REFERRAL LETTER - Referral from GP

MEDICAL IN CONFIDENCE

REFERRAL TO

Obstetrics F3
L 1st Maternity Appointment

Royal Infirmary of Edinburgh at Little France (S314H)
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Urgency of referral	Routine
Date of referral	05/01/2011
Date submitted	05/01/2011
UCPN	1010014210483

PATIENT DETAILS

Surname	HALLIDAY
Forename(s)	SHONA
Title	MISS Sex Female
Date of birth	06/11/1975
CHI no.	0611751143
Previous Surname	

Address

7A ALLAN TERRACE
DALKEITH
EH22 1EW

Contact number(s)

Voice : 6632086

REFERRING PRACTITIONER DETAILS

Name	Dr. Mary Murray
GMC code	2331869 GP code 42927
Practice name	DALKEITH MEDICAL PRACTICE (77197)
Practice code	77197

Practice address

THE HEALTH CENTRE
24-26 ST ANDREW STREET
DALKEITH
EH22 1AP

Contact number(s)

Voice : 0131 561 5500

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Pregnancy.

Comment: Dear Midwives This patient had a positive home pregnancy test on 23 December 2010. Her LMP was approximately 20 November 2010. Please note that she has a PMH depression and is currently on Venlafaxine 75mg daily. She will be reviewed before her next prescription. I would be grateful if you would provide antenatal care as appropriate. Kind regards.

Investigations

Description	Result	Date

Referral Source : Referral from GP

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Notes summary on computer			15/01/2007	15/01/2007
Suicide SII - NOS		overdose	07/01/2007	07/01/2007
Alcohol abuse - unspecified			03/12/2006	03/12/2006
Suicide SII - NOS		overdose	03/12/2006	03/12/2006
[X]Depressive episode, unspecf		Recurrent	29/03/2006	29/03/2006
Suicide SII - NOS		overdose	25/03/2006	25/03/2006
Premenstrual tension syndrome			11/03/2003	11/03/2003
Suicide SII - NOS		overdose	01/07/2001	01/07/2001
[X]Puerperal mental disord NEC			10/03/2001	10/03/2001
Normal delivery in normal case			12/02/2001	12/02/2001
[X]Intentional self poisoning			28/12/1999	28/12/1999
Urinary tract infect.unsp.NOS			18/06/1982	18/06/1982

Past procedures (High priority - carried out within the last 12 months)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Colposcopy of cervix	Negative		26/11/1997	26/11/1997
Excision of tonsil			01/07/1997	01/07/1997
Intravenous pyelography	Negative		18/06/1982	18/06/1982

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
VENLAFAXINE mr tab 75mg	16839001	tablet(s)	1 Tab Daily		08/12/2010		08/12/2010
CETIRIZINE tabs 10mg	05918001	tablet(s)	TAKE ONE DAILY		17/11/2010		17/11/2010
Venlafaxine Mr TABS	16839001		1 Tab Daily		08/10/2010		08/10/2010

75MG

Additional relevant information

Smoking history (Encounters): Current smoker , Date recorded: 28-Sep-2009
Alcohol history (Encounters): Light drinker - 1-2u/day , Date recorded: 24-Sep-2004
Patient Weight in Kilograms:76
Patient Height in Metres:1.65

Signature of referring doctor (or other professional) **Date**

NHS Lothian - Referral Letter

Referral To	Western General Hospital Rheumatology L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	09/08/2012
Date submitted	09/08/2012
UCPN	1010040096211

PATIENT DETAILS

CHI number:	0611751143
Name:	MISS SHONA HALLIDAY
Date of birth:	06/11/1975
Sex:	Female

Contact Details

16 THORNYBANK GROVE
DALKEITH
EH22 2EG

Voice (Home) : 07858701895

REFERRING PRACTITIONER DETAILS

Name:	Dr. Derek Robertson (GMC: 2330040)
Practice:	DALKEITH MEDICAL PRACTICE (77197)
Phone:	Voice : 0131 561 5500

Practice address

The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

CLINICAL INFORMATION

Reason for Referral: Flitting Joint pains with raised cyclic citrullinated peptide levels

Main Referral Text:

Dear Doctor

This 36 year old lady presented in July this year with pain in her right hand. She had been moving house and it was felt that she may have have a tenosynovitis.

She re presented a couple of weeks later when she described joint pains which was getting in her knees, ankles, wrists and elbows. This appeared to be flitting from one joint to another and was quite bearable. When seen at the time, there was no obvious synovitis and investigations were carried out.

Her cyclic citrullinated peptide levels were raised at 334 units per ml. Her A antinuclear antibody was positive and her antinuclear antibody titre was 1/80 speckled. She had a haemoglobin on 10.2 and mcv of 79 and esr of 25.

Shona had emergency caesarian section for foetal bradycardia in August 2011 with the baby suffering neonatal encephalopathy pneumothorax and acute renal failure at the time of birth. Shona has had problems with her mood over the last 6 months but does seem to be making progress here.

Her blood tests also show that she had an iron deficiency anaemia and she has been started on ferrous sulphate.

On reviewing her after a blood test, her joints symptoms do seem to have improved rather than flitting in nature, she is having more generalised aching in all her joints but with little to see on exanimation.

I wonder whether we are seeing an early presentation of rheumatoid arthritis and in view of her elevated levels I would appreciate your expert assessment and advice re further management.

She has been given advice re the use of ibuprofen in the short term.

Yours sincerely

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Computer summary updated			01/05/2012	01/05/2012
[X]Depressive episode	New event		30/04/2012	30/04/2012
Caesarean delivery			28/08/2011	28/08/2011
Notes summary on computer			15/01/2007	15/01/2007
Suicide SII - NOS		overdose	07/01/2007	07/01/2007

Alcohol abuse - unspecified		03/12/2006	03/12/2006
Suicide SII - NOS	overdose	03/12/2006	03/12/2006
[X]Depressive episode, unspecf	Recurrent	29/03/2006	29/03/2006
Suicide SII - NOS	overdose	25/03/2006	25/03/2006
Premenstrual tension syndrome		11/03/2003	11/03/2003
Suicide SII - NOS	overdose	01/07/2001	01/07/2001
[X]Puerperal mental disord NEC		10/03/2001	10/03/2001
Normal delivery in normal case		12/02/2001	12/02/2001
[X]Intentional self poisoning		28/12/1999	28/12/1999
Urinary tract infect.unsp.NOS		18/06/1982	18/06/1982

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Colposcopy of cervix	Negative		26/11/1997	26/11/1997
Excision of tonsil			01/07/1997	01/07/1997
Intravenous pyelography	Negative		18/06/1982	18/06/1982

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Lactulose 3.1-3.7g/5ml oral solution	ml	15ML TWICE DAILY		01/08/2012		01/08/2012
Ferrous fumarate 210mg tablets	tablet	TAKE ONE 3 TIMES/DAY		01/08/2012		01/08/2012
Ibuprofen 400mg tablets	tablet	1 TAB 3 TIMES DAILY PRN		01/08/2012		01/08/2012
MICRONOR tabs 350mcg	tablet	ONE TABLET TO BE TAKEN ONCE DAILY		19/06/2012		19/06/2012
VENLAFAXINE tabs 37.5mg	tablet	TAKE ONE DAILY		19/06/2012		19/06/2012
VENLAFAXINE mr tab 75mg	tablet	1 TAB DAILY		19/06/2012		19/06/2012

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:5-Mar-2012

Alcohol history (Encounters):Light drinker - 1-2u/day Date recorded:24-Sep-2004

Patient Weight in Kilograms:69

Patient Height in Metres:1.65

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh Gynaecology - Colposcopy
Urgency of referral	Routine
Date of referral	25/10/2012
Date submitted	25/10/2012
UCPN	129000023924N
Referral From	SCCRS - Scottish Cervical Call Recall System

PATIENT DETAILS

CHI number: 0611751143
Name: SHONA HALLIDAY
Date of birth: 06/11/1975
Sex: Female

Contact Details

16 THORNYBANK GROVE
DALKEITH
MIDLOTHIAN
EH22 2EG

REGISTERED GP DETAILS

Name: D WESTWOOD
Practice: DALKEITH MEDICAL PRACTICE
Phone:

Practice address

24-26 ST ANDREW STREET
DALKEITH
MIDLOTHIAN
EH22 1AP

REFERRING HCP DETAILS

Name:
Organisation name: Edinburgh RI

Organisation address

Royal Infirmary Edinburgh
51 Little France Crescent
Edinburgh
EH16 4SA

CLINICAL INFORMATION

Result: Mild Dyskaryosis
HPV Result:
Immunosuppressed: No

Exam Date: / /
Auth Date: 23/10/2012
Healthboard: NHS Lothian

Smear Taker Name: Practice Nurse Gillian Connolly

Smear Taker Address

24-26 ST ANDREW STREET,
DALKEITH,
MIDLOTHIAN,
EH22 1AP,

Smear Taker Comments

early recall previous mild changes erosion noted bled on contact

Laboratory Name: Edinburgh RI

Laboratory Address

Royal Infirmary Edinburgh
51 Little France Crescent
Edinburgh
EH16 4SA

Laboratory Comments:

Thin Prep? shows mild squamous cell dyskaryosis. In view of persistent but low-grade abnormality a colposcopic assessment is recommended.

NHS Lothian - Imaging Request

Please note that this request will become invalid if the patient does not attend within 30 days of this request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	17/07/2013
Date submitted	17/07/2013

PATIENT DETAILS

CHI number:	0611751143
Name:	MISS SHONA HALLIDAY
Date of birth:	06/11/1975
Sex:	Female

Contact Details

16 THORNYBANK GROVE
DALKEITH
MIDLOTHIAN
EH22 2EG

Voice (Home) : 4544085
Voice (Mobile) : 078355500314

REFERRING PRACTITIONER DETAILS

Name:	Dr. Dawn Westwood (GMC: 3340323)
Practice:	Dalkeith Medical Practice (77197)
Phone:	Voice : 0131 561 5500

Practice address

The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

INVESTIGATION REQUESTED

Test Requested: **Forefoot left**

Reason for Request: ?early 1st MTP hallux valgus but note also positive rheumatoid screen

CLINICAL INFORMATION

Investigations

Description	Result	Date
Duration of Symptoms : several months		

Signature of requesting doctor **Designation** **Date**

Radiology Walk In is available Monday to Friday as follows:

Royal Infirmary of Edinburgh	9:00am - 5:00pm	St John's Hospital	8:00am - 5:00pm
Royal Hospital for Sick Children	9:00am - 4:30pm (Except public holidays)	Roodlands Hospital	8:30am - 4:00pm
Midlothian Community Hospital	9:30am - 4:00pm (Mon and Thurs only)	Leith Community Treatment Centre	8:30am - 4:00pm
Western General Hospital	8:45am - 5:00pm (Main xray) 5:00pm - 6:00pm (Acute Receiving Admissions Unit xray)	Lauriston Building	8:30am - 4:00pm

NHS Lothian - Referral Letter

Referral To	Western General Hospital Rheumatology L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	13/12/2013
Date submitted	17/12/2013
UCPN	1010064296992

PATIENT DETAILS

CHI number:	0611751143
Name:	MISS SHONA HALLIDAY
Date of birth:	06/11/1975
Sex:	Female

Contact Details

16 THORNYBANK GROVE
DALKEITH
MIDLOTHIAN
EH22 2EG

Voice (Home) : 4544085
Voice (Mobile) : 078355500314

REFERRING PRACTITIONER DETAILS

Name:	Dr. Syeed Ahmed (GMC: 6041812)
Practice:	Dalkeith Medical Practice (77197)
Phone:	Voice : 0131 561 5500

Practice address

The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

CLINICAL INFORMATION

Reason for Referral: Joint pain and inflamation, previous raised CCP

Main Referral Text:

Dear Doctor

I am most grateful for a further assessment of this 38-year old lady who was seen last year with multiple joint pains and a raised CCP. As the MRI scan did not reveal any inflammation no intervention was needed at that time but was to referred back if symptoms return.

She has been seeing us over the past six months with left, big toe metatarsophalangeal joint discomfort which was treated with painkillers and an x-ray was normal. She has also seen the Podiatrist who gave her new insoles, but the symptoms have persisted. Recent bloods, including serum urate have returned normal.

On examination there is slight swelling over the first and second MTPJ in the left foot with tenderness and no obvious redness or increased local temperature. Movements of the joint are painful.

Many thanks for your kind review and advice on further management.

Kind regards.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Seen in colposcopy clinic			10/06/2013	10/06/2013
Computer summary updated			01/05/2012	01/05/2012
[X]Depressive episode	New event		30/04/2012	30/04/2012
Caesarean delivery			28/08/2011	28/08/2011
Notes summary on computer			15/01/2007	15/01/2007
Suicide SII - NOS		overdose	07/01/2007	07/01/2007
Suicide SII - NOS		overdose	03/12/2006	03/12/2006
Alcohol abuse - unspecified			03/12/2006	03/12/2006
[X]Depressive episode, unspecf		Recurrent	29/03/2006	29/03/2006
Suicide SII - NOS		overdose	25/03/2006	25/03/2006
Premenstrual tension syndrome			11/03/2003	11/03/2003
Suicide SII - NOS		overdose	01/07/2001	01/07/2001
[X]Puerperal mental disord NEC			10/03/2001	10/03/2001

Normal delivery in normal case	12/02/2001	12/02/2001
[X]Intentional self poisoning	28/12/1999	28/12/1999
Urinary tract infect.unsp.NOS	18/06/1982	18/06/1982

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Colposcopy of cervix	Negative		26/11/1997	26/11/1997
Excision of tonsil			01/07/1997	01/07/1997
Intravenous pyelography	Negative		18/06/1982	18/06/1982

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Venlafaxine 75mg modified-release tablets	tablet	1 TAB DAILY		30/10/2013		30/10/2013
Venlafaxine 37.5mg tablets	tablet	TAKE ONE DAILY		30/10/2013		30/10/2013
Micronor 350microgram tablets (Janssen-Cilag Ltd)	tablet	ONE TABLET TO BE TAKEN ONCE DAILY		30/10/2013		30/10/2013

Additional information

Smoking history (Encounters):Ex smoker Date recorded:26-Nov-2013

Alcohol history (Encounters):Drinks rarely Date recorded:26-Nov-2013

Patient Weight in Kilograms:69

Patient Height in Metres:1.65

NHS Lothian - Referral Letter

Referral To	Western General Hospital Rheumatology L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	29/08/2019
Date submitted	29/08/2019
UCPN	1010194765239

PATIENT DETAILS

CHI number:	0611751143
Name:	MISS SHONA HALLIDAY
Date of birth:	06/11/1975
Sex:	Female

Contact Details

16 THORNYBANK GROVE
DALKEITH
MIDLOTHIAN
EH22 2EG

Voice (Home) : 0131 454 0485
Voice (Mobile) : 07835 500 314

REFERRING PRACTITIONER DETAILS

Name:	Dr. Kyle Mathews (GMC: 7264477)
Practice:	Dalkeith Medical Practice
Phone:	Voice : 01315615500

Practice address

24-26 ST ANDREW STREET
DALKEITH
MIDLOTHIAN
EH22 1AP

CLINICAL INFORMATION

Reason for Referral: Flare of RA symptoms.

Main Referral Text: Locum Dr K Mathews on behalf of Dr Richard Conlan

Dear Doctor

I'd be grateful if you could re-review this patient who was previously known to you. She was previously under the care of Dr Lambert for RA and is being treated with 25mgs Methotrexate weekly and Hydroxychloroquine 200mgs bd. She, unfortunately, failed to attend one of her follow-up appointments and has had no further contact with the Clinic.

She presents today as she is currently suffering from a flare of symptoms in her right wrist.

She is keen to re-engage with services and I feel she would benefit from further assessment.

Kind regards.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Computer summary updated			30/04/2015	30/04/2015
[D]Rash and other nonspecific skin eruption		; skin rash	30/04/2015	30/04/2015
Pain in joint - arthralgia			01/07/2014	01/07/2014
Arthropathies and related disorders		; inflammatory erosive monoarthropathy - left great toe	03/02/2014	03/02/2014
Palindromic rheumatism		; palindromic inflammatory joint episodes affecting cervical spine, left shoulder and hands	08/10/2012	08/10/2012
[X]Depressive episode	New event		30/04/2012	30/04/2012
Caesarean delivery			28/08/2011	28/08/2011
Notes summary on computer			15/01/2007	15/01/2007
Suicide+SII - NOS		overdose	07/01/2007	07/01/2007
Alcohol abuse - unspecified			03/12/2006	03/12/2006
Suicide+SII - NOS		overdose	03/12/2006	03/12/2006

[X]Depressive episode, unspecf	Recurrent	29/03/2006	29/03/2006
Suicide+SII - NOS	overdose	25/03/2006	25/03/2006
Premenstrual tension syndrome		11/03/2003	11/03/2003
Suicide+SII - NOS	overdose	01/07/2001	01/07/2001
[X]Puerperal mental disord NEC		10/03/2001	10/03/2001
Normal delivery in normal case		12/02/2001	12/02/2001
[X]Intentional self poisoning		28/12/1999	28/12/1999
Urinary tract infect.unsp.NOS		18/06/1982	18/06/1982

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Colposcopy of cervix	; moderate dyskaryosis		09/06/2014	09/06/2014
Colposcopy of cervix	Negative		26/11/1997	26/11/1997
Excision of tonsil			01/07/1997	01/07/1997
Intravenous pyelography	Negative		18/06/1982	18/06/1982

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Hydroxychloroquine 200mg tablets	tablet	1 TABLET TWICE A DAY DAY		29/04/2014		29/08/2019
Venlafaxine 75mg tablets	tablet	1 TABLET TWICE DAILY		01/08/2018		29/08/2019
Cetirizine 10mg tablets	tablet	1 TABLET ONCE A DAY		30/04/2015		26/07/2019
Methotrexate 2.5mg tablets	tablet	25MG (TEN TABLETS) TO BE TAKE[more]		12/06/2014		29/08/2019
Folic acid 5mg tablets	tablet	1 TABLET ONCE WEEKLY TO BE TA[more]		02/07/2014		01/08/2019

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Prednisolone 5mg tablets	tablet	2 TABLETS DAILY FOR A WEEK		29/08/2019		29/08/2019
Co-codamol 30mg/500mg tablets	tablet	1-2 TABLETS UP TO FOUR TIMES DAILY		04/07/2019		04/07/2019
Venlafaxine 75mg tablets	tablet	1 TABLET TWICE DAILY		01/08/2018		02/07/2019
Hydroxychloroquine 200mg tablets	tablet	1 TABLET TWICE A DAY DAY		29/04/2014		09/07/2019

Additional information

Smoking history (Encounters):Ex smoker Date recorded:05-Jul-2019
Alcohol history (Encounters):Drinks rarely Date recorded:05-Jul-2019
Patient Weight in Kilograms:73.5
Patient Height in Metres:1.65
Patient BMI:26.9
Patient Blood Pressure (Systolic):126
Patient Blood Pressure (Diastolic):73

~~KB 2/12 10.00am~~
~~BB 22/5 10.00am~~
SL 2/8 15.30pm

Rheumatology CNS Referral

Pc 600101156L F 06/11/1975 **Halliday, Shona** 16 Thornybank Grove, Dalkeith, Midlothian, EH22 2EG **CHI** 0611751143 [redacted] Tel 77197 YV Gaidakova	**Consultant:** ~~Hoda~~ El-Mahrouki **Diagnosis:** RA sero +ve **Requestor:** **Date:** 13/10/22 **Date of starting DMARD:**

DMARD INITIATION

DMARD Name/ ERA protocol (please tick and mention DMARD)	Sulphasalazine 2g	
Blood result review needed (2,4,6 wks)	(Yes)	No
Pt will be phoned at 6-8 wks unless otherwise stated		
3 mth nurse follow up required for DMARD	(Yes)	No
Any other instructions		
ERA nurse led follow up (Yes/ No) (please tick the number of nurse follow up required)	(3mth) (6mths) 9mth 12mths	

DRUG MONITORING

Drug	Frequency & tests	Yes
Tocilizumab/Sarilumab	FBC: 8 weeks after initiation Lipids: 8 weeks after initiation LFTs: 8 wkly for first 6 months, then every 3 month.	
Bosentan	LFTs: 2 wks after initiation or dose increase then monthly ongoing FBC: Monthly for first 4 months then 3 monthly	
Tofacitinib	FBC: 8 wkly for first 4 months then every 3 months	
Other (specify drug & monitoring):		

JOINT INJECTION (Please indicate if microbiology and/or pathology is required)

Joint	SAB		GJH		Elbow		Wrist		Knee		Ankle	
	L	R	L	R	L	R	L	R	L	R	L	R
Micro	Yes		No		**Pathology**	Yes		No				

TESTS

	Req	Results			Req	Result
Visual acuity		R	L	Schirmer's		L R
SST				Saliva flow		

RHEUMATOLOGY NURSE CLINIC REVIEW

When & any instructions 6-12-22 KBarratt	3/12 F2F R/W

NHS Lothian - Imaging Request

Please note that this request will become invalid if the patient does not attend within 30 days of this request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology L Radiology Walk in
Urgency of referral	Routine
Date of referral	02/03/2022
Date submitted	02/03/2022
UCPN	101025709466G

PATIENT DETAILS

CHI number:	0611751143
Name:	MISS SHONA HALLIDAY
Date of birth:	06/11/1975
Sex:	Female

Contact Details

16 THORNYBANK GROVE
DALKEITH
MIDLOTHIAN
EH22 2EG

Voice (Home) : 0131 454 0485
Voice (Mobile) : 07835 500 314
E-mail : shonahalliday611@outlook.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Yulia Gaidakova (GMC: 4761826)
Practice:	Dalkeith Medical Practice (77197)
Phone:	Voice : 0131 561 5500

Practice address

The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

INVESTIGATION REQUESTED

Test Requested:	**Hands both**
Reason for Request:	AND LEFT FOREFOOT PLEASE this lady c/o right hand/wrist pain: wrist, got swollen and stiff few days ago - better now on Naproxen and co-codamol. Also pain in left thumb base and left MTT area of foot, worse as the day goes on. Pat is a cook, on her feet all day PAt has RA and initially had RA presented in her left toe. Imp: likely OA but prudent to assess joints/exclude RA process Thank for your help

CLINICAL INFORMATION

Investigations

Description	Result	Date
Suspected :	Arthritis	
Could the patient be pregnant? :	Blank	

Signature of requesting doctor **Designation** **Date**

Radiology Walk In is available Monday to Friday as follows:

Lauriston Building	8:30am - 4:00pm
Leith Community Treatment Centre	8:30am - 4:00pm
Midlothian Community Hospital	9:15am - 12:30pm
East Lothian Community Hospital (Roodlands)	8:30am - 4:00pm
Royal Hospital for Sick Children - **Children Only**	9:00am - 4:30pm (Except public holidays)
Royal Infirmary of Edinburgh	9:00am - 4:30pm
St John's Hospital	8:30am - 5:00pm
Western General Hospital	8:00am - 5:00pm (Main xray Department)

Advice Line 13/7 10.00AM

Rheumatology CNS Referral

600101156L F 06/11/1975
P Halliday, Shona
16 Thornybank Grove,
Dalkeith,
Midlothian, EH22 2EG

CHI 0611751143
T 77197 YV Gaidakova

Consultant: DR EL-MAHRAIKI
Diagnosis: RA
Requestor: K BARRETT
Date: 31.5.22
Date of starting DMARD: 31.5.22

DMARD INITIATION

DMARD Name/ ERA protocol (please tick and mention DMARD)	s/c MTX 25mg FA 1/7	
Blood result review needed (2,4,6 wks)	(Yes)	No
Pt will be phoned at 6-8 wks unless otherwise stated	✓	
3 mth nurse follow up required for DMARD	Yes	(No)
Any other instructions		
ERA nurse led follow up Yes/ No (please tick the number of nurse follow up required)	3mth 6mths 9mth 12mths	

DRUG MONITORING

Drug	Frequency & tests	Yes
Tocilizumab/Sarilumab	**FBC**: 8 weeks after initiation **Lipids**: 8 weeks after initiation **LFTs**: 8 wkly for first 6 months, then every 3 month.	
Bosentan	**LFTs**: 2 wks after initiation or dose increase then monthly ongoing **FBC**: Monthly for first 4 months then 3 monthly	
Tofacitinib	**FBC**: 8 wkly for first 4 months then every 3 months	
Other (specify drug & monitoring):		

JOINT INJECTION (Please indicate if microbiology and/or pathology is required)

Joint	SAB		GJH		Elbow		Wrist		Knee		Ankle	
	L	R	L	R	L	R	L	R	L	R	L	R
Micro	Yes		No		**Pathology**		Yes		No			

TESTS

	Req	Results			Req	Result
Visual acuity		R	L	Schirmer's		L R
SST				Saliva flow		

RHEUMATOLOGY NURSE CLINIC REVIEW

When & any instructions	Review for TCI 12/07/22

09 JUN 2022

West Lothian Health & Social Care Partnership
www.westlothianchcp.org.uk

NHS Lothian

West Lothian Council

Podiatry Department Request for Assistance Form

Requests will NOT be accepted for routine nail cutting or fungal nail infections, skin care (including corns, callous or verruca) in healthy patients.

Home visits are by GP referral only.

Advice and information on basic foot care and heel pain management can be found using the link below:
http://www.nhslothian.scot.nhs.uk/Community/EdinburghCHP/Services/Pages/Podiatry.aspx

Title: MISS	**Forename:** SHONA	**Surname:** HALLIDAY
Address: 16 THORNYBANK GROVE DALKEITH	**Postcode:** EH22 2EG	**Date of birth:** 06-11-1975
Telephone number: 07835500314 Permission to leave message: Yes ☑ No ☐		
GP Practice: DALKEITH MEDICAL CENTRE	**Emergency contact name and telephone number:** Margaret Halliday 0131 654 1146	

Request for assistance: *(please outline below why you are requesting assistance from Podiatry)*:

HAVE A ~~NODULE~~ NODULE ON MY RIGHT BIG TOE TENDANT CAUSING PAIN WHEN WEARING INCLOSED SHOES

Are you taking antibiotics for this problem? Yes ☐ No ☑	**Do you have an open wound on your foot?** Yes ☐ No ☑

How long have you had this complaint? Days ☐ Weeks ☐ Months ☑ Years ☐

General Health *(please list all conditions you have been diagnosed with or any operations / illnesses you have had e.g. Diabetes, stroke, dementia, physical disabilities)*:

Rheumatoid Arthritis

Medications *(please list all medications / tablets you are taking or attach a recent prescription list):*

METHOTREXATE , VENLAFAXINE, CETIRIZINE
HYDOXYCHLOROQUINE

Have you attended the podiatry department before? Yes ☑ No ☐

Would you be happy to be treated in a student clinic? Yes ☑ No ☐

Do you require an interpreter? Yes ☐ No ☑ *NHS Lothian recommends that an approved interpreter is used rather than a friend or family member*	**Language:**
Do you weigh more than 25 stone? Yes ☐ No ☑	**Wheelchair user?** Yes ☐ No ☑

Is there any other information you wish to add? (e.g. allergies)

I think the nodule has appeared due to my rheumatoid ARTHRITIS.

Parental Consent

I would like the Podiatrist to treat my child and I understand that a local anaesthetic may need to be used.

Signed: J Halliday Date: 9.6.2022

To ensure best practice the Podiatry department request parental consent for all patients under 16.

Children below the age of 12 MUST be accompanied by a parent /guardian at EVERY visit; for subsequent appointments children aged 12 - 15 can attend unaccompanied if parental consent is given.

Consent for child age 12-15 to attend appointments on their own; YES ☐ NO ☐

It is preferred that all children under 16 are accompanied by a parent / guardian for every appointment.

Podiatry Department
NP Admin, Inchkeith House
139 Leith Walk EH6 8NP
CONTACT CENTRE ☐ 0131 536 1627

Your application will be triaged when the form is fully completed and returned to the above address.

Incomplete forms will be returned

For office use only

Date referral received:	9/6/22
Priority Appointment: 2days ☐ 2wks ☐ 4wks ☐	
Heel Pain ☐ MSK/Routine 1:1 ☐ Low Risk ☐	
Contacted by telephone? Yes ☐ No ☐	
Date /Time of Assessment:	

[Place CHI label here]

Advice Line 13/7 10.00AM

Rheumatology CNS Referral

600101156L F 06/11/1975
P Halliday, Shona
16 Thornybank Grove,
Dalkeith,
Midlothian, EH22 2EG

CHI 0611751143
T 77197 YV Gaidakova

Consultant: DR EL-MAHRAIKI
Diagnosis: RA
Requestor: K BARRETT
Date: 31.5.22
Date of starting DMARD: 31.5.22

DMARD INITIATION

DMARD Name/ ERA protocol (please tick and mention DMARD)	s/c MTX 25mg FA 1/7	
Blood result review needed (2,4,6 wks)	(Yes)	No
Pt will be phoned at 6-8 wks unless otherwise stated	✓	
3 mth nurse follow up required for DMARD	Yes	(No)
Any other instructions		
ERA nurse led follow up Yes/ No (please tick the number of nurse follow up required)	3mth 6mths 9mth 12mths	

DRUG MONITORING

Drug	Frequency & tests	Yes
Tocilizumab/Sarilumab	**FBC**: 8 weeks after initiation **Lipids**: 8 weeks after initiation **LFTs**: 8 wkly for first 6 months, then every 3 month.	
Bosentan	**LFTs**: 2 wks after initiation or dose increase then monthly ongoing **FBC**: Monthly for first 4 months then 3 monthly	
Tofacitinib	**FBC**: 8 wkly for first 4 months then every 3 months	
Other (specify drug & monitoring):		

JOINT INJECTION (Please indicate if microbiology and/or pathology is required)

Joint	SAB		GJH		Elbow		Wrist		Knee		Ankle	
	L	R	L	R	L	R	L	R	L	R	L	R
Micro	Yes		No		**Pathology**		Yes		No			

TESTS

	Req	Results			Req	Result
Visual acuity		R	L	Schirmer's		L R
SST				Saliva flow		

RHEUMATOLOGY NURSE CLINIC REVIEW

When & any instructions	Review for TCI 12/07/22

NHS Lothian - Imaging Request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology LI Radiology - Ultrasound
Urgency of referral	Routine
Date of referral	28/11/2024
Date submitted	28/11/2024
UCPN	1010349229759

PATIENT DETAILS

CHI number:	0611751143
Name:	MISS SHONA HALLIDAY
Date of birth:	06/11/1975
Sex:	Female

Contact Details

16 THORNYBANK GROVE
DALKEITH
MIDLOTHIAN
EH22 2EG

Voice (Home) : 0131 454 0485
Voice (Mobile) : 07835 500 314
E-mail : shonahalliday611@outlook.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Lucie Shipley (GMC: 7135366)
Practice:	Dalkeith Medical Practice (77197)
Phone:	Voice : 0131 561 5500

Practice address

The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

INVESTIGATION REQUESTED

Test Requested:	**Ultrasound Gynaecology (Pelvic Organs)**
Reason for Request:	PV spotting , almost daily for 2-3 years since IUS insertion. still getting periods. suspects menopausal. sweating at night. pelvic exam normal, but unable to appreciate strings of IUS. imp- ?IUS related bleeding, ?IUS still there, ?other source of bleeding. many thanks Dr Shipley

CLINICAL INFORMATION

Additional information

Patient Weight in Kilograms:73.5
Patient Height in Metres:1.65
Patient BMI:26.9
Patient Blood Pressure (Systolic):117
Patient Blood Pressure (Diastolic):74
Smoking history (Screening):Cigarette smoker Date Recorded:21-Aug-2023
Smoking history (Encounters):Cigarette smoker Date Recorded:21-Aug-2023
Alcohol history (Screening):Drinks rarely Date Recorded:05-Jul-2019
Alcohol history (Encounters):Drinks rarely Date Recorded:05-Jul-2019

NHS Lothian - Imaging Request

Referral To	Midlothian Community Hospital Clinical Radiology LI Radiology Plain X-ray
Urgency of referral	Urgent
Date of referral	24/06/2025
Date submitted	24/06/2025
UCPN	1010368700171

PATIENT DETAILS

CHI number:	0611751143
Name:	MISS SHONA HALLIDAY
Date of birth:	06/11/1975
Sex:	Female

Contact Details

16 THORNYBANK GROVE
DALKEITH
MIDLOTHIAN
EH22 2EG

Voice (Home) : 0131 454 0485
Voice (Mobile) : 07835 500 314
E-mail : shonahalliday611@outlook.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Yulia Gaidakova (GMC: 4761826)
Practice:	Dalkeith Medical Practice (77197)
Phone:	Voice : 0131 561 5500

Practice address

The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

INVESTIGATION REQUESTED

Test Requested: Pelvis/Hips

Reason for Request: 8 weks Hx of Pain in L hip, intermittent, after walking, standing or nocte. No trauma, not unwell. ? OA PMHx RA, thank you for excluding RA arthritis.

CLINICAL INFORMATION

Investigations

Description	Result	Date
Suspected :	Arthritis	
Could the patient be pregnant? :	Blank	

Signature of requesting doctor **Designation** **Date**

PATIENT INFO - Call Monday to Friday only
Radiology Departments – to arrange appointments:

East Lothian Community Hospital (Roodlands)	8:30am - 4:00pm	01620 642 732
Lauriston Building	8:30am - 4:00pm	0131 536 2942
Leith Community Treatment Centre	8:30am - 4:00pm	0131 536 6400
Midlothian Community Hospital	8:30am - 4:00pm	0131 454 1045
Royal Hospital for Sick Children - **U16s Only**	8:30am - 4:00pm	0131 312 0880
Royal Infirmary of Edinburgh	9:00am - 5:00pm	0131 242 3700
St John's Hospital	8:30am - 5:00pm	01506 524 339 or 01506 524 350
Western General Hospital	8:30am - 5:00pm	0131 537 2054