. This is obviously reassuring in that there is clearly no significant pathology in her dorsal spine.

Unfortunately she has failed to get much benefit from the last steroid injection. Regretfully I have nothing else to offer her since she has tried all the recognised modalities of treatment and we can find no objective pathology which would be appropriately treated by surgery. I have tried to reassure her that this is likely to improve over the long term but I am afraid, like it or not she is going to have to live with her symptoms for the foreseeable future. I have discharged her from follow up.

Yours sincerely

D.A. Sherlock, D.PHIL, FRCS,
Consultant Orthopaedic Surgeon.

FCA

94

Department of Orthopaedic Surgery

MR DAVID SHERLOCK, D.PHIL, FRCS,
RETURNS CLINIC.

Southern General Hospital
NHS Trust

1345 Govan Road Glasgow G51 4TF
Tel 0141-201 1100 Fax 0141-201 2999

Our Ref: DAS/LM
Enquiries To: Lillian McInnes
Direct Tel No: 0141 201 1465

Seen/Dictated: 1st October 1997
Typed: 6th October 1997

-8 OCT 1997

Dr. Ferguson
The Mains Medical Centre
300 Mains Drive
Erskine
PA8 7JQ

Dear Dr. Ferguson

RE: FIONA DINSMORE, 124 HIGH PARK SAIL, ERSKINE
DOB: 28/11/69 UNIT NO: 461966

I reviewed Fiona today in my clinic. Since I last saw her we decided to arrange for a CT scan to see whether there was a fracture of the spinus process. The CT scan did not show any evidence of a spinus process fracture but there was an area of increased sclerosis at the root of the transverse process of either D8 or D9. In view of the exquisite local tenderness the Radiologist wondered if this could be an osteoid osteoma though it is more likely just to be a simple bone island of no importance. We have arranged a bone scan to try to differentiate between the two and I will review her once this has been done.

Steroid and local anaesthetic injection I gave last time did produce dramatic pain relief for a week or so but the pain has since recurred. In view of this response I once again injected the tender area with local anaesthetic and 40mgs of Triamcinolone. I will assess her response to this when I see her after the bone scan has been performed.

Yours sincerely

D.A. Sherlock, D.PHIL, FRCS,
Consultant Orthopaedic Surgeon.

FCA

Hospital use Only	Clinic	Day Date	Time	Hospital No.	96 GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☒

Hospital SOUTHERN GENERAL Date 20.8.97

CHI No. 2 8 1 1 6 9 3 1 8 1

Please arrange for this patient to attend the PHYSIOTHERAPY clinic of Dr/Mr

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname DINSMORE Maiden Surname

First Names FIONA Single/Married/Widowed/Other

Address 124 HIGH PARK SAIL Date of Birth 28.11.69
ERSKINE

Patient's Occupation

Postal Code PA8 Contact telephone number

Has the patient attended hospital before? YES / NO If "YES" please state:

Name of Hospital SGH

Year of attendance 1997 Hospital No. 461966

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

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 Sir

This lady is currently attending Mr Sherlock's Orthopaedic clinic. He recently injected som Triamcinolone in local anaesthetic into her back and suggested that she attends for some physiotherapy.

She had been attending the physio previously but defaulted. She tells me that she telephoned and was told it would be 19 weeks before she could be seen again.

Clearly it is important that this lady is seen urgently to maximise the benefit from the steroid injection.

I should be grateful if you would arrange to see her as a matter of urgency.

Yours sincerely

K M FERGUSON MBChB MRCGP

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

Printed for The Stationery Office Dd8457201 5/97 (71412)

THERAPY CENTRE

SGH
Southern General Hospital
NHS Trust

PHYSIOTHERAPY DEPARTMENT
DIRECT LINE 0141-2011498

1345 Govan Road Glasgow G51 4TF
Tel 0141-201 1100 Fax 0141-201 2998

95

Date 1/10/97

Dear DR FERGUSON

F
C
A

This is to confirm that:

Name FIONA DINSMORE

Address 124 HIGHPARK SAIL

ERSKINE

PA8

Date of Birth 28/11/69 Unit No/Practice No

was attending the Physiotherapy Department from 1/9/97 until 1/10/97.

The patient's main problems were THORACIC BACK PAIN.

SHE RECEIVED A COURSE OF ULTRA SOUND + EXERCISES OF WHICH EASED HER SYMPTOMS. HOWEVER THEY HAVE NOW RETURNED AND WHEN SEEN AT Mr SHERLOCKS CLINIC

The patient's outcome was: 1/10/97 SHE IS TO BE REFERRED FOR A BONE SCAN. AT PRESENT WE HAVE NOW DISCHARGED HER FROM THE CLINIC.

Yours sincerely

FIONA M BOWE MCSP.

PHYSIOTHERAPIST

GENERAL PRACTITIONERS NAME and ADDRESS

97

CONSULTANT DR. R. YATES

GLASGOW ROYAL INFIRMARY UNIVERSITY NHS TRUST
84 CASTLE STREET, GLASGOW G4 0SF

Telephone No. 0141-211-4000
Ext.
EXT. 4758

ADMITTED	DISCHARGED	WARD	AGE	HOSPITAL NUMBER
5.8.97.	5.8.97.	ACS	28.11.69.	760724

DISPOSAL: Home

FOLLOW UP: Under review at A.C.S. Unit

NAME AND ADDRESS:
Fiona Dinsmore,
124 High Parksail,
Erskine, PA8 7HQ.

-1 SEP 1997

FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS

		I.S.C. CODE
1.	Infertility	
2.		
3.		
4.		
5.		
6.		

DISTRIBUTION OF LETTERS

Dr. Murray,
The Mains Medical Centre,
300 Mains Drive,
Erskine, PA8 7JQ.

OPERATION		CODE
1.	Oocyte Retrieval	
2.		
3.		

PR/PJ

21st August, 1997.

Dear Dr. Murray,

Mrs. Dinsmore underwent an I.V.F. treatment cycle. She was taken to theatre on the 5th August for oocyte retrieval. This was done uneventfully under vaginal ultrasound guidance and in total 24 oocytes were retrieved.

In view of the possibility of ovarian hyperstimulation all embryos were frozen and replacement will be carried out at a later date.

Yours sincerely,

p/PADMA REKHA,
REGISTRAR

F
C
A

0159806

98

Department of Orthopaedic Surgery

MR DAVID SHERLOCK, D.PHIL, FRCS,
NEW CLINIC.

Southern General Hospital
NHS Trust

1345 Govan Road Glasgow G51 4TF
Tel 0141-201 1100 Fax 0141-201 2999

31 JUL 1997

Our Ref: DAS/LM
Enquiries to: Lillian McInnes
Direct Tel No: 0141 201 1465

Seen/Dictated: 29/07/97
Typed: 29/07/97

F
C
A

Dr. Ferguson
The Mains Medical Centre
300 Mains Drive
Erskine
PA8 7JQ

Dear Dr. Ferguson

RE: FIONA DINSMORE, 124 HIGH PARK SAIL, ERSKINE
DOB: 28/11/69 UNIT NO: 461966

Thanks for asking me to see this girl who was a front seat passenger in a road traffic accident a year ago when the car was hit from behind. She had some problems initially with her neck but these appear to have settled. Her main complaint has always been of pain felt in the mid dorsal region. This has failed to respond to physiotherapy in the form of interferencial. She has also received treatment in the form of Brufen and time. She is otherwise fit and well with no significant past medical history or abnormality on functional enquiry.

On examination she had a full pain free range of movement of her neck and shoulders. There was no neurological deficit in her upper limbs. She was exquisitely locally tender over the mid dorsal region and movements of her dorsal spine, particularly flexion and extension, were painful.

X-rays of her neck were unremarkable. Her dorsal spine x-rays were probably also within normal limits though it would not be possible to clearly see a spinus process fracture.

It is difficult to know why this girl's symptoms have persisted so long. One would normally expect a spinus process fracture to heal quickly since it is surrounded by a large bulk of muscle but occasionally they can persist. There is no effective surgical management but on occasions I have found injections of steroid and local anaesthetic into the tender area to be helpful even though there is no logic for this working. Accordingly I injected 40mgs of Triamcinolone in local anaesthetic with some relief in her symptoms. She is also going to attend physiotherapy but this time for exericses rather than interferencial. I will review her progress in 2 months time.

Yours sincerely

D.A. Sherlock, D.PHIL, FRCS,
Consultant Orthopaedic Surgeon.

99

GLASGOW ROYAL INFIRMARY
University N.H.S. Trust
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• 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

ASSISTED CONCEPTION SERVICES UNIT
TEL. NO: 0141-211-4758

RJ JUN 1997

ND/PJ/760724

4th June, 1997.

Dr. W. Murray,
The Mains Medical Centre,
300 Mains Drive,
Erskine, PA8 7JQ.

Dear Dr. Murray,

FIONA DINSMORE, 124 HIGH PARKSAIL, ERSKINE, PA8 7HQ.
D.O.B: 28.11.69.

Mr. and Mrs. Dinsmore attended the I.V.F. Post-Screening Clinic recently.

All the results of the screening tests were normal. This means that Mrs. Dinsmore shall be able to commence on I.V.F. treatment soon.

Yours sincerely,

NDeshpande

NALINEE DESHPANDE,
STAFF GRADE GYNAECOLOGIST.

FCA

100

OUR REF: JEW

DEPARTMENT OF PHYSIOTHERAPY

If telephoning please ask for:
Ext 4026 or 4642

-2 JAN 1997

Dear Dr

re: FIONA DINSMORE 124 HIGH PARKSAIL ERSKINE
D.O.B. 28:11·69.

This patient has attended for a number of treatments but failed to attend ~~on~~ after 15·4·97. The course of treatment has therefore not been completed.

Yours sincerely Alison N. Clark.

FCA

101

G.P. COPY

ACCIDENT / EMERGENCY FORM

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW G51 4TF
TEL. DIRECT: 0141 201 1456/8
SWITCHBOARD: 0141 201 1100
FAX: 0141 201 2997

(6)

20 JAN 1997

AE No. 97/14398

SURNAME	FORENAMES
Dinsmore	Fiona

ADDRESS: 124 High Park Sauc

POST CODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
PA8 7HX	561322	28/11/69	F	M	CS

NEXT OF KIN NAME	RELATIONSHIP	FAMILY DOCTOR SURNAME	INITIALS
	husband	Ferguson	

ADDRESS	ADDRESS
51a	Mains Dr

POST CODE	TELEPHONE No.	POST CODE	TELEPHONE No.

ACCIDENT/EMERGENCY DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
16/5/97			

TIME OF ATTENDANCE: 9.24 pm

MODE OF TRANSPORT: AMBULANCE ____ PUBLIC ____ OWN ✓ NONE ____

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
			GP A&E ____ GP SPEC. ____ 999 ____ SELF ✓ POLICE ____ OTHER (CODE) ____

ROAD TRAFFIC ACCIDENT PLACE

DETAILS: FSP ____ DRIVER ____ M/C DRIVER ____ OTHER ____ BSP ____ PED. ____ M/C PASSENGER ____

REASON FOR ATTENDANCE: (R) arm

	TIME
TRIAGE	2/50
DOCTOR	1020
NURSE	
LEFT DEPT.	

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended the Accident & Emergency Department today.

Diagnosis: non-specific numbness + weakness (R) arm.

X-Ray film / ECG shows: C-spine - NAD

Treatment given:

Re-assured

If not settling to re-attend in 2-3/7 or see GP.

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

F C A

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 Out. 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 Injury	Fracture	Pop Check	Ortho	Medical	Surgical	ENT	Others Specify

Medical Officers Name (in Block Letters): NASIR

Signature of Medical Officer: ANasir

Cons SR Reg (SHO) JHO Clin Assist Staff Grade (please circle)

SGH 458 0431551

(5)

N598 PPB 25K 9295 WHITE

103

GLASGOW ROYAL INFIRMARY
University N.H.S. Trust
AUSPICE CAELO

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• Lightburn Hospital • Belvidere Hospital •

ASSISTED CONCEPTION SERVICES
GROUND FLOOR
WALTON BUILDING

Royal Infirmary
84 Castle Street
Glasgow G4 0SF

Switchboard 0141 211 4000
Direct Dial
Fax Number

JMG/WL3

Dear Mr & Mrs Dinsmore

I am pleased to inform you that your name has now reached the top of the waiting list for in-vitro fertilisation.

To prepare for this and to provide an opportunity for you to meet with a member of staff, I invite you both to the A.C.S. Unit, Ground Floor, Walton Building within the Royal Infirmary (map enclosed) on the 7th of April at 1:30 pm.

It would be to your advantage to have a smear test, a bacteriology high vaginal swab, a rubella (German Measles) test and full blood count performed by your general practitioner prior to attending this appointment. The semen must also be checked. Please bring a sample with you to the appointment, using the container enclosed, marked clearly with your name, date and time of collection.

Please note this visit is for questions and tests prior to seeing medical staff and hopefully starting a treatment programme.

For your information and assistance I have enclosed a booklet explaining the treatment programme and we shall be pleased to discuss this with you when we meet.

If for any reason the above appointment is unsuitable, please contact me on telephone number 0141 211 4000 bleep 1744, as soon as possible.

We look forward to seeing you both.

Yours sincerely

Joy M Gillespie

JOY M GILLESPIE
A.C.S. UNIT

Enc.

102

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 SOUTHERN GENERAL Date 25.04.97

CHI No. 2 8 1 1 6 9 3 1 8 1

Please arrange for this patient to attend the ORTHOPAEDIC CLINIC clinic of Dr/Mr MR SHERLOCK

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname DINSMORE Maiden Surname

First Names FIONA Single/Married/Widowed/Other

Address 124 HIGH PARK SAIL Date of Birth 28.11.69
ERSKINE

Patient's Occupation

Postal Code PA8 Contact telephone number

Has the patient attended hospital before? YES / NO If "YES" please state:

Name of Hospital SGH

Year of attendance 1996 Hospital No. 461966

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

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 Mr Sherlock

Many thanks for your help with this lady.

She sustained a whiplash in August 1996 and when I saw her a couple of days later was complaining of further severe pain in her neck and upper back. She was referred for physiotherapy. Unfortunately her symptoms persist and they have not settled despite moderately strong analgesia and non steroidal anti-inflammatories.

I should be grateful if you would arrange to see her for assessment and would appreciate your advice regarding her further management.

Yours sincerely

K M FERGUSON MBChB MRCGP MRGP

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

Printed for The Stationery Office Dd8456932 11/96

104

Department of Obstetrics & Gynaecology

Consultants:
Dr Wm C M K Naismith
Dr Matt J Carty
Dr Valerie D Hood
Dr Robert J S Hawthorn
Dr Ian N Ramsay

Southern General Hospital
NHS Trust

1345 Govan Road Glasgow G51 4TF
Tel 0141-201 1100 Fax 0141-201 2994

GG/AC/461966

1 NOV 1996

25th October, 1996

Dr. K.M. Ferguson,
Mains Drive,
Park Mains,
ERSKINE PA8 6EL

Dear Dr. Ferguson,

FIONA DISMORE (D.O.B. 28.11.69)
124 HIGH PARKSAIL, ERSKINE PA8

Fiona returned to the Gynaecology Clinic on 23rd October 1996. Her discharge seems to have cleared up spontaneously and all her swabs carried out at the last visit were negative. An ultrasound of the pelvis was also normal - there was no evidence of a polyp.

I discussed the situation with Fiona and she is quite happy to wait and see what happens over the next cycle. If her discharge persists she will return for a Pipelle. If normal she will cancel her review appointment.

F
C
A

Kind regards.

Yours sincerely,

G. GREWAL,
SENIOR REGISTRAR

Department of Obstetrics & Gynaecology

Consultants:
Dr Wm C M K Naismith
Dr Matt J Carty
Dr Valerie D Hood
Dr Robert J S Hawthorn
Dr Ian N Ramsay

Southern General Hospital NHS Trust

1345 Govan Road Glasgow G51 4TF
Tel 0141-201 1100 Fax 0141-201 2994

105

GG/AC/461966

17 OCT 1996

16th October, 1996

Dr. K.M. Ferguson,
Mains Drive,
Park Mains,
ERSKINE PA8 6EL

Dear Dr. Ferguson,

FIONA DINSMORE (D.O.B. 28.11.69)
124 HIGH PARKSAIL, ERSKINE PA8

Thank you for your detailed letter regarding Fiona. She was seen at the clinic on 9th October 1996 and I understand has been receiving IVF treatment from Dr. Yates. Unfortunately she now has a constant vaginal discharge which is brown in colour - this is in between normal periods and therefore has even thought about a hysterectomy to solve her symptoms.

At the clinic she was found to have a healthy cervix, the uterus was anteverted, mobile and the fornices were clear. There was no tenderness or masses. It may be she has had a small polyp which has been causing her to have a constant vaginal discharge. I have taken off swabs and arranged a scan and will review her at the clinic in two weeks' time with the results. I will probably do an endometrial biopsy at her next visit.

Kind regards.

Yours sincerely,

FCA

A.C.

p.p. **G. GREWAL, SENIOR REGISTRAR**

106

RAH

27.8.96
Physiotherapy

3 1 8 1

WaDDELL

DINSMORE,
FIONA,

124 HIGH PARKSAIL,
ERSKINE,

28.11.69

PA8

561 3274

RAH
APRIL 1991

297639

Nurses Home Ross House, Paisley

Dear Sir/Madam,

This woman sustained a whiplash injury on 10th August, 1996 in a road traffic accident.

She is improving slowly but I wonder if some physiotherapy may benefit her and would appreciate your help in this matter.

Yours sincerely,

J. WILLS MBChB MRCGP.

101

Hospital use Only	Clinic	Day Date	Time	Hospital No.	107 GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital SOUTHERN GENERAL HOSPITAL Date 8.08.96

CHI No. 3 1 8 1

Please arrange for this patient to attend the GYNAECOLOGY CLINIC clinic of Dr/Mr

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname DINSMORE Maiden Surname

First Names FIONA Single/Married/Widowed/Other

Address 124 HIGH PARK SAIL Date of Birth 28.11.69

ERSKINE Patient's Occupation

Postal Code Contact telephone number

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

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 should be grateful for your help with this lady.

She has been receiving IVF treatment privately from Dr Yates. Unfortunately this has been unsuccessful. She has a one cycle left although at present she is not in a position to persue this.

She came to see me in April of this year with a heavy brown vaginal discharge and low back ache. We sent swabs at this time and no significant growth of any organism was found. The symptoms settled, unfortunately they recurred again in mid July she presented with brown vaginal discharge with bleeding also. A pregnancy test was negative. Once again her symptoms settled.

However she came back again to see me today with recurrence of the symptoms once again and she is quite distressed by these. She is desperate to have things resolved. She brought up the possibility of a hysterectomy because of symptoms were bothering her so much.

I should be grateful for your help with her further investigation.

Yours sincerely

K M FERGUSON MBChB MRGP MRCGP

Diagnosis/provisional diagnosis: a/w bleeding

Present drug treatment and potential special hazards: Sent out 9/10 — Dr Carty 9.00 AM

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

Printed by HMSO Scotland. Dd 8391984 1/96 (114006)

ACCIDENT / EMERGENCY FORM

(6)

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW G51 4TF
TEL. DIRECT: 0141 201 1456/8
SWITCHBOARD: 0141 201 1100
FAX: 0141 201 2997

AE No. 96/24892 108

SURNAME	FORENAMES	
DINSMORE	FIONA	13 AUG 1996

ADDRESS: 124 HIGH PARK SDN.

POST CODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
PA8 7HX	561 3776	28/11/67 (26)	F	M	

NEXT OF KIN NAME	RELATIONSHIP	FAMILY DOCTOR SURNAME	INITIALS
MARK	HUSBAND	FERGUSON	

ADDRESS	ADDRESS
S/N	MAINS DR

POST CODE	TELEPHONE No.	POST CODE	TELEPHONE No.
		—	—

ACCIDENT/EMERGENCY DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
11/8/96	NO		

TIME OF ATTENDANCE: 13.27

MODE OF TRANSPORT: AMBULANCE ____ PUBLIC ____ OWN ✓ NONE ____

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
10/8/96.			GP A&E ✓ GP SPEC. ____ 999 ____ SELF ____ POLICE ____ OTHER (CODE) ____

ROAD TRAFFIC ACCIDENT PLACE

DETAILS: FSP ✓ DRIVER ____ M/C DRIVER ____ OTHER ____ BSP ____ PED. ____ M/C PASSENGER ____

REASON FOR ATTENDANCE: Whiplash

	TIME
TRIAGE	13.27
DOCTOR	1420
NURSE	
LEFT DEPT.	1430.

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended the Accident & Emergency Department today.

Diagnosis SIMPLE WHIPLASH INJURY
NO SIGNIFICANT INJURY

X-Ray film / ECG shows ____

Treatment given Soft collar applied, NSAIDs prescribed

Drugs 7 days supply of IBUPROFEN 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.

F C A

Ward No. (If admitted)	Transfer to Hospital	Consultant (If admitted)

Follow Up: Not arranged ____ Arranged ____ To be arranged ____

Clinic Referred to	AE	Hand Injury	Fracture	Pop Check	Ortho	Medical	Surgical	ENT	Others Specify

Medical Officers Name (In Block Letters): INNES CAMPBELL

Cons SR Reg (SHO) JHO Clin Assist Staff Grade (please circle)

Signature of Medical Officer: I Campbell

SGH 458 0431551

R09

109

FUNDHOLDING ACTIONED

UNITED LEEDS TEACHING HOSPITALS

THE GENERAL INFIRMARY AT LEEDS

Clarendon Wing

24 JUL 1995

Enquiries to: Secretary

Direct Line/Ext: 292 6908 direct line
292 2971 fax number

Our Ref: AJR/MC/G196305

Your Ref:

Date: 18 July 1995

Mrs F Dinsmore
76 Clotherholme Road
RIPON
HG4 2DW

Dear Mrs Dinsmore

I am sorry you were unable to keep your appointment on the 9 May 1995. If you would still like to be seen in my assisted conception clinic, I would be grateful if you could telephone the appointments clerk on Leeds 0113 292 6546 to make a more convenient appointment.

Yours sincerely

A J Rutherford
Consultant Obstetrician & Gynaecologist

cc Dr M S McDowall North Street RIPON
Mr M C Oakley Harrogate District Hospital Lancaster Park Road HG2 7SX

Records sent back to FHSA 31.05.95

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Dr. Robin Yates, M.B.Ch.B., M.R.C.O.G.

The Glasgow Nuffield Hospital
Beaconsfield Road
Glasgow

Telephone
0141-334 9441

Residence
7 West Chapelton Drive
Bearsden G61 2DB

Telephone
0141-942 0353

30 JUN

RWSY/JMG

Dr. W Murray
The Mains Medical Centre
300 Mains Drive
ERSKINE
PA8 7JQ

21 June 1995

Dear Dr. Murray

FIONA DINSMORE (28/11/69)
124 HIGH PARKSAIL, ERSKINE

I was pleased to see this couple on the 12 June 1995 at the Glasgow Nuffield Hospital.

From the information they have given me, I.V.F. would be the treatment of choice. I will check her referral letter at the Royal Infirmary to see whether this is in agreement. I will put their name on the waiting list for I.V.F. at the Royal Infirmary but they will proceed to treatment here in the near future.

They will obviously be very grateful for any help which can be given during this treatment cycle.

Kind regards.

Yours sincerely

R W S YATES
CONSULTANT GYNAECOLOGIST

c.c. Sister Ralston, Glasgow Nuffield Hospital

c.c. I.V.F. Waiting List, GRI

FCA

Our Ref: WM/SN

25th May, 1995

Dr. Yates,
Consultant Gynaecologist,
Nuffield McAlpine Clinic,
Beaconsfield Road,
GLASGOW.

Dear Dr. Yates,

Re: Fiona Dinsmore, 124 High Parksail, Erskine
D.O.B. 28.11.69

I would be grateful if you would see this lady. She had an appointment to attend your clinic in October, but has requested a private consultation to see you before this.

To cut a long story short, she was thoroughly investigated in Harrogate by a Mr. Oakley and has had a full gamut of tests and was told that the only step left to her was IVF. It was implied when she phoned the Royal Infirmary that she would be treated as a new patient in October, and if necessary, the tests would be repeated. Clearly, she wishes to avoid this, if possible.

She therefore, wishes to see you and discuss IVF directly and hopes that you may be able to take advantage of previous tests by requesting her notes from Mr. Oakley at Harrogate Hospital.

I would be very grateful if you would see her and advise her regarding further treatment.

Yours sincerely,

W. MURRAY. MBChB MRCGP.

112

Royal Infirmary 10.4.95

IVF Clinic x Yates

DINSMORE,
FIONA,

124 HIGH PARKSAIL, 28.11.69
ERSKINE,

PA8 812 0893

New Patient - no details as yet.

Dear Dr. Yates,

I would be grateful if you would see this lady. She has had a full infertility work-up at a Leeds Hospital, and was told that the only step left to her, was IVF.

I would be very grateful if you would see her. She was previously seen by a Mr. Oakley, Consultant Gynaecologist, Harrogate Hospital, Harrogate.

I would be grateful for your attention.

Yours sincerely,

W. MURRAY.

113

N·H·S TRUST

FUNDHOLDING ACTION

UNITED LEEDS TEACHING HOSPITALS

THE GENERAL INFIRMARY AT LEEDS

Clarendon Wing

08 APR 1995

	Drs Inits	Dono Inits
~~Enquiries to:~~ Secretary		
Make routine appt		
~~Direct Line/Ext:~~ 292 3132 direct line		
Make URGENT appt 292 2971 fax number		
~~Your Ref:~~ MD.GMS.G196305		
Tell patient - NORMAL		
Notes please		
~~Your Ref:~~		
To phone DOCTOR		
~~Date:~~ Computer 28 March 1995		
File in notes		
File: holiday file		
Visit		
Prescription		

Mr M C Oakley
Gynaecologist & Obstetrician
Harrogate District Hospital
Lancaster Park Road
HARROGATE
HG2 7SX

Dear Mr Oakley

FIONA DINSMORE - DOB 28 11 69
76 CLOTHERHOLME ROAD, RIPON HG4 2DW

Thank you for referring Mr & Mrs Dinsmore to the assisted conception clinic. They are a charming couple who have been trying to conceive for the past 3½ years. I gather Mrs Dinsmore was investigated with tubal surgery in July 1994 and had bilateral salpingostomies. Unfortunately she has not managed to conceive. She is I gather an RGN in Harrogate.

They are unsure whether they would like to go on the Harrogate NHS waiting list or whether they would like to fund it themselves. I have organised a wash and swim test for Mr Dinsmore and have explained the intricacies of IVF to them. I have given them a booklet to read at home and plan to see them back in the next few weeks.

Yours sincerely

MARTIN A DEBONO
LECTURER TO MR A J RUTHERFORD

cc Dr M S McDowall North Street Ripon

Dear Dr McDowall

As part of the new HFEA regulations I have to ask you whether or not you know of any reason why this couple should not have in vitro fertilisation treatment in terms of the welfare of the child. If you have such information I would be grateful if you could let me know as soon as possible.

HARROGATE HEALTH CARE

Ripon Community Hospital
Firby Lane
Ripon HG4 2PR
Telephone (0765) 602546
Facsimile (0765) 606628

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07 NOV 1994

	Drs Initials	Done Initials
Make routine appt		
Make URGENT appt		
Tell patient-NORMAL		
Notes please		
To phone DOCTOR		
Computer		
File in notes		
File: holiday file		
Visit		
Prescription		

Telephone enquiries please contact

Ext

Our Ref UFA/KRT/300980

Your Ref

Date 28th October 1994

FUNDHOLDING ACTIONED

Dr. I.G..C Brown

Dear Dr. Brown,

Fiona DINSMORE 28.11.69
76 Clotherholme Road, Ripon

I saw this 24 year old lady today on behalf of Mr. Oakley.

We are reviewing her following her tubal surgery. You did refer her to us concerning suspect ectopic pregnancy. The scan report and pregnancy test carried out did not support this. She is, however, quite anxious to get pregnant. Her last menstrual period was on the 23rd October 1994.

On examination, her general condition was satisfactory. There was no ~~pain~~ tenderness in the abdomen but vaginal examination showed a slightly tender left adnexa. I did reassure her and asked her to come back to see us in six month's time.

Yours sincerely,

DR. U.F. AGBIM
Reg to Mr. M.C. Oakley

HARROGATE HEALTH CARE

Harrogate District Hospital
Lancaster Park Road
Harrogate HG2 7SX
Telephone (0423) 885959

114

mco/jib/300900

30 January 1995

Telephone enquiries please contact

Ext

Our Ref

Your Ref

Date

2 - FEB 1995	Drs n.s	Done ints
Make routine app		
Make URGENT app		
Tell patient NORM		
Notes please		
To please [illegible]		
Comp [illegible]		
File in notes		
File: holiday file		
Visit		
Prescription		

Mr Tony Rutherford M.R.C.O.G.
Consultant Obstetrician & Gynaecologist,
Clarendon Wing,
The General Infirmary at Leeds,
Belmont Grove,
Leeds LS2 9NS

Dear Mr Rutherford,

Fiona DINSMORE dob: 28.11.69
76 Clotherholme Road, Ripon.

I wonder if you would be kind enough to see Mrs Dinsmore for me. You can see, from the notes enclosed, that Mrs Dinsmore unfortunately had 2 miscarriages in 1988 and 1989 and subsequently was investigated for secondary infertility. She had tubal surgery performed and bilateral salpingostomies and adhesiolysis was performed.

You will also see that Mr Dinsmore's semen analysis was satisfactory.

I just wonder whether we could help with her infertility.

Kind regards,

Yours sincerely,

MICHAEL C. OAKLEY
Gynaecologist & Obstetrician
encl: Notes re: Fiona Dinsmore Unit No: 300980
cc :
DF M S McDowall North House, North Street, Ripon.

WHZ 013

HARROGATE HEALTHCARE: DISCHARGE PLAN AND ADDITIONAL SUPPORT FORM

Name: Fiona Dinsmore Hospital: HGH Hospital No. 300980 Ward: ONE

If you have any worries or concerns please contact the Ward or Community/Hospital Liaison Department Harrogate 885959/Ext 3035.
The GP will not visit automatically on discharge. If a visit is necessary please contact the surgery.

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DISCHARGE PLAN

Lives Alone YES ☑ NO ☐

Name of Contact: Mrs. Karen Deacon

Relationship: Friend

Address on Discharge: 76 Clotherholme Road, Ripon

Address: 2 Manna Way Ripon

Tel No: 0765 601956

Transport Required YES ☐ NO ☐

Transport Arranged by:

Date Informed of Discharge

Tel No: 0765 601036 Work:

O.P.D. Appointment YES ☑ NO ☐ Date: 28-10-94 at Ripon

Transport Arranged YES ☐ NO ☐

Service Arranged (Please tick appropriate service)	✓	Arranged with/ Other information	Service Arranged (Please tick appropriate service)	✓	Arranged with/ Other information
District Nurse			Meals on Wheels		
Health Visitor			Physiotherapy		
Practice Nurse			Occupational Therapist		
MacMillan Nurse			Speech Therapist		
Diabetic Liaison			Neighbours		
Stoma/Breast Care Nurse			Day Hospital		
Community Psychiatric Nurse			Fixed Period Admission		
Social Worker/Care Manager			Other (Please specify)		
Social Services Day Care			Special Equipment (Please specify)		
Home Care Service					

CONDITION ON DISCHARGE

Independent of all needs & fully mobile.

ONGOING TREATMENT REQUIRED – ANY OTHER COMMENTS Date of 1st Visit Required

No ongoing treatment required.

Yours sincerely Fiona Dinsmore

Signature F Dinsmore Date 21-10-94

JB-F2566

WHZ 010

HARROGATE HEALTH CARE: DEPT. OF GYNAECOLOGY – DISCHARGE LETTER

300980
DINSMORE Fem
FIONA
76, CLOTHERHOLME ROAD,
RIPON,
HG4 2DW Mar
28/11/1969
DR I.G. BROWN

Consultant ...Dr Oakley... Ward ...1...
District Nurse/Health Visitor ... 117
Date of Admission ...18/10/94...
Date of Discharge/Transfer ...21/10/94...
Transfer/Discharge Address ...SIA...
Tel No: ...0765 601936...

DIAGNOSIS
Presenting Complaint ...Pain LIF...
Main Diagnosis ...probable PID...
Secondary Diagnoses ...
Patient aware of diagnosis YES ☑ NO ☐ Relatives/carers aware YES ☐ NO ☐

CODING

OPERATIONS AND PROCEDURES
Date ... Main Operation ...nil...
Date ... Additional Op ...
Blood transfusion YES NO

28 OCT 1994	Dis Ins	Done Ints
Make routine appt		
Make URGENT appt		
Tell patient-NORMAL		
Notes please ☐		
To phone DOCTOR		
Computer		
File in notes		
File: holiday file		
Visit		
Prescription		

POST-OP COURSE WHILST IN HOSPITAL (Please tick appropriate boxes)
Wound infection ☐ CVS Problems (MI etc) ☐ Chest Infection ☐
Haemorrhage/haematoma ☐ DVT/PE ☐ UTI ☐
Please specify ...

ADDITIONAL INFORMATION (for patient/relative, or information for G.P. – removal of stitches, blood tests, Anti-D Globulin given etc.)

MEDICATIONS TAKEN ON DISCHARGE Dispensed by ...Am... Date ...21/10/94... Chilprf. Cont. Y/N

Drug and type of Preparation	Dose	Frequency	Quantity/Duration	Pharmacy
METRONIDAZOLE	400mg	tds	7	21
ERYTHROMYCIN	250mg	QDS	7	28
CO-CODAMOL	1-2	prn tds		40

End March 30

ALLERGIES ...

THE FOLLOWING SERVICES HAVE BEEN ARRANGED
1. Out-Patient Clinics ☑ ...6... weeks/~~months~~ 2. Patient requested to see GP ☐ ....weeks/months
3. Waiting List ☐ .... weeks/months 4. Other ...

JB-F2567

Yours sincerely,

...SHO Date 21/10/94 Authorising Signature ...

Name
Address

(for addressograph)
Vegetal Number
D.C.G.
S.P.

Description	Qty	Date Req'd
Glass routine appl		
Glass IMPORT appl		
Cell pieces NORMAL		
Blades Algae		
To phone-DOCTOR		
Overwater		
Pile in Mass		
Pile: Tubby Tile		
Vial		
Prescription		

WHZ 013

HARROGATE HEALTHCARE: DISCHARGE PLAN AND ADDITIONAL SUPPORT FORM

Name: Fiona Dinsmore Hospital: General Hospital No. 300980 Ward: [illegible]

If you have any worries or concerns please contact the Ward or Community/Hospital Liaison Department Harrogate 885959 Ext 3035.
The GP will not visit automatically on discharge. If a visit is necessary please contact the surgery.

DISCHARGE PLAN

Lives Alone YES ☐ NO ☑

Address on Discharge: 76 Clotherholme Rd
Ripon

Tel No: 0765 601936

Transport Required YES ☐ NO ☑

Transport Arranged by: self

Date Informed of Discharge 29-7-94

Name of Contact: Mr Dinsmore

Relationship: Husband

Address: Sa[illegible]

Tel No: ..... Work: .....

O.P.D. Appointment YES ☑ NO ☐ Date: [illegible]

Transport Arranged YES ☐ NO ☐

Service Arranged (Please tick appropriate service)	✓	Arranged with/ Other information	Service Arranged (Please tick appropriate service)	✓	Arranged with/ Other information
District Nurse			Meals on Wheels		
Health Visitor			Physiotherapy		
Practice Nurse			Occupational Therapist		
MacMillan Nurse			Speech Therapist		
Diabetic Liaison			Neighbours		
Stoma/Breast Care Nurse		NO/A	Day Hospital		
Community Psychiatric Nurse			Fixed Period Admission		
Social Worker/Care Manager			Other (Please specify)		
Social Services Day Care			Special Equipment (Please specify)		
Home Care Service					

CONDITION ON DISCHARGE Up and self caring

ONGOING TREATMENT REQUIRED – ANY OTHER COMMENTS Date of 1st Visit Required .....

Signature [signature] Date 30-7-94

JB-F2566

HHC
HARROGATE HEALTH CARE

Harrogate District Hospital
Lancaster Park Road
Harrogate HG2 7SX
Telephone (0423) 885959

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7 SEP 1994	Drs Ints	Done Ints
Make routine appt		
Make URGENT appt	Telephone enquiries please contact	
Tell patient - NORMAL		
Notes please		
To phone Our Ref		
Computer Your Ref Date		
File in notes	1	
File: holiday file		
Visit		
Prescription		

ss/cam/300980

26th August 1994.

Dr. I.G.C. Brown,
North House,
North Street,
RIPON.

Dear Dr. Brown,

re. Fiona DINSMORE (28.11.69)
76 Clotherholme Road, Ripon HG4 2DW.

Mrs. Dinsmore was admitted on 25th July 1994 for tubal surgery. The same was carried out on 26th July 1994. A bilateral salpingostomy with clearing of dense pelvic adhesions was performed. She recovered well from surgery and was put on a course of Metronidazole and Cephradine.

She was discharged home on 30th July 1994 and we will review her in Clinic in six weeks' time.

FUNDHOLDING ACTIONED

Yours sincerely,

S. SARIN,
SHO - GYNAE.

WHZ 010

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HARROGATE HEALTH CARE: DEPT. OF GYNAECOLOGY – DISCHARGE LETTER

300980
DINSMORE
FIONA
76 CLOTHERHOLME ROAD
RIPON
HG4 2DW
F:
28/11/69
DR I.G. BROWN

Consultant Mr. Oakley Ward Oak

District Nurse/Health Visitor

Date of Admission 25-7-94

Date of Discharge/Transfer 30-7-94

Transfer/Discharge Address home

Tel No: 0765 601936

DIAGNOSIS

Presenting Complaint Secondary infertility

Main Diagnosis Tubal Surgery

Secondary Diagnoses

Patient aware of diagnosis YES ☑ NO ☐ Relatives/carers aware YES ☐ NO ☐

30 AUG 1994	Dis	Date
Make routine appt		
Make URGENT appt		
Tell patient NORMAL		
Notes please		
To phone DOCTOR		
Computer		
File in notes		
File: holiday file		
Prescription		

CODING

OPERATIONS AND PROCEDURES

Date 26/7/94 Main Operation Bilateral Salpingostomy

Date 26/7/94 Additional Op Clearing of pelvic adhesions

Blood transfusion YES (NO)

POST-OP COURSE WHILST IN HOSPITAL (Please tick appropriate boxes)

Wound infection ☐ CVS Problems (MI etc) ☐ Chest Infection ☐

Haemorrhage/haematoma ☐ DVT/PE ☐ UTI ☐

FUNDHOLDING ACTIONED

Please specify N/A

ADDITIONAL INFORMATION (for patient/relative, or information for G.P. – removal of stitches, blood tests, Anti-D Globulin given etc.)

~~Bloo~~

MEDICATIONS TAKEN ON DISCHARGE Dispensed by AB Date 30/7/94 Chilprf. Cont. Y/N

Drug and type of Preparation	Dose	Frequency	Quantity/Duration	Pharmacy
Metronidazole	po- 200mg	1 tds for	21/7	6
Cephradine	250mg	1 qds	21/7	8

ALLERGIES

THE FOLLOWING SERVICES HAVE BEEN ARRANGED

1. Out-Patient Clinics ☑ 6 weeks/months
2. Patient requested to see GP ☐ ....weeks/months
3. Waiting List ☐ .... weeks/months
4. Other

Yours sincerely

JB-F2567

VDM SHO Date 30/7/94 Authorising Signature

HARROGATE HEALTH CARE

Ripon Community Hospital
Firby Lane
Ripon HG4 2PR
Telephone (0765) 602546
Facsimile (0765) 606628

124

Telephone enquiries please contact

19 JAN 1994

	Ors Ints	Done Ints
Make routine appt		
Make URGENT appt		
Tell patient-NORMAL		
Notes please		
To phone DOCTOR		
Computer		
File in notes		
Letter: h... visit		
Prescription		

Ext
Our Ref MCO/KRT/300980
Your Ref
Date 7th January 1994

Dr. I.G.C. Brown

Dear Ian,

Fiona DINSMORE 28.11.69
76 Clotherholme Road, Ripon

I think this lady is going to require tubal surgery. I have explained to her that I am reluctant to do it at the present time because her husband is serving in Bosnia. I told Mrs. Dinsmore that she should consult her husband before we arrange a date for operation.

Kind regards,
Yours sincerely,

FUNDHOLDING ACTIONED

MICHAEL C. OAKLEY
Consultant Gynaecologist & Obstetrician

HHC
HARROGATE HEALTH CARE

Harrogate District Hospital
Lancaster Park Road
Harrogate HG2 7SX
Telephone (0423) 885959

123

mco/ec/300980

13th January, 1994.

Telephone enquiries please contact

Ext
Our Ref
Your Ref
Date

FUNDHOLDING ACTIONED

Miss F. Dinsmore,
76 Clotherholme Road,
Ripon
HG4 2DW

Dear Miss Dinsmore,

Thank you for your telephone call saying that you would like your operation after the month of June, 1994.

I cannot promise to do it under a spinal anaesthetic because the present Consultant Anaesthetist is leaving and I shall have to discuss this with her replacement when he/she is appointed.

Yours sincerely,

MICHAEL C. OAKLEY
Consultant Gynaecologist & Obstetrician

C.C. Dr. I.G.C. Brown

14 JAN 1994	Drs ints	Done ints
Make routine appt		
Make URGENT appt		
Tell patient-NORMAL		
Notes please		
To phone Dr ...		
Computer		
File in notes	✓	
File: holiday file		
Visit		
Prescription		

HHC
HARROGATE HEALTH CARE

Harrogate District Hospital
Lancaster Park Road
Harrogate HG2 7SX
Telephone (0423) 885959

125

AL/ALW/300980

25 November 1993

Telephone enquiries please contact

Ext
Our Ref
Your Ref
Date

- 6 DEC 1993	
Make routine appt	
Make URGENT appt	
Tell patient-NORMAL	
Notes please	
To phone DOCTOR	
Computer	
File in notes	
File: holiday file	
Visit	
Prescription	

Dr I G C Brown
North House
North Street
RIPON

Dear Dr Brown

Fiona DINSMORE dob 28.11.69
76 Clotherholme Road Ripon

This 23 year old lady was admitted as a day case on 16 November for laparoscopy and dye.

Laparoscopy showed a mobile uterus, both tubes were swollen with adhesions. There was bilateral fill and spill of the methylene blue dye.

She will be reviewed in the clinic in 6 weeks' time.

Yours sincerely

M. Amanda Lindsay

DR A LINDSAY
SHO - Gynae

FUNDHOLDING ACTIONED

HARROGATE HEALTH CARE: DEPARTMENT OF GYNAECOLOGY – DISCHARGE LETTER

126

300980
DINSMORE
FIONA
76 CLOTHERHOLME ROAD
RIPON
HG4 2DW
28/11/63
DR I.G.BROWN

Consultant M.R. Oakley Ward end

District Nurse/Health Visitor .....

Date of Admission 16/11/93

Date of Discharge/Transfer 16/11/93

Transfer/Discharge Address 78, Clotherholme Rd.

Tel No: 602441

DIAGNOSIS **CODING**

Presenting Complaint infertility

Main Diagnosis to be established

Secondary Diagnoses .....

Patient aware of diagnosis YES ☐ NO ☐ Relatives/carers aware YES ☐ NO ☐

OPERATIONS AND PROCEDURES

Date 16/11/93 Main Operation laparoscopy + dye

Date ..... Additional Op .....

Blood transfusion YES NO

POST-OP COURSE WHILST IN HOSPITAL (Please tick appropriate boxes)

Wound infection ☐ CVS Problems (MI etc) ☐ Chest Infection ☐

Haemorrhage/haematoma ☐ DVT/PE ☐ UTI ☐

Please specify .....

ADDITIONAL INFORMATION (for patient/relative, or information for G.P. – removal of stitches, blood tests, Anti-D Globulin given etc.)

ACTIONED

17 NOV 1993

	Doctors Initials	Secretary Initials
Make routine appt		
Make U... appt		
Tell patient ...		
Notes ple...		
To phone		
Computer		
File in notes		
File: holiday ...		
Visit		
Prescription		

MEDICATIONS TAKEN ON DISCHARGE Dispensed by ..... Date ..... Chilprf. Con.../N

Drug and type of Preparation	Dose	Frequency	Quantity/Duration	Pharmacy

ALLERGIES Nil known

THE FOLLOWING SERVICES HAVE BEEN ARRANGED

1. Out-Patient Clinics ☑ 6 weeks/~~months~~ 2. Patient requested to see GP ☐ ....weeks/months
3. Waiting List ☐ .... weeks/months 4. Other .....

Yours sincerely

..... SHO Date 16/11/93 Authorising Signature .....

Name
Address

(or address tape)
Hospital Number
D.O.B.
G.P.

11/2/127

HARROGATE HEALTHCARE: DISCHARGE PLAN AND ADDITIONAL SUPPORT FORM

Name: Fiona Dinsmore Hospital: HGH Hospital No. 300980 Ward: ONE

If you have any worries or concerns please contact the Ward or Community/Hospital Liaison Department Harrogate 885959 Ext 3035.
The GP will not visit automatically on discharge. If a visit is necessary please contact the surgery.

DISCHARGE PLAN

Lives Alone YES ☐ NO ☑

Name of Contact: Mr Dinsmore

Relationship: husband

Address on Discharge: 78, Clotherholme Rd S, Ripon. (602441)

Address: SAME

Tel No: 600184

Tel No: Work:

Transport Required YES ☐ NO ☑

Transport Arranged by:

O.P.D. Appointment YES ☑ NO ☐ Date: 7th Jan

Date Informed of Discharge 16.11.93

Transport Arranged YES ☐ NO ☐

Service Arranged (Please tick appropriate service)	✓	Arranged with/ Other information	Service Arranged (Please tick appropriate service)	✓	Arranged with/ Other information
District Nurse			Meals on Wheels		
Health Visitor			Physiotherapy		
Practice Nurse	✓	16.11.93	Occupational Therapist		
MacMillan Nurse			Speech Therapist		
Diabetic Liaison			Neighbours		
Stoma/Breast Care Nurse			Day Hospital		
Community Psychiatric Nurse			Fixed Period Admission		
Social Worker/Care Manager			Other (Please specify)		
Social Services Day Care			Special Equipment (Please specify)		
Home Care Service					

CONDITION ON DISCHARGE

Fully independant of needs

ONGOING TREATMENT REQUIRED – ANY OTHER COMMENTS Date of 1st Visit Required

Patient requires removal of Sutures from hysteroscopy She will make an appointment with you

Signature Date 16.11.93

HARROGATE HEALTHCARE: DISCHARGE PLAN AND ADDITIONAL SUPPORT FORM

Name: Fiona Dinsmore Hospital: HGH Hospital No. 300980 Ward: Flower

If you have any worries or concerns please contact the Ward or Community/Hospital Liaison Department Harrogate 885959 Ext 3035. The GP will not visit automatically on discharge. If a visit is necessary please contact the surgery.

DISCHARGE PLAN

Lives Alone YES ☐ NO ☑

Name of Contact: Mr Dinsmore

Relationship: husband

Address on Discharge: 78, Mother Hobbs Rd RIPON.

Address: SIA.

Tel No: 600184 (602444)

Tel No: ..... Work: .....

Transport Required YES ☐ NO ☑

Transport Arranged by: .....

O.P.D. Appointment YES ☑ NO ☐ Date: 7th Jan

Date Informed of Discharge 16.11.93

Transport Arranged YES ☐ NO ☐

Service Arranged (Please tick appropriate service)	✓	Arranged with/ Other information	Service Arranged (Please tick appropriate service)	✓	Arranged with/ Other information
District Nurse			Meals on Wheels		
Health Visitor			Physiotherapy		
Practice Nurse	✓	16.11.93	Occupational Therapist		
MacMillan Nurse			Speech Therapist		Doctor has copy of letter
Diabetic Liaison			Neighbours		
Stoma/Breast Care Nurse			Day Hospital		
Community Psychiatric Nurse			Fixed Period Admission		
Social Worker/Care Manager			Other (Please specify)		
Social Services Day Care			Special Equipment (Please specify)		
Home Care Service					

CONDITION ON DISCHARGE

fully independant & needs

18 NOV 1993	Drs Ints	Done Ints
Make routine appt		
Make URGENT appt		
Tell patient-NORMAL		
Notes please		
To phone DOCTOR		
Computer		
File in notes		
File: holiday file		
Visit		
Prescription		

ONGOING TREATMENT REQUIRED – ANY OTHER COMMENTS Date of 1st Visit Required .....

Patient requires removal of sutures from hand. She will make an appointment with you.

Signature D Reeves Date 16.11.93

HARROGATE HEALTH CARE: DEPARTMENT OF GYNAECOLOGY – DISCHARGE LETTER

Name
Addres
(or ad
Hospi
D.O.E
G.P.

300980
DINSMORE
FIONA
76 CLOTHERHOLME ROAD
RIPON
HG4 2DW F:
DR I.G. BROWN 28/11/69

Consultant I.I.V. Corkey Ward 129

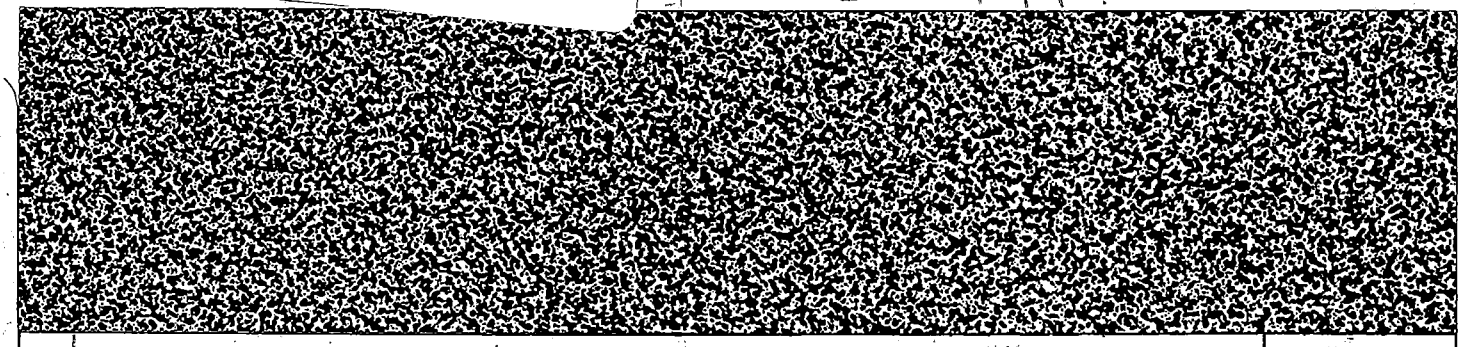
District Nurse/Health Visitor .....

Date of Admission 16/11/93

Date of Discharge/Transfer 16/11/93

Transfer/Discharge Address 75 Clotherholme Rd

Tel No: 02441



OPERATIONS AND PROCEDURES

Date 16/11/93 Main Operation Laparoscopy - dye

Date ..... Additional Op .....

Blood transfusion YES NO

POST-OP COURSE WHILST IN HOSPITAL (Please tick appropriate boxes)

Wound infection ☐ CVS Problems (MI etc) ☐ Chest Infection ☐

Haemorrhage/haematoma ☐ DVT/PE ☐ UTI ☐

Please specify .....

ADDITIONAL INFORMATION (for patient/relative, or information for G.P. – removal of stitches, blood tests, Anti-D Globulin given etc.)

MEDICATIONS TAKEN ON DISCHARGE Dispensed by ..... Date ..... Chilprf. Cont. N

Drug and type of Preparation	Dose	Frequency	Quantity/Duration	Pharmacy

18 NOV 1993 | Drs Ints | Done Ints

Make routine appt

Make URGENT appt

Tell patient-NORMAL

Notes please

To phone DOCTOR

Computer ☐

File in notes

File: holiday f.

Visit

Prescription

ALLERGIES ..... NKDA

THE FOLLOWING SERVICES HAVE BEEN ARRANGED

1. Out-Patient Clinics ☑ 6 weeks/months 2. Patient requested to see GP ☐ .... weeks/months
3. Waiting List ☐ .... weeks/months 4. Other .....

Yours sincerely

..... SHO Date ..... Authorising Signature .....

HHC

HARROGATE HEALTH CARE

Ripon & District Hospital
Firby Lane
Ripon HG4 2PR
Telephone (0765) 602546
Facsimile (0765) 606628

FLDHOLDING
ACTIONED

132

24 MAY 1993

Make routine appt		
Make URGENT appt		
Tell patient-NORMAL		
Notes please		
To phone DOCTOR		
Computer		
File in notes		
File: holiday file		
Visit		
Prescription		

Telephone enquiries please contact

Ext

Our Ref MCO/KRT/300980

Your Ref

Date 14th May 1993

Dr. I.G.C. Brown

Dear Ian,

Fiona DINSMORE 28.11.69
76 Clotherholme Road, Ripon

Thankyou for your letter concerning this lady. I have examined her today and could not find any abnormality. She needs a serum prolactin and hysterosalpingogram performing and I will see her again in six week's time.

Kind regards,
Yours sincerely,

MICHAEL C. OAKLEY
Consultant Gynaecologist & Obstetrician

HARROGATE HEALTH CARE

Ripon & District Hospital
Firby Lane
Ripon HG4 2PR
Telephone (0765) 602546
Facsimile (0765) 606628

131

23 SEP 1993

	Drs	Ints
Make routine appt		
Make URGENT appt		
Tell patient-NORMAL		
Notes please		
To phone DOCTOR		
Computer		
File in notes		
File: holiday file		
Visit		
Prescription		

Telephone enquiries please contact

FUNDHOLDING ACTIONED

Ext

Our Ref MCO/KRT/300980

Your Ref

Date 17th September 1993

Dr. I.G.C. Brown

Dear Ian,

Fiona DINSMORE 28.11.69
76 Clotherholme Road, Ripon

I saw Mrs. Dinsmore today. I am going to go ahead and do a laparoscopy and dye test for her.

Kind regards,
Yours sincerley,

MICHAEL C. OAKLEY
Consultant Gynaecologist & Obstetrician

HARROGATE HEALTH CARE

Ripon & District Hospital
Firby Lane
Ripon HG4 2PR
Telephone (0765) 602546
Facsimile (0765) 606628

130

12 JUL 1993

Make routine appt			
Make URGENT appt			
Tell patient-NORMAL			
Notes please			
To phone DOCTOR	Ext		
Computer	Our Ref	VS/JG	300980
File in notes	Your Ref		
File: holiday file	Date	25th June 1993	
Visit			
Prescription			

UNDER HOLDING
ACTIONED

Telephone enquiries please contact

Dr. I. G. Brown

Dear Dr. Brown

FIONA DINSMORE
76 Clotherholme Road, Ripon

Mrs. Dinsmore was again seen today in the Clinic. She is a 23 year old lady who has been trying for a pregnancy since the age of 17. As you will recall, she had two miscarriages a few years ago.

Hysterosalpingogram reported as normal, so is the serum prolactin level. I discussed Clomiphene treatment with her. She knows the side effects and multiple pregnancy etc. but she is wanting to start Clomiphene now. I have given her a prescription for Clomid 50 mg. tablets one tablet twice daily from Day 5 to 9 of each cycle. We will see her in 4 months time. She is going to start treatment from next cycle.

Yours sincerely

DR. V. SHARRAN
Clinical Assistant to Mr. Oakley

GREATER GLASGOW HEALTH BOARD

SOUTHERN GENERAL HOSPITAL

138

Our ref: JMH/SG/18343
Your ref:
If 'phoning ask for – Department of Genito-Urinary Medicine Ext. 3407

1345 Govan Road
Glasgow G51 4TF
Telephone: 041-445 2466
FAX No: 041-445 3670

28 October 1991

Dr Linda Feeney
29 Glasgow Road
PAISLEY
PA1 3PB

Dear Dr Feeney

FIONA WADDELL DOB 28.11.69
ROSS HOUSE HAWKHEAD ROAD PAISLEY

Thank you for your letter of 7th October 1991 referring this 21 year old patient to the clinic with a two month history of genital warts. I also noted Fiona's history of pelvic inflammatory disease earlier this year and previous uncertain diagnosis, either pelvic inflammatory disease or ovarian cyst.

At her first visit on 10th October 1991, a few perianal warts were identified but there were no other lesions anteriorly or on internal cervical/vaginal inspection.

On pelvic examination there was no discomfort or adnexal lesions. Topical Trichloracetic Acid/Podophyllin in spirit was applied and screening tests were taken and found negative for gonorrhoea, syphilis and chlamydia.

Advice was given regarding sexual intercourse and Fiona will be followed up until we are quite sure that all evidence of warts is cleared. I understand from the enclosed cervical cytology report that you kindly forwarded to us, that this should be repeated in six months time which we could leave with you. No further cytology has been taken at this end.

With best wishes.

Yours sincerely

Janina M. Harvey

J M Harvey
Consultant in Genito-Urinary Medicine

CARD OUT	✓	FILE	
SUM. ENTRY	✓	DISEASE INDEX	

139

LF/LT

7th October 1991

Letter to: Genito-Urinary Department, [redacted] SOUTHERN GENERAL
re: Fiona Waddell, Ross House, Hawkhead Road, PAISLEY
DOB 28.11.69

Dear Doctor,

Thank you for seeing Fiona. She came to see me on the 2nd October with a complaint of lumps. On examination she had introital warts. These had only appeared over the last couple of months and I can certainly confirm that since I did a vaginal examination in May of this year which showed no abnormality. She has known her present partner for the past eight months and both of them have had previous sexual partners. A recent cervical smear (a copy of which is enclosed) shows that she does have HPV infection and a six month repeat has been requested. She has no complaints of vaginal discharge and was an inpatient in April of this year with pelvic inflammatory disease and was given appropriate medication at that time.

Thank you for seeing her.

Yours faithfully,

LINDA A. FEENEY

Office 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 SOUTHERN GENERAL Date .....

Special arrange for this patient to attend the GYNAECOLOGY clinic of Dr 140

Patient's Surname WOABBEL

Forenames FIONA

Address Ross House HAGHEHEAD ROAD PAISLEY

Postal Code PA2 7BS Contact telephone number .....

Maiden Surname .....

Single/Married/Widowed/Other .....

Date of Birth 28-11-69

Patient's Occupation Student Nurse

If the patient attended hospital before YES/NO If "YES" please state:

Name of Hospital SGH

Year of Attendance Oct 1991 Hospital No 18343

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

87521
Drs. R. BROWN, L. FEENEY & F. CRAMPSEY
29 GLASGOW ROAD
PAISLEY PA1 3PB
Tel. 041 889 3366

Dr Macneill

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.

I wonder if you could help with this 23 year old student nurse who has been having RIF pain for some years now. She has attended the RAH but as a student nurse there would prefer to attend the SGH.

History summary -

March 1988 - admitted with RIF pain - normal appendix removed
April 1988 - diagnosed as having rheumatoid arthritis - attends Dr Pitkeathly.
December 1988 - 7 week miscarriage.
January 1989 - admission to RAH with abdominal pain - ? contraceptive
August 1989 - admitted to RAH - diagnosis P.I.D. ± cystic ovaries - notes on ultrasound.
October 1989 - ? miscarriage.
April 1991 - admitted with PID/ovulation pain"
October 1991 - urinary warts → SGH.

As you can see, she has a fairly thick case

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: P.I.D.

X-ray (women of childbearing age). Date of first day of L.M.P. .....

Relevant X-rays available from: ..... No. (if known) .....

RJ Mac 9.91

pain. However her R.I.F. pain continues. She describes it as being colicky, not associated with any urinary symptoms nor bowel. She takes DF118 for the pain which helps to some extent. 141

On examination today the pain she is minimally tender in the (R) flank and RIF but little else to find.

We have tried to explore if the pain is ovulation related, and asked her to keep a diary etc but she assures us it is unpredictable.

I wonder if she merits further investigation & and I will be grateful for your advice.

Yours sincerely

R. MacNeill DRCOG

ARGYLL & CLYDE HEALTH BOARD

DIVISION OF OBSTETRICS & GYNAECOLOGY

Dr. James Gibbon
Dr. Kenneth C. Muir
Dr. David H. Gilmore
Dr. Rachel Morrison
Dr. Gaur C. Sarkar (Associate Specialist)

The Royal Alexandra Hospital
Maternity Unit
Corsebar Road
Paisley PA2 9PN
Tel: 041-887 9111

142

RM/LJW

Dicated: 8.4.91
Typed : 9.4.91

Dr. R. Brown
29 Glasgow Road
PAISLEY

Dear Dr. Brown,

Fiona Waddell,
Ross House, Hawkhead Road, Paisley.

Your patient was admitted on the 7th April with right iliac fossa pain.

Investigations showed a slightly elevated white cell count at 8.5. A monoclonal pregnancy test was negative and an ultrasound scan was normal.

A provisional diagnosis of either pelvic inflammatory disease or ovulation pain was made. She has been treated with antibiotics. I have advised her that this type of pain usually take about three weeks to settle.

Yours sincerely,

Rachel Morrison
Consultant Gynaecologist.

CARD OUT		FILE	✓
SUM. ENTRY		DISEASE INDEX	

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
VALE OF LEVEN DGH
ALEXANDRIA
DUNBARTONSHIRE G30 0UA.
TEL: 0389 54121

ARGYLL AND CLYDE HEALTH BOARD

ACCIDENT/EMERGENCY FORM

AE No. C/ 143

Age 21

HOSPITAL CODE

SURNAME	FORENAMES	BIRTH SURNAME
WADDELL	FIONA	JANE

ADDRESS: ROSSHOUSE, HAWKHEAD RD, PAISLEY.

PATIENT'S OWN OCCUPATION:

POSTCODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
PA27BN	848-9058	20/11/69	F	S	PROT

NEXT OF KIN : NAME	RELATIONSHIP	FAMILY DOCTOR : SURNAME	INITIALS
MR WADDELL	FATHER	DR. FORREST	

ADDRESS	ADDRESS
58 BATHGO AVE RALSTON	HC LINWOOD

POSTCODE	TELEPHONE No.	POSTCODE	TELEPHONE No.

ACCIDENT/EMERGENCY : DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
30/3/91	YES	IN	1988

TIME OF ATTENDANCE	REASON FOR ATTENDANCE
9.07pm	ABD. PAIN

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
29/3/91	pm.	7	GP ____ SELF 1 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: Lower abdo pain – intermittently → pain R IFossa. pains appendicectomy – Menstrual upset.

X-Ray film/ECG shows: Pyrexia

Treatment given: ? Pelvic inflam disease

? Endometriosis – unclear

Drugs 5 days supply of Septrin 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 GP
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): C Tong

Cons SR Reg (SHO/JHO) Clin Assist (please circle)

Signature of Medical Officer

GREATER GLASGOW HEALTH BOARD

SOUTHERN GENERAL HOSPITAL

144

Our ref: RWS/KM/291545
Your ref:
If 'phoning ask for –

1345 Govan Road
Glasgow G51 4TF
Telephone: 041-445 2466
FAX No: 041-445 3670

28 January 1991

Dr Alexander
Linwood Health Centre
LINWOOD
PA3

Dear Dr Alexander

Fiona Waddell DOB 28 11 69
Rosshouse Nurses Home Hawkhead Road PAISLEY

I reviewed Fiona at the Rheumatology Clinic after a gap of 2 years.

She is now a student nurse and is experiencing increasing pain over the past few months and has found some difficulty in coping at work.

In particular she appears to have a painful arc syndrome in the right shoulder and clinically I suspect she has a subachromial bursa. There was no other evidence elsewhere of synovitis.

The results ofher investigations are as follows:

ESR:	3
X-ray shoulder:	normal
Rheumatoid Factor:	negative
CRP:	normal
FBC:	normal

I injected her right subachromial space with 20 mg of Triamcinolone and Lignocaine.

As yet there is no evidence of significant arthropathy and certainly there is no indication to recommence second line therapy. Indomethacin should be continued and we will review her in 3 months.

Yours sincerely

R W Shaw
Clinical Assistant in Rheumatology

GREATER GLASGOW HEALTH BOARD

SOUTHERN GENERAL HOSPITAL

145

Our ref: RWS/EK/
Your ref:
If 'phoning ask for –

1345 Govan Road
Glasgow G51 4TF
Telephone: 041-445 2466
FAX No: 041-445 3670

21 January 1991

Dr Alexander
Linwood Health Centre
LINWOOD

Dear Dr Alexander

Fiona WAddell, Rosshouse Nurses Home, Hawkhead Road, Paisley

I reviewed Fiona at the rheumatology clinic. She has not been here for the past 2 years. Over recent months she has been experiencing increasing pain and is finding difficulty coping at work. Clinically I could detect no evidence of active synovitis though she did have a painful arc syndrome in the right shoulder suggesting a subacromial bursitis. I am arranging for her to return for steroid injection for this.

The results of her investigations are as follows:

ESR: 3

RHEUMATOID FACTOR: NEGATIVE

XRAY OF SHOULDER, HANDS AND WRISTS: NORMAL

CRP: NORMAL

HAM: 15.1

PLATELETS: 236

WBC: 9.6

I would recommend that she continues Indocid 25mg 3 times a day and Indocid-R at night. In view of her symptomatology I would recommend recommencing anti-malarials in the form of hydroxychloroquine 400mg daily. She was commenced on Chloroquine in 1988 but only took this occasionally. She should take Hydroxychloroquine for a 6 months period initially and during the period on this drug she should have regular eye checks. I am arranging for her to see DR Doig for another baseline eye check.

Yours sincerely

R.W. Shaw
Clinical Assistant in Rheumatology

ARGYLL AND CLYDE HEALTH BOARD

ROYAL ALEXANDRA HOSPITAL

ACCIDENT & EMERGENCY SERVICE:
Mr. J.A. Findlay
Mr. C.A. Allister

Corsebar Road
Paisley PA2 9PN
Tel: 041-887 9111
Fax No: 041-887 6701

149

Your Ref:

Our Ref:

If telephoning, please ask for:
Extn. 4580

Date: 7/5/90

WADDELL FIONA
ROSSHOUSE
HAWKHEAD ROAD
PAISLEY

FEMALE
28/11/1969

Dear Doctor,

Re: NAME:

ADDRESS

Your patient attended today.

PRESENTING COMPLAINT: Injury (L) hand. ↓ tenderness

DIAGNOSIS: ~~DIAGNOSIS:~~ ave 2nd MC.

X-RAYS: (L) hand - NBI

TREATMENT GIVEN: crepe bandage

~~cold compress 2 hrly~~

TREATMENT ADVISED: 7

~~keep hand~~

OTHER INFORMATION:

Yours sincerely,

Dr. Some

Accident & Emergency Department

Appr. Y/N.

PTG0260

ARGYLL & CLYDE HEALTH BOARD — RENFREW UNIT

Paisley Maternity Hospital
Corsebar Road
Paisley PA2 9PL
Tel: 041-887 9111

150

CD/AW/297639

30-1-90

Dr T N Singh
The Health Centre
LINWOOD

Dear Dr Singh

FIONA WADDELL 28.11.69
20A COWAL DRIVE, LINWOOD

Thank you for referring this patient to Dr Gilmore's outpatient clinic. I saw her on 30.1.90. As you know she had two miscarriages in December 1988 and December 1989 at approximately 6/8 weeks gestation. She may also have miscarried on two other occasions last year but did not check a pregnancy test at the time.

She has a history of rheumatoid arthritis which is not severe at present.

Abdominal examination was normal and the uterus was of a normal size, anteverted and mobile. There were no adnexal masses or tenderness.

I explained to her that often we do not find a cause for early miscarriages and often they do not prevent someone having a normal pregnancy later. I have however checked a torch screen and also specific Treponema serology and thyroid function tests. I have checked her full blood count and ESR as a crude way of monitoring the activity of her rheumatoid arthritis.

I suggested to her that if she should fall pregnant that she should be referred early to the antenatal clinic where she can be monitored closely. I have not made an appointment for her to be reviewed again at the clinic.

Yours sincerely

C DUNN
SENIOR HOUSE OFFICER TO DR GILMORE

ARGYLL & CLYDE HEALTH BOARD

DIVISION OF OBSTETRICS & GYNAECOLOGY
Dr. Jean O. Struthers
Dr. James Gibbon
Dr. Kenneth C. Muir
Dr. David Gilmore

ROYAL ALEXANDRA HOSPITAL
Maternity Unit
Corsebar Road
Paisley PA2 9PN
Tel: 041-887 9111

151

MRL/JOS/LJW/ 37486

3rd October 1989

Dr. Forrest
The Health Centre
LINWOOD

Dear Dr. Forrest

Fiona Waddell, dob 28.11.69
20A Cowal Drive, Linwood.

This 20 year old para 0+1 , was admitted as an emergency to the Maternity Unit on 22.9.89 with a history of 6 weeks amenorrhoea, backache, abdominal cramps and some vaginal bleeding. A left-sided ovarian cyst has apprently been found two months ago.

An ultrasonic scan showed no enlargement of the uterus and no evidence of a pregnancy. No cysts were identified. Pregnancy test was negative
A diagnosis of possible complete abortion or delayed menstruation was considered, and as the lady had settled, she was allowed home on 25.9.89. No follow up has been arranged.

Yours sincerely,

Michael R. Lumb
Registrar

Diana Waddell, dob 29.11.85
16A Coral Drive, Elmwood.

ARGYLL & CLYDE HEALTH BOARD

Paisley Maternity Hospital
Corsebar Road
Paisley PA2 9PL
Tel: 041-887 9111

152

GCS.SAG.270909

31st August, 1989

Dr. Alexander,
Health Centre,
Linwood.

Dear Dr. Alexander,

Re: **Fiona Waddle - 28.11.69**
20A Cowal Drive, Linwood.

Your patient was admitted to the RAH on 7.8.89 with a complaint of lower abdominal pain. Ultrasonic examination revealed the uterus normal in size and both ovaries were slightly cystic. It was thought she had a degree of pelvic inflammation and repeat ultrasonic examination again showed the presence of cystic ovaries and it was felt ectopic pregnancy was unlikely.

Her symptoms gradually improved and she was allowed home on 9.8.89 to complete a course of Metronidazole and Tetracycline tablets. Vaginal swabs showed a growth of Bacteroides species and Mycoplasma.

Yours sincerely,

G. C. SARKAR
Associate Specialist in Obstetrics and Gynaecology

ARGYLL AND CLYDE HEALTH BOARD – ARGYLL AND DUMBARTON UNIT

Vale of Leven
District General Hospital
Department of Obstetrics & Gynaecology
Alexandria
Dunbartonshire G83 0UA
Tel: Alexandria 54121

Consultants
A. D. Thursz
A. S. Clark
M. J. Haxton

153

Your Ref:

Our Ref: OJO/AC/185733

If telephoning, please ask for

12 January 1989

Dr A Alexander
Medical Centre
Linwood
Paisley

Dear Dr Alexander

Fiona Waddell DOB 28.11.69.
C/O 22 Golfhill Drive Alexandria

Thank you for referring Fiona Waddell with her complaints of abdominal pain and vomiting. She was admitted as an emergency on the 1st of January this year. Examination on admission did not reveal any evidence of shock, she had minimal abdominal tenderness. Her pelvic examination was entirely satisfactory, she was given some laxative and analgesia and was able to go home on the 2nd. We have not arranged for her to attend for review.

Yours sincerely

O J Okonkwo
Registrar

Tayside Health Board ... Perth Royal ... Hospital

Accide[illegible]d Emergency No. ...

Maiden [illegible] | Age 19

Next of Kin and Relationship (Contacted YES / NO)
Temp Fishers Hotel Pitlochry

Tel. No.:

USE BALL POINT PEN AND BLOCK LETTERS

Surname ... WADDELL ... D. of B. 20.11.69

First Name ... Fiona ... C. State

Address ... c/o 28 Golf Hill Dr Alexandria ... Sex F

Occupation ... Student Nurse ... MPI No. (last 4 digits)

Date and Time of Injury 26.5.88 | Accident | Emergency | Casual

Place of Injury: Work School Home (Indoor) Road Traffic Other (Specify)

Drugs: Pencillin Allergy Insulin Steroids A.T.S.

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance Other
26.5.88	2030				

DIAGNOSIS:
Gastroenteritis
Suspected viral episode.

T. 37.2 P. 88 B.P. 140/80

MEDICINES PRESCRIBED	DOSE	GIVEN BY

HISTORY OF COMPLAINT:
T.P. abdominal pain.
central epigastric pain.
intermittent cramping 30 mins a time every 10 mins.
Nausea
Vomited several times each day - last drank and food stuffs.

Appendicectomy 7 months ago.
Heart failure as child.
Social visits - ant - ve.
Vomiting 10 days ago.
R[illegible]C 7 days ago.

O/E Initially hyperventilating, soon settled down.
Temp 37.2 °C.
No abnormal abdo pains whilst in casualty.

Imp ? Food poisoning to mild.
- Intestinal spasm + constipation
- Sub-acute onset.

No abdo R or L quad tenderness
- may perhaps be constipation maybe consequent upon illness.

X-RAY: [illegible]

FINDINGS: [illegible]

Temp clear

TREATMENT: NIT

Clinics for review

Advised to drink plenty fluids.

Signature ...

THB(MR)5A (Rev. 2/86)

Tetanus Vaccination	1st	Covered 2nd	Booster

G.P. (Discharged)
OP Clinic ...
Ward No. ...
Other Hospital ...

Name and Address of Family Doctor:
Dr. Alexander.
H.C.
Kinwood, Paisley.

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

ARGYLL & CLYDE HEALTH BOARD — RENFREW UNIT

Paisley Maternity Hospital
Corsebar Road
Paisley PA2 9PL
Tel: 041-887 9111

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DHG/IBB/297639

23rd December, 1988

Dr. Alexander
Health Centre,
Linwood.

Dear Dr. Alexander,

FIONA WADDELL, 20A Cowal Drive, Linwood.
d.o.b. 20.11.69.

Fiona, a student nurse, was admitted to the wards on 18.12.88 with a history of threatened miscarriage at 7 weeks amenorrhoea. Ultrasound showed no evidence of a pregnancy but as she continued to bleed we performed an evacuation on 20.12.88 removing minimal products of conception, which were sent for histopathology. Unfortunately Fiona signed herself out the next day before we had a chance to counsel her about the nature of first trimester miscarriages, but I do not think there will be any need for us to send her an appointment to the clinic.

Yours sincerely,

DAVID H GILMORE
CONSULTANT GYNAECOLOGIST

Telephone: 041-445 2466

Physician-In-Charge:
Dr. D. A. PITKEATHLY

SOUTHERN GENERAL HOSPITAL
GLASGOW G51 4TF

RHEUMATOLOGY CLINIC

156

DAP/JM/291545

10 October 1988

Dr Alexander
Linwood Health Centre
LINWOOD
PA3

Dear Dr Alexander

FIONA WADDELL DOB 28 11 69
20A COWAL DRIVE LINWOOD

I saw this patient on 29 September 1988. She reported an increase in symptoms in the past one month and 2 weeks ago she was unable to get out of bed for several days. She is nursing at the Royal Alexandria Hospital but has been off work quite a lot. I understand that you found some protein in the urine and that a 24 hour urinary protein estimation was 200 mg.

On examination there was possible mild synovitis of the PIP joints of the right index and middle fingers, also slight loss of extension of the middle finger MCP joints. The wrists had a full range of movement with pain. Examination of the joints was otherwise normal. Full blood count normal. ESR 4 mm/hour. Serum electrolytes and blood urea normal. The results of rheumatoid factor and antinuclear factor tests are awaited. The urine showed no abnormality on routine testing.

The clinical findings were less than previously and there may be an anxiety factor contributing to her symptoms. I recommend that she change from Indocid during the day to Naproxen 500 mg twice daily. She should continue on Indocid R at night and the Hydroxychloroquine 400 mg daily. She will be reviewed in 3 months when a further eye check will be arranged.

Yours sincerely

DAPitkeathly

Denis A Pitkeathly
Consultant Physician

ephone: 041-445 2466

Physician-In-Charge:
Dr. D. A. PITKEATHLY

SOUTHERN GENERAL HOSPITAL
GLASGOW G51 4TF

RHEUMATOLOGY CLINIC

157

RS/MW/291545

1 July 1988

Dr Alexander
Linwood Health Centre
Linwood

Dear Dr Alexander

FIONA WADDELL (28.11.69)
20a COWAL DRIVE LINWOOD

Fiona had to stop her Chloroquine after several weeks because of fairly upsetting headache.This settled quickly on stopping the drug.

She has been experiencing increasing joint pain and stiffness since, particularly in the morning. This is affecting her shoulders, elbows, hands, knees and hips.

Clinically today there was no evidence of actue synovitis though her shoulders were painful at the extremes of movement.

Indocid should be continued and i would recommend that -Hydroxychloroquine 400mgs daily is commenced. We will review her in three months.

Yours sincerely

pp Roderick Shaw
CLINICAL ASSISTANT IN RHEUMATOLOGY

HAEM	13.7
WBC	7.6
PLATS	308
ESR	50mm/hour

Telephone No.
041-445 2466

SOUTHERN GENERAL HOSPITAL
GLASGOW G51 4TF

30/6/88

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291545

WADDELL
FIONA
20A COWAL DR
LINWOOD
28,11,69

---

please Cont Indocid

and Commence

plaquenil (Hydroxychloroquine)

400mg daily

letter to follow

MRS

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DEPARTMENT OF OPHTHALMOLOGY

Consultants :
J. WILLIAMSON
W. M. DOIG
H. B. KENNEDY
P. KYLE

SOUTHERN GENERAL HOSPITAL
GLASGOW G51 4TF
Telephone 041-445 2466
Ext.

AIF/GMcK/291545

16th May, 1988

Dr. Alexander
Health Centre
LINWOOD, PA3.

Dear Dr. Alexander

Re: Fiona Waddell, 20A Cowal Drive, Linwood

I saw the above patient at Dr. Doig's clinic on 11th May after she had been referred there by Dr. Pitkeathly for an eye assessment. The patient has recently been started on Chloroquin treatment and when seen today her visual acuities were 6/5 bilaterally. The anterior segments were clear and fundoscopy revealed healthy discs and maculae. Her colour vision was normal and I could see no contra-indication for Chloroquine treatment. We will review her again in nine month's time.

Yours sincerely,

A.I. Fern
Ophthalmic Registrar.

Telephone : 041-445 2466

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Physicians :
Dr. R. HUME
Dr. G. P. CREAN
Dr. D. A. PITKEATHLY

MEDICAL UNIT
WARDS 21, 22 & 23

SOUTHERN GENERAL HOSPITAL
GLASGOW G51 4TF

DAP/JM/291545

25 April 1988

Dr Alexander
Linwood Health Centre
LINWOOD
PA3

Dear Dr Alexander

FIONA WADDELL DOB 28 11 69
20A COWAL DRIVE LINWOOD

Further to my recent letter about this patient the antinuclear factor test is negative. Rheumatoid factor is positive by the Latex method but negative by the IgM rheumatoid factor assay.

I recommend that she commence Chloroquine phosphate 250 mg daily. As she is starting on a drug of this nature, I shall arrange a base line eye check. Her condition will be reviewed in 3 months.

Yours sincerely

DAP.Th 1t G

28/4/88

Denis A Pitkeathly
Consultant Physician

cc: Dr M Doig, Consultant Ophthalmologist, SGH

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Telephone: 041-445 2466

Physician-In-Charge:
Dr. D. A. PITKEATHLY

SOUTHERN GENERAL HOSPITAL
GLASGOW G51 4TF

RHEUMATOLOGY CLINIC

DAP/JM/291545

13 April 1988

Dr Alexander
Linwood Health Centre
LINWOOD
PA3

Dear Dr Alexander

FIONA WADDELL DOB 28 11 69
20A COWAL DRIVE LINWOOD PA3

I saw this young woman on 31 March 1988. She gave a 6 months history of joint pain and stiffness. Symptoms started in the MCP joints and in both knees but now involve the hips, shoulders, other finger joints and toes. Occasionally she has pain in the right temperomandibular joint. Morning stiffness lasts for 10-15 minutes. She also describes grittiness and soreness of the eyes, especially in the mornings.

Recently she had an appendicectomy. Present treatment for the joint symptoms consists of Diclofenac 50 mg 3 times per day and Mefenamic Acid 500 mg 3 times a day.

On examination there was definite synovitis of the carpi and slight thickening of several of the PIP joints. Shoulder movements were quite full with pain on movement. There was tenderness of the MTP joints. Full blood count and ESR normal. Serum electrolytes, blood urea, liver function tests all normal. The results of antinuclear factor and rheumatoid factor tests are awaited. Schirmer's tear test gave a border-line result in the left eye. X-rays of the hands showed no significant abnormality.

The clinical picture is that of an inflammatory polyarthritis and I recommend that she take Nu-Seal aspirin 900 mg 3 times a day. She may also require Indocid R 75 mg nocte. There may also be a place for Chloroquine therapy but before deciding on this, I shall await the results of the rheumatoid factor and antinuclear factor tests.

Yours sincerely

D A P Pitkeathly

Denis A Pitkeathly
Consultant Physician

ARGYLL & CLYDE HEALTH BOARD

The Royal Alexandra Hospital
Surgical Division
Corsebar Road
Paisley PA2 9PN
Tel: 041-887 9111

Consultants:
Mr. Ronald M. Ross
Mr. Andrew J. McEwan
Mr. Barry W. A. Williamson
Mr. Kenneth C. Mitchell

Your Ref:

Our Ref: ATH/OSS/297639

Date: 11 March 1988

If telephoning, please ask for:

Dr Alexander
Health Centre
Linwood

Dear Dr Alexander

FIONA WADDELL 20.11.69
20A Cowal Drive Linwood

This young woman was admitted as an emergency on 2.3.88 in the early hours of the morning. She gave a history of abdominal pain for six hours prior to admission. She was initially observed but by the following morning was very tender with peritonism in the right iliac fossa.

She was taken to theatre where, in fact, a normal appendix was removed but there was a large lymph node in the mesentery which was biopsied.

Post-operatively she made a smooth and satisfactory recovery and was discharged home. She will be seen at the surgical outpatient clinic whereupon the biopsy report will be available.

Yours sincerely

A TERESA HAND
Surgical Registrar

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ARGYLL AND CLYDE HEALTH BOARD

PHYSIOTHERAPY DEPARTMENT

Royal Alexandra Hospital
Corsebar Road
PAISLEY
Renfrewshire
PA2 9PN
Tel: 041-887 9111

Ref: IMcN/EMcC

2nd March, 1988

Dr. Alexander,
The Health Centre,
Linwood.

Dear Dr. Alexander,

Fiona Waddell,
20A Cowal Drive,
Linwood.
28.11.69

Nurse Waddell has been attending our department for infra-red heat to her painful right hip since your referral letter dated 3rd February, 1988.

She has found the heat and gentle swinging in suspension helpful. On some of her visits, Fiona has complained of pain in her neck, shoulders, arms, hands and knees and whenever possible I have attempted to treat all the painful areas at the time.

I am concerned by her obvious distress and when she reported that her O.P.A. at the Southern General Hospital is not until mid-June, I wondered whether I could help in anyway to advance this date: I would be happy to write a report of treatment so far. The fact that she is employed by the N.H.S. may also help to secure an earlier date.

Please let me know if I can be of further assistance.

I will continue to treat Nurse Waddell as long as she feels a benefit.

Yours sincerely,

Isabel C. McNab (Mrs.)
PHYSIOTHERAPIST

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ARGYLL AND CLYDE HEALTH BOARD – RENFREW DISTRICT

CONSULTANTS:
Dr. E. C. Nelson
Dr. N. A. H. MacDonald Speirs

Child & Adolescent Psychiatry
Westmount
Park Road
Paisley PA2 6RF
Tel: 041-887 9111

AVR/EOM

31st January, 1986.

CONFIDENTIAL

Dr. Sinclair,
14 Hillington Road South,
GLASGOW.

Dear Dr. Sinclair,

Re: Fiona Waddell, d.o.b. 28.11.69
58 Bathgo Avenue, Paisley

After several failed attempts to start proper communications between Fiona and her adoptive parents, the situation is that neither party feel the need to be associated with one another any more. This followed a big argument over the Christmas period and Fiona is at opresent still staying in Carsewood House.

Fiona also left school, legally with her right being 16, and has started a job in the Strathclyde Catering Department as a receptionist and switchboard operator. She also expressed the desire to study Hotel Management in the future. Basically I feel she wants to be self-supportive and not dependent on her biological parents any more.

Fiona is a very grown-up acting and looking 16 year old girl who has the desire to be wealthy and independent. She is also very promiscuous and has several relationships of intensity with several boys. She does however need a lot of support and wants from somebody she can trust and I can only hope that she does not get herself into trouble, e.g. getting pregnant in the near future, this will only cause a lot of extra problems for this young girl who has just started on the road to independence.

Because neither Fiona nor her parents express the desire to be helped by our unit I have therefore decided to discharge her and can only hope for the best in the future for her. The social worker, Sheena Gault, will still be in touch and you will no doubt be kept up to date with future developments.

Yours sincerely,

A. VAN RHIJN,
REgistrar.

Argyll & Clyde Health Board
Renfrew District

Child & Adolescent Psychiatry
WESTMOUNT, PARK ROAD
PAISLEY PA2 6EF
Telephone: 041-887 9111

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Your Ref:
Our Ref: ECN/EOM
If Telephoning please ask for: Ext. 4491

Date: 25th October, 1985.

CONFIDENTIAL

Dr. Sinclair,
14 Hillington Road South,
GLASGOW.

Dear Dr. Sinclair,

RE: Fiona Waddell, d.o.b. 28.11.69
58 Bathgo Avenue, Paisley

I have seen Fiona in the R.A.I. where she was admitted after an emergency because of an overdose of Codredramol. She took about 30 tablets and was successfully treated with gastric lavage.

Her problem in a nutshell was put down to the fact that she has poor communications with her parents which leads up to continuously reoccurring arguments and differences of opinion. The issues often are trivial and mainly of disciplinary nature. The stresses in the family have come to a head this year which led up to the fact that Fiona has left the house twice already and now for the third time needed to be placed in a foster-home. Fortunately Fiona has very good support from the social worker, Sheena Gault.

Mr. Waddell was on the telephone to me stating that although he loves Fiona very much he feels that it is necessary for her to be in foster care for the moment, the reason for this being that there is a lot of tension in the family and,apart from having to cope with Fiona who is no help atall in the family, they also have to deal with his mother-in-law's terminal illness. I have discussed both with Mr. Waddell and Fiona that we will arrange a few meetings with the family and Fiona in the near future after a few interviews with Fiona on her own, the aim being that we can improve communications between Fiona and her parents and reintegrate her in the family.

At the moment Fiona will remain in foster care and we are awaiting for a date to arrange a Children's Hearing to decide what will be the best action on concerning Fiona in the near future and maybe arrange that she will be placed under residential supervision under the Social Work Act 44 1B of Scotland.

I will keep you posted as to our progress.

Yours sincerely,

ANTON VAN RHIJN,
Registrar.

ARGYLL AND CLYDE HEALTH BOARD — RENFREW GENERAL AND COMMUNITY UNIT

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Dr. Stuart G. McAlpine
Dr. J. M. Williamson
Dr. T. I. McBride
Dr. W. Stuart Hislop

The Royal Alexandra Infirmary
Medical Division

Barbour Park
Paisley PA2 6LX
Tel: 041-887 9111

TMB/ld/270909

10th October, 1985

Dr. Sinclair,
Hillington Road,
Glasgow.

Admitted:	7.10.85
Source:	Cas. Dept.
Discharged:	8.10.85
Diagnosis:	Self poisoning.

Dear Dr. Sinclair,

Fiona Waddell, d.o.b. 28.11.69
58 Bathco Avenue, Paisley.

This patient was admitted as an emergency to the R.A.I. on 7.10.85 having taken an overdosage of a drug containing Dihydrocodeine and Paracetamol. She has obviously had a very disturbed history and with routine measures her clinical condition improved quickly.

She was seen by the psychiatrist who will follow her up as an o ut-patient.

Yours sincerely,

T.I. McBride,
Consultant Physician.

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Telephone No. 041-445 2466

DEPARTMENT OF GENITO-URINARY MEDICINE

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
GLASGOW G51 4TF

IRN/HML.
18343.

7th August, 1985.

Dr. R.H. Freedman,
5 St. Abbs Drive,
Paisley, PA2.

Dear Dr. Freedman,

Fiona Waddell,
Nether Kirkton Children's Home, G78.

Thank you for referring the above young girl to the Clinic at the Southern General.

When seen on the 3rd July, 1985 she still had a fairly heavy period and although the uterus was tender I thought it was merely due to the congestion of a heavy period.

All the tests taken from her were negative, and when she was seen on the 30th July there had been no further pain and the repeat smears and cultures taken then were also negative.

She is due to report back to us in two months' time for a final blood, but I do not think there is any evidence of pelvic inflammatory disease.

Yours sincerely,

I.R.Napier,
Consultant.

DER[redacted]ICAL DEPT.
D[redacted]Villi[redacted]S. McKenna
D[redacted]W. Neil Morley
Dr. D. Roberts

SOUTH[redacted]NERAL HOSPITAL
GLASGOW G51 4TF

Telephone: 041-445 2466
Ext:-

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DCD/MMacD/291545

11 December 1980

Dr R Stein
1314 Paisley RoadWest
GLASGOW G52

Dear Dr Stein

Fiona Waddell 58 Bathgo Avenue Paisley

Your patient attended the Skin Clinic today with a wart on the sole of the left fifth toe. This was treated with liquid nitrogen.

Yours sincerely

D. Dick

D C Dick
Lecturer in Dermatology

GREATER GLASGOW HEALTH BOARD—WESTERN DISTRICT

Telephone: 041-339 8888

ROYAL HOSPITAL FOR SICK CHILDREN
YORKHILL, GLASGOW G3 8SJ

RMV/PM

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5th July, 1977

ORTHOPAEDIC DEPARTMENT

Dr. R. Steen,
1314 Paisley Road West,
GLASGOW G52.

Dear Dr. Steen,

Re: Fiona J. Waddell, 190365 (28.11.69)
58 Bathgo Avenue, RALSTON, PAISLEY.

Thank you for your letter. The cyst that you noted has completely resolved and all I could find was the normal prominence of the navicular which unfortunately comes just underneath the sandal strap. I have advised the mother to keep her in soft shoes during the summer Should, however, there be any recurrence I would only be too pleased to see her.

Yours sincerely,

R. M. Venner, F.R.C.S.
Orthopaedic Registrar.

041-445 2466
EXT:-

PAEDIATRIC DEPARTMENT

Consultants:
Dr. David H. Wallace
Dr. Isobel C. Ferguson

SOUTHERN GENERAL HOSPITAL
GLASGOW, G51 4TF

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ICF/GMcK/291545

18th May, 1976.

Dr. R. Steen,
1314 Paisley Road West,
GLASGOW, G52.

Dear Dr. Steen,

Re: Fiona Waddell (do.b. 28.11.69)
58 Bathgo Avenue, Ralston, Paisley

Further to my letter of 11th March I have at last got the result of her sweat electrolytes. This had to be done twice as there was insufficient sweat on the first occasion. I am glad to say that the results were normal so that she does not have cystic fibrosis.

Yours sincerely,

I.C. Ferguson,
Consultant Paediatrician.