NHS Lothian - Referral Letter

Referral To	Astley Ainslie Hospital Rehabilitation Medicine L Neurology Services
Urgency of referral	Routine
Date of referral	16/11/2012
Date submitted	16/11/2012
UCPN	101004507463U

PATIENT DETAILS

CHI number:	1808721349
Name:	MS CINDY MCPHERSON
Date of birth:	18/08/1972
Sex:	Female

Contact Details

63-4 PLEASANCE
EDINBURGH
EH8 9TG

Voice (Home) : 6674819

REFERRING PRACTITIONER DETAILS

Name:	Dr. Lorraine McGuigan (GMC: 4417691)
Practice:	MACKENZIE MEDICAL CENTRE (70381)
Phone:	Voice : 0131 667 2955

Practice address

20 West Richmond Street
Edinburgh
EH8 9DX

CLINICAL INFORMATION

Reason for Referral:	Intracerebral haemorrhage - previous failed engagement with rehabilitation.
Main Referral Text:	I would appreciate if this 40 year old woman could be offered rehabilitation again. She was originally referred back in 2010 following an intracerebral haemorrhage with left sided hemiparesis but failed to attend. Mrs McPherson has a history of failing to engage with services. She attended on the 30/10/12 requesting that she be referred back for rehabilitation because she is struggling with her left hemiparesis and the impact it has on her ADLs. We had a frank discussion about her DNA history and she says that since the stroke, has had issues with self image and this has been a huge factor in her failing to attend. She feels she has taken a "shake to herself" and is keen to engage. Her difficulties are as at the time of discharge and enclose that letter.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Failed encounter		DNA Ballenden House	04/09/2012	04/09/2012
Failed encounter		Neurorehab	19/12/2011	19/12/2011
Failed encounter		DNA Neurorehabilitation Charled bell pavilion	21/02/2011	21/02/2011
Intracerebral haemorrhage			15/03/2010	15/03/2010
Pneumonia, organism unspecif.			15/03/2010	15/03/2010
Failed encounter		Psychotherapy Dept	22/09/2009	22/09/2009
Patient MRE received from HB			11/05/2007	11/05/2007
Pat. GP7B/GP8B card from HB			17/01/2007	17/01/2007
Patient reg. form sent to HB			15/01/2007	15/01/2007
Suicide SII - NOS		OVERDOSE	13/09/2005	13/09/2005
Anxiety states		Victim of CSA as reported by patient	01/07/2002	01/07/2002
[X]Panic attack		Victim of CSA as reported by patient	01/07/2002	01/07/2002
Phobic disorders		Victim of CSA as reported by patient	01/07/2002	01/07/2002
Motor vehicle traffic acid.NOS			18/03/2001	18/03/2001
Head injury		Minor	18/03/2001	18/03/2001
[X]Recurrent depressive disord			02/11/2000	02/11/2000
Normal delivery in normal case		FEMALE	18/09/1997	18/09/1997
Phobic anxiety		Elements of agrophobia	18/09/1997	18/09/1997
Renal colic			22/08/1996	22/08/1996
Normal delivery in normal case		FEMALE	21/05/1996	21/05/1996

Drug dependence	Dihydrocodine, LS Amphetamine	07/09/1995	07/09/1995
Acute pyelonephritis		20/06/1995	20/06/1995
Other cellulitis/abscess	Trunk	06/06/1995	06/06/1995
H/O: asthma		01/01/1995	01/01/1995
Child in care	In Uphall childerns home	02/03/1987	02/03/1987
Fracture of lower limb	2nd toe	13/07/1983	13/07/1983
[V]Behavioural problems		12/05/1982	12/05/1982
[D]Symptoms,signs,ill-def.NOS	Persistent foetal aligment femoral neck	05/07/1979	05/07/1979
Head injury	Minor	15/05/1975	15/05/1975

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Craniotomy	evacuation of haematoma		15/03/2010	15/03/2010
Miscellaneous operations NOS	Incision & drainage of abcess R. groin		06/08/2000	06/08/2000
Intravenous urography	Mod. obstruction L. kidney, DNA Renogram		20/06/1995	20/06/1995

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
EASYHALER SALBUTAMOL breath act pwdr inh 200mcg/act	dose	1 Puff qid prn		06/07/2010		30/10/2012
Beclometasone 200micrograms/dose dry powder inhaler	dose	1 Puff Twice daily		06/07/2010		30/10/2012
Lisinopril 10mg tablets	tablet	1 Tab Daily		27/05/2010		30/10/2012
Pregabalin 300mg capsules	capsule	1 CAPSULE TWICE DAILY		16/08/2012		30/10/2012

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Citalopram 20mg tablets	tablet	1 TAB DAILY		30/10/2012		30/10/2012
Paracetamol 500mg tablets	tablet	1 OR 2 TABS 4 TIMES DAILY		30/10/2012		30/10/2012

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
AR - penicillin NOS	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate.			01/01/1995

Additional information

Smoking history (Encounters):Moderate smoker - 10-19 cigs/d Date recorded:14-Mar-2011

Alcohol history (Encounters):Trivial drinker - <1u/day Date recorded:14-Mar-2011

Patient Weight in Kilograms:106

Patient Height in Metres:1.68

NHS Lothian - Referral Letter

Referral To	Astley Ainslie Hospital Rehabilitation Medicine L Neurology Services
Urgency of referral	Routine
Date of referral	30/09/2014
Date submitted	30/09/2014
UCPN	1010079758317

PATIENT DETAILS

CHI number:	1808721349
Name:	MS CINDY MCPHERSON
Date of birth:	18/08/1972
Sex:	Female

Contact Details

37-2 WEST PILTON DRIVE
EDINBURGH
LOTHIAN
EH4 4EY

Voice (Home) : 07455544715

REFERRING PRACTITIONER DETAILS

Name:	Dr. Paul Hepple (GMC: 3588734)
Practice:	Muirhouse Medical Group (70662)
Phone:	Voice : 0131 537 4343

Practice address

Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

CLINICAL INFORMATION

Reason for Referral:	foot spasms/contactions post stroke
Main Referral Text:	This lady has asked for referral back to yourself. She was last seen about 4-years-ago following intracerebral haemorrhage leaving her with a disabled left side of her body. Her main request is to be reviewed due to muscle spasms and cramping of her left foot that she was told she may benefit from botox injection from. I think she also gets some neuropathic pain in her left shoulder and arm. Her other medical history of note is chronic depression and recurrent bronchial infections.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Hospital acquired pneumonia			16/03/2010	16/03/2010
Intracerebral haemorrhage			16/03/2010	16/03/2010
[X]Depressive episode	First ever		25/02/1998	25/02/1998
Drug dependence	First ever	Episode=First episode	11/09/1995	11/09/1995
Asthma NOS	New event	Episode=New episode	22/05/1992	22/05/1992

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
AirSalb 100micrograms/dose inhaler CFC free (Sandoz Ltd)	dose	1 TO 2 PUFFS UP TO FOUR TIMES[more]		24/09/2014		24/09/2014
Lisinopril 10mg tablets	tablet	1 TABLET ONCE A DAY		11/06/2013		24/09/2014
Paracetamol 500mg tablets	tablet	2 TABS UP TO FOUR TIMES A DAY[more]		11/06/2013		24/09/2014
Tramadol 50mg capsules	capsule	1 CAPSULE FOUR TIMES A DAY		11/06/2013		24/09/2014
Mirtazapine 45mg tablets	tablet	1 TABLET ONCE A DAY AT NIGHT		08/10/2013		24/09/2014
Pregabalin 300mg capsules	capsule	TWICE A DAY		11/06/2013		24/09/2014

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
AirSalb 100micrograms/dose inhaler CFC free (Sandoz Ltd)	dose	1 TO 2 PUFFS UP TO FOUR TIMES[more]		24/09/2014		24/09/2014
Fusidic acid 2% cream	gram	APPLY 3 TO 4 TIMES DAILY		29/07/2014		29/07/2014
Tramadol 50mg capsules	capsule	1 CAPSULE FOUR TIMES A DAY		11/06/2013		29/07/2014
Mirtazapine 45mg tablets	tablet	1 TABLET ONCE A DAY AT NIGHT		08/10/2013		29/07/2014
Lisinopril 10mg tablets	tablet	1 TABLET ONCE A DAY		11/06/2013		26/08/2014
Paracetamol 500mg tablets	tablet	2 TABS UP TO FOUR TIMES A DAY[more]		11/06/2013		29/07/2014

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
H/O: drug allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg/5ml oral solution, Reaction type: Allergy, Certainty of allergy: Possible, Severity of allergy: Moderate.			05/05/1975

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:04-Nov-2013
Alcohol history (Encounters):Trivial drinker - <1u/day Date recorded:14-Mar-2011
Patient Weight in Kilograms:106
Patient Height in Metres:1.68

NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy Edinburgh - Community MSK Hub (Slateford) L Physiotherapy
Urgency of referral	Routine
Date of referral	24/10/2014
Date submitted	29/10/2014
UCPN	1010081167689

PATIENT DETAILS

CHI number:	1808721349
Name:	MS CINDY MCPHERSON
Date of birth:	18/08/1972
Sex:	Female

Contact Details

37-2 WEST PILTON DRIVE
EDINBURGH
LOTHIAN
EH4 4EY

Voice (Home) : 07455544715

REFERRING PRACTITIONER DETAILS

Name:	Dr. James Robertson (GMC: 1344291)
Practice:	Muirhouse Medical Group (70662)
Phone:	Voice : 0131 537 4343

Practice address

Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

CLINICAL INFORMATION

Reason for Referral:	Chronic back pain
Main Referral Text:	Dear Colleague This lady has chronic back pain which has been largely untreated. She also has pain in her left leg and residual damage from a haemorrhagic stroke four years ago. She would benefit I am sure from mobilisation exercises and further assessment.

Investigations

Description	Result	Date
Has the patient had physiotherapy previously for this problem? :	No	
Has the patient Severe unremitting pain? :	true	
Is the patient off work as a result of the present condition? :	true	
Is the patients sleep disturbed by the condition? :	true	
Time since onset? (Weeks) :	12 or more weeks	
Does the patient live alone? :	No	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Hospital acquired pneumonia			16/03/2010	16/03/2010
Intracerebral haemorrhage			16/03/2010	16/03/2010
[X]Depressive episode	First ever		25/02/1998	25/02/1998
Drug dependence	First ever	Episode=First episode	11/09/1995	11/09/1995
Asthma NOS	New event	Episode=New episode	22/05/1992	22/05/1992

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Tramadol 50mg capsules	capsule	1 CAPSULE FOUR TIMES A DAY		11/06/2013		23/10/2014
AirSalb 100micrograms/dose inhaler CFC free (Sandoz Ltd)	dose	1 TO 2 PUFFS UP TO FOUR TIMES[more]		24/09/2014		24/09/2014

Lisinopril 10mg tablets	tablet	1 TABLET ONCE A DAY	11/06/2013	24/09/2014
Paracetamol 500mg tablets	tablet	2 TABS UP TO FOUR TIMES A DAY[more]	11/06/2013	23/10/2014
Mirtazapine 45mg tablets	tablet	1 TABLET ONCE A DAY AT NIGHT	08/10/2013	23/10/2014
Pregabalin 300mg capsules	capsule	TWICE A DAY	11/06/2013	24/09/2014

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
AirSalb 100micrograms/dose inhaler CFC free (Sandoz Ltd)	dose	1 TO 2 PUFFS UP TO FOUR TIMES[more]		24/09/2014		24/09/2014
Tramadol 50mg capsules	capsule	1 CAPSULE FOUR TIMES A DAY		11/06/2013		24/09/2014
Fusidic acid 2% cream	gram	APPLY 3 TO 4 TIMES DAILY		29/07/2014		29/07/2014
Tramadol 50mg capsules	capsule	1 CAPSULE FOUR TIMES A DAY		11/06/2013		29/07/2014
Mirtazapine 45mg tablets	tablet	1 TABLET ONCE A DAY AT NIGHT		08/10/2013		29/07/2014
Lisinopril 10mg tablets	tablet	1 TABLET ONCE A DAY		11/06/2013		26/08/2014
Paracetamol 500mg tablets	tablet	2 TABS UP TO FOUR TIMES A DAY[more]		11/06/2013		29/07/2014

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
H/O: drug allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg/5ml oral solution, Reaction type: Allergy, Certainty of allergy: Possible, Severity of allergy: Moderate.			05/05/1975

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:04-Nov-2013

Alcohol history (Encounters):Trivial drinker - <1u/day Date recorded:14-Mar-2011

Patient Weight in Kilograms:106

Patient Height in Metres:1.68

NHS Lothian - Referral Letter

Referral To	Astley Ainslie Hospital Rehabilitation Medicine L Neurology Services
Urgency of referral	Routine
Date of referral	14/01/2015
Date submitted	15/01/2015
UCPN	1010085285396

PATIENT DETAILS

CHI number:	1808721349
Name:	MS CINDY MCPHERSON
Date of birth:	18/08/1972
Sex:	Female

Contact Details

37-2 WEST PILTON DRIVE
EDINBURGH
LOTHIAN
EH4 4EY

Voice (Mobile) : 07475468518

REFERRING PRACTITIONER DETAILS

Name:	Dr. James Robertson (GMC: 1344291)
Practice:	Muirhouse Medical Group (70662)
Phone:	Voice : 0131 537 4343

Practice address

Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

CLINICAL INFORMATION

Reason for Referral: Spasm in left ankle

Main Referral Text:

Dear Colleague

This lady was referred in September of last year for consideration of treatment for spasm in her left ankle following her stroke. I enclose a copy of the original referral letter and I would be grateful if you could arrange for her to be seen as soon as possible.

Yours sincerely

Dr Roy Robertson

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Hospital acquired pneumonia			16/03/2010	16/03/2010
Intracerebral haemorrhage			16/03/2010	16/03/2010
[X]Depressive episode	First ever		25/02/1998	25/02/1998
Drug dependence	First ever	Episode=First episode	11/09/1995	11/09/1995
Asthma NOS	New event	Episode=New episode	22/05/1992	22/05/1992

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Pregabalin 300mg capsules	capsule	ONE CAPSULE THREE TIMES A DAY		11/06/2013		12/01/2015
Fostair 100micrograms/dose / 6micrograms/dose inhaler (Ch...	dose	TWICE A DAY		12/01/2015		12/01/2015
Tramadol 100mg modified-release capsules	capsule	1 CAPSULE TWICE A DAY		11/12/2014		12/01/2015
AirSalb 100micrograms/dose inhaler CFC free (Sandoz Ltd)	dose	1 TO 2 PUFFS UP TO FOUR		24/09/2014		12/01/2015

		TIMES[more]		
Lisinopril 10mg tablets	tablet	1 TABLET ONCE A DAY	11/06/2013	12/01/2015
Paracetamol 500mg tablets	tablet	2 TABS UP TO FOUR TIMES A DAY[more]	11/06/2013	12/01/2015
Mirtazapine 45mg tablets	tablet	1 TABLET ONCE A DAY AT NIGHT	08/10/2013	12/01/2015

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Pregabalin 300mg capsules	capsule	TWICE A DAY		11/06/2013		12/01/2015
Pregabalin 300mg capsules	capsule	TWICE A DAY		11/06/2013		20/11/2014
Tramadol 50mg capsules	capsule	1 CAPSULE FOUR TIMES A DAY		11/06/2013		20/11/2014

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
H/O: drug allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg/5ml oral solution, Reaction type: Allergy, Certainty of allergy: Possible, Severity of allergy: Moderate.			05/05/1975

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:04-Nov-2013
Alcohol history (Encounters):Trivial drinker - <1u/day Date recorded:14-Mar-2011
Patient Weight in Kilograms:106
Patient Height in Metres:1.68

NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy Edinburgh - Community MSK Hub (Slateford) L Physiotherapy
Urgency of referral	Routine
Date of referral	14/01/2015
Date submitted	15/01/2015
UCPN	1010085284398

PATIENT DETAILS

CHI number:	1808721349
Name:	MS CINDY MCPHERSON
Date of birth:	18/08/1972
Sex:	Female

Contact Details

37-2 WEST PILTON DRIVE
EDINBURGH
LOTHIAN
EH4 4EY

Voice (Mobile) : 07475468518

REFERRING PRACTITIONER DETAILS

Name:	Dr. James Robertson (GMC: 1344291)
Practice:	Muirhouse Medical Group (70662)
Phone:	Voice : 0131 537 4343

Practice address

Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

CLINICAL INFORMATION

Reason for Referral: previous stroke

Main Referral Text:

Dear Colleague

This lady who had a stroke some time ago has residual hemiparetic problems on the left but is active and mobile. She has symptoms relating to her disability in her left leg and ankle particularly and I am sure she would benefit from physiotherapy.

Yours sincerely

Dr Roy Robertson

Investigations

Description	Result	Date
Has the patient had physiotherapy previously for this problem? :	No	
Time since onset? (Weeks) :	12 or more weeks	
Does the patient live alone? :	No	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Hospital acquired pneumonia			16/03/2010	16/03/2010
Intracerebral haemorrhage			16/03/2010	16/03/2010
[X]Depressive episode	First ever		25/02/1998	25/02/1998
Drug dependence	First ever	Episode=First episode	11/09/1995	11/09/1995
Asthma NOS	New event	Episode=New episode	22/05/1992	22/05/1992

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Pregabalin 300mg capsules	capsule	ONE CAPSULE THREE TIMES A DAY		11/06/2013		12/01/2015

Fostair 100micrograms/dose / 6micrograms/dose inhaler (Ch...	dose	TWICE A DAY	12/01/2015	12/01/2015
Tramadol 100mg modified-release capsules	capsule	1 CAPSULE TWICE A DAY	11/12/2014	12/01/2015
AirSalb 100micrograms/dose inhaler CFC free (Sandoz Ltd)	dose	1 TO 2 PUFFS UP TO FOUR TIMES[more]	24/09/2014	12/01/2015
Lisinopril 10mg tablets	tablet	1 TABLET ONCE A DAY	11/06/2013	12/01/2015
Paracetamol 500mg tablets	tablet	2 TABS UP TO FOUR TIMES A DAY[more]	11/06/2013	12/01/2015
Mirtazapine 45mg tablets	tablet	1 TABLET ONCE A DAY AT NIGHT	08/10/2013	12/01/2015

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Pregabalin 300mg capsules	capsule	TWICE A DAY		11/06/2013		12/01/2015
Pregabalin 300mg capsules	capsule	TWICE A DAY		11/06/2013		20/11/2014
Tramadol 50mg capsules	capsule	1 CAPSULE FOUR TIMES A DAY		11/06/2013		20/11/2014

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
H/O: drug allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg/5ml oral solution, Reaction type: Allergy, Certainty of allergy: Possible, Severity of allergy: Moderate.			05/05/1975

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:04-Nov-2013

Alcohol history (Encounters):Trivial drinker - <1u/day Date recorded:14-Mar-2011

Patient Weight in Kilograms:106

Patient Height in Metres:1.68

NHS Lothian - Referral Letter

Referral To	Astley Ainslie Hospital Rehabilitation Medicine L Neurology Services
Urgency of referral	Routine
Date of referral	09/10/2015
Date submitted	12/10/2015
UCPN	1010101103757

PATIENT DETAILS

CHI number:	1808721349
Name:	MS CINDY MCPHERSON
Date of birth:	18/08/1972
Sex:	Female

Contact Details

37-2 WEST PILTON DRIVE
EDINBURGH
LOTHIAN
EH4 4EY

Voice (Mobile) : 07475468518

REFERRING PRACTITIONER DETAILS

Name:	Dr. James Robertson (GMC: 1344291)
Practice:	Muirhouse Medical Group (70662)
Phone:	Voice : 0131 537 4343

Practice address

Muirhouse Medical Centre
1 Muirhouse Avenue
Edinburgh
EH4 4PL

CLINICAL INFORMATION

Reason for Referral:	Request for further appointment.
Main Referral Text:	Dear Colleague I am sorry this lady has failed appointments to come to the clinic for exercise and she thinks botox injections for a spasm in her spastic foot following her stroke. She is committed to trying to improve her situation which is difficult and I wonder if you would consider sending her another appointment.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Hospital acquired pneumonia			16/03/2010	16/03/2010
Intracerebral haemorrhage			16/03/2010	16/03/2010
[X]Depressive episode	First ever		25/02/1998	25/02/1998
Drug dependence	First ever	Episode=First episode	11/09/1995	11/09/1995
Asthma NOS	New event	Episode=New episode	22/05/1992	22/05/1992

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Lansoprazole 30mg gastro-resistant capsules	capsule	1 CAPSULE DAILY		10/04/2015		23/09/2015
Pregabalin 300mg capsules	capsule	TWO CAPSULE THREE TIMES A DAY		11/06/2013		25/09/2015
Lisinopril 10mg tablets	tablet	1 TABLET ONCE A DAY		11/06/2013		23/09/2015
Lamotrigine 25mg tablets	tablet	ONE A DAY FOR ONE WEEK THEN O[more]		08/06/2015		31/07/2015
Paracetamol 500mg tablets	tablet	2 TABS UP TO FOUR TIMES A DAY[more]		11/06/2013		23/09/2015

Mirtazapine 45mg tablets	tablet	1 TABLET ONCE A DAY AT NIGHT	08/10/2013	23/09/2015
Tramadol 100mg modified-release capsules	capsule	1 CAPSULE TWICE A DAY	11/12/2014	23/09/2015
Fostair 100micrograms/dose / 6micrograms/dose inhaler (Chiesi Ltd)	dose	TWICE A DAY	12/01/2015	31/07/2015
AirSalb 100micrograms/dose inhaler CFC free (Sandoz Ltd)	dose	1 TO 2 PUFFS UP TO FOUR TIMES[more]	24/09/2014	12/01/2015

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Daktacort ointment (Janssen-Cilag Ltd)	gram	APPLY TWICE A DAY FOR 7 DAYS		08/10/2015		08/10/2015
Clarithromycin 500mg tablets	tablet	1 TABLET TWICE A DAY		08/10/2015		08/10/2015
Pregabalin 200mg capsules	capsule	TWO THREE TIMES A DAY		10/09/2015		10/09/2015
Lansoprazole 30mg gastro-resistant capsules	capsule	1 CAPSULE DAILY		10/04/2015		26/08/2015
Lansoprazole 30mg gastro-resistant capsules	capsule	1 CAPSULE DAILY		10/04/2015		31/07/2015
Pregabalin 300mg capsules	capsule	ONE CAPSULE THREE TIMES A DAY		11/06/2013		26/08/2015
Lisinopril 10mg tablets	tablet	1 TABLET ONCE A DAY		11/06/2013		31/07/2015

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
H/O: drug allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg/5ml oral solution, Reaction type: Allergy, Certainty of allergy: Possible, Severity of allergy: Moderate.			05/05/1975

Additional information

Smoking history (Encounters):Current smoker Date recorded:10-Apr-2015
Alcohol history (Encounters):Trivial drinker - <1u/day Date recorded:14-Mar-2011
Patient Weight in Kilograms:88
Patient Height in Metres:1.68

NHS Lothian - Referral Letter

Referral To	Astley Ainslie Hospital Rehabilitation Medicine L Neurology Services
Urgency of referral	Routine
Date of referral	16/12/2015
Date submitted	16/12/2015
UCPN	101010508318X

PATIENT DETAILS

CHI number:	1808721349
Name:	Miss Cindy McPherson
Date of birth:	18/08/1972
Sex:	Female

Contact Details

47 Redcraig Road
East Calder
Livingston
EH53 0QX

Voice (Mobile) : 0747 546 8518

REFERRING PRACTITIONER DETAILS

Name:	Dr. Kathryn Wild (GMC: 3197587)
Practice:	East Calder Medical Practice (78024)
Phone:	Voice : 01506 882882

Practice address

East Calder Health Centre
147 Main Street
East Calder
EH53 0EW

CLINICAL INFORMATION

Reason for Referral: FAO Dr Fitzgerald

Main Referral Text: I see that one of my colleagues in Edinburgh has referred Cindy back to you in October. She was evicted from her house in Edinburgh and is now living in East Calder at the above address. I am hoping that she is on your waiting list and will be seen. I saw her for the first time today and she was requesting her medications. I was able to see her old GP records and it appears that she was complaining of more pain in September and her Pregabalin was increased to a very high dose of 600mg three times a day. I was concerned about this, particularly as she continues to use Cannabis, and less frequently to use Amphetamines. I have managed to reduce it today to 400mg three times a day and am seeing her again in 4 weeks. I wanted you to be aware of this and discuss it with her when you see her.

Thank you for your help.

Dr K Wild
KW/FP

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Lisinopril Tablets 10 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		11/12/2015		11/12/2015
Paracetamol Tablets 500 mg	200 tablet	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)		11/12/2015		11/12/2015
Mirtazapine Tablets 45 mg	56 tablet	1 AT NIGHT		11/12/2015		11/12/2015
Lansoprazole Capsules (Gastro-Resistant) 30 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		11/12/2015		11/12/2015

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Pregabalin Capsules 200 mg	168 capsule	2 THREE TIMES A DAY FOR PAIN		15/12/2015	42 Days	15/12/2015
Tramadol Hydrochloride M/R tablets 100 mg	60 tablet	ONE TO BE TAKEN TWICE A DAY		15/12/2015	30 Days	15/12/2015
Beclometasone And Formoterol Cfc-free inhaler 100 micrograms + 6 micrograms/dose	2 INHALER	ONE OR TWO DOSES TO BE INHALED TWICE DAILY		15/12/2015	42 Days	15/12/2015
Pregabalin Capsules 300 mg	24 capsule	2 TABLETS TID		11/12/2015	42 Days	16/12/2015

Additional information

Smoking history (Encounters):Current smoker Date recorded:11-Dec-2015

Scanned WL

NHS Lothian

Oral & Maxillofacial Surgery Waiting List Form

Date: 21/6/16 Consultant: HANDLEY

Ad 700047474K F 18/08/1972
Na McPherson, Cindy
Do 47 Redcraig Road,
Un East Calder,
Livingston,
West Lothian, EH53 0QX
CHI 1808721349
78024 GE MacKie

Patients Telephone Numbers:
H .....
W .....
Mob 07475 468 518

1. Provisional Diagnosis Cairns

2. Proposed Procedure XGA 7 321/12345 7 / 654321/123456

3. Referral Source: OPD ☐ Ward ☐ GP ☐ Dentist ☐ Other ☐

4. Other information:
Antiplatelets
Warfarin
Diabetes
Bisphosphonates
Previous Radiotherapy
Other

5. Priority: 62 Day ☐ Urgent ☐ Routine ☑

6. Patient Suitable for: Named Consultant ☐ Any Consultant ☑ Staff Grade ☐
SHO ☐ Weekend List ☐ Roodlands ☐ EPO ☐
External Provider

7. Short Notice: Yes ☐ No

Not suitable because of
Poor Health ☐
Poor mobility ☐
Complex case ☐
Patient willing to go
Yes ☐ No ☐

8 Unavailability: From _____ to _____

9. Facility:
Outpatient Department Minor Op List ☐
Day Surgery Unit ☑
Inpatient Ward 18 ☐
Admit Day Before: Reason _____
Admit Fasting at: _____

10. Care Level: ITU/HDU ☐ LEVEL 1 ☐ WARD ☐ DOSA ☑

11. Anaesthetic: GA ☑ LA ☐ LA & IV Sedation ☐

12. Theatre Time: 1 hrs _____ mins (Include Anaesthetic time)

Print Name: HANDLEY Signature _____

Version Sept 2013

22 JUN 2016

NHS Lothian

Oral & Maxillofacial Surgery Waiting List Form

Date: 21/6/16 Consultant: HANDLEY

Ad 700047474K F 18/08/1972
Na **McPherson, Cindy**
Do 47 Redcraig Road,
Un East Calder,
Livingston,
West Lothian, EH53 0QX
CHI 1808721349
78024 GE MacKie

Patients Telephone Numbers:
H .....
W .....
Mob 07475 468 518

1. **Provisional Diagnosis** Cairns

2. **Proposed Procedure** XCA 7 321/12345 7 / 654321/123456

3. **Referral Source:** **OPD** ☐ **Ward** ☐ **GP** ☐ **Dentist** ☐ **Other** ☐

4. **Other information:**
Antiplatelets
Warfarin
Diabetes
Bisphosphonates
Previous Radiotherapy
Other

5. **Priority:** **62 Day** ☐ **Urgent** ☐ **Routine** ☑

6. **Patient Suitable for:** **Named Consultant** ☐ **Any Consultant** ☑ **Staff Grade** ☐
SHO ☐ **Weekend List** ☐ **Roodlands** ☐ **EPO** ☐
External Provider

7. **Short Notice:** **Yes** ☐ **No**

Not suitable because of
Poor Health ☐
Poor mobility ☐
Complex case ☐
Patient willing to go
Yes ☐ No ☐

8 **Unavailability:** **From** _____ **to** _____

9. **Facility:**
Outpatient Department Minor Op List ☐
Day Surgery Unit ☑
Inpatient Ward 18 ☐
Admit Day Before: Reason _____
Admit Fasting at: _____

10. **Care Level:** **ITU/HDU** ☐ **LEVEL 1** ☐ **WARD** ☐ **DOSA** ☑

11. **Anaesthetic:** **GA** ☑ **LA** ☐ **LA & IV Sedation** ☐

12. **Theatre Time:** 1 **hrs** _____ **mins (Include Anaesthetic time)**

Print Name: HANDLEY **Signature** _____

Version Sept 2013

22 JUN 2016

NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy West Lothian - St John's Hospital LI Physiotherapy WL
Urgency of referral	Routine
Date of referral	27/05/2024
Date submitted	27/05/2024
UCPN	101033117786H

PATIENT DETAILS

CHI number:	1808721349
Name:	Miss Cindy McPherson
Date of birth:	18/08/1972
Sex:	Female

Contact Details

10 Mansefield Place
East Calder
Livingston
EH53 0PP

Voice (Mobile) : 07496 726 576

REFERRING PRACTITIONER DETAILS

Name:	Dr. Suzanna Tybulewicz (GMC: 3310638)
Practice:	East Calder Medical Practice (78024)
Phone:	Voice : 01506 882882

Practice address

East Calder Health Centre
147 Main Street
East Calder
EH53 0EW

CLINICAL INFORMATION

Reason for Referral: Mobility assessment

Main Referral Text: Thank you for seeing this 51 year old lady who had a haemorrhagic CVA in 2010. Since then her mobility has been poor and she is mostly housebound in a bungalow and lives alone. She does not use walking aids and if she goes out anywhere she needs help to get into taxi.

Since her stroke she has severe toe curling of the affected foot on the left and this is making walking very difficult and painful. She also has contracture of her left hand and has been asking about the possibility of Botox injections. She had these in the rehabilitation period after her CVA but I am not sure of the evidence for having them at this late stage.

In the first instance I feel she would benefit from your assessment of her mobility in the home and any aids she may require.

ST/FP

Investigations

Description	Result	Date
Time since onset? (Weeks) :	0-3	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Did not attend - no reason			03/05/2024	03/05/2024
Type 2 diabetes mellitus			09/07/2021	09/07/2021
Pure hypercholesterolaemia			09/10/2019	09/10/2019
Anxiety states			19/09/2017	19/09/2017
Constipation			22/08/2017	22/08/2017
Gastro-oesophageal reflux			26/04/2016	26/04/2016
Constipation			06/09/2013	06/09/2013
Incontinence of urine			06/09/2013	06/09/2013
[V]Behavioural problems			06/09/2013	06/09/2013
Head injury			06/09/2013	06/09/2013
Overdose of drug			06/09/2013	06/09/2013
Hair loss			06/09/2013	06/09/2013
Neuropathic pain		left shoulder	06/09/2013	06/09/2013

Hospital acquired pneumonia		06/09/2013	06/09/2013
Intracerebral haemorrhage	L hemiplegia	15/03/2010	15/03/2010
Child abuse NEC	told GP that she had been sexually abused as a child. was ref for counsellling.	01/01/2002	01/01/2002
Breast abscess	non obstetric	26/07/2001	26/07/2001
Backache		17/09/1998	17/09/1998
[X]Depressive episode		25/02/1998	25/02/1998
Drug dependence	DHC amphetamines	11/09/1995	11/09/1995
Acute pyelonephritis		20/06/1995	20/06/1995
Cellulitis and abscess of trunk		06/06/1995	06/06/1995
Psoriasis NOS		01/02/1993	01/02/1993
Asthma NOS		22/05/1992	22/05/1992
Closed fracture of one or more phalanges of foot		13/07/1983	13/07/1983

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Asthma control test, 7 /25			16/02/2024	16/02/2024
Dental clearance NEC			03/11/2016	03/11/2016
Craniotomy	evacuation of haematoma		15/03/2010	15/03/2010

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Luforbec Inhaler 200 micrograms + 6 micrograms/dose	240 dose	TWO PUFFS TWICE DAILY (ASTHMA)		17/04/2024		15/05/2024
Metformin Hydrochloride Tablets 500 mg	112 TABLET	TAKE 2 BD. STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN		19/07/2021		15/05/2024
Atorvastatin Tablets 20 mg	28 TABLET	ONE TO BE TAKEN EACH DAY		01/10/2019		15/05/2024
Mirtazapine Tablets 30 mg	28 TABLET	1 AT NIGHT		02/04/2019		15/05/2024
Pregabalin Capsules 200 mg	28 CAPSULE	ONE TO BE TAKEN DAILY		22/08/2018		15/05/2024
Folic Acid Tablets 5 mg	28 TABLET	1 OD		14/11/2017		15/05/2024
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY		06/02/2017		15/05/2024
Lansoprazole Capsules (Gastro-Resistant) 30 mg	28 CAPSULE	ONE TO BE TAKEN EACH DAY		11/12/2015		15/05/2024
Paracetamol Tablets 500 mg	200 tablet	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)		11/12/2015		15/05/2024
Lisinopril Tablets 10 mg	28 TABLET	ONE TO BE TAKEN EACH DAY		11/12/2015		15/05/2024

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Nitrofurantoin M/R capsules 100 mg	6 capsule	ONE CAPSULE TWICE DAILY FOR THREE DAYS.		19/04/2024		14/05/2024
Doxycycline Hyclate Capsules 100 mg	6 CAPSULE	TWO TO BE TAKEN ON DAY 1 THEN ONE TO BE TAKEN DAILY FOR A FURTHER 4 DAYS		11/04/2024		11/04/2024
Fostair Cfc-free inhaler 200 micrograms + 6	2*120 DOSE	TWO PUFFS TWICE DAILY (ASTHMA)		18/03/2024		11/04/2024

micrograms/dose				
Trimethoprim Tablets 200 mg	6 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 3 DAYS (WOMEN) OR 7 DAYS (MEN)	29/02/2024	19/03/2024
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	2 INHALER	ONE OR TWO DOSES TO BE INHALED TWICE DAILY	11/01/2017	07/03/2024

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to Penicillins			01/01/1975	01/01/1975

Additional information

Patient Weight in Kilograms:95
Patient Height in Metres:170
Patient BMI:32.87
Patient Blood Pressure (Systolic):110
Patient Blood Pressure (Diastolic):70
Smoking history (Screening):Current smoker Date Recorded:18-Mar-2024
Smoking history (Encounters):Current smoker Date Recorded:18-Mar-2024
Alcohol history (Screening):Alcohol consumption, 14 units/week Date Recorded:11-Apr-2024
Alcohol history (Encounters):Alcohol consumption, 14 units/week Date Recorded:11-Apr-2024

NHS Lothian - Referral Letter

Referral To	Astley Ainslie Hospital Rehabilitation Medicine LI Neurology Services
Urgency of referral	Routine
Date of referral	20/08/2024
Date submitted	20/08/2024
UCPN	101033962162Q

PATIENT DETAILS

CHI number:	1808721349
Name:	Miss Cindy McPherson
Date of birth:	18/08/1972
Sex:	Female

Contact Details

10 Mansefield Place
East Calder
Livingston
EH53 0PP

Voice (Mobile) : 07496 726 576

REFERRING PRACTITIONER DETAILS

Name:	Dr. Suzanna Tybulewicz (GMC: 3310638)
Practice:	East Calder Medical Practice (78024)
Phone:	Voice : 01506 882882

Practice address

East Calder Health Centre
147 Main Street
East Calder
EH53 0EW

CLINICAL INFORMATION

Reason for Referral:	Spasticity Clinic
Main Referral Text:	Please see original referral to Physiotherapy and their reply. Thank you for any help you can offer this lady with increased tone in her left foot following a CVA in 2010. See enclosed physiotherapy letter suggesting referral to yourself. ST/FP

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Type 2 diabetes mellitus			09/07/2021	09/07/2021
Pure hypercholesterolaemia			09/10/2019	09/10/2019
Anxiety states			19/09/2017	19/09/2017
Constipation			22/08/2017	22/08/2017
Gastro-oesophageal reflux			26/04/2016	26/04/2016
Hospital acquired pneumonia			06/09/2013	06/09/2013
Constipation			06/09/2013	06/09/2013
Incontinence of urine			06/09/2013	06/09/2013
[V]Behavioural problems			06/09/2013	06/09/2013
Hair loss			06/09/2013	06/09/2013
Neuropathic pain		left shoulder	06/09/2013	06/09/2013
Head injury			06/09/2013	06/09/2013
Overdose of drug			06/09/2013	06/09/2013
Intracerebral haemorrhage		L hemiplegia	15/03/2010	15/03/2010
Child abuse NEC		told GP that she had been sexually abused as a child. was ref for counsellling.	01/01/2002	01/01/2002
Breast abscess		non obstetric	26/07/2001	26/07/2001
Backache			17/09/1998	17/09/1998
[X]Depressive episode			25/02/1998	25/02/1998
Drug dependence		DHC amphetamines	11/09/1995	11/09/1995
Acute pyelonephritis			20/06/1995	20/06/1995

Cellulitis and abscess of trunk	06/06/1995	06/06/1995
Psoriasis NOS	01/02/1993	01/02/1993
Asthma NOS	22/05/1992	22/05/1992
Closed fracture of one or more phalanges of foot	13/07/1983	13/07/1983

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Asthma control test, 7 /25			16/02/2024	16/02/2024
Dental clearance NEC			03/11/2016	03/11/2016
Craniotomy	evacuation of haematoma		15/03/2010	15/03/2010

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Luforbec Inhaler 200 micrograms + 6 micrograms/dose	240 dose	TWO PUFFS TWICE DAILY (ASTHMA)		17/04/2024		08/07/2024
Metformin Hydrochloride Tablets 500 mg	112 TABLET	TAKE 2 BD. STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN		19/07/2021		14/08/2024
Atorvastatin Tablets 20 mg	28 TABLET	ONE TO BE TAKEN EACH DAY		01/10/2019		14/08/2024
Mirtazapine Tablets 30 mg	28 TABLET	1 AT NIGHT		02/04/2019		14/08/2024
Zerobase Cream 11 %	500 GRAM	APPLY AS OFTEN AS REQUIRED AND/OR USE AS SOAP SUBSTITUTE		16/01/2019		08/07/2024
Pregabalin Capsules 200 mg	56 CAPSULE	ONE TO BE TAKEN DAILY		22/08/2018		14/08/2024
Folic Acid Tablets 5 mg	28 TABLET	1 OD		14/11/2017		14/08/2024
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY		06/02/2017		08/07/2024
Lansoprazole Capsules (Gastro-Resistant) 30 mg	28 CAPSULE	ONE TO BE TAKEN EACH DAY		11/12/2015		15/08/2024
Paracetamol Tablets 500 mg	200 tablet	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)		11/12/2015		14/08/2024
Lisinopril Tablets 10 mg	28 TABLET	ONE TO BE TAKEN EACH DAY		11/12/2015		15/08/2024

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Trimethoprim Tablets 200 mg	6 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 3 DAYS (WOMEN) OR 7 DAYS (MEN)		27/06/2024		27/06/2024

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to Penicillins			01/01/1975	01/01/1975

Additional information

Patient Weight in Kilograms:95

Patient Height in Metres:170

Patient BMI:32.87

Patient Blood Pressure (Systolic):110
Patient Blood Pressure (Diastolic):70
Smoking history (Screening):Current smoker Date Recorded:18-Mar-2024
Smoking history (Encounters):Current smoker Date Recorded:18-Mar-2024
Alcohol history (Screening):Alcohol consumption, 14 units/week Date Recorded:11-Apr-2024
Alcohol history (Encounters):Alcohol consumption, 14 units/week Date Recorded:11-Apr-2024

NHS Lothian - Imaging Request

Referral To	St John's Hospital Clinical Radiology LI Radiology - Ultrasound
Urgency of referral	Urgent
Date of referral	11/11/2024
Date submitted	11/11/2024
UCPN	101034752481M

PATIENT DETAILS

CHI number:	1808721349
Name:	Miss Cindy McPherson
Date of birth:	18/08/1972
Sex:	Female

Contact Details

10 Mansefield Place
East Calder
Livingston
EH53 0PP

Voice (Mobile) : 07496 726 576

REFERRING PRACTITIONER DETAILS

Name:	Dr. Aileen Barr (GMC: 6128722)
Practice:	East Calder Medical Practice (78024)
Phone:	Voice : 01506 882882

Practice address

East Calder Health Centre
147 Main Street
East Calder
EH53 0EW

INVESTIGATION REQUESTED

Test Requested: **Ultrasound Urinary tract**

Reason for Request: Urgency and frequency. Feeling need to PU ++. Does not always pass urine. Please check post void residual ?not emptying bladder fully.

CLINICAL INFORMATION

Additional information

Patient Weight in Kilograms:95
Patient Height in Metres:170
Patient BMI:32.87
Patient Blood Pressure (Systolic):110
Patient Blood Pressure (Diastolic):70
Smoking history (Screening):Current smoker Date Recorded:18-Mar-2024
Smoking history (Encounters):Current smoker Date Recorded:18-Mar-2024
Alcohol history (Screening):Alcohol consumption, 14 units/week Date Recorded:11-Apr-2024
Alcohol history (Encounters):Alcohol consumption, 14 units/week Date Recorded:11-Apr-2024

NHS Lothian - Referral Letter

Referral To	St John's Hospital Flow Centre Referral LI Flow Centre Referral
Urgency of referral	Urgent
Date of referral	03/06/2026
Date submitted	03/06/2026
UCPN	1010401522160

PATIENT DETAILS

CHI number:	1808721349
Name:	Miss Cindy McPherson
Date of birth:	18/08/1972
Sex:	Female

Contact Details

10 Mansefield Place
East Calder
Livingston
EH53 0PP

Voice (Mobile) : 07496 726 576

REFERRING PRACTITIONER DETAILS

Name:	Dr. Morven Mackay (GMC: 6157523)
Practice:	East Calder Medical Practice (78024)
Phone:	Voice : 01506 882882

Practice address

East Calder Health Centre
147 Main Street
East Calder
EH53 0EW

CLINICAL INFORMATION

Reason for Referral:	stroke?
Main Referral Text:	Thanks for seeing this lady who had an intracerebral haemorrhage 2010 due to "drink and drugs" she was told leaving her with left arm and leg weakness. Smokes cannabis. T2DM. On Saturday she woke with right whole leg feeling heavy and her right leg felt off and made walking difficult. Nil severe headaches or speech or visiual issues nil back pain. Fell over 20th May hurting right leg but just a scrape on her shin. O/E sats 98 HR 91 reg T37, BP 124/77 CN intact, rt arm normal neuro exam. rt leg power 5/5 except 3/5 foot dorsiflexion. slapping gait walking down corridor. downgoing plantars tone normal reduced sensation left great toe. The stroke consultant suggested admit medics for CT head as next stroke clinic appt Friday too far away. Many thanks

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Consultation for minor injury			21/05/2026	21/05/2026
Lichen sclerosus et atrophicus			15/05/2026	15/05/2026
Type 2 diabetes mellitus			09/07/2021	09/07/2021
Pure hypercholesterolaemia			09/10/2019	09/10/2019
Anxiety states			19/09/2017	19/09/2017
Constipation			22/08/2017	22/08/2017
Gastro-oesophageal reflux			26/04/2016	26/04/2016
Hospital acquired pneumonia			06/09/2013	06/09/2013
Constipation			06/09/2013	06/09/2013
Incontinence of urine			06/09/2013	06/09/2013
[V]Behavioural problems			06/09/2013	06/09/2013
Head injury			06/09/2013	06/09/2013
Overdose of drug			06/09/2013	06/09/2013
Hair loss			06/09/2013	06/09/2013
Neuropathic pain		left shoulder	06/09/2013	06/09/2013
Intracerebral haemorrhage		L hemiplegia	15/03/2010	15/03/2010
Child abuse NEC		told GP that she had been sexually abused as a child. was ref for counsellling.	01/01/2002	01/01/2002
Breast abscess		non obstetric	26/07/2001	26/07/2001

Backache		17/09/1998	17/09/1998
[X]Depressive episode		25/02/1998	25/02/1998
Drug dependence	DHC amphetamines	11/09/1995	11/09/1995
Acute pyelonephritis		20/06/1995	20/06/1995
Cellulitis and abscess of trunk		06/06/1995	06/06/1995
Psoriasis NOS		01/02/1993	01/02/1993
Asthma NOS		22/05/1992	22/05/1992
Closed fracture of one or more phalanges of foot		13/07/1983	13/07/1983

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Asthma control test, 18 /25			27/03/2025	27/03/2025
Asthma control test, 7 /25			16/02/2024	16/02/2024
Dental clearance NEC			03/11/2016	03/11/2016
Craniotomy	evacuation of haematoma		15/03/2010	15/03/2010

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Clobetasone Butyrate Ointment 0.05 %	30 GRAM	USE TWICE A WEEK FOR LICHEN SCLEROSIS		15/05/2026		15/05/2026
Rybelsus Tablets 4 mg	60 TABLET	ONE TAKEN FIRST THING IN THE MORNING WITH A SIP OF WATER. DO NOT TAKE OTHER FOOD DRINKS OR MEDICATION FOR 30 MINUTES AFTER THIS		06/02/2026		25/05/2026
Dapagliflozin Tablets 10 mg	56 TABLET	TAKE ONE TABLET DAILY. STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN		17/11/2025		08/04/2026
Estradiol Pessaries 10 micrograms	24 pessary	INSERT ONE AT NIGHT TWICE WEEKLY LONG TERM		19/03/2025		24/02/2026
Proxor Inhaler 200 micrograms + 6 micrograms/dose	240 DOSE	TWO PUFFS TWICE DAILY (ASTHMA). THIS IS AN ALTERNATIVE BRAND TO LUFORBEC		17/04/2024		19/03/2026
Metformin Hydrochloride Tablets 500 mg	112 TABLET	TAKE 2 BD. STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN		19/07/2021		02/06/2026
Atorvastatin Tablets 20 mg	28 TABLET	ONE TO BE TAKEN EACH DAY		01/10/2019		02/06/2026
Mirtazapine Tablets 30 mg	28 TABLET	1 AT NIGHT		02/04/2019		02/06/2026
Zerobase Cream 11 %	500 GRAM	USE AS SOAP SUBSTITUTEDAILY FOR GENITAL REGION. THIS CAN REDUCE RISK OF YEAST INFECTIONS WITH DIABETES.		16/01/2019		03/10/2025
Pregabalin Capsules 200 mg	56 CAPSULE	ONE TO BE TAKEN DAILY		22/08/2018		02/06/2026
Folic Acid Tablets 5 mg	28 TABLET	1 OD		14/11/2017		02/06/2026
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY		06/02/2017		19/03/2026
Lansoprazole Capsules (Gastro-Resistant) 30 mg	28 CAPSULE	ONE TO BE TAKEN EACH DAY		11/12/2015		02/06/2026
Lisinopril Tablets 10 mg	28 TABLET	ONE TO BE TAKEN EACH DAY		11/12/2015		02/06/2026
Paracetamol Tablets 500 mg	200 tablet	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS		11/12/2015		27/10/2025

WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Co-Codamol 8/500 Tablets	60 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)		20/03/2026		20/03/2026

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to Penicillins			01/01/1975	01/01/1975

Additional information

Patient Weight in Kilograms:93
Patient Height in Metres:170
Patient BMI:32.18
Patient Blood Pressure (Systolic):120
Patient Blood Pressure (Diastolic):70
Smoking history (Screening):Current smoker Date Recorded:23-Sep-2025
Smoking history (Encounters):Current smoker Date Recorded:23-Sep-2025
Alcohol history (Screening):Alcohol consumption, 6 units/week Date Recorded:23-Sep-2025
Alcohol history (Encounters):Alcohol consumption, 6 units/week Date Recorded:23-Sep-2025