

Subject Access Request



Patient	Miss Linda Jamieson
Date of birth	21-Mar-1966 (age 60)
Gender	F
NHS number	
Patient's address	128 Corsock St MD GLASGOW G31 3QD
Date range selected	Full record
Organisation	MMA LEGAL LTD
Reference	100878

Problems

Active

13-Mar-2025 Dr Calum MacMillan (CAL)
Osteoarthritis NOS, of the hand

03-July-2023 Mrs Margaret Lindsay (ML)
DEXA - Dual energy X-ray photon absorptiometry

03-July-2023 Mrs Margaret Lindsay (ML)
Osteoporosis

27-Jan-2023 Mrs Margaret Lindsay (ML)
[D]Post viral debility
Post Viral Arthritis

05-July-2022 Miss Alison Burns (AB)
Did not attend breast screening clinic

12-Jun-2018 Mrs Margaret Lindsay (ML)
Did not attend
ORHTOPAEDICS

19-May-2016 Mrs Joyce Kinnear (JK)
Did not attend breast screening clinic

28-Mar-2012 Mrs Margaret Lindsay (ML)
US guided core biopsy of breast (Right)
Benign breast tissue

08-Dec-2010 Dr Abeena Adjepong (ZAA)
Priority cancer referral

26-Dec-2006 nellis (nellis_18908)
Pneumonia due to unspecified organism
Community Acquired Pneumonia priority=1

12-Jun-2002 UnknownUser (UnknownUse 18908)
Notes summary on computer
priority=1

30-Jun-1998 nellis (nellis_18908)
Cervical cytology screen
priority=1

07-Apr-1997 nellis (nellis_18908)
Excision of lesion of eyelid
Left upper eyelid - Adenoma priority=1

16-Aug-1994 nellis (nellis_18908)
[X]Bulimia nervosa
A&E Swallowed toothbrush - Endoscopic removal priority=1

20-Dec-1989 nellis (nellis_18908)
Spontaneous vaginal delivery
Male priority=1

01-Jan-1981 nellis (nellis_18908)
Urinary tract infection, site not specified
priority=1

12-Jun-1969 nellis (nellis_18908)
X-rays
Pneumonitis (RHSC) priority=1

Significant Past

02-Apr-2019 Mrs Joyce Kinnear (JK)
Did not attend breast screening clinic

Minor Past

This section is empty.

Consultations

30-Apr-2026 Mrs Eilidh Campbell (EILI) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment *Comment* Discussed with dr macmillan lindas headaches due to HRT, thinking its probably just side effects of HRT and not unduly concerned. Voicemail left to linda informing her of this.

30-Apr-2026 Mrs Eilidh Campbell (EILI) THE WHITEVALE MEDICAL GROUP Main Surgery

Problem *Problem* HRT check.
Comment *Comment* On everol patches. Has womb, nothing removed. No mirena coil. Non smoker. No alcohol. Breast aware- checks monthly, previously on gel HRT and noticed changes to her breasts and spoke to gp re this. . Really bad headaches Top of full head and down on to forehead. No vision changes and no aura, coincided with starting patches. .No blood clots. NO fh breast CA or gynaecological cancers. No OTC medication. No irregular bleeding. LMP more than 5 years ago. Will discuss with gp re headaches and call linda bac. Overdue smear test, have booked in for smear next month.

Examination *O/E* - height 159 cm
Examination *O/E* - weight 67 Kg
Examination *Body Mass Index* 26.5

28-Apr-2026 Dr Callum Williamson (CW) THE WHITEVALE MEDICAL GROUP Main Surgery

History *History* SR oestrogel and utrogestan - has switched to evorel patches, not issued

20-Apr-2026 Dr Callum Williamson (CW) Telephone Consultation

History *History* Continues to have issues with side effects from progesterone, found oral was giving palpitations, switched to vaginal administration and this has caused breast tenderness and growth, previous patches and oral, stopped taking altogether but intolerable vasomotor symptoms returned

Comment *Comment* Trial switch to evorel, discussed breast cancer risk increases over 60 and encouraged regular self checks and attendance when invited for mammogram, booked in for HRT check with Eilidh as overdue BMI and blood pressure

Medication *Medication* Evorel Conti Transdermal patches 24 PATCH ONE PATCH TO BE APPLIED TWICE WEEKLY

06-Feb-2026 Dr Callum Williamson (CW) THE WHITEVALE MEDICAL GROUP Main Surgery

History *History* HRT issued with SMS to arrange review and will not issue further scripts until has had review

Medication *Medication* Oestrogel Gel 0.06 % pump-pack 80 gram APPLY ONE PUMP DAILY

Medication *Medication* Utrogestan Capsules (Micronised) 100 mg 30 capsule TAKE ONE CAPSULE DAILY AT NIGHT

06-Feb-2026 Mr Anonymous User (ANON) MJog

Read Code *SMS text sent to patient* Summary of text message sent to patient / Dear Linda, Please make a GP appointment in person to review your HRT medication. I have issued prescription today but you will need a review before any further prescriptions are issued. Dr *****, Whitevale Medical Group

13-Jan-2026 Dr Calum MacMillan (CAL) Acute Script Requests

Comment *Comment* Req HRT, no recent blood pressure or BMI check, script issued with note to arrange before next

Medication *Medication* Oestrogel Gel 0.06 % pump-pack 80 gram APPLY ONE PUMP DAILY

Medication *Medication* Utrogestan Capsules (Micronised) 100 mg 30 capsule TAKE ONE CAPSULE DAILY AT NIGHT

23-Dec-2025 Ms Denise McIntosh (DMCI) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment *Comment* pATIENT PHONED BACK - As per Dr ***** - patient called back - informed as beklow - and she will make phone apt next week re review

23-Dec-2025 Dr Callum Williamson (CW) Telephone Consultation

History **History** Called re HRT to see how managing with change to intravaginal utrogestan - no answer, left VM to re-contact and book phone appt to review

08-Dec-2025 Dr Abigail Parkins (AP) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** Req HRT, due blood pressure and BMI, note on script

03-Dec-2025 Dr Callum Williamson (CW) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** Struggling with side effects from utrogestan, experiencing palpitations and feeling unwell when taking this, stopped taking for one week and all symptoms resolved

Comment **Comment** Discussed options - changing preparation, stopping HRT or intravaginal utrogestan - will try intravaginal and discussed this is off license use, will review in one month to see how things are and send SMS with info re same

03-Dec-2025 Mr Anonymous User (ANON) MJog

Read Code **SMS text sent to patient** Summary of text message sent to patient / Dear Linda, Please follow link for more information re HRT - I will contact you before Christmas to review the change to HRT:
<https://menopausesupport.co.uk/wp-content/uploads/2021/09/FAQ-Oestrogen-Progesterone-Sept-21.pdf> Dr *****, Whitevale Medical Group

13-Oct-2025 Ms Denise McIntosh (DMCI) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** Phoned Kennyhill as per Dr macMillan - to ask if can deliver to patient asap - they cant this evening as struggling due to staff sickness - but can put on list for tomorrow - barcode given rx in bag - phoned patient to confirm this - & she appreciates this

13-Oct-2025 Dr Calum MacMillan (CAL) Telephone Consultation

History **History** Pool patient, phoned short while ago, sudden onset vomiting illness overnight, awoke 2am and to run to bathroom, multiple episodes since, normal vomitus, diarrhoea started short while after, struggling to even keep down water now, no solid foods today, wretching constantly, feeling "terrible", had been okay when went to bed last night, no known infectious contacts, loose stools quite explosive and foul smelling, stomach generally uncomfortable, no fevers, no flu like symptoms. Passing plenty of urine, no dysuria. No recent foreign travel, no takeaways.

Comment **Comment** Viral GE illness, possible norovirus given severity of situation, encouraged to continue taking regular small sips fluid, simple pcm as required, avoid regular medications until improved, eating little and often. For short script buccastem and oral rehydration, unable to leave house and no one who can collect, will ask reception to phone to Kennyhill and ask if could be delivered to patient. If worsening overnight can contact NHS 111 for further support.

Medication **Medication** Dioralyte Oral powder (blackcurrant) 6 SACHET DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED

Medication **Medication** Prochlorperazine Maleate Buccal tablets 3 mg 10 TABLET ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY

13-Oct-2025 Mrs Catherine Morrison (CATH) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** Patient called to say that she had asked kennyhill for anti sickness meds as in bed and can't keep anything down, not even water, they advised she call us, put in pool and dr's informed.

17-Apr-2025 Dr Calum MacMillan (CAL) Telephone Consultation

Comment	Comment Spoke with Linda, reassured bloods all normal. Keen to restart low dose HRT, has done some research and prefers gel, discussed how to use etc and issued below low dose one pump with utrogestan one capsule to take nightly alongside this, stressed importance of compliance for endometrial protection, can review response 2-3 months.
Medication	Medication Oestrogel Gel 0.06 % pump-pack 80 gram APPLY ONE PUMP DAILY
Medication	Medication Utrogestan Capsules (Micronised) 100 mg 30 capsule TAKE ONE CAPSULE DAILY AT NIGHT

17-Apr-2025 Dr Calum MacMillan (CAL) Data Entry

Result	Result Myeloma screen negative.
Comment	Comment Bloods normal, no underlying cause for sweats found, likely menopause related, will d/w patient re restarting low dose HRT.

14-Apr-2025 Dr Calum MacMillan (CAL) Data Entry

Result	Result Routine bloods normal. Await electrophoresis before contacting to discuss.
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11-Apr-2025 Ms Linsey Buchanan (LB) THE WHITEVALE MEDICAL GROUP Main Surgery

Examination	O/E - weight	70 Kg
Examination	O/E - height	153.8 cm
Comment	Comment Attended for bloods and bmi as per Dr Macmillan.	

11-Apr-2025 Mrs Catherine Morrison (CATH) General Practice Surgery

Result	(Non Coded Event - Serum Folate): Serum Folate	14.7 ug/l	(Range: 3.1 - 20)
Result	(Non Coded Event - Serum Ferritin): Serum Ferritin	62 ug/l	(Range: 15 - 200)
Result	(Non Coded Event - Active B12): Active B12 (Non Coded Event - Active B12) > 128		(No range available)

11-Apr-2025 Mrs Catherine Morrison (CATH) General Practice Surgery

Result	(Non Coded Event - HbA1C (IFCC)): HbA1c (IFCC)	38 mmol/mol	(Range: 20 - 41)
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11-Apr-2025 Mrs Catherine Morrison (CATH) General Practice Surgery

Result	(Non Coded Event - ESR): ESR	5 mm/hr	(No range available)
Result	(Non Coded Event - Full Blood Count): Nucleated RBC, 0	0 x10 ⁹ /l	(No range available)
	Basophils, 0	0 x10 ⁹ /l	(No range available)
	Eosinophils	0.11 x10 ⁹ /l	(Range: 0.02 - 0.5)
	Monocytes	0.6 x10 ⁹ /l	(Range: 0.2 - 1)
	Lymphocytes	1.9 x10 ⁹ /l	(Range: 1.1 - 5)
	Neutrophils	3.1 x10 ⁹ /l	(Range: 2 - 7)
	Platelet Count	301 x10 ⁹ /l	(Range: 150 - 410)
	MCH	30.3 pg	(Range: 27 - 32)
	Mean Cell Volume	91.3 fl	(Range: 83 - 101)
	Haematocrit	0.397 l/l	(Range: 0.37 - 0.47)
	Haemoglobin	132 g/l	(Range: 115 - 165)
	Red Cell Count	4.35 x10 ¹² /l	(Range: 3.8 - 5.8)
	White Blood Count	5.8 x10 ⁹ /l	(Range: 4 - 10)

11-Apr-2025 Ms Ellen Coupar (EC) General Practice Surgery

Result	(Non Coded Event - Protein EP & Igs):		
	IgM	1.6 g/L	(Range: 0.4 - 2.4)
	IgA	2.1 g/L	(Range: 0.8 - 4)
	IgG	8.7 g/L	(Range: 6 - 16)
	Paraprotein 3 (Non Coded Event - Paraprotein 3)	NA	(No range available)
	Paraprotein 2 (Non Coded Event - Paraprotein 2)	NA	(No range available)
	Paraprotein 1 (Non Coded Event - Paraprotein 1)	NA	(No range available)
	Electrophoresis		(No range available)
	Total Protein	67 g/L	(Range: 60 - 80)
Result	(Non Coded Event - Liver Function Tests):		
	Albumin	43 g/L	(Range: 35 - 50)
	Alkaline Phosphatase	86 U/L	(Range: 30 - 130)
	AST	17 U/L	(No range available)
	ALT	12 U/L	(No range available)
	Total Bilirubin	6 umol/L	(No range available)
Result	(Non Coded Event - Urea & Electrolytes):		
	Estimated GFR > 60		(No range available)
	Creatinine	74 umol/L	(Range: 40 - 130)
	Urea	5 mmol/L	(Range: 2.5 - 7.8)
	Chloride	108 mmol/L	(Range: 95 - 108)
	Potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
	Sodium	142 mmol/L	(Range: 133 - 146)
Result	(Non Coded Event - Thyroid funct test):		
	Total T3		(No range available)
	Free T4	11.7 pmol/L	(Range: 9 - 21)
	TSH	1.75 mU/L	(Range: 0.35 - 5)

07-Apr-2025 Dr Calum MacMillan (CAL) Telephone Consultation

History	History Extended hours. In seeing myself late Feb due to joint pains, known inflammatory OA, eventually decided against injection for hand issues. Suspects pains and widespread itch issues could relate to lack of oestrogen. Night sweats have returned also, last fortnight particularly bad, flushing also during day. Sleep quite disturbed as result. Was on HRT previously, effective for vasomotor symptoms but had to stop due to breast tenderness. Now considering if should restart, keen to explore all options to help, thinks might need low dose of oestrogen. Denies any irregular PMB. LMP many years ago. No personal or FH of breast cancer or VTE.
Social Comment	Social Non smoker. No alcohol. Comment Given recurrence of night sweats more recently and itch best to exclude alternative causes first before restarting HRT. To attend this Friday for bloods as below and updated BMI, can review with results and if satisfactory consider low dose transdermal HRT, will discuss risks e.g. breast cancer etc at that point.

18-Mar-2025 Ms Nicola Demirel (ND2) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment	Comment Called and canx appointment for steroid injection - Said gel has been helping and abit nervous about the injection - Have canx the appointment and Linda will rearrange, if she feels needed at a later date
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13-Mar-2025 Dr Calum MacMillan (CAL) Data Entry

Result	Result XR Hand Lt - mild degenerate change first CMC joint. Small degenerate cyst proximal aspect lunate. No other significant findings.
XR Hand Rt - osteoarthritic changes noted DIP joint index finger and sclerotic appearance pisiform and triquetral bones. No other significant findings.
Comment	Comment Wear and tear changes across both hand including CMC joint left side. Steroid injection an option for management. Spoke with Linda, reports hand issues steadily worsening, pain can be quite severe and restrict simple function, keen to try injection - booked in 9.30 next Thurs for this and info provided re risks etc.
Problem	Osteoarthritis NOS, of the hand

27-Feb-2025 Dr Calum MacMillan (CAL) THE WHITEVALE MEDICAL GROUP Main Surgery

History	History Known inflammatory OA, last rheum review last month and discharged, to stop hydroxychloroquine. Pain worsening in both hands. Worst at base of thumb joints. Has small swelling radial aspect wrist right side, few months, feels steadily enlarging, looking to have this drained as worried cause of symptoms. Now struggling to lift objects easily, hands feel weaker. Using topical brufen gel prn with limited improvement. Also new itchy skin lesions on arms and legs, very erythematous, no obvious trigger for these - denies any change to soaps/detergents etc. No background of skin issues. Struggling to sleep due to itch. Otherwise systemically well.
Examination	Examination Normal ROM both hands, strength preserved. Tender to palpate bilateral thumb CMC joints. 1.5cm firm swelling radial right wrist resembles ganglion cyst. Widespread patches erythema with fine overlying scale, one lesion right forearm satellite in nature resembling ringworm.
Comment	Comment Suspected bilateral CMC joint OA, likely would be amenable to steroid injection, for baseline hand X-rays to assess joints first and can make arrangements thereafter. Reassured wrist swelling simple ganglion and not routinely requires any treatment/aspiration. Skin changes likely consistent with tinea corporis, fairly extensive, for strong antihistamine and two week trial regular lotriderm, if failing to respond to return. If recurrent issues with similar would warrant HbA1C to exclude underlying diabetes.
Medication	Medication Piroxicam Gel 0.5 % 112 gram RUB INTO THE AFFECTED SITE THREE TO FOUR TIMES DAILY
Medication	Medication Fexofenadine Hydrochloride Tablets 120 mg 30 tablet 1 TAB IN THE MORNING AS REQUIRED
Medication	Medication Betamethasone Dipropionate And Clotrimazole Cream 0.064 % + 1 % 30 gram APPLY THINLY TWICE A DAY FOR TWO WEEKS AND REVIEW

21-Feb-2025 Ms Kirsty Buchanan (KB) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment	Comment Patient phoned to cancel 9am appointment said weather too bad.
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12-Jan-2025 Mrs Catherine Morrison (CATH) General Practice Surgery

Comment	No response to bowel cancer screening programme invitation Non-Responder
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05-Dec-2024 Dr Louisa Etherson (LE) THE WHITEVALE MEDICAL GROUP Main Surgery

History	History under arms painful since using roll on deodorant, issues with hands, shooting pains only since new lump appeared, symptom is shooting pain few seconds every few days cramps- like claw for a few seconds, tingling, seeing rheumatology 15/1/25, probable inflammatory arthritis, started on hydroxychloroquine, reading last clinic letter physical complaints are already known by rheum except for Imup. also discussed results of smear. post menopausal. +ve HPV, advised to always attend for smears and needs to let us know if ever has any PV bleeding.
Examination	Examination temp 36.8 , sats 98% pulse 98, CRT <2 secs, distal ulna, medial side R wrist, 1cm soft lump ?ganglion cyst, multiple pustules/boils, largest over 1 cm, both axillas,
Comment	Comment managing pain well with co-codamol. f/u with rheum soon, cyst not causing sig symptoms, might be worth mentioning cyst to them in case they could aspirate/give steroid, return if enlarging/causing wsg symptoms. unusual reaction to roll on deodorant. Treat with below, no pen allergy, return INI/wsg
Medication	Medication Flucloxacillin Capsules 500 mg 20 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS

14-Oct-2024 Mrs Eilidh Campbell (EILI) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment	Comment In for cervical screening. Medium speculum used, Cervix visualised and slightly ectopic. Aware results can take 12 weeks to come back. Consent gained. Chaperone declined.
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14-Oct-2024 Ms Nicola Demirel (ND2) General Practice Surgery

Result	Cervical Cytology: Cervical smear: negative -	(No range available)
Result	Virology: Cervical smear - human papillomavirus positive - Cervical smear - human papillomavirus positive	(No range available)

01-Aug-2024 Mrs Catherine Morrison (CATH) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** Patient called to cancel Smear app this morning. Rescheduled for Sept.

12-July-2024 Ms Denise McIntosh (DMCI) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** Phoned patient as per wf Dr MacMillan -1st call - to make apt at TR for wound review - Left voicemail

05-July-2024 Dr Calum MacMillan (CAL) Data Entry

Read Code Medication review done

03-July-2024 Ms Ellen Coupar (EC) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** pat called arm wound open advised to go to hospital

13-Jun-2024 Mrs Catherine Morrison (CATH) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** Hydroxychloroquine issued as per pharm hub in workflow.

13-Jun-2024 Ms Karen Mennie (KM2) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** -Letter notes patient taking Alendronate -Last Rx issued 03/28 will call patient to clarify compliance. Co-Codamol 30/500mg on Repeat not noted on letter will discuss with patient.

Medication **Medication** Hydroxychloroquine Sulfate Tablets 200 mg 42 tablet TAKE ONE TABLET DAILY THEN TWO TABLETS ON ALTERNATE DAYS

Read Code Outpatient clinic letter received -GRI Rheumatology clinic-Dr Catriona Grigor (Consultant)

Read Code New medication commenced

Read Code Unsuccessful attempt to contact patient by telephone

Read Code Site of encounter NOS Actioned in Pharmacotherapy Hub

26-Apr-2024 Dr Lucy McLoughlin (LMCL) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** Seen for FTF. Has had L sided LN raised for > 1 year. US confirmed submental LN. Has not got bigger overall but size does fluctuate from time to time. Denies any fever, cough/coryza. More painful over last 10 days, aware of it and sore when presses area. No weight loss. Does get night sweats, is generally TATT and awaits onward referral from rheumatology. See referral letter 18/03. Note normal bloods beginning of march.

Examination **Examination** T36.6, S 98, HR 84, O/E small pea sized submental LN

Comment **Comment** Treat for suspected lymphadenitis - as persistent LN will write to ENT to see if needs investigated further.

History **History** Routine referral ENT : ADVICE,

Medication **Medication** Co-Amoxiclav 500/125 Tablets 1*21 tablet ONE TO BE TAKEN THREE TIMES A DAY

26-Apr-2024 Dr Lucy McLoughlin (LMCL) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** TC : Looking for med3 renewed, below hx noted, awaiting rheum assessment due to widespread pains. Also getting a lot of pain from lump in neck. Note investigated before ahd US In nov - lump though to be submental LN. Not got any larger in size but last week more painful. No fever. ?infected LN - see for FTF

28-Mar-2024 Dr Mairi Scullion (MS2) Telephone Consultaion

History **History** Linda needing Med 3 extended. Reason as below - widespread joint pains previous ? PMR. Awaits rheumatology assessment.

15-Mar-2024 Dr Calum MacMillan (CAL) Data Entry

Result **Result** ANA negative.

Comment **Comment** Bloods entirely normal. Will refer rheum urgently given worsening of symptoms since discontinuing prednisolone.

11-Mar-2024 Dr Calum MacMillan (CAL) Data Entry

Result **Result** Routine bloods normal including Rh factor. Await ANA before referring.

08-Mar-2024 Dr Calum MacMillan (CAL) THE WHITEVALE MEDICAL GROUP Main Surgery

Medication	Medication Amitriptyline Hydrochloride Tablets 10 mg 28 TABLET ONE TO BE TAKEN IN THE EVENING
History	History History as below. Longstanding joint and muscle pains. Worsening since stopping steroids for ?PMR. Hands and lower back worst affected. Pain also radiating down right lateral upper leg, dull ache, intermittent. Pains now impacting on quality of life. Struggling to hold mug, hairdryer etc due to pains and weakness in hands. Feels can suddenly lock in place. Trying to use co-codamol sparingly.
Examination	Examination Slow rise from sitting to standing. Antalgic gait. No evidence acute synovitis of finger or wrist joints. Appropriate ROM. Grip strength reduced bilaterally. Tenderness recreatable lower lumbar spine spinal bodies/paraspinal muscles. Reduced ROM globally secondary to pain. SLR negative bilaterally.
Comment	Comment Persistent back and wrist/finger joint pains. Previously PMR diagnosis unlikely given failure to resolve following weaning course steroids. Now having significant impact on quality of life. Bloods updated as below including RF and ANA. To trial neuropathic agent given suspected lumbar radiculopathy, counselled on s/e's, if too groggy could consider alternative. Once results available will refer rheum urgently given background and current impact on life/wellbeing.

08-Mar-2024 Mrs Catherine Morrison (CATH) General Practice Surgery

Result	(Non Coded Event - Thyroid funct test):	
	Total T3	(No range available)
	Free T4	11.4 pmol/L (Range: 9 - 21)
	TSH	1.64 mU/L (Range: 0.35 - 5)
Result	(Non Coded Event - Liver Function Tests):	
	Albumin	44 g/L (Range: 35 - 50)
	Alkaline Phosphatase	79 U/L (Range: 30 - 130)
	AST	16 U/L (No range available)
	ALT	13 U/L (No range available)
	Total Bilirubin	9 umol/L (No range available)
Result	(Non Coded Event - Urea & Electrolytes):	
	Estimated GFR > 60	(No range available)
	Creatinine	82 umol/L (Range: 40 - 130)
	Urea	4.5 mmol/L (Range: 2.5 - 7.8)
	Chloride	103 mmol/L (Range: 95 - 108)
	Potassium	4.7 mmol/L (Range: 3.5 - 5.3)
	Sodium	140 mmol/L (Range: 133 - 146)
Result	(Non Coded Event - C-reactive Protein):	
	C Reactive Protein	1 mg/L (No range available)

08-Mar-2024 Mrs Catherine Morrison (CATH) General Practice Surgery

Result	(Non Coded Event - ESR):	
	ESR	6 mm/hr (No range available)
Result	(Non Coded Event - Full Blood Count):	
	Nucleated RBC, 0	0 x10 ⁹ /l (No range available)
	Basophils, 0	0 x10 ⁹ /l (No range available)
	Eosinophils	0.12 x10 ⁹ /l (Range: 0.02 - 0.5)
	Monocytes	0.6 x10 ⁹ /l (Range: 0.2 - 1)
	Lymphocytes	2.6 x10 ⁹ /l (Range: 1.1 - 5)
	Neutrophils	3.1 x10 ⁹ /l (Range: 2 - 7)
	Platelet Count	336 x10 ⁹ /l (Range: 150 - 410)
	MCH	29.9 pg (Range: 27 - 32)
	Mean Cell Volume	92.3 fl (Range: 83 - 101)
	Haematocrit	0.42 l/l (Range: 0.37 - 0.47)
	Haemoglobin	136 g/l (Range: 115 - 165)
	Red Cell Count	4.55 x10 ¹² /l (Range: 3.8 - 5.8)
	White Blood Count	6.5 x10 ⁹ /l (Range: 4 - 10)

08-Mar-2024 Mrs Catherine Morrison (CATH) General Practice Surgery

Result	(Non Coded Event - I Rheumatoid Factor):	
	Rheumatoid Factor < 20	(No range available)

08-Mar-2024 Ms Denise McIntosh (DMCI) General Practice Surgery

Result	(Non Coded Event - I ANA/Centromere Abs):	
	**** result Negative	(No range available)

29-Feb-2024 Dr Calum MacMillan (CAL) Telephone Consultation

History	History Requesting MED3 extension. Also concerned about lower back pain, states spoke to doctor about this last time, getting worse over past few weeks, lower lumbar spine pains, feels stiff in the morning and taking long time to ease off, impacting mobility and function. Also nipping sensation in both hands, like pins and needles, intermittent, feels getting worse also, struggling to hold pen or twist bottle top, really concerned. Eyes streaming constantly, not sure why. Now off steroids completely, not requested since Sept, did find pains better while on steroids, wasn't troubled with "constant aching" like does at present. Feeling down, low mood, frustrated with lack of progress, pains not improving, wanting something done. Taking co-codamol 30/500s prn for pains, has run out, requesting more. Sleep very broken, tossing and turning, can't lie on back due to pains. Asking today about alendronic acid, note was recommended on last DXA report letter, known osteoporosis, hasn't been keen up to this point, now keen to start this if could help. States compliant with fluoxetine despite not requesting since Dec, four left, helping vasomotor symptoms and mood, keen to continue current dose.
Comment	Comment Ongoing issues with widespread joint pains, note previously hip and shoulder in nature, now lower back and hands. Warrants updated examination and bloods, will also have low threshold for rheum referral given persistent issues worsening since discontinuing steroids. Meds re-issued and MED3 extended. Appt made next Friday for F2F. Counselling on alendronate, how to take, possible side effects, long term medication, next DXA scan due in 5yrs, happy to start, added to repeats.
Medication	Medication Alendronic Acid Tablets 70 mg 4 TABLET ONE TO BE TAKEN ON THE SAME DAY EACH WEEK ON AN EMPTY STOMACH AT LEAST 30 MINUTES BEFORE BREAKFAST AND FOUR HOURS BEFORE VITAMIN D TABLET
Medication	Medication Co-Codamol 30/500 Tablets 50 TABLET 1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

26-Feb-2024 Dr Daniel Mathie (MATH) Data Entry

Comment	Comment Req for fluoxetine but poor compliance since starting this in Dec. Also requesting co-codamol - unsure why.
Comment	Comment Can make an appointment to discuss.

29-Dec-2023 Dr Louisa Etherson (LE) THE WHITEVALE MEDICAL GROUP Main Surgery

History	History discuss fit note, tested positive for covid, also conjunctivitis seen pharm, using chloramphenicol drops, started yesterday beginning to help, no vision changes, prev working in retail, treated for menopausal symptoms and osteoporosis, PMR, agree fit note, 1st didn't print, also plans to speak to Dr Macmillan about alendronic acid.
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04-Dec-2023 Dr Calum MacMillan (CAL) Data Entry

Result	Result Urine C&S - no significant growth.
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30-Nov-2023 Miss Clare Armstrong (CLAR) Data Entry

Comment	Comment Urine nad.
Result	Urine blood test = negative
Result	Urine glucose test negative
Result	Urine protein test negative

28-Nov-2023 Ms Nicola Demirel (ND2) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment	Comment Linda called back and confirmed she will hand in urine tomorrow
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28-Nov-2023 Ms Nicola Demirel (ND2) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment	Comment Called and left message to ask Linda to hand in another urine sample as last one couldn't be sent to lab - Asked Linda to call back and confirm she has received message
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27-Nov-2023 Miss Clare Armstrong (CLAR) Data Entry

Comment	Comment Urine as per Dr MacMillan. Urine dip nad.
Result	Urine blood test = negative
Result	Urine glucose test negative
Result	Urine protein test negative

27-Nov-2023 Dr Calum MacMillan (CAL) Telephone Consultation

History	History Phoning re fitnote, expired today. Had USS on Friday at GGH, for neck lump, also performed renal USS - patient wasn't expecting this, advised results will be available within 7-days. Main concern today re insomnia, "really bad". Sleep broken by need to get up to pee frequently overnight, every few hours, worsening over past fortnight. Less of an issue during day. Stream of urine variable, sometimes feels stop start, other times normal. Also sensation of incomplete voiding. No sensation of dryness or irritation down below, no new discharge. Mild lower abdo pains, comes and goes, low grade. No visible haematuria. Also sweats and flushes worst overnight, contributing to poor sleep, longstanding issue, really problematic now, previous trial HRT abandoned due to troublesome breast tenderness. Feeling very fed up just now. Not sure of the best way to move forward. Mood low, reluctant to leave house, only going out to see family and friends. Compliant with sertraline.
Comment	Comment Low mood secondary to vasomotor symptoms, urinary issues and poor sleep. Given poor response to sertraline to discontinue and for direct switch to fluoxetine for mood and vasomotor properties, for four week trial and review. Fmed 3 extended four weeks also. To submit urine sample to exclude infection and trial vaginal moisturiser in case of dryness as cause for urinary frequency. If poor response may warrant trial solifenacin. Await USS reports.
Medication	Medication Yes Vm Vaginal Moisturiser pre-filled applicators 6 applicator APPLY TWICE WEEKLY
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

22-Nov-2023 Dr Roger Black (BLACK_18908) Data Entry

History	History Hosp letter; 1 yr DEXA not required; for 5 yr dexa
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30-Oct-2023 Dr Calum MacMillan (CAL) Telephone Consultation

History	History Joint surgery with Dr Black. Phoning to request fitnote. Ran out on Friday. Signing of for UC. Dr Mathie advised stopping sertraline given flushes and sweating, has found sweating improved but mood worsened without. Didn't leave home for 4-days, spending lots of time in bed, no motivation. Has restarted these over weekend and feeling better. Spends time with friends and family which finds enjoyable. No alcohol use. Thinks symptoms of sweating/flushing. related to menopause. Has stopped HRT due to breast pain, this has now resolved. Steroids now stopped, exercising every day, feels like this is helping. Doesn't feel able to work at present due to mental health, wishing to get back to work in future.
Social Comment	Social Lives alone. No alcohol. Comment Supportive chat. To restart sertraline for 1/12 and review mood and vasomotor symptoms at that time. If latter problematic could consider alternative SSRI/SNRI e.g. fluoxetine. Steroids now stopped. Fitnote provided for 4-weeks.
Medication	Medication Sertraline Hydrochloride Tablets 50 mg 28 TABLET ONE TO BE TAKEN EACH DAY

29-Sept-2023 Ms Kirsty Buchanan (KB) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment	Comment Advised patient of blood results as per note.
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29-Sept-2023 Dr Daniel Mathie (MATH) Telephone Consultation

History	History Reducing steroids down. Thinks some pain in arms, upper arms, says bearable. Sweating during day and sometimes at night (less so than during day). Breast pain gone since stopping HRT.
Comment	Comment MED3 extended further month. Regarding sweats - suggested stopping sertraline and reviewing in 1 month to see if symptoms improved. If ongoing then might be worth considering HRT patch again. We can also update bloods if persisting sweats. Has some arm pain but keen to come off steroids - I think that this is reasonable as original diagnosis of PMR is not clear cut given normal inflammatory markers initially.

04-Sept-2023 Dr Abigail Parkins (AP) Data Entry

Comment Comment FBC/HbA1C NORMAL

01-Sept-2023 Dr Daniel Mathie (MATH) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** Right hip when walking, "pure agony". Arm pain better - thinks because doing exercises. Stopped HRT because breast pain - would rather focus on exercise and diet just now.

Examination **Examination** O/E - blood pressure
Examination **Examination** Pointing to lateral aspect of right hip/buttock as area for pain. Pain when raising leg straight at around 90deg but not shooting. Good int/ext rotation of right hip. No significant tenderness on palpation of area.

Comment **Comment** Hip pain likely MSK related, no groin pain so less likely joint related. For physio review in first instance - self referral form given. To wean off steroids as below. FBC/HbA1c checked for long term steroid monitoring. MED3 reissued although I am starting to question original PMR diagnosis (although did note improvement at time with steroids).

Examination **Examination** Systolic blood pressure 130 mm Hg
Examination **Examination** Diastolic blood pressure 75 mm Hg

Medication **Medication** Prednisolone Tablets 1 mg 56 tablet TWO TO BE TAKEN DAILY FOR 2 WEEKS THEN ONE TO BE TAKEN DAILY FOR 4 WEEKS THEN STOP

01-Sept-2023 Mrs Catherine Morrison (CATH) General Practice Surgery

Result **(Non Coded Event - Full Blood Count):**

Nucleated RBC, 0	0 x10 ⁹ /l	(No range available)
Basophils, 0	0 x10 ⁹ /l	(No range available)
Eosinophils	0.11 x10 ⁹ /l	(Range: 0.02 - 0.5)
Monocytes	0.5 x10 ⁹ /l	(Range: 0.2 - 1)
Lymphocytes	2.2 x10 ⁹ /l	(Range: 1.1 - 5)
Neutrophils	2.6 x10 ⁹ /l	(Range: 2 - 7)
Platelet Count	300 x10 ⁹ /l	(Range: 150 - 410)
MCH	30.6 pg	(Range: 27 - 32)
Mean Cell Volume	89.7 fl	(Range: 83 - 101)
Haematocrit	0.375 l/l	(Range: 0.37 - 0.47)
Haemoglobin	128 g/l	(Range: 115 - 165)
Red Cell Count	4.18 x10 ¹² /l	(Range: 3.8 - 5.8)
White Blood Count	5.4 x10 ⁹ /l	(Range: 4 - 10)

01-Sept-2023 Ms Kirsty Buchanan (KB) General Practice Surgery

Result **(Non Coded Event - HbA1C (IFCC)):**
HbA1c (IFCC) 39 mmol/mol (Range: 20 - 41)

08-Aug-2023 Ms Nicola Demirel (ND2) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** Appointment made in error for this morning - called and spoke to Linda as per Dr Mathie who confirmed should have been for a months time not a week. Rescheduled for Fri 1st Sep at 0945. Linda happy with this

04-Aug-2023 Dr Daniel Mathie (MATH) Telephone Consultation

History **History** Phoning regarding MED3. Still taking steroids for PMR. Currently taking 4 tablets (4mg) per day, still has 28 left. No jaw claudication, no temple pain, no headaches, no vision changes. Thinks steroids helping moving about in morning but sometimes pain in arms when lifting, sometimes struggles to wash hair lifting arms up. Had never fully gone away even with higher dose of steroids. Gets sore neck. Still gets stiffness in morning for a couple of minutes in right hip.

Comment **Comment** Still on reducing dose of prednisolone for PMR (normal inflammatory markers). Still some ongoing pain in arms and right hip but I do not think this is necessarily PMR related. Continue to reduce prednisolone gradually until stopped. Next review F2F and bloods can be checked (FBC, HbA1c) and blood pressure. MED3 extended further month.

Medication **Medication** Prednisolone Tablets 1 mg 84 tablet 3 TABLETS DAILY THEN REVIEW (TOTAL DOSE 3MG)

27-July-2023 Dr Miki Soo (1SOO) Phone Encounter

- Comment **Comment** d/w ap start vit d therapy as below, d/w mlm stexerol is preferred brand - patient advised will uplift mane - says her dentist has a 2/12 waiting list for dental checkups - advised to check around to see if she can get it done quicker - needs dexa reminder in 1 year as per bone mineral clinic letter
- Medication **Medication** Stexerol-D3 Tablets 1,000 units 28 tablet ONE TO BE TAKEN DAILY

27-July-2023 Dr Miki Soo (1SOO) Telephone Consultation

- History **History** advised on dexa showing osteoporosis- discussed rationale of alendronic acid and vit d to prevent fractures, advised to get dental check up in first instance before starting alendronic acid, advised on way to take (empty stomach, glass of water, upright for 30mins, no food for 30mins) and s/e (atypical fractures in groin, thigh, jaw pain/osteonecrosis of jaw). vit d and ca2+ normal
- Comment **Comment** I will check with AP if can just prescribe vit d given normal vit d. fmed 3 up next week - will speak to another colleague about extending it then happy iwht advice. will need coded for osteoprosis and alert on system

21-July-2023 Mrs Veronica McGread (VM) THE WHITEVALE MEDICAL GROUP Main Surgery

- Comment **Comment** Called patient as per Dr Soo to book tel appt for next week to discuss scan results - voicemail left.

21-July-2023 Dr Miki Soo (1SOO) Data Entry

- Comment **Comment** dexa scan results in, recommended alendronic acid and vit d, mrs mcgread will offer patient a prebookable telephone appt with me next week to discuss next steps

29-Jun-2023 Dr Miki Soo (1SOO) Telephone Consultation

- History **History** Says still has 28 tabs of prednisolone left which seemed ridiculous, turns out she didn't read the steroid packaging which said the 5mg and 4mg were to be taken together, so it appears she has weaned self down to 4mg without intending, says managing ok on 4mg a day, she wanted to start taking the 5mg today which I advised would be counterproductive to keep going up and down with her steroids, to persist with 4mg od this month and see how her symptoms get along. didn't attend for review as planned previously as unwell, can't come these few days as has people in to fix boiler. asking for more analgesia (last issued in jan it seems) asking for fmed 3
- Comment **Comment** despite my repeated advice about her steroids doesn't appear to have taken anything on board about the importance of slowly weaning, but given symptoms improved/stable on 4mg od to stay on this for further month, fmed 3 1/12, has dexa she says next week to attend. if issues to let us know
- Medication **Medication** Prednisolone Tablets 1 mg 112 tablet 4 Tabs Daily
- Medication **Medication** Sertraline Hydrochloride Tablets 50 mg 28 TABLET ONE TO BE TAKEN EACH DAY
- Medication **Medication** Co-Codamol 30/500 Tablets 50 TABLET 1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL

08-Jun-2023 Ms Kirsty Buchanan (KB) THE WHITEVALE MEDICAL GROUP Main Surgery

- Comment **Comment** Patient cancelled appointment as loaded with the flu, will call back to re-arrange.

01-Jun-2023 Ms Nicola Stewart (NIC) THE WHITEVALE MEDICAL GROUP Main Surgery

- Comment **Comment** Pt informed of mssu results.

01-Jun-2023 Dr Miki Soo (1SOO) Telephone Consultation

History **History** askign for fmed 3. says hands cramp and right hip sore - said still taking prednisolone but I note last issued in april when I last saw, persisted in saying she was still taking the steroids initially but I went I pressed admitted off steroids 4/52 even though endocrine and I reiterated the importance of not starting and stopping the steroids suddenly! advised her as I did the last time now I couldn't be sure if the hip pain was related to stopping her steroids suddenly because she has had hip pain when I first started her on the steroids. regardless the hands cramp worth further review and ?trial of splints. strongly advised her it was highly counterproductive to keep starting and stopping steroids, couldn't tell me why she didn't get more steroids when last course ran out

Comment **Comment** 1. fmed 3 1/12. 2. reissued steroids 3. patient to book f2f with me to disucss hands and hip pains next week or week after (at least with having restarted steroids for a bit)

23-May-2023 Dr Abigail Parkins (AP) Telephone Consultation

History **History** Difficult to guage main issue, says the UC people told her sheneeds to get back tokr and is fit, she disagrees, says her joints are always sore and there are days she can't get out of bed, awaiting follow up scans from endocrine regarding prev raised PTH, disagrees with them, still getting money, 290 pounds per month, says she should be getting more and is appealing it, wants to let us know , can't understand why they are overriding her GP (has mostly seen Dr Soo)

Comment **Comment** advised can appeal, if they wish further info from us , they will ask for it

19-May-2023 Dr Abigail Parkins (AP) Data Entry

Comment **Comment** SSD report completed

05-May-2023 Miss Clare Armstrong (CLAR) THE WHITEVALE MEDICAL GROUPMain Surgery

Examination **Examination** smear taken - cervix intact

Comment **Comment** Small speculum used.

05-May-2023 Mrs Margaret Lindsay (ML) General Practice Surgery

Result **Cervical Cytology:**
Cervical smear: negative - (No range available)

Result **Virology:**
Cervical smear - human papillomavirus positive - (No range available)
Cervical smear - human papillomavirus positive

04-May-2023 Dr Abigail Parkins (AP) Telephone Consultation

History **History** Asking for fit note to be renewed, has appt at Stobhill today, last 2 weeks arms and hands have been painful intermittently , on pred 9mg, they have definitely been helping , feels HRT would be helpful, hot flushes, sweats, insomnia, feels hormone component, mood swings, no FH/PH of breast cancer, no VTE , no clotting disorders , LMP 4 years ago

Social **Social** never smoker, no alcohol

Comment **Comment** await rheum today, could trial HRT patches, for below, r/v 2-3 months, fit note issued

Medication **Medication** Evorel Conti Transdermal patches 24 PATCH ONE PATCH TO BE APPLIED TWICE WEEKLY

06-Apr-2023 Dr Miki Soo (1SOO) Telephone Consultation

History	History 1. fmed 3 is up 2. has appt with endocrine 4/5/23 - advised to attend 3. says neck and shoulder pain worse, now has cramping in both hands, also thinks pain radiating from right side of neck to wrist. 4. has stopped citalopram as she felt anxious and sweaty on these - feels better now - asking for alternative AD
Comment	Comment 1. fmed 3 extend 1/12. 2. advised to keep appt for endocrine - unclear if has true raised PTH 3. advised her this sounds different from the shoulder and hip girdle pain she saw me for previously, could be coming from the neck and ?concomittant CTS (note steroids) - to try some neck exercises (leaflet printed) and if no improvement in 2-3/52 or if more painful or loss of function for f2f for assessment 4. try sertraline for anxiety instead 4-8/52 trial 5. advised now on steroids for 3/12 I will refer for dexa 6. if pain worsening, unwell or new symptoms to speak to us sooner for f2f assessment happy with advice
Medication	Medication Prednisolone Tablets 5 mg 28 tablet 1 TAB IN THE MORNING (TOTAL OF 9MG A DAY)
Medication	Medication Prednisolone Tablets 1 mg 112 tablet 4 TABS DAILY (TOTAL OF 9MG A DAY)
Medication	Medication Sertraline Hydrochloride Tablets 50 mg 28 TABLET ONE TO BE TAKEN EACH DAY

04-Apr-2023 Dr Abigail Parkins (AP) Data Entry

Comment **Comment** Req citalopram, poor compliance

24-Mar-2023 Dr Miki Soo (1SOO) Data Entry

Comment **Comment** dna appt booked 13/3/23 but was hailing earlier possible issues with transport

13-Mar-2023 Mrs Veronica McGread (VM) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** Patient called back - she will come in on Fri 24/03 at 3.30pm.

13-Mar-2023 Ms Nicola Demirel (ND2) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** Called and left message for Linda to call back regarding her appointment on Thu 23rd at 1530, can she change this to Fri 24th at 1530 instead

10-Mar-2023 Dr Miki Soo (1SOO) Data Entry

Comment **Comment** mssu negative

09-Mar-2023 Miss Clare Armstrong (CLAR) Data Entry

Comment **Comment** Urine as per Dr Soo. Urine dip nad.
 Result Urine blood test = negative
 Result Urine glucose test negative
 Result Urine protein test negative

09-Mar-2023 Mrs Catherine Morrison (CATH) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** Patient handed in sample after app with Dr Soo and booked follow up app with him for Thurs 23/3 at 3.30pm.

09-Mar-2023 Dr Miki Soo (1SOO) THE WHITEVALE MEDICAL GROUP Main Surgery

History	History ms payas medical student sitting in loose stool twice a week and once 'light stools' last time sunday - happens twice a week - stopped steroids 28/2/23 she thinks. no blood in poo. peeing ok - but still drinking 2.5l despite my advice to cut down previously. stools go between type 2 and type 7 she says - so this seems much more like constipation with overflow, admits poor fibre and diet.	
Examination	O/E - weight 95% on air 88bpm regular 36.5deg	71 Kg
Examination	noticeable fake tan tenderness palpating right shoulder. says ankle swelling/leg swelling only happened when on pred	
Examination	O/E - blood pressure	
Comment	Comment strongly advised her against stopping steroids without consulting me as her symptoms were night and day in the past and have expectedly regressed. restarted pred today, tummy upset could be due to pred s/e so for ppi cover but I think more likely she has atrocious diet with low fibre so for fybogel. urine dip and mssu as ?polyuria (unconvincing but for mssu anyway), light stools only once so I don't think worth checking bloods again (seemed to make it out as being frequent over the phone but she is anxious and sleep deprived from pain I suppose) review how shoulder and symptoms are in 2/52	
Examination	Systolic blood pressure	120 mm Hg
Examination	Diastolic blood pressure	70 mm Hg
Medication	Medication Lansoprazole Capsules (Gastro-Resistant) 30 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY	
Medication	Medication Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet 60 sachet ONE SACHET TO BE TAKEN TWICE A DAY	

09-Mar-2023 Dr Miki Soo (1SOO) Telephone Consultation

History	History stopped steroids 2/52 ago because peripheral oedema and developed tummy upset and ?polyuria, says shoulders and leg pains are back (unsurprisingly)
Comment	Comment unclear if really s/e from steroids, but advised patient that she was put on steroids for a reason and we are now back to square 1 again, for f2f to see if any true pathology 1200hrs today to do fmed 3 when I see her

10-Feb-2023 Dr Miki Soo (1SOO) Phone Encounter

Comment	Comment advised that usc neck declined on basis that likely reactive lymph node, patient advised and thanked me for update
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10-Feb-2023 Dr Miki Soo (1SOO) Data Entry

History	History usc neck lump dictated - I will review usc neck referral guidance and if necessary maybe reduce it to routine (lump has been there since may 2022)
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09-Feb-2023 Dr Miki Soo (1SOO) THE WHITEVALE MEDICAL GROUP Main Surgery

History	History in for review of left neck cervical lymphadenopathy and extension of fmed 3. feels '75% better', moving better, looks better rested.	
Examination	Examination 3mm neck ln in left anterior neck. was 3cm diffuse wen I last saw.	
Comment	Comment says feels tender, ongoing neck lump, concerned so for head and neck usc (may be bounced). fmed 3 further 1/12. advised if prednisolone continues beyond 3/12 might need vit d/ca2+ but this is complicated by previous high calcium and pth so we will see if can wean off predn in 3/12 if not we might need to speak to endocrine about bone protection then. happy with this	

30-Jan-2023 Dr Roger Black (BLACK_18908) Data Entry

History	History UC113
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27-Jan-2023 Dr Miki Soo (1SOO) Telephone Consultation

History	History review of steroid trial for presumed post-viral arthritis. says symptoms 'completely disappeared' 'stopped wincing when moving' after taking first two doses, but developed tummy upset and diarrhoea after. tried to persist and did, but didn't take any today. however, steroids also made her restless, so sleep even worse
Comment	Comment sounds like the diagnosis postviral arthritis or pmr is confirmed with the response to steroids. given s/e reduce to 10mg od for 1/12, add peptac to lanso. asked me about neck lump, last seen in mid jan 2023. advised can review this when fmed 3 up - book f2f and I will review neck lump and issue fmed 3. consider slowly reducing pred as per nice cks guidance for pmr. advised if tummy still upset with lower dose over weekend, or vomiting or blood to speak to us on monday. happy with advice
Medication	Medication Prednisolone Tablets 5 mg 56 tablet 2 Tab In the morning
Medication	Medication Peptac Liquid (aniseed) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

20-Jan-2023 Dr Miki Soo (1SOO) Telephone Consultation

History	History discussed blood results being normal and normal cxr, history revisited - upset tummy and achy joints mid december - sounds like tummy bug, since then these issues occurred. cocodamol has helped, only taking nocte as makes her slightly nauseous but no constipation, advised can try in am as well to help things move as day starts - stiffness in morning taking an hour to subside, cocodamol helps with pain but not stiffness - more evidence of possible post viral arthritis. advised possibility of her symptoms related to menopause but why would it flare post viral illness? try below for 1 week (15mg as per nice cks, and also prefer to use lower dose steroids than higher) - telephone review for next friday, but if things no better or worse to ring and change to f2f
Medication	Medication Prednisolone Tablets 5 mg 21 tablet 3 Tabs Daily FOR ONE WEEK THEN REVIEW

19-Jan-2023 Dr Miki Soo (1SOO) Data Entry

Comment	Comment has telephone appt with me tomorrow I will discuss results mane, if little effect from steroid trial ?hrt again (insomnia, muscle aches possible symptoms)
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16-Jan-2023 Dr Abigail Parkins (AP) Data Entry

Comment	Comment CXR normal, as below Dr Soo was querying PMR so thought it would be worth trial, will hand back result to Dr Soo
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13-Jan-2023 Dr Miki Soo (1SOO) Data Entry

Comment	Comment quick look on bloods on portal 0fbc u+es lfts crp ck esr haematinics urate pth calcium tfts normal. await rheum factor - history sounds classical for postviral arthritis - d/w ap suggests trial of 20mg pred for 5/7 as a trial is reasonable if bloods is normal - await rest of bloods
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13-Jan-2023 Dr Miki Soo (1SOO) THE WHITEVALE MEDICAL GROUP Main Surgery

History	History appt arranged as previous - issues 1. complaining of heartburn 2. poor sleep due to aching joints - viral illness, upset tummy with back pain in december - however lingering aching joints, and muscles. cringing everytime she moves. sore in shoulders, back and hips, thighs feels like a deep ache 3. feels going toilet very often - advised cut fluid down to 1.5l then.	
Examination	O/E - blood pressure 36.4deg 80bpm regular unable to pick up o2 sats due ot nail polish left sided lymphadenopathy 3cm (was 2-3mm when rb saw in may, context of viral illness) chest clear heart sounds pure abdo snt bs present calves snt	
Examination	O/E - weight	70 Kg
Comment	Comment 1. lansoprazole, has peptac/gaviscon at home - can add this if needed 2. fmed 3 further 1/12 3. I suspect post viral arthritis or pmr - for bloods - even if bloods normal consider trial of steroids (15mg for 3 weeks then reducing), ck also done ot exclude myositis 4. analgesia as below - not to take more than 8 a day with pcm 5. ckr given increased neck lump size, increased fatigue (non smoker though) 5. telephone review 1/52	
Examination	Systolic blood pressure	130 mm Hg
Examination	Diastolic blood pressure	70 mm Hg
Medication	Medication Co-Codamol 30/500 Tablets 50 TABLET 1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL	
Medication	Medication Lansoprazole Capsules (Gastro-Resistant) 30 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY	

13-Jan-2023 Miss Alison Burns (AB) General Practice Surgery

Result	(Non Coded Event - ESR):	
	ESR	2 mm/hr (No range available)
Result	(Non Coded Event - Full Blood Count):	
	Nucleated RBC, 0	0 x10 ⁹ /l (No range available)
	Basophils, 0	0 x10 ⁹ /l (No range available)
	Eosinophils	0.27 x10 ⁹ /l (Range: 0.02 - 0.5)
	Monocytes	0.5 x10 ⁹ /l (Range: 0.2 - 1)
	Lymphocytes	2.4 x10 ⁹ /l (Range: 1.1 - 5)
	Neutrophils	2.7 x10 ⁹ /l (Range: 2 - 7)
	Platelet Count	330 x10 ⁹ /l (Range: 150 - 410)
	MCH	29.9 pg (Range: 27 - 32)
	Mean Cell Volume	89.4 fl (Range: 83 - 101)
	Haematocrit	0.412 l/l (Range: 0.37 - 0.47)
	Haemoglobin	138 g/l (Range: 115 - 165)
	Red Cell Count	4.61 x10 ¹² /l (Range: 3.8 - 5.8)
	White Blood Count	5.9 x10 ⁹ /l (Range: 4 - 10)

13-Jan-2023 Mrs Margaret Lindsay (ML) General Practice Surgery

Result	(Non Coded Event - Thyroid funct test):	
	Total T3	(No range available)
	Free T4	11.7 pmol/L (Range: 9 - 21)
	TSH	1.37 mU/L (Range: 0.35 - 5)
Result	(Non Coded Event - Urate):	
	Urate	287 umol/L (Range: 140 - 360)
Result	(Non Coded Event - Liver Function Tests):	
	Albumin	45 g/L (Range: 35 - 50)
	Alkaline Phosphatase	72 U/L (Range: 30 - 130)
	AST	14 U/L (No range available)
	ALT	11 U/L (No range available)
	Total Bilirubin	11 umol/L (No range available)
Result	(Non Coded Event - Urea & Electrolytes):	
	Estimated GFR > 60	(No range available)
	Creatinine	81 umol/L (Range: 40 - 130)
	Urea	3.3 mmol/L (Range: 2.5 - 7.8)
	Chloride	103 mmol/L (Range: 95 - 108)
	Potassium	3.8 mmol/L (Range: 3.5 - 5.3)
	Sodium	136 mmol/L (Range: 133 - 146)
Result	(Non Coded Event - C-reactive Protein):	
	C Reactive Protein	1 mg/L (No range available)
Result	(Non Coded Event - Creatine Kinase):	
	Creatine Kinase	66 U/L (Range: 25 - 200)
Result	(Non Coded Event - Bone Profile):	
	Alkaline Phosphatase	72 U/L (Range: 30 - 130)
	Albumin	45 g/L (Range: 35 - 50)
	Phosphate	1.04 mmol/L (Range: 0.8 - 1.5)
	Calcium (adjusted)	2.48 mmol/L (Range: 2.2 - 2.6)
	Calcium	2.48 mmol/L (Range: 2.2 - 2.6)

13-Jan-2023 Mrs Margaret Lindsay (ML) General Practice Surgery

Result	(Non Coded Event - Parathyroid Hormone):	
	Parathyroid Hormone	5 pmol/L (Range: 1.6 - 7.5)

13-Jan-2023 Ms Ellen Coupar (EC) General Practice Surgery

Result **(Non Coded Event - I Rheumatoid Factor):**
Rheumatoid Factor < 20 (No range available)

13-Jan-2023 Mrs Margaret Lindsay (ML) General Practice Surgery

Result **(Non Coded Event - Serum Vitamin B12):**
Serum Vitamin B12 516 ng/l (Range: 200 - 883)
Result **(Non Coded Event - Serum Folate):**
Serum Folate 12.1 ug/l (Range: 3.1 - 20)
Result **(Non Coded Event - Serum Ferritin):**
Serum Ferritin 76 ug/l (Range: 15 - 200)

12-Jan-2023 Mrs Margaret Lindsay (ML) General Practice Surgery

Comment No response to bowel cancer screening programme invitation Non-Responder

06-Jan-2023 Dr Miki Soo (1SOO) Telephone Consultation

History **History** ongoing lethargy, sore all over, with insomnia since last consult (note she told me she thought she had a viral illness), now pops out of bed after 1-2 hour sleep, can't go back to bed. no cough or temps. says peeing and pooing ok.
Comment **Comment** ?lingering viral illness ?needs cxr (as my previous note). for f2f next week 1200hrs friday 13/1/22 renew fmed3 then
Medication **Medication** Citalopram Hydrobromide Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH DAY

16-Dec-2022 Dr Miki Soo (1SOO) Data Entry**16-Dec-2022 Dr Miki Soo (1SOO) Telephone Consultation**

History **History** since my consult rb picked up pth raised, awaiting endocrine. asking me about how much water to drink as feels quite thirsty at times - drinking 3l a day - advised might be too much, maybe 2-2.5l is fair. if urine too dark or clear to tweak her fluid intake. asking for fmed 3 I will extend. also mentioned past few days has had a upset tummy with back pain - asked if she had dysuria or blood in urine (?stones - calcium not that raised though) - said intermittent discomfort on peeing but she thinks due to drinking so much water and going toilet. thinks viral illness. going to spend christmas with kids
Comment **Comment** fmed 3 1/12. advised if tummy symptoms or back pain doesn't settle over weekend consider f2f next week (consider CXR due to raised ca). if unwell over weekend to speak to ooh

18-Nov-2022 Dr Daniel Mathie (MATH) Telephone Consultation

History **History** Asking for fit note. Universal credit not taking her word that she is unwell, have asked to get fit note. Feeling lousy mentally also - feeling low, terrible anxiety. Physical symptoms - lethargy, sickness, some days can't get out of bed, sore joints.
Social **Social** On benefits.
Comment **Comment** Med3 issued 1 month. Patient not keen for citalopram increase which is reasonable, can keep this under review. Await endocrinology follow up for hyperparathyroidism.

17-Nov-2022 Dr Roger Black (BLACK_18908) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** referral discussed along with the non specific symptoms of hyperparathyroidism; Has received hosp letter advising of delays

11-Nov-2022 Ms Nicola Stewart (NIC) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** informed patient of results and the referral that's put in place for her.

07-Nov-2022 Dr Roger Black (BLACK_18908) Data Entry

History **History** Elevated Parathormone consistent with primary hyperparathyroidism; ref endocrinology

03-Nov-2022 Miss Clare Armstrong (CLAR) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** Bloods as per Dr Black. To call next week for results.

03-Nov-2022 Mrs Catherine Morrison (CATH) General Practice Surgery

Result	(Non Coded Event - Bone Profile):		
	Alkaline Phosphatase	64 U/L	(Range: 30 - 130)
	Albumin	42 g/L	(Range: 35 - 50)
	Phosphate	1.12 mmol/L	(Range: 0.8 - 1.5)
	Calcium (adjusted)	2.36 mmol/L	(Range: 2.2 - 2.6)
	Calcium	2.31 mmol/L	(Range: 2.2 - 2.6)

03-Nov-2022 Mrs Catherine Morrison (CATH) General Practice Surgery

Result	(Non Coded Event - Parathyroid Hormone):		
	Parathyroid Hormone	12.4 pmol/L	(Range: 1.6 - 7.5)

02-Nov-2022 Miss Clare Armstrong (CLAR) Telephone Consultation

Comment	Comment Advised bloods and urine normal apart from calcium level slightly raised. Appointment arranged to check PTH as per Dr Black.
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31-Oct-2022 Dr Sophie Murphy (1SM) Data Entry

Comment	Comment MSSU - no significant growth
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31-Oct-2022 Dr Roger Black (BLACK_18908) Data Entry

History	History mildly elevated Ca 2.62(adj 2.64) TCI parathormone assay
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27-Oct-2022 Dr Miki Soo (1SOO) THE WHITEVALE MEDICAL GROUP Main Surgery

History	History Imp at least 5 years ago, no post menopausal bleeding. 2/12 of low mood, weepiness, lethargy. thinks menopause. also mentioned weight loss doesn't think intentional. no mood to get out of bed. doesn't want to meet friends, meet family. lives alone - hasn't worked for a few years used to be in office job, son and grandchildren local. no cough colds fevers .e+d ok. describes frequency and hesitation intermittent, but no real dysuria. bowels normal - no change. no audiovisual hallucinations no homicidal/suicidal ideation. stopped hrt as breast swelled up and sore, I advised reasonable		
Examination	O/E - blood pressure 95% on air 94bpm regular 36.6deg chest clear heart sounds pure abdo snt bs present cool hands no radio radio delay calves snt no lower limb oedema.		
Examination	O/E - weight	68 Kg	
Comment	Comment exclude organic cause but most likely anxiety/depression. advised it is possible to have anxiety/depression and menopause. open to idea. try below, ring next week for blood results. mood review 4/52. happy with this		
Examination	Systolic blood pressure	130 mm Hg	
Examination	Diastolic blood pressure	90 mm Hg	
Medication	Medication Citalopram Hydrobromide Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH DAY		

27-Oct-2022 Mrs Margaret Lindsay (ML) General Practice Surgery

Result	(Non Coded Event - ESR):		
	ESR	5 mm/hr	(No range available)
Result	(Non Coded Event - Full Blood Count):		
	Nucleated RBC, 0	0 x10 ⁹ /l	(No range available)
	Basophils, 0	0 x10 ⁹ /l	(No range available)
	Eosinophils	0.22 x10 ⁹ /l	(Range: 0.02 - 0.5)
	Monocytes	0.8 x10 ⁹ /l	(Range: 0.2 - 1)
	Lymphocytes	2.7 x10 ⁹ /l	(Range: 1.1 - 5)
	Neutrophils	4.1 x10 ⁹ /l	(Range: 2 - 7)
	Platelet Count	329 x10 ⁹ /l	(Range: 150 - 410)
	MCH	30.5 pg	(Range: 27 - 32)
	Mean Cell Volume	88.3 fl	(Range: 83 - 101)
	Haematocrit	0.408 l/l	(Range: 0.37 - 0.47)
	Haemoglobin	141 g/l	(Range: 115 - 165)
	Red Cell Count	4.62 x10 ¹² /l	(Range: 3.8 - 5.8)
	White Blood Count	7.8 x10 ⁹ /l	(Range: 4 - 10)

27-Oct-2022 Miss Alison Burns (AB) General Practice Surgery

Result	(Non Coded Event - HbA1c (IFCC):		
	HbA1c (IFCC)	37 mmol/mol	(Range: 20 - 41)

27-Oct-2022 Miss Alison Burns (AB) General Practice Surgery

Result	(Non Coded Event - Thyroid funct test): Total T3		(No range available)
	Free T4	11.9 pmol/L	(Range: 9 - 21)
	TSH	1.89 mU/L	(Range: 0.35 - 5)
Result	(Non Coded Event - Liver Function Tests): Albumin	44 g/L	(Range: 35 - 50)
	Alkaline Phosphatase	77 U/L	(Range: 30 - 130)
	AST	16 U/L	(No range available)
	ALT	12 U/L	(No range available)
	Total Bilirubin	5 umol/L	(No range available)
Result	(Non Coded Event - Urea & Electrolytes): Estimated GFR > 60		(No range available)
	Creatinine	79 umol/L	(Range: 40 - 130)
	Urea	5.1 mmol/L	(Range: 2.5 - 7.8)
	Chloride	102 mmol/L	(Range: 95 - 108)
	Potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
	Sodium	140 mmol/L	(Range: 133 - 146)
Result	(Non Coded Event - C-reactive Protein): C Reactive Protein < 1		(No range available)
Result	(Non Coded Event - Bone Profile): Alkaline Phosphatase	77 U/L	(Range: 30 - 130)
	Albumin	44 g/L	(Range: 35 - 50)
	Phosphate	1.64 mmol/L	(Range: 0.8 - 1.5)
	Calcium (adjusted)	2.64 mmol/L	(Range: 2.2 - 2.6)
	Calcium	2.62 mmol/L	(Range: 2.2 - 2.6)

27-Oct-2022 Mrs Margaret Lindsay (ML) General Practice Surgery

Result	(Non Coded Event - Serum Vitamin B12): Serum Vitamin B12	276 ng/l	(Range: 200 - 883)
Result	(Non Coded Event - Serum Folate): Serum Folate	12.9 ug/l	(Range: 3.1 - 20)
Result	(Non Coded Event - Serum Ferritin): Serum Ferritin	55 ug/l	(Range: 15 - 200)

07-July-2022 Dr Roger Black (BLACK_18908) Telephone Consultation

History	History On HRT patches still sweats since starting the patches , and churning feeling in stomach 10 days. HRT was initiated for achy bones and insomnia initially evorel conti but this was changed due to palpatatons; Unclear if present symptoms hormonal or anxiety; Not currently working, does not report difficulty relaxing; Try increased hormone dose in 1st instance to assess response; if unsuccessful consider alternative approach inc femseven to 100mcg(NB also a 75mcg option)
Medication	Medication Femseven Transdermal patches (7 days) 100 micrograms/24 hrs 4 patch APPLY WEEKLY

05-July-2022 Miss Alison Burns (AB) THE WHITEVALE MEDICAL GROUPMain Surgery

Comment	Comment DNA Breast Screening Clinic
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01-July-2022 Miss Clare Armstrong (CLAR) THE WHITEVALE MEDICAL GROUPMain Surgery

Comment	Comment Blood pressure satisfactory.	
Examination	O/E - Systolic BP reading	132 mm Hg
Examination	O/E - Diastolic BP reading	88 mm Hg

29-Jun-2022 Dr Roger Black (BLACK_18908) Data Entry

History	History Reissue HRT with note on script tci for bp before next renewal
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31-May-2022 Dr Roger Black (BLACK_18908) THE WHITEVALE MEDICAL GROUPMain Surgery

History	History noticed lump L side of neck at weekend , describes pea sized lump; Felt it as she woke up with a sore neck; OE tiny 2-3mm well circumscribed lump which felt entirely non pathological, mobile smooth, likely a little lymph node L anterolateral aspect of neck; reassured
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24-May-2022 Dr Roger Hardman (HARDMAN_18908) THE WHITEVALE MEDICAL GROUP Main Surgery

History	History burping and sickness last 2/52 worse but troublesome last 1/12, intermittent, last few hrs, note June 21 chest pain and went to A&E, given PPI, feel something coming up to back of throat, bitter taste, Comes on quickly after eating, ?Loosing wt, last yr, last few yrs bowel can be erratic, BM daily, some days can spend 1 hr in toilet, as constant BM, ? IBS, Making her feel panicky, No dysphagia, Non smoker, no alcohol, walks daily. No FH of GI issues	
Examination	O/E - weight ABDO SOFT , MINIMAL TENDERNESS	65 Kg
Comment	EPIGASTRIUM, Comment Imp GORD, note wt steady last 18/12, Rx and advised re diet re small and reg, balanced Review 1/12 to assess if further investigations warranted	
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 56 capsule 1 CAP TWICE PER DAY	

17-Mar-2022 Dr Daniel Mathie (MATH) THE WHITEVALE MEDICAL GROUP Main Surgery

History	History Thinks pregnant - breasts sore and bigger, right lower back pain, had horrible gut feeling that she was pregnant, faint positive pregnancy urine test. Has been with partner 4 months, first and last UPSI 3 weeks ago. "didn't feel right". On HRT since Oct 2021, last bleed 3 years ago.	
Social Result	Social Has son 25 who has two ***** (7 and 9) Result Urine HCG negative	
Comment	Comment Advised that not pregnant but for peace of mind can take another pregnancy test in next few days/week. Patient relieved. Explained that breast tenderness may be secondary to HRT hormones.	

09-Nov-2021 Dr Roger Black (BLACK_18908) Data Entry

History	History 9am appt; photos due in and still not appeared 11:39 or by 16:40	
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21-Oct-2021 Dr Calum MacMillan (CAL) Telephone Consultation

History	History Phoning to request alternative HRT patch, has been on evorel conti, provided end of last year, initially very effective for physical sx of menopause - bad hot flushes/sweating, poor sleep, fatigue. However over past 2 months started to be troubled with frequent heart palpitations, felt to be related to HRT, discontinued patches 2 weeks ago and palpitations stopped within 12 hours. However has now experience return of previous menopausal sx so keen to trial alternative HRT, wants to remain on patches. Blood pressure normal last month, weight approx 9 stone currently. No PH/FH or VTE, migraine, breast cancer. Non-smoker, minimal alcohol, fit and active individual.	
Comment	Comment Suitable candidate for HRT, discontinue evorel conti, discussed with Dr Parkins - for trial alternative Rx as below. If issues with stock advised patient to recontact. Update blood pressure on next opportunity.	
Medication	Medication Femseven Conti Transdermal patches (7 days) 50 micrograms/7 micrograms/24 hours 12 patch APPLY ONE PATCH TO SKIN ONCE WEEKLY CONTINUOUSLY	

29-Sept-2021 Dr Daniel Mathie (MATH) Data Entry

Comment	Comment Bloods satisfactory.	
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24-Sept-2021 Dr Daniel Mathie (MATH) THE WHITEVALE MEDICAL GROUP Main Surgery

History	History History as per telephone consultation. F2F. Coughing "one night per week". Sometimes sputum (now white, previously green). 80-90% improvement. Wanting vaccine now. Complaining of some upper arm "tiredness" e.g. when lifting shopping bags - not worse at any time of day, no jaw claudication or temple tenderness.	
Examination	Examination Temp 36.1 HR 84 SpO2 98%	
Examination	O/E - blood pressure	
Examination	Examination Chest clear, normal percussion. HS I+II+0. Good power upper limbs.	
Result	Result BM 6.2	
Comment	Comment No concerning features on examination. Low blood pressure. Bloods taken to ensure no other cause of fatigue.	
Examination	Systolic blood pressure	100 mm Hg
Examination	Diastolic blood pressure	74 mm Hg

24-Sept-2021 Miss Alison Burns (AB) General Practice Surgery

Result	(Non Coded Event - Full Blood Count):		
	Nucleated RBC, 0	0 x10 ⁹ /l	(No range available)
	Basophils	0.1 x10 ⁹ /l	(No range available)
	Eosinophils	0.09 x10 ⁹ /l	(Range: 0.02 - 0.5)
	Monocytes	0.6 x10 ⁹ /l	(Range: 0.2 - 1)
	Lymphocytes	1.9 x10 ⁹ /l	(Range: 1.1 - 5)
	Neutrophils	2.4 x10 ⁹ /l	(Range: 2 - 7)
	Platelet Count	354 x10 ⁹ /l	(Range: 150 - 410)
	MCH	29.7 pg	(Range: 27 - 32)
	Mean Cell Volume	92.3 fl	(Range: 83 - 101)
	Haematocrit	0.37 l/l	(Range: 0.37 - 0.47)
	Haemoglobin	119 g/l	(Range: 115 - 165)
	Red Cell Count	4.01 x10 ¹² /l	(Range: 3.8 - 5.8)
	White Blood Count	5.1 x10 ⁹ /l	(Range: 4 - 10)

24-Sept-2021 Mrs Margaret Lindsay (ML) General Practice Surgery

Result	(Non Coded Event - Thyroid funct test):		
	Total T3		(No range available)
	Free T4	11.2 pmol/L	(Range: 9 - 21)
	TSH	1.62 mU/L	(Range: 0.35 - 5)
Result	(Non Coded Event - Liver Function Tests):		
	Albumin	38 g/L	(Range: 35 - 50)
	Alkaline Phosphatase	56 U/L	(Range: 30 - 130)
	AST	19 U/L	(No range available)
	ALT	18 U/L	(No range available)
	Total Bilirubin	11 umol/L	(No range available)
Result	(Non Coded Event - Urea & Electrolytes):		
	Estimated GFR > 60		(No range available)
	Creatinine	77 umol/L	(Range: 40 - 130)
	Urea	4.3 mmol/L	(Range: 2.5 - 7.8)
	Chloride	106 mmol/L	(Range: 95 - 108)
	Potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
	Sodium	142 mmol/L	(Range: 133 - 146)
Result	(Non Coded Event - C-reactive Protein):		
	C Reactive Protein < 1		(No range available)
Result	(Non Coded Event - Bone Profile):		
	Alkaline Phosphatase	56 U/L	(Range: 30 - 130)
	Albumin	38 g/L	(Range: 35 - 50)
	Phosphate	1.26 mmol/L	(Range: 0.8 - 1.5)
	Calcium (adjusted)	2.42 mmol/L	(Range: 2.2 - 2.6)
	Calcium	2.4 mmol/L	(Range: 2.2 - 2.6)

22-Sept-2021 Dr Daniel Mathie (MATH) Telephone Consultation

History	History Reduced exercise tolerance - feels "shattered" after out having a walk. Still has cough - 70% better, can go a few days without coughing, not as much sputum but still some). Doesn't feel breathless. Not sleeping great. Taste and smell is back but not 100%. Eating and drinking better now. No headache, no nausea. Feels as though she has no upper body strength.
History	History Trying to go for a walk every day. Other day out for 1 hour. Felt "knackered" after also taking shopping back.
Comment	Comment Patient keen to get Covid-19 vaccine as doesn't want to go through that again. Keen for physical check-up. To come for review on Friday at 11am.

06-Sept-2021 Dr Daniel Mathie (MATH) Telephone Consultation

History	History In bed with Covid-19. Breathing fine. Just tired, fatigued. Started 9 days ago - coughing, aching, feeling sick, nauseous, lethargic. No change, doesn't feel as if she is getting any better. Coughing up green sputum - since Day 1. Not SOB. Previously pain in chest but has eased off. No haemoptysis. No high temperatures (feverish initially), can't taste of smell.
History	History Has taken some paracetamol and taken plenty of fluids. Trying to eat plenty.
History	History Not vaccinated but would get vaccination after this.
Social	Non-smoker
Comment	Comment Given duration of symptoms and productive cough - amoxicillin 5 days. Worsening advice given - call back if no improvement or becomes SOB or any other concerns. Advised to keep eating and drinking and take ibuprofen as well as paracetamol as required.
Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

06-Sept-2021 Ms Ellen Coupar (EC) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment	Comment rx called into chemist 554 2165
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02-Sept-2021 Mrs Joyce Kinnear (JK) General Practice Surgery

Result **2019-nCoV (novel coronavirus) detected:**
2019-nCoV (novel coronavirus) detected (No range available)

12-Jan-2021 Mrs Margaret Lindsay (ML) General Practice Surgery

Comment No response to bowel cancer screening programme invitation Non-Responder

30-Oct-2020 Dr Lewis Shennan (LS) Telephone Consultation

History **History** Keen on starting HRT again. Got few months of HRT 2016 but feels did not agree with her at the time. Bad flushes last several months, affecting sleep, last ~30mins. Non smoker no alcohol weight steady. Keen on transdermal, has done a lot of reading and thinks lower risk and will remember to put patches on as opposed to tabs

Comment **Comment** Will make appt for blood pressure/weight and then can trial evorel conti

30-Oct-2020 Miss Clare Armstrong (CLAR) THE WHITEVALE MEDICAL GROUP Main Surgery

Examination O/E - Systolic BP reading 132 mm Hg
Examination O/E - Diastolic BP reading 80 mm Hg
Examination O/E - weight 65 Kg
Examination Body Mass Index 25.08
Social Never smoked tobacco
Social Teetotaler
Comment **Comment** Blood pressure satisfactory, script issued as per Dr Shennan.

26-Sept-2019 Dr Roger Hardman (HARDMAN_18908) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** Min Surg lesion left cheek has changed, seems 'to have come off', raised lesion now flat

Examination **Examination** Left side cheek, ome evidence of sun damage, increase vascularity, dry ++

Medication **Medication** Cetraben Ointment 125 gram APPLY AS MOISTURER

Comment **Comment** REASSURED NIL SUSPICIOUS, needs to concentrate on reg /freq moisturising

04-Sept-2019 Sister Christina Shafi (SHAFI_18908) Data Entry

Comment **Comment** Linda received letter and phoned in. Given appt for minor surgery 26th Sept.

02-Sept-2019 Sister Christina Shafi (SHAFI_18908) Data Entry

Comment **Comment** Tried to phone re minor surgery but mobile number we have is wrong.

29-Aug-2019 Dr Gorkem Hamali (GH) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** wasp bite on her knee swollen itchy not infected asks for tetanus vaccine. Also has a lesion on her face since 1.5 year. occasioanly itchy and painful. the appearance disturbs the patient. not bleeding. no enlargement since it has appeared. No sun exposure no heart racing no tiredness no lethargy.

Examination **Examination** On the left side of the face on the cheek 5 mm lesion assymmetric. crusted. brown in colour. Wasp bite below the knee 2*2 cm eryhtamatus minimally swollen not infected. not itchy or tender. no discharge

Comment **Comment** Explained there is no need for tetanus vaccine for wasp bites. If becomes itchy can take simple antihistamins, and emollients. Facial lesion Imp: actinic keratosis. Discussed with Dr. Black. Suggested to arrange Minor surgery clinic app with Dr Hardmann

04-Apr-2019 Mrs Joyce Kinnear (JK) Data Entry

Comment **Comment** DNA Breast Screening 2/4/19

14-Mar-2019 Miss Clare Armstrong (CLAR) Externally Entered

Comment **Comment** Smear drop-in clinic invite letter sent

Attachment EMIS attachment reference code
Document1

10-Dec-2018 Dr Christopher McClure (CM) Telephone Consultation

History **History** 1200 flu symptoms past 7/7 with head cold, bilateral ear pain, heaviness over eyes, nose is blocked, mild cough though improving. sneezing. "know its the cold" passing good urine volumes. taking PCM.

Examination **Examination** talking normally on phone, not distressed/confused

Comment **Comment** Offered appt today, says wishes to try nasal spray first, will fax to kennyhill pharmacy and will get neighbour/friend to collect. advised if not improving should contact for appt/contact surgery.

Medication **Medication** Xylometazoline Hydrochloride Nasal spray 0.1 % 1 SPRAY USE ONE SPRAY INTO EACH NOSTRIL TWO TO THREE TIMES DAILY WHEN REQUIRED FOR A MAXIMUM OF SEVEN DAYS

01-Aug-2018 Dr Roger Black (BLACK_18908) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** O/E - BP reading In new relationship and req contraception; age 52 but still menstruating monthly; never smoked; could not tolerate mirena 2015; no CI to pop; . norethisterone with initiation/ missed pill etc advice

Examination **Examination** Systolic blood pressure 112 mm Hg

Examination **Examination** Diastolic blood pressure 68 mm Hg

Medication **Medication** Norethisterone Tablets 350 micrograms 84 tablet 1 DAILY

19-July-2018 Dr Roger Hardman (HARDMAN_18908) Data Entry

History **History** Requests HRT (elleste duet), , had March 2016, says did not take until ? recently, THios may not now be appropriate form, To make apt

19-Jun-2018 Mrs Maureen Roy (MR) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** 12/06/18 DNA GRI Orthopaedics.

19-Jun-2018 Mrs Margaret Lindsay (ML) General Practice Surgery

Comment **Comment** No response to bowel cancer screening programme invitation Non-Responder

14-Dec-2017 Mrs Margaret Lindsay (ML) General Practice Surgery

Comment **Comment** Cervical smear defaulter Exclusion From SCCRS Until 14/03/2022. Reason: Defaulter

06-Oct-2017 Dr Roger Black (BLACK_18908) Telephone Consultation

History **History** 2/7 back pain;was moving wardrobe;low back pain; spreads up her back; bowels and bladder normal, no sensory deficit; Taking paracetamol;; sounds muscular; no allergy; rx

Medication **Medication** Co-Codamol 8/500 Tablets 50 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

Medication **Medication** Methocarbamol Tablets 750 mg 56 tablet 1QDS INCREASING TO 2 QDS IF NOT BETTER AT FEW DAYS

31-May-2017 Dr Christopher McClure (CM) Data Entry

History **History** DNA

17-Mar-2017 Dr Chloe Durrell (CD) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** Lower abdo pain for 7/7 thick white discharge no PV pain, some discomfort mild itch no blood PV, some urinary frequency, no fevers some lethargy, no periods 6-7 months, smear due, e&d normally, bon, no previous episodes, no smell to discharge, last sexual activity 6/52 partner had vasectomy no barrier precautions.

Examination **Examination** temp 37.0 pv external only consent chaperone declined thick white discharge PV no fishy smell sample not taken as too late on friday abdomen soft no masses palaple aorta tender over umbilicus and lower abdomen no guarding/peritonism/rebound BS positive looks well good colour

Comment **Comment** To come back for smear asap + swab for chlamydia if discharge still present, abx for bv/pid strong due to pain and borderline temp worsening advice for over w/e if pain worsening to seek medical advice.

Medication **Medication** Metronidazole Tablets 400 mg 21 TABLET ONE TO BE TAKEN THREE TIMES A DAY

21-Nov-2016 Dr Jessica McGinn (JM) Data Entry

Comment Comment DNA for review of ear.

11-Nov-2016 Dr Jessica McGinn (JM) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** Left ear pain and discharge for last few days. Discharge so bad it's dripping. No change in hearing, no dizziness etc. Pain severe, can't hold phone to ear. Took 3 days off work earlier in the week as couldn't stay due to discharge dripping. - works in beauty salon. Employer not accepting self-cert.

Examination **Examination** Temp 37.4. Right ear waxy but fine. Left ear - tender tragus, canal very swollen and inflamed. Lots of thick yellow discharge in ear, can't see TM at all. Discharge dried into hair. Throat fine, no mastoid tenderness, no TM joint tenderness.

Comment **Comment** Severe ear infection. Antibiotics for a week. Needs to come back for review after completion, or sooner if no improvement - can't tell if perforated or not. Advised not to submerge head in water, not to put anything in ear, keep hair and hat off it. Explained employer obliged to accept self-cert - Linda says they won't. Given line for 3 days to cover, but explained that I do not think this should keep her off work after weekend, so not for any longer.

Medication **Medication** Amoxicillin Capsules 500 mg 21 Capsule(s)
ONE TO BE TAKEN THREE TIMES A DAY

29-Sept-2016 Dr Jessica McGinn (JM) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** Abdo pain since this morning. Very severe - 8-9/10. Spasmodic, comes and goes. In LIF, doesn't move elsewhere. Not feeling feverish, not vomiting. Moved bowels this morning - normal for her. Possibly some urinary frequency, but no dysuria, no haematuria etc. Not getting periods any more, coil removed last year.

Examination **O/E - BP reading** Temp 36.7, HR 77, SpO2 98%,
Abdomen - voluntary guarding. Exquisitely tender LIF - will barely let me examine. Not tender elsewhere. No palpable masses or organomegaly. BS active. Urine dip negative.

Examination **Systolic blood pressure** 105 mm Hg
Diastolic blood pressure 65 mm Hg

Comment **Comment** Not clear what's going on. However, clearly in lots of pain, never had this before. Needs hospital assessment. Accepted by surgeons GRI. D/W Dr Black.

31-Aug-2016 Dr Christopher McClure (CM) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** venlafaxine helping a lot. felt 2 tabs a day too much so now on 1 tablet a day. work have been very supportive. going back to work in a fortnight. concerned she has a chest infection. feels run down at present. coughing up a lot of green sputum past 10/7. ears sore and discharging. wet and crusty. NKDA.

Examination **Examination** T 36.7, P 68/min, sats 99%RA, chest fine creps right base, ears NAD.

Comment **Comment** much better, on M/R capsules, no indication for this. issued with venlafaxine tablets and advised patient of change. if feels a change with these could split does 37.5mg BD in 1/12. abx for 5/7 for chest, return if not resolving. med 3 for 10/7 then agreed fit to go back to work.

Medication **Medication** Venlafaxine Tablets 75 mg 28 tablet 1 DAILY
Medication Amoxicillin Capsules 500 mg 15 CAPSULE
ONE TO BE TAKEN THREE TIMES A DAY

02-Aug-2016 Dr Katie Fleming (KF) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** AD review - changed to Venlafaxine last month, no s/e, taking OD, doesn't want to take BD. Finding much less anxiety but still tearful most days. several family stressors, family arguments. wanting to be back at work, beauty industry, and planning september with work but wonders if counselling would help. agree of benefit, discussed options and cbt via pcmht likely help, given leaflet and will call them to arrange tel consultation. encouraged to keep active during the day, still thoughts racing at night initially but is sleeping better

Medication **Medication** Venlafaxine M/R capsules 75 mg 28 capsule
1 Cap Daily

Comment **Comment** review AD in 4 weeks, pt will contact pcmht and review sooner if mood worsening

06-July-2016 Dr Victoria Elizabeth Scott (VS) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** Joint surgery RB: Feels worse since being on sertraline. Weepy and lack of motivation, energy, anhedonia. Difficulty getting out of bed. No suicidal thought. Wanting to go back to work but cannot concentrate at present. No alcohol intake. Lives alone. Wishing extension of sick line. HR date back to work 29/08

Examination **Examination** weepy, structured form and thought, good eye contact.

Comment **Comment** MED 3 issued, PMHT information given. Switch to venlafaxine and review in 1/12. educated on cross-cover AD

Medication **Medication** Sertraline Hydrochloride Tablets 50 mg 7
Tablet(s) ONE TO BE TAKEN ALTERNATE DAYS

Medication **Medication** Venlafaxine M/R capsules 75 mg 56 Tablet(s)
ONE DAILY FOR 7 DAYS THEN ONE BD

19-Jun-2016 Mrs Margaret Lindsay (ML) General Practice Surgery

Comment **Comment** No response to bowel cancer screening programme invitation Non-Responder

09-Jun-2016 Dr Roger Black (BLACK_18908) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** Anxiety panicky sleeps a lot not at work 2 weeks-in conservatory company; both parents died 1-2 yrs ago; family diaputing estate tearful agitated; inc dose to 100 ; Fmed3 4/52

Medication **Medication** Sertraline Hydrochloride Tablets 100 mg 28
TABLET ONE TO BE TAKEN EACH DAY

23-May-2016 Mrs Lynne Godfrey (LG) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** DNA - Breast Screeing 19/5/16

03-May-2016 Dr Roger Black (BLACK_18908) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** O/E - BP reading heart racing TATT feels faint; denies stress;states mood now normal sleeps well oe well looking p88reg hs=n RS clear cranials intact no rombergisn ;extensive work -up a few months ago satis; discussed likley non physical basis for symptoms; willing to try rx; sertraline review 1/12

Examination **Examination** Systolic blood pressure 130 mm Hg

Examination **Examination** Diastolic blood pressure 68 mm Hg

Medication **Medication** Sertraline Hydrochloride Tablets 50 mg 28
TABLET ONE TO BE TAKEN EACH DAY

18-Mar-2016 Dr Katie Fleming (KF) General Practice Surgery

Read Code **WML** document Menopause and HRT Printed

18-Mar-2016 Dr Katie Fleming (KF) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** Came to discuss HRT , has read about it, 6/12 flushing/erratic mood, night sweats, fatigued. poor concentration, low mood for 4 weeks, lack of motivation, no tosh. Worse in the last 4 weeks. Appetite ok. LMP 5/12 ago, before regular , up to date with smears , libido ok

Examination **Examination** O/E - BP reading

Examination **Examination** Systolic blood pressure 122 mm Hg

Examination **Examination** Diastolic blood pressure 70 mm Hg

Family History **Family History** Dad prostate cancer, angina. No FHx breast ca/stroke/dvt.

Social **Social** works beauty industry and conservatory buissness. non smoker, nil alcohol. lives alone, partner

Medication **Medication** Elleste Duet 1 Mg Tablets 84 TABLET TAKE DAILY AS DIRECTED

Comment **Comment** Wishes to start HRT , was informed of beenfit and risks, went over the finer details in aprticular risks of breast ca. Plan would be to make maximum 5 years as DVT/stroke risk increases further at that point. Regular breast checks, never had an issue. Review in 3 months, 6 months and 12 months

17-Dec-2015 Dr Shona Osborne (SO) THE WHITEVALE MEDICAL GROUP Main Surgery

History	History had a 'cold' for 2 weeks - worsened since then. off work today. coughing green sputum for 2 days ++ muscular aches and pains. slight runny nose. chest pain across chest - present when coughing. chest pain intermittent for past few days. throat sore. no weight loss. no increased shortness of breath.	
Examination	O/E - BP reading temperature 37.2degreesC. pulse 106bmp. oxygen saturations 99% on air.	
Examination	Systolic blood pressure HSI+II+O, pulse regular, no ankle 130 mm Hg swelling/sign of DVT. coughing throughout chest examination - reduced air entry left lower base. pharynx clear.	
Examination	Diastolic blood pressure	70 mm Hg
Comment	Comment CURB65 - zero. likely chest infection. no allergies. prescribed antibiotic in light of green sputum. symptomatic relief discussed inc plenty fluids. worsening advice given.	
Medication	Medication Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY	

20-Oct-2015 Dr Laura Adams (LA) Data Entry

Comment	Comment Bloods essentially normal - slightly low TIBC. Check bloods again in 3/12.
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16-Oct-2015 Dr Laura Adams (LA) THE WHITEVALE MEDICAL GROUP Main Surgery

History	History Headaches for last month or so. No obvious precipitating factor. Frontal area. Most days. Non-radiating. No sensory or motor deficit. Feels tired "all the time". No chest pain. Occasional dizziness. No polydipsia or polyuria. No weight loss. not dieting. Mirena in August - removed 2/52 later "felt awful with it". drinks 1 pint of water/day. occasional cup of coffee, no regular tea, green tea or fizzy drinks, no chocolate or cheese. no alcohol. not taking pain killers regularly - "only if absolutely necessary".	
Examination	O/E - BP reading	
Examination	Systolic blood pressure	118 mm Hg
Examination	Diastolic blood pressure	68 mm Hg
Examination	O/E - height	161 cm
Examination	O/E - weight	63 Kg
Examination	Body Mass Index	24.3
Examination	Examination looks well. pulse regular. HR 60. examination of rash - patient refused offer of chaperone - dry skin noted along upper abdomen and lower border of bra.	
Comment	Comment Emollient for dry skin. Advised re hygiene, adequately fitting bra etc. Worsening advice given. Bloods taken - patient to phone for results. Advised needs to drink 2L water/day - likely dehydration cause of headaches, tiredness and dizziness.	
Medication	Medication Liquid Paraffin And White Soft Paraffin Ointment 50 % + 50 % 500 GRAM APPLY THREE OR FOUR TIMES A DAY AS REQUIRED	

16-Oct-2015 Ms Ellen Coupar (EC) General Practice Surgery

Result	(Non Coded Event - Thyroid funct test):	
	Total T3	(No range available)
	Free T4	(Range: 9 - 21)
	TSH	(Range: 0.35 - 5)
Result	(Non Coded Event - Transferrin / Iron):	
	T'ferrin Saturation	22 % (Range: 25 - 50)
	Iron	15 umol/L (Range: 10 - 30)
	Transferrin	2.72 g/L (Range: 2 - 4)

16-Oct-2015 Ms Ellen Coupar (EC) General Practice Surgery

Result	(Non Coded Event - Glucose):	
	Glucose	5.2 mmol/L (Range: 3.5 - 6)

16-Oct-2015 Ms Ellen Coupar (EC) General Practice Surgery

Result	(Non Coded Event - Serum Folate):	
	Serum Folate	5.6 ug/l (Range: 3.1 - 20)
Result	(Non Coded Event - Serum Ferritin):	
	Serum Ferritin	52 ug/l (Range: 15 - 200)
Result	(Non Coded Event - Serum Vitamin B12):	
	Serum Vitamin B12	285 ng/l (Range: 200 - 900)

16-Oct-2015 Ms Ellen Coupar (EC) General Practice Surgery

Result	(Non Coded Event - Full Blood Count):	
	Nucleated RBC, 0	0 x10 ⁹ /l (No range available)
	Basophils, 0	0 x10 ⁹ /l (No range available)
	Eosinophils	0.2 x10 ⁹ /l (No range available)
	Monocytes	0.6 x10 ⁹ /l (Range: 0.2 - 0.8)
	Lymphocytes	2.4 x10 ⁹ /l (Range: 1.5 - 4)
	Neutrophils	4 x10 ⁹ /l (Range: 2 - 7.5)
	Platelet Count	303 x10 ⁹ /l (Range: 150 - 400)
	MCH	30.9 pg (Range: 27 - 32)
	Mean Cell Volume	98.6 fl (Range: 80 - 100)
	Haematocrit	0.421 l/l (Range: 0.37 - 0.47)
	Haemoglobin	132 g/l (Range: 115 - 165)
	Red Cell Count	4.27 x10 ¹² /l (Range: 3.8 - 5.8)
	White Blood Count	7.2 x10 ⁹ /l (Range: 4 - 11)

08-July-2015 Dr Victoria Rushworth (VR) THE WHITEVALE MEDICAL GROUP Main Surgery

History	O/E - BP reading Divorce 1 yr ago - new relationship - menses all over the place - needing contraceptive cover - perimenopausal symptoms also - non smoker - no fh of clots nor breast cancer - - prev had copper coil 10 years ago - not been on contraception for 10 years - tried to get a mirena from Sandyford and first available appt is August - wanting cover immediately - refusing to use condoms - UTD smear - no h/o STIs - mother died from MI - concerned re CV risks and POP - referred to evidence as low risk - understanding	
Examination	Systolic blood pressure	110 mm Hg
Examination	Diastolic blood pressure	70 mm Hg
Comment	Advice about long acting reversible contraception Discussed at least all options, advised, will make an appt at Sandyford, agree POP cover at present until gets mirena, BP check in 3 months, RFs and SEs explained to patient	
Medication	Medication Micronor Tablets 350 micrograms 84 TABLET ONE TO BE TAKEN EACH DAY	

04-Aug-2014 Dr Joe Daly (JD) THE WHITEVALE MEDICAL GROUP Main Surgery

History	History & font color=#800000">DNA
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31-Mar-2014 Sister Christina Shafi (SHAFI_18908) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment	Comment Smear taken - cervix intact. C/o breast pain and generally lumpy breasts. Examined by LGT - nad. For review 1-2/12.
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31-Mar-2014 Ms Ellen Coupar (EC) General Practice Surgery

Result	Cervical Cytology: Cervical smear: negative Routine Recall -	(No range available)
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10-Dec-2013 Dr Roger Hardman (HARDMAN_18908) Data Entry

History	History Given Clarithromycin by GRI 6th Dec, already had amox, CXR normal, Says clarithromy nausea, Needs seen if issue
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03-Dec-2013 Dr Tashya Abhayaratna (TA) THE WHITEVALE MEDICAL GROUP Main Surgery

History	History Pool - In with cough productive of thick yellow sputum for 4-5 days. Worst last night, cough ++. Also has a very sore throat. Worried because she coughed up a small amount of fresh blood this morning 'tiny sliver'.
Examination	Examination Looks unwell. Temp 37.2. RR 18. Throat nad. No palpable cervical nodes. Few creps L base. Weight 74kg (steady).
Social	Non-smoker
Comment	Comment Prescribed below. To come back in if cough and haemoptysis ongoing despite abx --> CXR. Worsening advice given.
Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY

04-Oct-2013 Dr Tashya Abhayaratna (TA) Data Entry

History	History Bloods normal.
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02-Oct-2013 Dr Tashya Abhayaratna (TA) THE WHITEVALE MEDICAL GROUP Main Surgery

History	History Not had a menstrual period for 3 months. Denied chance she could be pregnant. Has been feeling very tired, run down. Also had 'shooting' mid back pain 2 or 3 times - no leg pain/weakness, bladder or bowel symptoms. Sweating ++ specially at night time. Blood tests done Nov 2012 were consistent with going through the menopause. Said she may have missed 1 or 2 periods before but was surprised that they had stopped suddenly. Has bought black cohosh from Holland and Barret. Wondering if ok to use.	
Examination	O/E - BP reading	Normal tone and power upper and lower limbs.
Examination	Systolic blood pressure	118 mm Hg
Examination	Diastolic blood pressure	78 mm Hg
Social	Non-smoker	
Social	Drinks rarely	
Comment	Comment Advised symptoms likely due to going through menopause. Will check bloods (FBC, U&Es, TFTs) to rule out any other cause of tiredness.	

02-Oct-2013 Ms Ellen Coupar (EC) General Practice Surgery

Result	(Non Coded Event - Glucose): Glucose	5.3 mmol/L	(Range: 3.5 - 5.5)
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02-Oct-2013 Ms Ellen Coupar (EC) General Practice Surgery

Result	Full blood count - FBC:		
	Basophils	0.01 10 ⁹ /L	(Range: 0.01 - 0.1)
	Eosinophils	0.06 10 ⁹ /L	(Range: 0.04 - 0.4)
	Monocytes	0.6 10 ⁹ /L	(Range: 0.2 - 0.8)
	Lymphocytes	2 10 ⁹ /L	(Range: 1.5 - 4)
	Neutrophils	2.6 10 ⁹ /L	(Range: 2 - 7.5)
	Platelets	279 10 ⁹ /L	(Range: 150 - 400)
	RDW	13.5 %	(Range: 11.5 - 14.5)
	MCH	29.6 pg	(Range: 27 - 32)
	MCV	88.9 fL	(Range: 78 - 99)
	Haematocrit	0.376 L/L	(Range: 0.37 - 0.47)
	Haemoglobin	125 g/l	(Range: 115 - 165)
	Red Cell Count	4.23 10 ¹² /L	(Range: 3.8 - 5.8)
	White Cell Count	5.3 10 ⁹ /L	(Range: 4 - 11)

02-Oct-2013 Ms Ellen Coupar (EC) General Practice Surgery

Result	(Non Coded Event - Thyroid Function):		
	Free T4	11 pmol/L	(Range: 9 - 21)
	TSH	1.4 mu/L	(Range: 0.35 - 5)
Result	(Non Coded Event - Liver Function Tests):		
	Albumin	39 g/L	(Range: 35 - 50)
	Alkaline Phosphatase	56 U/L	(Range: 30 - 130)
	Alanine Transaminase	19 U/L	(No range available)
	Aspartate Transaminase	16 U/L	(No range available)
	Total Bilirubin	11 umol/L	(No range available)
Result	(Non Coded Event - Urea & Electrolytes):		
	Estimated GFR > 60		(No range available)
	Creatinine	68 umol/L	(Range: 40 - 130)
	Urea	3.5 mmol/L	(Range: 2.5 - 7.8)
	Chloride	104 mmol/L	(Range: 95 - 108)
	Potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
	Sodium	141 mmol/L	(Range: 133 - 146)

29-July-2013 Dr Roger Black (BLACK_18908) THE WHITEVALE MEDICAL GROUP Main Surgery

History	History mild recurrence of seb keratosis L cheek s/b dr clark last yr;Advised; Offered to rereferif she wishes but no clinical necessity;;reassured ,no rx
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23-May-2013 Dr Mark Eatherington (ME) THE WHITEVALE MEDICAL GROUP Main Surgery

History	History Feeling very tearful last couple of months. Mind racing and cant sleep. Not concentrating in work. doesn't know whats wrong. Family life good no social stressors. Mum dad died within year but ok. No physical symptoms described, still had K-no issues.	
Examination	Patient health questionnaire (PHQ-9) score	14 /27
Comment	Comment Discussed anxiety/depression. Denies heartburn although documents on dc letter. for r/v in 2/52. SEs discussed.	
Medication	Medication Citalopram Hydrobromide Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH DAY	
Read Code	Depression screening using questions	

17-Dec-2012 Dr Mark Eatherington (ME) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** pool-central chest pain since yesterday. Nausea feels unwell. radiates to left arm. No relief from rennies.
 Examination **Examination** Looks uncomfortable. RR22, chest clear, HS I+I+O JVP(-). No oedema. x2 GTN with relief. 300mg of ASA given 999 Ambulance requested.

26-Nov-2012 Dr Roger Hardman (HARDMAN_18908) Data Entry

History **History** All bloods satis apart from chole 6.2, and hormones consistent with menopausal transition
 Comment **Comment** 10yr CV risk 10-20%, advise low fat diet

22-Nov-2012 Mrs Marie Murdoch (MARIE_18908) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** Bloods sent.

22-Nov-2012 Mrs Margaret Lindsay (ML) General Practice Surgery

Result	Erythrocyte sedimentation rate:		
	ESR	2 mm/hr	(Range: 1 - 12)
Result	Full blood count - FBC:		
	Basophils	0.03 10 ⁹ /L	(Range: 0.01 - 0.1)
	Eosinophils	0.11 10 ⁹ /L	(Range: 0.04 - 0.4)
	Monocytes	0.6 10 ⁹ /L	(Range: 0.2 - 0.8)
	Lymphocytes	2.4 10 ⁹ /L	(Range: 1.5 - 4)
	Neutrophils	3.3 10 ⁹ /L	(Range: 2 - 7.5)
	Platelets	273 10 ⁹ /L	(Range: 150 - 400)
	RDW	12.6 %	(Range: 11.5 - 14.5)
	MCH	30.1 pg	(Range: 27 - 32)
	MCV	89.4 fL	(Range: 78 - 99)
	Haematocrit	0.413 L/L	(Range: 0.37 - 0.47)
	HAEMOGLOBIN	139 g/l	(Range: 115 - 165)
	Red Cell Count	4.62 10 ¹² /L	(Range: 3.8 - 5.8)
	White Cell Count	6.5 10 ⁹ /L	(Range: 4 - 11)

22-Nov-2012 Mrs Margaret Lindsay (ML) General Practice Surgery

Result	(Non Coded Event - Gonadotrophins):		
	FSH	93.3 U/L	(No range available)
	LH	72.7 U/L	(No range available)
Result	(Non Coded Event - Oestradiol):		
	Oestradiol < 70		(No range available)
Result	(Non Coded Event - Thyroid Function):		
	Free T4	14 pmol/L	(Range: 9 - 21)
	TSH	2.4 mu/L	(Range: 0.35 - 5)
Result	(Non Coded Event - Glucose):		
	Glucose	4.7 mmol/L	(Range: 3.5 - 5.5)
Result	(Non Coded Event - Lipids):		
	Chol/HDL Ratio	4.4	(No range available)
	LDL Cholesterol		(No range available)
	HDL Cholesterol	1.4 mmol/L	(No range available)
	Triglycerides	2.3 mmol/L	(No range available)
	Cholesterol	6.2 mmol/L	(No range available)
Result	(Non Coded Event - Liver Function Tests):		
	Albumin	36 g/L	(Range: 32 - 45)
	Alkaline Phosphatase	61 U/L	(Range: 40 - 150)
	Alanine Transaminase	17 U/L	(No range available)
	Aspartate Transamina	14 U/L	(No range available)
	Total Bilirubin	8 umol/L	(No range available)
Result	(Non Coded Event - Urea & Electrolytes):		
	Estimated GFR > 60		(No range available)
	Creatinine	66 umol/L	(Range: 40 - 130)
	Urea	4.2 mmol/L	(Range: 2.5 - 7.5)
	Chloride	103 mmol/L	(Range: 98 - 108)
	Potassium	4.5 mmol/L	(Range: 3.5 - 5)
	Sodium	140 mmol/L	(Range: 135 - 145)
Result	(Non Coded Event - C-reactive Protein):		
	C-reactive Protein	1.7 mg/L	(No range available)

12-Nov-2012 Dr Roger Black (BLACK_18908) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** L ear irritation itch and otorrhoea and pain- oe R otitis externa; advised , rx
 Examination **Examination** Lesion L cheek since childhood now has raised nodule therein and more pigmented; under impression that urgent derm appointment was being made; ref derm urgent
 Medication **Medication** Otomize Spray 1 SPRAY ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY

15-Oct-2012 Dr Roger Hardman (HARDMAN_18908) THE WHITEVALE MEDICAL GROUP Main Surgery

History History Last few week, 3-4, feels a mist comes down, has to focus , lasts couple mins, niggly pains , shooting, secs and gone, not positional or exertional related, Dizzy episodes, no NV, intermittent, lightheaded, 2-3 x per week, lasts seconds, not positional, Wt steady, Periods mostly regular, Flushing and sweats at night, lasts 10mins, has missed a period, Keeps self active, Non smoker
Discoloured patch left cheek trs, harder area last few weeks

Examination O/E - BP reading PR 76/MIN SR ..

Examination Systolic blood pressure sit/erect, HS1+11, Rhombeg 122 mm Hg
neg, ears clear, no cerebellar signs, Small keratotic lesion rt cheek

Examination Diastolic blood pressure 60 mm Hg

Comment ? Cause To check FBC/ESR/CR/
FSH/LH/OESTROGEN, /FBG/CHOLE/TFTS/U&Es.
Advised optician Min ops list

14-Jun-2012 Dr Roseanne Ryan (RR) THE WHITEVALE MEDICAL GROUP Main Surgery

History History dizziness for 1 week and doesn't feel good geneareally. no loc. gets dizzy sitting and standing. discharge from both ears over this time also

Examination O/E - BP reading pulse 84 reg.ears -look inflamed

Examination Systolic blood pressure standing- 149/76.apyrexia, hs 134 mm Hg
1+2+0.pearla.no lateralising signs

Examination Diastolic blood pressure 78 mm Hg

Comment ? ear infection. tx as below,worsening advice and back if not settling

Medication Amoxicillin Capsules 500 mg 15 CAPSULE
ONE TO BE TAKEN THREE TIMES A DAY

08-Mar-2012 Dr Joe Daly (JD) THE WHITEVALE MEDICAL GROUP Main Surgery

Medication Medication Ibuprofen Tablets 400 mg 84 TABLET ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

Medication Medication Co-Codamol 8/500 Tablets 100 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

History History Ongoing problems with painful breasts. was reviewed at breast clinic 2010, no abnormality was found at this point. Says pains have become generally worse. &No skin changes. No nipple retraction. No discharge.&No anorexia/weight loss.&Recently investigated at gyn clinic for heavy PV bleeding. Nothing sinister found. Bleeding has lessened since then.&Feels both breasts have become uniformly larger over the pasts months. Constant pain over both breasts.

Examination Examination Tearful.&Breasts examined with sister Shafi as chaperone.&No skin changes/nipple retraction bilaterally. No erythema.No discharge when palpating about the nipple ducts. No obvious asymmetry. No abnormalities felt on palpation all quadrants of breast tissue. No lymphadenopathy felt.&

Comment Comment Bilateral breast pain. Prescribed analgesia. Discussed with Dr. t eh, as causing pain and affecting lifestyle, further referral to breast clinic is best.

Result Result I will refer.

24-Nov-2011 Dr Roger Black (BLACK_18908) THE WHITEVALE MEDICAL GROUP Main Surgery

History History no appt ;tip of cotton bud came off in ear; canal visualised; no FB seen; reassured

14-Sept-2011 Dr Roger Black (BLACK_18908) THE WHITEVALE MEDICAL GROUP Main Surgery

History History dna

13-July-2011 Dr Mark Eatherington (ME) THE WHITEVALE MEDICAL GROUP Main Surgery

History History dad died 5/7 ago prostate ca. struggling with panc attacks and not coping. getting home from funeral parlour today. Discussed normal bereavement process, however not coping with thoughts on top of hot flushes. funeral in 2 /7.

Comment Comment short course of benzos to help with this week. sos any concerns.

07-July-2011 Dr Mark Eatherington (ME) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** still with hot flushes. bloods suggest menopausal. periods still very heavy and can last 21 days. Irregular with spotting in between. note from gynae correspondence ?endometriomas on both ovaries not full investigated in the past.

Comment **Comment** On basis of S&S and ovarian history- referred to gynaecology.

30-Jun-2011 Sister Christina Shafi (SHAFI_18908) THE WHITEVALE MEDICAL GROUP Main Surgery

Comment **Comment** Very upset today - dad dying with prostate cancer.

24-Jun-2011 Dr Mark Eatherington (ME) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** 3/52 of hot flushes, palpitations, muscle aches, insomnia feeling unwell but non specific. Still has regular menses, no wt loss, bowels/urine ok.

Examination **Examination** Unremarkable. Systems exam NAD, Obs nad, 120/80, sinus rhythm.

Social **Social** Never smoked tobacco ,

Social **Social** Teetotaler

Comment **Comment** ?thyroid??perimenopausal

Result **Result** To make appt with PN for above bloods and then r/v with results.

16-May-2011 Dr Mark Eatherington (ME) THE WHITEVALE MEDICAL GROUP Main Surgery

History **History** Had a fall onto knees 2/52. developed pain 4/7 ago in left knee and attended GRI A/E. Told ligament damage and to attend GP. Note xray result on SCI store ok. Feels it is painful when walking up/down stairs on the outside of knee. Hips ok. staes no effusion or bruising at time of fall.

Examination **Examination** looks well and mobilising ok. ROM in both knees normal. No obvious effusion/swelling. Cruciates ok. Tender over lateral joint line and on stressing lateral collateral lig.

Comment **Comment** self referral given for PT. Has own pain killers. To re attend if worsening.

07-Dec-2010 Dr Abeena Adjepong (ZAA) THE WHITEVALE MEDICAL GROUP Main Surgery

Problem **Problem** S Rt breast pain 1/52 fell 6/7 ago onto rt breast now with worsening pain feels like a shooting pain, also fell onto shoulder, pain on moving shoulder, taking ibuprofen gel and tabs with no improvement, has previous episode 3/12 ago same symptoms cleared after few weeks, does regular breast exams, knows breast are quite lumpy buhas not felt anything unusual, not cyclical, does have soame breast tenderness, but not as severe, no FHx of breast problems

Examination **Examination** Chaperone declined rt breast no skin changes no nipple discharge tender lump 10 mm 9 oc, no axillary or supraclavicular L/N. reduced rom for rt shoulder, not red or swollen.tender over ant joint line.

Comment **Comment** A shoulder injury regular analgesia. P refer breast

12-Nov-2010 Sister Christina Shafi (SHAFI_18908) THE WHITEVALE MEDICAL GROUP

History **History** Smear taken - cervix intact. priority=2

20-Sept-2010 Ms Dr Prentice room 7 (alex_18908) THE WHITEVALE MEDICAL GROUP

History **History** Been feeling TATT for several months. Also 2 months intermittent gripping pain RUQ radiating to back. Lasts 10 mins then resolves. 1-2x a week. Not worse on movement. No urinary symptoms, no change bowel habit. No nausea/vomiting. Under a lot of stress- father unwell, recently cut down work hours, awaiting gynae lx. Using her own analgesia. Blds taken for LFTs, TFTs, & FBC. She will call for results. priority=2

30-July-2010 Dr Roger Black (BLACK_18908) THE WHITEVALE MEDICAL GROUP

History **History** just back from holiday today ;req cert; problem is work hours are too long ;advises 5 x 12 hr shifts mon-fri;Not in union;advised re EWTD ?advice from CAB;Advised not ill so cannot issue cert priority=2

02-July-2010 Dr Barinder Singh (Dr Barinde18908) THE WHITEVALE MEDICAL GROUP

History History working 56 hours in Mcvities factory. heavy lifting inv. very stressed. cannot sleep after work hours. sleeping on weekends. very exhausted. e/d but not as she normally. very anxious at work. not able to concentrate. wants 2 weeks off, to look for another job. complained about rota. nobody got back to her. Med3-- 2/7--16/7. nervous disability. priority=2

24-May-2010 Ms Dr Prentice room 7 (alex_18908) THE WHITEVALE MEDICAL GROUP

History History Seeking med 3 - supplied, Viral infection 1/52. Attended OOH twice over wknd with Viral URTI sx - gen unwell, aches & pains, cough with green spit, given Abx yesterday, starting to feel slightly better today. works long shifts lifting boxes in factory. R1WONI priority=2

29-Apr-2010 Dr Abeena Adjepong (ZAA) THE WHITEVALE MEDICAL GROUP

History History breast pain much better - I had asked to come in to review. still gets the odd twinge but definitely much better - nil previous on exam. plan if not completely resolving in next few weeks to return. 2, R arm pain - lifts heavy boxes 12 hour shifts - is on light duties just now. pain inner elbow extending to wrist - can get pins and needles in R hand - no distribution noted. on exam - tender ant-cub fossa only - NROM. Imp ligament sprain. advised analgesia, support and physio priority=2

15-Apr-2010 Dr Abeena Adjepong (ZAA) THE WHITEVALE MEDICAL GROUP

History History L breast pain - 2 week hx - thinks pulled muscle - 12 hour shifts lifting boxes - also has R arm pain - no signif weight loss and no FH. note is being investigated for ovarian 'lumps'. feels well otherwise - on exam - very large and diffusely fibroadenotic breast tender upper to mid oute quadrant L breast - diffuse lump felt and no lymphadenopathy. plan analgesia and 2 week review +/- referral priority=2

31-Mar-2010 Mrs Sheila Waddell (SHEILA_18908) THE WHITEVALE MEDICAL GROUP Data Entry

History White Scottish : priority=2

25-Feb-2010 Dr Roger Black (BLACK_18908) THE WHITEVALE MEDICAL GROUP Data Entry

History History SCI Electronic Referral priority=2
History Referral for further care *Referred To: Glasgow Royal Infirmary, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Not Specified. , Referral Reason: ? OVARIAN CYSTS, IMPACTED IUCD. Referral Type: Unknown (0)*

22-Feb-2010 Dr Roger Black (BLACK_18908) THE WHITEVALE MEDICAL GROUP

History History menorrhagia has retained iud ;attended FPA last yr and was ref gyn;had scan and 'lumps'on ovaries noted.was due laparoscopy but didnt go as dad having chemo.no correspondance;rerefer priority=2

03-Jun-2009 Dr Lee Teh (TEH_18908) THE WHITEVALE MEDICAL GROUP

History History Put a cotton bud in R ear - since then , c/o sever pain R ear - O/E R otitis externa - pus. Augmentin. priority=2
History Systolic blood pressure 110
History Diastolic blood pressure 80
History O/E - BP reading normal B P Screening\$.clm - Repeat after an Interval

02-Mar-2009 Dr Roger Black (BLACK_18908) THE WHITEVALE MEDICAL GROUP

History History anxiety stress moving house;attended hosp admitted overnight;;moing to carntyne;working mcvitties;;doing 6hr shiftsto do 12 hr shifts;non smoker;options discussed;diaz prn 2mg priority=2
History Never smoked tobacco Disease: SPICE Basic Health Values, priority=2

24-Feb-2009 Dr Roger Hardman (HARDMAN_18908) THE WHITEVALE MEDICAL GROUP

History History NAEVUS RT BREAST LONG TERM, feels it has change recently, more raised, looks inflamed, Rx , if does not settle to contact CS and will arrange currettage priority=2

29-Jan-2009 Dr Abeena Adjepong (ZAA) THE WHITEVALE MEDICAL GROUP

History History SCI Electronic Referral priority=2
 History Referral for further care *Referred To: Glasgow Royal Infirmary, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Not Specified. , Referral Reason: LUMP - FRONT OF MOUTH. Referral Type: Unknown (0)*

19-Jan-2009 Dr Abeena Adjepong (ZAA) THE WHITEVALE MEDICAL GROUP

History History Still not heard from Gyn. Expl had tried to phn her regarding this but has changed phn num - recd letter advising pt had DNAd multiple times.
Really just wants coil removed. Advised drop - in at Sandyford, given details.
Has lump in mouth, noticed 2 months ago - firm 6mm mass palpable above front L incisor. Fixed, hard. Ref Max Fax Urgently priority=2

24-Dec-2008 rec1 (rec1_18908) THE WHITEVALE MEDICAL GROUPData Entry

History History DNA - GRI - GRI Laparoscopy multiple occasions. priority=2

17-Nov-2008 rec1 (rec1_18908) THE WHITEVALE MEDICAL GROUPData Entry

History History DNA Gynaecology GRI priority=2

26-Sept-2008 Dr Abeena Adjepong (ZAA) THE WHITEVALE MEDICAL GROUP

History History Seen by Gyn last yr. Supposed to have laparoscopy & removal of mirena UA. Has not happened yet; phd secy. Will appt & contact pt next wk
Also heavy periods over last few months, prolonged with clots. Feeling tired. Try mefanamic acid in short term untill sees Gyn. Check FBC & TFT priority=2

05-July-2007 Dr Roger Hardman (HARDMAN_18908) THE WHITEVALE MEDICAL GROUP

History History SCI Electronic Referral priority=2
 History Referral for further care *Referred To: Glasgow Royal Infirmary, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Not Specified. , Referral Reason: unable to remove IUD. Referral Type: Unknown (0)*

11-Jan-2007 nellis (nellis_18908) THE WHITEVALE MEDICAL GROUPData Entry

History Smear letter sent 3rd priority=2

24-Aug-2006 nellis (nellis_18908) THE WHITEVALE MEDICAL GROUPData Entry

History Smear letter sent priority=2

10-May-2006 Mrs Sheila Waddell (SHEILA_18908) THE WHITEVALE MEDICAL GROUPData Entry

02-July-2007 History Cervical smear: negative Cervical Screening\$.clm - Repeat after an Interval
Out with GP care
 History GP102 signed priority=2
 History Systolic blood pressure 120
 History Diastolic blood pressure 80
 History O/E - BP reading normal B P Screening\$.clm - Repeat after an Interval
 History Never smoked tobacco Smoker\$.clm - No Action Required
 History Teetotaller Alcohol Intake\$.clm - No Action Required

27-Apr-2006 nellis (nellis_18908) THE WHITEVALE MEDICAL GROUPData Entry

History Smear letter sent priority=2

09-Apr-2003 rec1 (rec1_18908) THE WHITEVALE MEDICAL GROUPData Entry

04-Apr-2003 History GP102 signed priority=2

04-Apr-2003 Sister Christina Shafi (SHAFI_18908) THE WHITEVALE MEDICAL GROUPData Entry

History Cervical smear: negative Cervical Screening\$.clm - Repeat after an Interval
In GP care

28-Feb-2003 UnknownUser (UnknownUse18908) THE WHITEVALE MEDICAL GROUPData Entry

History Smear letter sent priority=2

12-Jun-2002 UnknownUser (UnknownUse18908) THE WHITEVALE MEDICAL GROUPData Entry

26-Dec-2006 Problem Pneumonia due to unspecified organism Community Acquired Pneumonia priority=1
 Problem Notes summary on computer priority=1

21-Dec-2000 UnknownUser (UnknownUse18908) THE WHITEVALE MEDICAL GROUPData Entry

History History Automatically generated by transaction priority=2
 History Patient MRE received from HB priority=2

21-Dec-2000 UnknownUser (UnknownUse18908) THE WHITEVALE MEDICAL GROUPData Entry

30-Jun-1998 Problem Cervical cytology screen priority=1
 04-May-1998 Problem Termination of pregnancy priority=1
 07-Apr-1997 Problem Excision of lesion of eyelid Left upper eyelid - Adenoma
 priority=1
 16-Aug-1994 Problem [X]Bulimia nervosa A&E Swallowed toothbrush -
 Endoscopic removal priority=1
 20-Dec-1989 Problem Spontaneous vaginal delivery Male priority=1
 01-Jan-1981 Problem Urinary tract infection, site not specified priority=1
 12-Jun-1969 Problem X-rays Pneumonitis (RHSC) priority=1

05-Dec-2000 UnknownUser (UnknownUse18908) THE WHITEVALE MEDICAL GROUPData Entry

01-Dec-2000 History GP81 - sent to Health Board priority=2
 24-Nov-2000 History Night visit unsp.- claimable priority=2

08-Nov-2000 UnknownUser (UnknownUse18908) THE WHITEVALE MEDICAL GROUPData Entry

History History Automatically generated by transaction priority=2
 History Patient reg. form sent to HB priority=2

08-Nov-2000 UnknownUser (UnknownUse18908) THE WHITEVALE MEDICAL GROUPData Entry

History GP/RF - new reg.check to HB priority=2
 07-Nov-2000 History New reg.check done + claimable priority=2
 07-Nov-2000 History Teetotaller Alcohol Intake\$.clm - No Action Required
 07-Nov-2000 History O/E - height Height\$.clm - Repeat after an Interval 161
 07-Nov-2000 History Never smoked tobacco Smoker\$.clm - No Action
 Required
 07-Nov-2000 History O/E - weight Weight\$.clm - Repeat after an Interval 67.13

Medications (inc. issues)

Acute

20-Apr-2026 Evorel Conti Transdermal patches
 24 PATCH - ONE PATCH TO BE APPLIED TWICE WEEKLY

20-Apr-2026 Evorel Conti Transdermal patches
 24 PATCH - ONE PATCH TO BE APPLIED TWICE WEEKLY

29-Feb-2024 Alendronic Acid Tablets 70 mg
 4 TABLET - ONE TO BE TAKEN ON THE SAME DAY EACH WEEK ON AN EMPTY STOMACH AT LEAST 30 MINUTES BEFORE BREAKFAST AND
 FOUR HOURS BEFORE VITAMIN D TABLET

Repeat

28-Apr-2026 Alendronic Acid Tablets 70 mg
 4 TABLET - ONE TO BE TAKEN ON THE SAME DAY EACH WEEK ON AN EMPTY STOMACH AT LEAST 30 MINUTES BEFORE BREAKFAST AND
 FOUR HOURS BEFORE VITAMIN D TABLET

28-Apr-2026 Fluoxetine Hydrochloride Capsules 20 mg
 28 CAPSULE - ONE TO BE TAKEN EACH DAY

28-Apr-2026 Hydroxychloroquine Sulfate Tablets 200 mg
 42 tablet - TAKE ONE TABLET DAILY THEN TWO TABLETS ON ALTERNATE DAYS

28-Apr-2026 Stexerol-D3 Tablets 1,000 units
 28 tablet - ONE TO BE TAKEN DAILY

28-Apr-2026 Co-Codamol 30/500 Tablets
 50 TABLET - 1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL

20-Mar-2026 Fluoxetine Hydrochloride Capsules 20 mg
 28 CAPSULE - ONE TO BE TAKEN EACH DAY

20-Mar-2026 Stexerol-D3 Tablets 1,000 units
 28 tablet - ONE TO BE TAKEN DAILY

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 FOUR HOURS BEFORE VITAMIN D TABLET

20-Mar-2026 Hydroxychloroquine Sulfate Tablets 200 mg
 42 tablet - TAKE ONE TABLET DAILY THEN TWO TABLETS ON ALTERNATE DAYS

06-Feb-2026 Stexerol-D3 Tablets 1,000 units
 28 tablet - ONE TO BE TAKEN DAILY

06-Feb-2026 Co-Codamol 30/500 Tablets
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13-Jan-2026 Fluoxetine Hydrochloride Capsules 20 mg
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13-Jan-2026 Co-Codamol 30/500 Tablets
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28 CAPSULE - ONE TO BE TAKEN EACH DAY

07-Nov-2025 Alendronic Acid Tablets 70 mg
4 TABLET - ONE TO BE TAKEN ON THE SAME DAY EACH WEEK ON AN EMPTY STOMACH AT LEAST 30 MINUTES BEFORE BREAKFAST AND FOUR HOURS BEFORE VITAMIN D TABLET

07-Nov-2025 Hydroxychloroquine Sulfate Tablets 200 mg
42 tablet - TAKE ONE TABLET DAILY THEN TWO TABLETS ON ALTERNATE DAYS

07-Nov-2025 Stexerol-D3 Tablets 1,000 units
28 tablet - ONE TO BE TAKEN DAILY

07-Nov-2025 Co-Codamol 30/500 Tablets
50 TABLET - 1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL

07-Nov-2025 Fluoxetine Hydrochloride Capsules 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

08-Oct-2025 Fluoxetine Hydrochloride Capsules 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

08-Oct-2025 Stexerol-D3 Tablets 1,000 units
28 tablet - ONE TO BE TAKEN DAILY

08-Oct-2025 Co-Codamol 30/500 Tablets
50 TABLET - 1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL

08-Oct-2025 Hydroxychloroquine Sulfate Tablets 200 mg
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12-Sept-2025 Alendronic Acid Tablets 70 mg
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12-Sept-2025 Co-Codamol 30/500 Tablets
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12-Sept-2025 Stexerol-D3 Tablets 1,000 units
28 tablet - ONE TO BE TAKEN DAILY

12-Sept-2025 Fluoxetine Hydrochloride Capsules 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

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42 tablet - TAKE ONE TABLET DAILY THEN TWO TABLETS ON ALTERNATE DAYS

17-Jun-2025 Alendronic Acid Tablets 70 mg
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17-Jun-2025 Hydroxychloroquine Sulfate Tablets 200 mg
42 tablet - TAKE ONE TABLET DAILY THEN TWO TABLETS ON ALTERNATE DAYS

17-Jun-2025 Fluoxetine Hydrochloride Capsules 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

17-Jun-2025 Co-Codamol 30/500 Tablets
50 TABLET - 1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL

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28 tablet - ONE TO BE TAKEN DAILY

20-May-2025 Co-Codamol 30/500 Tablets
50 TABLET - 1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL

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28-Mar-2025 Fluoxetine Hydrochloride Capsules 20 mg
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28-Feb-2025 Co-Codamol 30/500 Tablets
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05-Feb-2025 Fluoxetine Hydrochloride Capsules 20 mg
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28 tablet - ONE TO BE TAKEN DAILY

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08-Jan-2025 Co-Codamol 30/500 Tablets 50 TABLET - 1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL
08-Jan-2025 Stexerol-D3 Tablets 1,000 units 28 tablet - ONE TO BE TAKEN DAILY
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05-July-2024 Stexerol-D3 Tablets 1,000 units 28 tablet - ONE TO BE TAKEN DAILY
13-Jun-2024 Hydroxychloroquine Sulfate Tablets 200 mg 42 tablet - TAKE ONE TABLET DAILY THEN TWO TABLETS ON ALTERNATE DAYS
03-Jun-2024 Co-Codamol 30/500 Tablets 50 TABLET - 1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL
03-Jun-2024 Stexerol-D3 Tablets 1,000 units 28 tablet - ONE TO BE TAKEN DAILY
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29-Apr-2024 Fluoxetine Hydrochloride Capsules 20 mg 28 CAPSULE - ONE TO BE TAKEN EACH DAY
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28-Mar-2024 Alendronic Acid Tablets 70 mg 4 TABLET - ONE TO BE TAKEN ON THE SAME DAY EACH WEEK ON AN EMPTY STOMACH AT LEAST 30 MINUTES BEFORE BREAKFAST AND FOUR HOURS BEFORE VITAMIN D TABLET
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28 CAPSULE - ONE TO BE TAKEN EACH DAY

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4 TABLET - ONE TO BE TAKEN ON THE SAME DAY EACH WEEK ON AN EMPTY STOMACH AT LEAST 30 MINUTES BEFORE BREAKFAST AND FOUR HOURS BEFORE VITAMIN D TABLET

29-Feb-2024 Co-Codamol 30/500 Tablets
50 TABLET - 1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL

29-Feb-2024 Fluoxetine Hydrochloride Capsules 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

26-Feb-2024 Stexerol-D3 Tablets 1,000 units
28 tablet - ONE TO BE TAKEN DAILY

27-July-2023 Stexerol-D3 Tablets 1,000 units
28 tablet - ONE TO BE TAKEN DAILY

27-July-2023 Stexerol-D3 Tablets 1,000 units
28 tablet - ONE TO BE TAKEN DAILY

Past

06-Feb-2026 Utrogestan Capsules (Micronised) 100 mg Acute Medication (Past)
30 capsule - TAKE ONE CAPSULE DAILY AT NIGHT

06-Feb-2026 Oestrogen Gel 0.06 %pump-pack Acute Medication (Past)
80 gram - APPLY ONE PUMP DAILY

13-Jan-2026 Oestrogen Gel 0.06 %pump-pack Acute Medication (Past)
80 gram - APPLY ONE PUMP DAILY

13-Jan-2026 Utrogestan Capsules (Micronised) 100 mg Acute Medication (Past)
30 capsule - TAKE ONE CAPSULE DAILY AT NIGHT

08-Dec-2025 Oestrogen Gel 0.06 %pump-pack Acute Medication (Past)
80 gram - APPLY ONE PUMP DAILY

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30 capsule - TAKE ONE CAPSULE DAILY AT NIGHT

08-Dec-2025 Oestrogen Gel 0.06 %pump-pack Acute Medication (Past)
80 gram - APPLY ONE PUMP DAILY

13-Oct-2025 Dioralyte Oral powder (blackcurrant) Acute Medication (Past)
6 SACHET - DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED

13-Oct-2025 Prochlorperazine Maleate Buccal tablets 3 mg Acute Medication (Past)
10 TABLET - ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY

13-Oct-2025 Dioralyte Oral powder (blackcurrant) Acute Medication (Past)
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22-Aug-2025 Utrogestan Capsules (Micronised) 100 mg Acute Medication (Past)
30 capsule - TAKE ONE CAPSULE DAILY AT NIGHT

22-Aug-2025 Oestrogen Gel 0.06 %pump-pack Acute Medication (Past)
80 gram - APPLY ONE PUMP DAILY

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30 capsule - TAKE ONE CAPSULE DAILY AT NIGHT

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30 capsule - TAKE ONE CAPSULE DAILY AT NIGHT

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80 gram - APPLY ONE PUMP DAILY

11-Jun-2025 Oestrogen Gel 0.06 %pump-pack Acute Medication (Past)
80 gram - APPLY ONE PUMP DAILY

11-Jun-2025 Utrogestan Capsules (Micronised) 100 mg Acute Medication (Past)
30 capsule - TAKE ONE CAPSULE DAILY AT NIGHT

19-May-2025 Oestrogen Gel 0.06 %pump-pack Acute Medication (Past)
80 gram - APPLY ONE PUMP DAILY

19-May-2025 Utrogestan Capsules (Micronised) 100 mg Acute Medication (Past)
30 capsule - TAKE ONE CAPSULE DAILY AT NIGHT

17-Apr-2025 Oestrogen Gel 0.06 %pump-pack Acute Medication (Past)
80 gram - APPLY ONE PUMP DAILY

17-Apr-2025 Oestrogen Gel 0.06 %pump-pack Acute Medication (Past)
80 gram - APPLY ONE PUMP DAILY

17-Apr-2025 Utrogestan Capsules (Micronised) 100 mg Acute Medication (Past)
30 capsule - TAKE ONE CAPSULE DAILY AT NIGHT

17-Apr-2025 Utrogestan Capsules (Micronised) 100 mg Acute Medication (Past)
30 capsule - TAKE ONE CAPSULE DAILY AT NIGHT

27-Feb-2025 Fexofenadine Hydrochloride Tablets 120 mg Acute Medication (Past)
30 tablet - 1 TAB IN THE MORNING AS REQUIRED

27-Feb-2025 Betamethasone Dipropionate And Clotrimazole Cream 0.064 % + 1 % Acute Medication (Past)
30 gram - APPLY THINLY TWICE A DAY FOR TWO WEEKS AND REVIEW

27-Feb-2025 Piroxicam Gel 0.5 % Acute Medication (Past)
112 gram - RUB INTO THE AFFECTED SITE THREE TO FOUR TIMES DAILY

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112 gram - RUB INTO THE AFFECTED SITE THREE TO FOUR TIMES DAILY

27-Feb-2025 Betamethasone Dipropionate And Clotrimazole Cream 0.064 % + 1 % Acute Medication (Past)
30 gram - APPLY THINLY TWICE A DAY FOR TWO WEEKS AND REVIEW

27-Feb-2025 Fexofenadine Hydrochloride Tablets 120 mg Acute Medication (Past)
30 tablet - 1 TAB IN THE MORNING AS REQUIRED

05-Dec-2024 Flucloxacillin Capsules 500 mg Acute Medication (Past)
20 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS

05-Dec-2024 Flucloxacillin Capsules 500 mg Acute Medication (Past)
20 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS

26-Apr-2024 Co-Amoxiclav 500/125 Tablets Acute Medication (Past)
1*21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

26-Apr-2024 Co-Amoxiclav 500/125 Tablets Acute Medication (Past)
1*21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

08-Mar-2024 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

08-Mar-2024 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

22-Dec-2023 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Nov-2023 Yes Vm Vaginal Moisturiser pre-filled applicators Acute Medication (Past)
6 applicator - APPLY TWICE WEEKLY

27-Nov-2023 Yes Vm Vaginal Moisturiser pre-filled applicators Acute Medication (Past)
6 applicator - APPLY TWICE WEEKLY

27-Nov-2023 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Nov-2023 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

30-Oct-2023 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

21-Sept-2023 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

01-Sept-2023 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

01-Sept-2023 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

01-Sept-2023 Prednisolone Tablets 1 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY FOR 2 WEEKS THEN ONE TO BE TAKEN DAILY FOR 4 WEEKS THEN STOP

01-Sept-2023 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - 1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL

01-Sept-2023 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - 1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL

01-Sept-2023 Prednisolone Tablets 1 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY FOR 2 WEEKS THEN ONE TO BE TAKEN DAILY FOR 4 WEEKS THEN STOP

04-Aug-2023 Prednisolone Tablets 1 mg Acute Medication (Past)
84 tablet - 3 TABLETS DAILY THEN REVIEW (TOTAL DOSE 3MG)

04-Aug-2023 Prednisolone Tablets 1 mg Acute Medication (Past)
84 tablet - 3 TABLETS DAILY THEN REVIEW (TOTAL DOSE 3MG)

29-Jun-2023 Prednisolone Tablets 1 mg Acute Medication (Past)
112 tablet - 4 Tabs Daily

29-Jun-2023 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - 1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL

29-Jun-2023 Prednisolone Tablets 1 mg Acute Medication (Past)
112 tablet - 4 Tabs Daily

29-Jun-2023 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

29-Jun-2023 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

29-Jun-2023 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - 1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL

01-Jun-2023 Prednisolone Tablets 5 mg Acute Medication (Past)
28 tablet - 1 TAB IN THE MORNING (TOTAL OF 9MG A DAY)

01-Jun-2023 Prednisolone Tablets 5 mg Acute Medication (Past)
28 tablet - 1 TAB IN THE MORNING (TOTAL OF 9MG A DAY)

01-Jun-2023 Prednisolone Tablets 1 mg Acute Medication (Past)
112 tablet - 4 TABS DAILY (TOTAL OF 9MG A DAY)

01-Jun-2023 Prednisolone Tablets 1 mg Acute Medication (Past)
112 tablet - 4 TABS DAILY (TOTAL OF 9MG A DAY)

04-May-2023 Evorel Conti Transdermal patches Acute Medication (Past)
24 PATCH - ONE PATCH TO BE APPLIED TWICE WEEKLY

04-May-2023 Evorel Conti Transdermal patches Acute Medication (Past)
24 PATCH - ONE PATCH TO BE APPLIED TWICE WEEKLY

06-Apr-2023 Prednisolone Tablets 5 mg Acute Medication (Past)
28 tablet - 1 TAB IN THE MORNING (TOTAL OF 9MG A DAY)

06-Apr-2023 Prednisolone Tablets 5 mg Acute Medication (Past)
28 tablet - 1 TAB IN THE MORNING (TOTAL OF 9MG A DAY)

06-Apr-2023 Prednisolone Tablets 1 mg Acute Medication (Past)
112 tablet - 4 TABS DAILY (TOTAL OF 9MG A DAY)

06-Apr-2023 Prednisolone Tablets 1 mg Acute Medication (Past)
112 tablet - 4 TABS DAILY (TOTAL OF 9MG A DAY)

06-Apr-2023 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

06-Apr-2023 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

04-Apr-2023 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

04-Apr-2023 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

09-Mar-2023 Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet Acute Medication (Past)
60 sachet - ONE SACHET TO BE TAKEN TWICE A DAY

09-Mar-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

09-Mar-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

09-Mar-2023 Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet Acute Medication (Past)
60 sachet - ONE SACHET TO BE TAKEN TWICE A DAY

27-Jan-2023 Peptac Liquid (aniseed) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

27-Jan-2023 Prednisolone Tablets 5 mg Acute Medication (Past)
56 tablet - 2 Tab In the morning

27-Jan-2023 Prednisolone Tablets 5 mg Acute Medication (Past)
56 tablet - 2 Tab In the morning

27-Jan-2023 Peptac Liquid (aniseed) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

20-Jan-2023 Prednisolone Tablets 5 mg Acute Medication (Past)
21 tablet - 3 Tabs Daily FOR ONE WEEK THEN REVIEW

20-Jan-2023 Prednisolone Tablets 5 mg Acute Medication (Past)
21 tablet - 3 Tabs Daily FOR ONE WEEK THEN REVIEW

13-Jan-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

13-Jan-2023 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - 1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL

13-Jan-2023 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - 1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL

13-Jan-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

06-Jan-2023 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

06-Jan-2023 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

29-Nov-2022 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

29-Nov-2022 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

27-Oct-2022 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

27-Oct-2022 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

19-July-2022 Femseven Transdermal patches (7 days) 100 micrograms/24 hrs Acute Medication (Past)
12 PATCH - APPLY WEEKLY

07-July-2022 Femseven Transdermal patches (7 days) 100 micrograms/24 hrs Acute Medication (Past)
4 patch - APPLY WEEKLY

07-July-2022 Femseven Transdermal patches (7 days) 100 micrograms/24 hrs Acute Medication (Past)
12 PATCH - APPLY WEEKLY

29-Jun-2022 Femseven Conti Transdermal patches (7 days) 50 micrograms/7 micrograms/24 hours Acute Medication (Past)
12 patch - APPLY ONE PATCH TO SKIN ONCE WEEKLY CONTINUOUSLY

29-Jun-2022 Femseven Conti Transdermal patches (7 days) 50 micrograms/7 micrograms/24 hours Acute Medication (Past)
12 patch - APPLY ONE PATCH TO SKIN ONCE WEEKLY CONTINUOUSLY

24-May-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - 1 CAP TWICE PER DAY

24-May-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - 1 CAP TWICE PER DAY

11-Jan-2022 Femseven Conti Transdermal patches (7 days) 50 micrograms/7 micrograms/24 hours Acute Medication (Past)
12 patch - APPLY ONE PATCH TO SKIN ONCE WEEKLY CONTINUOUSLY

11-Jan-2022 Femseven Conti Transdermal patches (7 days) 50 micrograms/7 micrograms/24 hours Acute Medication (Past)
12 patch - APPLY ONE PATCH TO SKIN ONCE WEEKLY CONTINUOUSLY

11-Jan-2022 Femseven Conti Transdermal patches (7 days) 50 micrograms/7 micrograms/24 hours Acute Medication (Past)
12 patch - APPLY ONE PATCH TO SKIN ONCE WEEKLY CONTINUOUSLY

21-Oct-2021 Femseven Conti Transdermal patches (7 days) 50 micrograms/7 micrograms/24 hours Acute Medication (Past)
12 patch - APPLY ONE PATCH TO SKIN ONCE WEEKLY CONTINUOUSLY

21-Oct-2021 Femseven Conti Transdermal patches (7 days) 50 micrograms/7 micrograms/24 hours Acute Medication (Past)
12 patch - APPLY ONE PATCH TO SKIN ONCE WEEKLY CONTINUOUSLY

06-Sept-2021 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

06-Sept-2021 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

30-Oct-2020 Evorel Conti Transdermal patches Acute Medication (Past)
24 PATCH - ONE PATCH TO BE APPLIED TWICE WEEKLY

30-Oct-2020 Evorel Conti Transdermal patches Acute Medication (Past)
24 PATCH - ONE PATCH TO BE APPLIED TWICE WEEKLY

26-Sept-2019 Cetraben Ointment Acute Medication (Past)
125 gram - APPLY AS MOISTURER

26-Sept-2019 Cetraben Ointment Acute Medication (Past)
125 gram - APPLY AS MOISTURER

26-Sept-2019 Cetraben Ointment Acute Medication (Past)
125 gram - APPLY AS MOISTURER

10-Dec-2018 Xylometazoline Hydrochloride Nasal spray 0.1 % Acute Medication (Past)
1 SPRAY - USE ONE SPRAY INTO EACH NOSTRIL TWO TO THREE TIMES DAILY WHEN REQUIRED FOR A MAXIMUM OF SEVEN DAYS

10-Dec-2018 Xylometazoline Hydrochloride Nasal spray 0.1 % Acute Medication (Past)
1 SPRAY - USE ONE SPRAY INTO EACH NOSTRIL TWO TO THREE TIMES DAILY WHEN REQUIRED FOR A MAXIMUM OF SEVEN DAYS

01-Aug-2018 Norethisterone Tablets 350 micrograms Acute Medication (Past)
84 tablet - 1 DAILY

01-Aug-2018 Norethisterone Tablets 350 micrograms Acute Medication (Past)
84 tablet - 1 DAILY

06-Oct-2017 Methocarbamol Tablets 750 mg Acute Medication (Past)
56 tablet - 1QDS INCREASING TO 2 QDS IF NOT BETTER AT FEW DAYS

06-Oct-2017 Co-Codamol 8/500 Tablets Acute Medication (Past)
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

06-Oct-2017 Methocarbamol Tablets 750 mg Acute Medication (Past)
56 tablet - 1QDS INCREASING TO 2 QDS IF NOT BETTER AT FEW DAYS

06-Oct-2017 Co-Codamol 8/500 Tablets Acute Medication (Past)
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

06-Oct-2017 Methocarbamol Tablets 750 mg Acute Medication (Past)
56 tablet - 1QDS INCREASING TO 2 QDS IF NOT BETTER AT FEW DAYS

06-Oct-2017 Co-Codamol 8/500 Tablets Acute Medication (Past)
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

17-Mar-2017 Metronidazole Tablets 400 mg Acute Medication (Past)
21 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

17-Mar-2017 Metronidazole Tablets 400 mg Acute Medication (Past)
21 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

11-Nov-2016 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 Capsule(s) - ONE TO BE TAKEN THREE TIMES A DAY

11-Nov-2016 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 Capsule(s) - ONE TO BE TAKEN THREE TIMES A DAY

31-Aug-2016 Venlafaxine Tablets 75 mg Acute Medication (Past)
 28 tablet - 1 DAILY

31-Aug-2016 Amoxicillin Capsules 500 mg Acute Medication (Past)
 15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

31-Aug-2016 Venlafaxine Tablets 75 mg Acute Medication (Past)
 28 tablet - 1 DAILY

31-Aug-2016 Amoxicillin Capsules 500 mg Acute Medication (Past)
 15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

02-Aug-2016 Venlafaxine M/R capsules 75 mg Acute Medication (Past)
 28 capsule - 1 Cap Daily

02-Aug-2016 Venlafaxine M/R capsules 75 mg Acute Medication (Past)
 28 capsule - 1 Cap Daily

06-July-2016 Venlafaxine M/R capsules 75 mg Acute Medication (Past)
 56 Tablet(s) - ONE DAILY FOR 7 DAYS THEN ONE BD

06-July-2016 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
 7 Tablet(s) - ONE TO BE TAKEN ALTERNATE DAYS

06-July-2016 Venlafaxine M/R capsules 75 mg Acute Medication (Past)
 56 Tablet(s) - ONE DAILY FOR 7 DAYS THEN ONE BD

06-July-2016 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
 7 Tablet(s) - ONE TO BE TAKEN ALTERNATE DAYS

09-Jun-2016 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
 28 TABLET - ONE TO BE TAKEN EACH DAY

09-Jun-2016 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
 28 TABLET - ONE TO BE TAKEN EACH DAY

03-May-2016 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
 28 TABLET - ONE TO BE TAKEN EACH DAY

03-May-2016 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
 28 TABLET - ONE TO BE TAKEN EACH DAY

18-Mar-2016 Elleste Duet 1 Mg Tablets Acute Medication (Past)
 84 TABLET - TAKE DAILY AS DIRECTED

18-Mar-2016 Elleste Duet 1 Mg Tablets Acute Medication (Past)
 84 TABLET - TAKE DAILY AS DIRECTED

17-Dec-2015 Amoxicillin Capsules 500 mg Acute Medication (Past)
 21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

17-Dec-2015 Amoxicillin Capsules 500 mg Acute Medication (Past)
 21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

16-Oct-2015 Liquid Paraffin And White Soft Paraffin Ointment 50 %+ 50 % Acute Medication (Past)
 500 GRAM - APPLY THREE OR FOUR TIMES A DAY AS REQUIRED

16-Oct-2015 Liquid Paraffin And White Soft Paraffin Ointment 50 %+ 50 % Acute Medication (Past)
 500 GRAM - APPLY THREE OR FOUR TIMES A DAY AS REQUIRED

08-July-2015 Micronor Tablets 350 micrograms Acute Medication (Past)
 84 TABLET - ONE TO BE TAKEN EACH DAY

08-July-2015 Micronor Tablets 350 micrograms Acute Medication (Past)
 84 TABLET - ONE TO BE TAKEN EACH DAY

03-Dec-2013 Amoxicillin Capsules 500 mg Acute Medication (Past)
 15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

03-Dec-2013 Amoxicillin Capsules 500 mg Acute Medication (Past)
 15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

23-May-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
 28 TABLET - ONE TO BE TAKEN EACH DAY

23-May-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
 28 TABLET - ONE TO BE TAKEN EACH DAY

12-Nov-2012 Otomize Spray Acute Medication (Past)
 1 SPRAY - ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY

12-Nov-2012 Otomize Spray Acute Medication (Past)
 1 SPRAY - ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY

14-Jun-2012 Amoxicillin Capsules 500 mg Acute Medication (Past)
 15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

14-Jun-2012 Amoxicillin Capsules 500 mg Acute Medication (Past)
 15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

08-Mar-2012 Ibuprofen Tablets 400 mg Acute Medication (Past)
 84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

08-Mar-2012 Co-Codamol 8/500 Tablets Acute Medication (Past)
 100 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

08-Mar-2012 Co-Codamol 8/500 Tablets Acute Medication (Past)
 100 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

08-Mar-2012 Ibuprofen Tablets 400 mg Acute Medication (Past)
 84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

13-July-2011 Diazepam Tablets 2 mg Acute Medication (Past)
 21 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

13-July-2011 Diazepam Tablets 2 mg Acute Medication (Past)
 21 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

03-Jun-2009 CO-AMOXICLAV 250MG/125MG TABLETS Acute Medication (Past)
 21 TABS - 1 Tab 3 times daily

03-Jun-2009 Co-Amoxiclav 250/125 Tablets Acute Medication (Past)
 21 TABS - 1 Tab 3 times daily

02-Mar-2009 Diazepam Tablets 2 mg Acute Medication (Past)
 28 TABS - 1 Tab Twice daily

02-Mar-2009 DIAZEPAM TABLETS 2MG Acute Medication (Past)
 28 TABS - 1 Tab Twice daily

24-Feb-2009 FUCIBET CREAM Acute Medication (Past)
 30 CREAM - Apply sparingly Twice daily

24-Feb-2009 Fucibet Cream Acute Medication (Past)
 30 CREAM - Apply sparingly Twice daily

26-Sept-2008 MEFENAMIC ACID TABLETS 500MG Acute Medication (Past)
 42 TABS - 1 Tab 3 times daily

26-Sept-2008 Mefenamic Acid Tablets 500 mg Acute Medication (Past)
 42 TABS - 1 Tab 3 times daily

09-Feb-2007 Erythromycin Capsules (Gastro-Resistant) 250 mg Acute Medication (Past)
 28 CAPS - 1 Cap 4 times daily

09-Feb-2007 ERYTHROMYCIN EC CAPSULES 250MG Acute Medication (Past)
 28 CAPS - 1 Cap 4 times daily

10-May-2006 CERAZETTE TABLETS 75MICROGRAMS Acute Medication (Past)
 6 x 28 - 1 Tab Daily

10-May-2006 Cerazette Tablets 75 micrograms Acute Medication (Past)
 6 x 28 - 1 Tab Daily

14-Mar-2006 Hydrocortisone Cream 1 % Acute Medication (Past)
 2 x30 g - Apply 3 times daily

14-Mar-2006 AMOXICILLIN CAPSULES 250MG Acute Medication (Past)
 21 CAPS - 1 Cap 3 times daily

14-Mar-2006 HYDROCORTISONE CREAM 1% Acute Medication (Past)
 2 x30 g - Apply 3 times daily

14-Mar-2006 Amoxicillin Capsules 250 mg Acute Medication (Past)
 21 CAPS - 1 Cap 3 times daily

08-Mar-2006 CHLORAMPHENICOL EAR DROPS 5% Acute Medication (Past)
 1 DROPS - 2 Drops 3 times daily

08-Mar-2006 Chloramphenicol Ear drops 5 % Acute Medication (Past)
 1 DROPS - 2 Drops 3 times daily

13-Feb-2006 Proctosedyl Ointment Acute Medication (Past)
 30 g - Apply morning and night

13-Feb-2006 PROCTOSEDYL OINT Acute Medication (Past)
 30 g - Apply morning and night

30-Sept-2005 CHLORAMPHENICOL EAR DROPS 5% Acute Medication (Past)
 1 DROPS - 2 Drops 3 times daily

30-Sept-2005 Chloramphenicol Ear drops 5 % Acute Medication (Past)
 1 DROPS - 2 Drops 3 times daily

23-Sept-2005 Gentisone Hc Ear-drops Acute Medication (Past)
 10 DROPS - 2 Drops 4 times daily

23-Sept-2005 GENTISONE HC EAR DROPS Acute Medication (Past)
 10 DROPS - 2 Drops 4 times daily

15-July-2005 GENTISONE HC EAR DROPS Acute Medication (Past)
 10 DROPS - 2 Drops 4 times daily

15-July-2005 Gentisone Hc Ear-drops Acute Medication (Past)
 10 DROPS - 2 Drops 4 times daily

14-July-2005 Sofradex Drops Acute Medication (Past)
 10 DROPS - 2 Drops 4 times daily

14-July-2005 SOFRADEX EAR DROPS Acute Medication (Past)
 10 DROPS - 2 Drops 4 times daily

28-Apr-2005 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
 56 TABS - 1 Tab Twice daily

28-Apr-2005 PROPRANOLOL HYDROCHLORIDE TABLETS 40MG Acute Medication (Past)
 56 TABS - 1 Tab Twice daily

25-Jun-2003 Penicillin V Tablets 250 mg Acute Medication (Past)
 112 TABS - 1 Tab 4 times daily

25-Jun-2003 PENICILLIN V TABLETS 250MG Acute Medication (Past)
 112 TABS - 1 Tab 4 times daily

09-Apr-2003 ERYTHROPEL FORTE SF SUSP 500MG/5ML Acute Medication (Past)
140 SUSP - 10 ml Twice daily

09-Apr-2003 Erythroped Suspension forte Sugar Free 500 mg/5 ml Acute Medication (Past)
140 SUSP - 10 ml Twice daily

04-Apr-2003 Loperamide Hydrochloride Tablets 2 mg Acute Medication (Past)
30 TABS - 1 Tab As directed

04-Apr-2003 LOPERAMIDE HYDROCHLORIDE TABLETS 2MG Acute Medication (Past)
30 TABS - 1 Tab As directed

20-Nov-2002 OTOMIZE EAR 5ML SPRAY Acute Medication (Past)
1 SPRAY - 1 spray tds to L ear

20-Nov-2002 Otomize Spray Acute Medication (Past)
1 SPRAY - 1 spray tds to L ear

05-Feb-2002 SEROXAT TABLETS 20MG Acute Medication (Past)
30 TABS - 1 Tab Daily

05-Feb-2002 Seroxat Tablets 20 mg Acute Medication (Past)
30 TABS - 1 Tab Daily

Allergies

This section is empty.

Vaccinations

This section is empty.

Referrals

29-Apr-2024 Dr Sophie Murphy (1SM)
8H53.: ENT referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

18-Mar-2024 Dr Calum MacMillan (CAL)
8H4B.: Referred to rheumatologist (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

10-Feb-2023 Dr Abigail Parkins (AP)
8Hn.: Priority cancer referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

07-Nov-2022 Dr Roger Black (BLACK_18908)
8H5S.: Referral to endocrine surgeon (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

14-Nov-2012 Dr Roger Black (BLACK_18908)
8H43.: Dermatological referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

08-Mar-2012 Dr Joe Daly (JD)
8HTI.: Referral to breast clinic (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

12-July-2011 Dr Mark Eatherington (ME)
8H58.: Gynaecological referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

08-Dec-2010 Dr Abeena Adjepong (ZAA)
8HTI.: Referral to breast clinic (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

25-Feb-2010 Dr Roger Black (BLACK_18908)
Referral for further care
Referred To: Glasgow Royal Infirmary, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Not Specified. , Referral Reason: ? OVARIAN CYSTS, IMPACTED IUCD. Referral Type: Unknown (0)

29-Jan-2009 Dr Abeena Adjepong (ZAA)
Referral for further care
Referred To: Glasgow Royal Infirmary, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Not Specified. , Referral Reason: LUMP - FRONT OF MOUTH. Referral Type: Unknown (0)

05-July-2007 Dr Roger Hardman (HARDMAN_18908)
Referral for further care
Referred To: Glasgow Royal Infirmary, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Not Specified. , Referral Reason: unable to remove IUD. Referral Type: Unknown (0)

Test Requests

30-Dec-1899 Mrs Marie Murdoch (MARIE_18908)

Status Sampled
 Innoculation Risk True
 Priority Normal
 Has Fasted? False
 Is Pregnant? True

30-Dec-1899 Sister Christina Shafi (SHAFI_18908)

Status Sampled
 Innoculation Risk True
 Priority Normal
 Has Fasted? True
 Is Pregnant? True

30-Dec-1899 Dr Mark Eatherington (ME)

Status Requested
 Innoculation Risk True
 Priority Normal
 Has Fasted? True
 Is Pregnant? True

Test Results

11-Apr-2025 Mr Anonymous User (ANON)

Result: (Non Coded Event - Serum Folate)
 Serum Folate

14.7 ug/l (Range: 3.1 - 20)

11-Apr-2025 Mr Anonymous User (ANON)

Result: (Non Coded Event - Serum Ferritin)
 Serum Ferritin

62 ug/l (Range: 15 - 200)

11-Apr-2025 Mr Anonymous User (ANON)

Result: (Non Coded Event - Active B12)
 Active B12 (Non Coded Event - Active B12) > 128

(No range available)

11-Apr-2025 Mr Anonymous User (ANON)

Result: (Non Coded Event - HbA1C (IFCC)
 HbA1c (IFCC)

38 mmol/mol (Range: 20 - 41)

11-Apr-2025 Mr Anonymous User (ANON)

Result: (Non Coded Event - ESR)
 ESR

5 mm/hr (No range available)

11-Apr-2025 Mr Anonymous User (ANON)

Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0

0 x10⁹/l (No range available)

Basophils, 0

0 x10⁹/l (No range available)

Eosinophils

0.11 x10⁹/l (Range: 0.02 - 0.5)

Monocytes

0.6 x10⁹/l (Range: 0.2 - 1)

Lymphocytes

1.9 x10⁹/l (Range: 1.1 - 5)

Neutrophils

3.1 x10⁹/l (Range: 2 - 7)

Platelet Count

301 x10⁹/l (Range: 150 - 410)

MCH

30.3 pg (Range: 27 - 32)

Mean Cell Volume

91.3 fl (Range: 83 - 101)

Haematocrit

0.397 l/l (Range: 0.37 - 0.47)

Haemoglobin

132 g/l (Range: 115 - 165)

Red Cell Count

4.35 x10¹²/l (Range: 3.8 - 5.8)

White Blood Count

5.8 x10⁹/l (Range: 4 - 10)

11-Apr-2025 Mr Anonymous User (ANON)

Result: (Non Coded Event - Protein EP & Igs)

IgM

1.6 g/L (Range: 0.4 - 2.4)

IgA

2.1 g/L (Range: 0.8 - 4)

IgG

8.7 g/L (Range: 6 - 16)

Paraprotein 3 (Non Coded Event - Paraprotein 3) NA

(No range available)

Paraprotein 2 (Non Coded Event - Paraprotein 2) NA

(No range available)

Paraprotein 1 (Non Coded Event - Paraprotein 1) NA

(No range available)

Electrophoresis

(No range available)

Total Protein

67 g/L (Range: 60 - 80)

11-Apr-2025 Mr Anonymous User (ANON)

Result: (Non Coded Event - Liver Function Tests)

Albumin

43 g/L (Range: 35 - 50)

Alkaline Phosphatase

86 U/L (Range: 30 - 130)

AST

17 U/L (No range available)

ALT

12 U/L (No range available)

Total Bilirubin

6 umol/L (No range available)

11-Apr-2025 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	74 umol/L	(Range: 40 - 130)
Urea	5 mmol/L	(Range: 2.5 - 7.8)
Chloride	108 mmol/L	(Range: 95 - 108)
Potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
Sodium	142 mmol/L	(Range: 133 - 146)

11-Apr-2025 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	11.7 pmol/L	(Range: 9 - 21)
TSH	1.75 mU/L	(Range: 0.35 - 5)

14-Oct-2024 Ms Nicola Demirel (ND2)**Result:**Cervical Cytology

Cervical smear: negative -		(No range available)
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14-Oct-2024 Ms Nicola Demirel (ND2)**Result:**Virology

Cervical smear - human papillomavirus positive - Cervical smear - human papillomavirus positive		(No range available)
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08-Mar-2024 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	11.4 pmol/L	(Range: 9 - 21)
TSH	1.64 mU/L	(Range: 0.35 - 5)

08-Mar-2024 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Liver Function Tests)

Albumin	44 g/L	(Range: 35 - 50)
Alkaline Phosphatase	79 U/L	(Range: 30 - 130)
AST	16 U/L	(No range available)
ALT	13 U/L	(No range available)
Total Bilirubin	9 umol/L	(No range available)

08-Mar-2024 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	82 umol/L	(Range: 40 - 130)
Urea	4.5 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	4.7 mmol/L	(Range: 3.5 - 5.3)
Sodium	140 mmol/L	(Range: 133 - 146)

08-Mar-2024 Mr Anonymous User (ANON)**Result:**(Non Coded Event - C-reactive Protein)

C Reactive Protein	1 mg/L	(No range available)
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08-Mar-2024 Mr Anonymous User (ANON)**Result:**(Non Coded Event - ESR)

ESR	6 mm/hr	(No range available)
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08-Mar-2024 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10 ⁹ /l	(No range available)
Basophils, 0	0 x10 ⁹ /l	(No range available)
Eosinophils	0.12 x10 ⁹ /l	(Range: 0.02 - 0.5)
Monocytes	0.6 x10 ⁹ /l	(Range: 0.2 - 1)
Lymphocytes	2.6 x10 ⁹ /l	(Range: 1.1 - 5)
Neutrophils	3.1 x10 ⁹ /l	(Range: 2 - 7)
Platelet Count	336 x10 ⁹ /l	(Range: 150 - 410)
MCH	29.9 pg	(Range: 27 - 32)
Mean Cell Volume	92.3 fl	(Range: 83 - 101)
Haematocrit	0.42 l/l	(Range: 0.37 - 0.47)
Haemoglobin	136 g/l	(Range: 115 - 165)
Red Cell Count	4.55 x10 ¹² /l	(Range: 3.8 - 5.8)
White Blood Count	6.5 x10 ⁹ /l	(Range: 4 - 10)

08-Mar-2024 Mr Anonymous User (ANON)**Result:**(Non Coded Event - I Rheumatoid Factor)

Rheumatoid Factor < 20		(No range available)
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08-Mar-2024 Mr Anonymous User (ANON)**Result:**(Non Coded Event - I ANA/Centromere Abs)

**** result Negative		(No range available)
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01-Sept-2023 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10 ⁹ /l	(No range available)
Basophils, 0	0 x10 ⁹ /l	(No range available)
Eosinophils	0.11 x10 ⁹ /l	(Range: 0.02 - 0.5)
Monocytes	0.5 x10 ⁹ /l	(Range: 0.2 - 1)
Lymphocytes	2.2 x10 ⁹ /l	(Range: 1.1 - 5)
Neutrophils	2.6 x10 ⁹ /l	(Range: 2 - 7)
Platelet Count	300 x10 ⁹ /l	(Range: 150 - 410)
MCH	30.6 pg	(Range: 27 - 32)
Mean Cell Volume	89.7 fl	(Range: 83 - 101)
Haematocrit	0.375 l/l	(Range: 0.37 - 0.47)
Haemoglobin	128 g/l	(Range: 115 - 165)
Red Cell Count	4.18 x10 ¹² /l	(Range: 3.8 - 5.8)
White Blood Count	5.4 x10 ⁹ /l	(Range: 4 - 10)

01-Sept-2023 Mr Anonymous User (ANON)**Result:**(Non Coded Event - HbA1C (IFCC))

HbA1c (IFCC)	39 mmol/mol	(Range: 20 - 41)
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05-May-2023 Mrs Margaret Lindsay (ML)**Result:**Cervical Cytology

Cervical smear: negative -		(No range available)
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05-May-2023 Mrs Margaret Lindsay (ML)**Result:**Virology

Cervical smear - human papillomavirus positive - Cervical smear - human papillomavirus positive		(No range available)
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13-Jan-2023 Mr Anonymous User (ANON)**Result:**(Non Coded Event - ESR)

ESR	2 mm/hr	(No range available)
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13-Jan-2023 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10 ⁹ /l	(No range available)
Basophils, 0	0 x10 ⁹ /l	(No range available)
Eosinophils	0.27 x10 ⁹ /l	(Range: 0.02 - 0.5)
Monocytes	0.5 x10 ⁹ /l	(Range: 0.2 - 1)
Lymphocytes	2.4 x10 ⁹ /l	(Range: 1.1 - 5)
Neutrophils	2.7 x10 ⁹ /l	(Range: 2 - 7)
Platelet Count	330 x10 ⁹ /l	(Range: 150 - 410)
MCH	29.9 pg	(Range: 27 - 32)
Mean Cell Volume	89.4 fl	(Range: 83 - 101)
Haematocrit	0.412 l/l	(Range: 0.37 - 0.47)
Haemoglobin	138 g/l	(Range: 115 - 165)
Red Cell Count	4.61 x10 ¹² /l	(Range: 3.8 - 5.8)
White Blood Count	5.9 x10 ⁹ /l	(Range: 4 - 10)

13-Jan-2023 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	11.7 pmol/L	(Range: 9 - 21)
TSH	1.37 mU/L	(Range: 0.35 - 5)

13-Jan-2023 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Urate)

Urate	287 umol/L	(Range: 140 - 360)
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13-Jan-2023 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Liver Function Tests)

Albumin	45 g/L	(Range: 35 - 50)
Alkaline Phosphatase	72 U/L	(Range: 30 - 130)
AST	14 U/L	(No range available)
ALT	11 U/L	(No range available)
Total Bilirubin	11 umol/L	(No range available)

13-Jan-2023 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	81 umol/L	(Range: 40 - 130)
Urea	3.3 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	3.8 mmol/L	(Range: 3.5 - 5.3)
Sodium	136 mmol/L	(Range: 133 - 146)

13-Jan-2023 Mr Anonymous User (ANON)**Result:**(Non Coded Event - C-reactive Protein)

C Reactive Protein	1 mg/L	(No range available)
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13-Jan-2023 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Creatine Kinase)

Creatine Kinase	66 U/L	(Range: 25 - 200)
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13-Jan-2023 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Bone Profile)

Alkaline Phosphatase	72 U/L	(Range: 30 - 130)
Albumin	45 g/L	(Range: 35 - 50)
Phosphate	1.04 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.48 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.48 mmol/L	(Range: 2.2 - 2.6)

13-Jan-2023 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Parathyroid Hormone)

Parathyroid Hormone	5 pmol/L	(Range: 1.6 - 7.5)
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13-Jan-2023 Mr Anonymous User (ANON)**Result:**(Non Coded Event - I Rheumatoid Factor)

Rheumatoid Factor < 20		(No range available)
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13-Jan-2023 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Serum Vitamin B12)

Serum Vitamin B12	516 ng/l	(Range: 200 - 883)
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13-Jan-2023 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Serum Folate)

Serum Folate	12.1 ug/l	(Range: 3.1 - 20)
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13-Jan-2023 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Serum Ferritin)

Serum Ferritin	76 ug/l	(Range: 15 - 200)
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03-Nov-2022 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Bone Profile)

Alkaline Phosphatase	64 U/L	(Range: 30 - 130)
Albumin	42 g/L	(Range: 35 - 50)
Phosphate	1.12 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.36 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.31 mmol/L	(Range: 2.2 - 2.6)

03-Nov-2022 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Parathyroid Hormone)

Parathyroid Hormone	12.4 pmol/L	(Range: 1.6 - 7.5)
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27-Oct-2022 Mr Anonymous User (ANON)**Result:**(Non Coded Event - ESR)

ESR	5 mm/hr	(No range available)
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27-Oct-2022 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10 ⁹ /l	(No range available)
Basophils, 0	0 x10 ⁹ /l	(No range available)
Eosinophils	0.22 x10 ⁹ /l	(Range: 0.02 - 0.5)
Monocytes	0.8 x10 ⁹ /l	(Range: 0.2 - 1)
Lymphocytes	2.7 x10 ⁹ /l	(Range: 1.1 - 5)
Neutrophils	4.1 x10 ⁹ /l	(Range: 2 - 7)
Platelet Count	329 x10 ⁹ /l	(Range: 150 - 410)
MCH	30.5 pg	(Range: 27 - 32)
Mean Cell Volume	88.3 fl	(Range: 83 - 101)
Haematocrit	0.408 l/l	(Range: 0.37 - 0.47)
Haemoglobin	141 g/l	(Range: 115 - 165)
Red Cell Count	4.62 x10 ¹² /l	(Range: 3.8 - 5.8)
White Blood Count	7.8 x10 ⁹ /l	(Range: 4 - 10)

27-Oct-2022 Mr Anonymous User (ANON)**Result:**(Non Coded Event - HbA1C (IFCC))

HbA1c (IFCC)	37 mmol/mol	(Range: 20 - 41)
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27-Oct-2022 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	11.9 pmol/L	(Range: 9 - 21)
TSH	1.89 mU/L	(Range: 0.35 - 5)

27-Oct-2022 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Liver Function Tests)

Albumin	44 g/L	(Range: 35 - 50)
Alkaline Phosphatase	77 U/L	(Range: 30 - 130)
AST	16 U/L	(No range available)
ALT	12 U/L	(No range available)
Total Bilirubin	5 umol/L	(No range available)

27-Oct-2022 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	79 umol/L	(Range: 40 - 130)
Urea	5.1 mmol/L	(Range: 2.5 - 7.8)
Chloride	102 mmol/L	(Range: 95 - 108)
Potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
Sodium	140 mmol/L	(Range: 133 - 146)

27-Oct-2022 Mr Anonymous User (ANON)**Result:**(Non Coded Event - C-reactive Protein)

C Reactive Protein < 1		(No range available)
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27-Oct-2022 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Bone Profile)

Alkaline Phosphatase	77 U/L	(Range: 30 - 130)
Albumin	44 g/L	(Range: 35 - 50)
Phosphate	1.64 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.64 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.62 mmol/L	(Range: 2.2 - 2.6)

27-Oct-2022 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Serum Vitamin B12)

Serum Vitamin B12	276 ng/l	(Range: 200 - 883)
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27-Oct-2022 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Serum Folate)

Serum Folate	12.9 ug/l	(Range: 3.1 - 20)
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27-Oct-2022 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Serum Ferritin)

Serum Ferritin	55 ug/l	(Range: 15 - 200)
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24-Sept-2021 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10 ⁹ /l	(No range available)
Basophils	0.1 x10 ⁹ /l	(No range available)
Eosinophils	0.09 x10 ⁹ /l	(Range: 0.02 - 0.5)
Monocytes	0.6 x10 ⁹ /l	(Range: 0.2 - 1)
Lymphocytes	1.9 x10 ⁹ /l	(Range: 1.1 - 5)
Neutrophils	2.4 x10 ⁹ /l	(Range: 2 - 7)
Platelet Count	354 x10 ⁹ /l	(Range: 150 - 410)
MCH	29.7 pg	(Range: 27 - 32)
Mean Cell Volume	92.3 fl	(Range: 83 - 101)
Haematocrit	0.37 l/l	(Range: 0.37 - 0.47)
Haemoglobin	119 g/l	(Range: 115 - 165)
Red Cell Count	4.01 x10 ¹² /l	(Range: 3.8 - 5.8)
White Blood Count	5.1 x10 ⁹ /l	(Range: 4 - 10)

24-Sept-2021 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	11.2 pmol/L	(Range: 9 - 21)
TSH	1.62 mU/L	(Range: 0.35 - 5)

24-Sept-2021 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Liver Function Tests)

Albumin	38 g/L	(Range: 35 - 50)
Alkaline Phosphatase	56 U/L	(Range: 30 - 130)
AST	19 U/L	(No range available)
ALT	18 U/L	(No range available)
Total Bilirubin	11 umol/L	(No range available)

24-Sept-2021 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	77 umol/L	(Range: 40 - 130)
Urea	4.3 mmol/L	(Range: 2.5 - 7.8)
Chloride	106 mmol/L	(Range: 95 - 108)
Potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
Sodium	142 mmol/L	(Range: 133 - 146)

24-Sept-2021 Mr Anonymous User (ANON)**Result:**(Non Coded Event - C-reactive Protein)

C Reactive Protein < 1		(No range available)
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24-Sept-2021 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Bone Profile)

Alkaline Phosphatase	56 U/L	(Range: 30 - 130)
Albumin	38 g/L	(Range: 35 - 50)
Phosphate	1.26 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.42 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.4 mmol/L	(Range: 2.2 - 2.6)

02-Sept-2021 Mr Anonymous User (ANON)**Result:**2019-nCoV (novel coronavirus) detected

2019-nCoV (novel coronavirus) detected (No range available)

16-Oct-2015 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	12.6 pmol/L	(Range: 9 - 21)
TSH	1.36 mU/L	(Range: 0.35 - 5)

16-Oct-2015 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Transferrin / Iron)

Tferrin Saturation	22 %	(Range: 25 - 50)
Iron	15 umol/L	(Range: 10 - 30)
Transferrin	2.72 g/L	(Range: 2 - 4)

16-Oct-2015 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Glucose)

Glucose	5.2 mmol/L	(Range: 3.5 - 6)
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16-Oct-2015 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Serum Folate)

Serum Folate	5.6 ug/l	(Range: 3.1 - 20)
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16-Oct-2015 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Serum Ferritin)

Serum Ferritin	52 ug/l	(Range: 15 - 200)
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16-Oct-2015 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Serum Vitamin B12)

Serum Vitamin B12	285 ng/l	(Range: 200 - 900)
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16-Oct-2015 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10 ⁹ /l	(No range available)
Basophils, 0	0 x10 ⁹ /l	(No range available)
Eosinophils	0.2 x10 ⁹ /l	(No range available)
Monocytes	0.6 x10 ⁹ /l	(Range: 0.2 - 0.8)
Lymphocytes	2.4 x10 ⁹ /l	(Range: 1.5 - 4)
Neutrophils	4 x10 ⁹ /l	(Range: 2 - 7.5)
Platelet Count	303 x10 ⁹ /l	(Range: 150 - 400)
MCH	30.9 pg	(Range: 27 - 32)
Mean Cell Volume	98.6 fl	(Range: 80 - 100)
Haematocrit	0.421 l/l	(Range: 0.37 - 0.47)
Haemoglobin	132 g/l	(Range: 115 - 165)
Red Cell Count	4.27 x10 ¹² /l	(Range: 3.8 - 5.8)
White Blood Count	7.2 x10 ⁹ /l	(Range: 4 - 11)

31-Mar-2014 Ms Ellen Coupar (EC)**Result:**Cervical Cytology

Cervical smear: negative Routine Recall - (No range available)

02-Oct-2013 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Glucose)

Glucose	5.3 mmol/L	(Range: 3.5 - 5.5)
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02-Oct-2013 Mr Anonymous User (ANON)**Result:**Full blood count - FBC

Basophils	0.01 10 ⁹ /L	(Range: 0.01 - 0.1)
Eosinophils	0.06 10 ⁹ /L	(Range: 0.04 - 0.4)
Monocytes	0.6 10 ⁹ /L	(Range: 0.2 - 0.8)
Lymphocytes	2 10 ⁹ /L	(Range: 1.5 - 4)
Neutrophils	2.6 10 ⁹ /L	(Range: 2 - 7.5)
Platelets	279 10 ⁹ /L	(Range: 150 - 400)
RDW	13.5 %	(Range: 11.5 - 14.5)
MCH	29.6 pg	(Range: 27 - 32)
MCV	88.9 fL	(Range: 78 - 99)
Haematocrit	0.376 L/L	(Range: 0.37 - 0.47)
Haemoglobin	125 g/l	(Range: 115 - 165)
Red Cell Count	4.23 10 ¹² /L	(Range: 3.8 - 5.8)
White Cell Count	5.3 10 ⁹ /L	(Range: 4 - 11)

02-Oct-2013 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Thyroid Function)

Free T4	11 pmol/L	(Range: 9 - 21)
TSH	1.4 mu/L	(Range: 0.35 - 5)

02-Oct-2013 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Liver Function Tests)

Albumin	39 g/L	(Range: 35 - 50)
Alkaline Phosphatase	56 U/L	(Range: 30 - 130)
Alanine Transaminase	19 U/L	(No range available)
Aspartate Transamina	16 U/L	(No range available)
Total Bilirubin	11 umol/L	(No range available)

02-Oct-2013 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	68 umol/L	(Range: 40 - 130)
Urea	3.5 mmol/L	(Range: 2.5 - 7.8)
Chloride	104 mmol/L	(Range: 95 - 108)
Potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
Sodium	141 mmol/L	(Range: 133 - 146)

22-Nov-2012 Mr Anonymous User (ANON)**Result:**Erythrocyte sedimentation rate

ESR	2 mm/hr	(Range: 1 - 12)
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22-Nov-2012 Mr Anonymous User (ANON)**Result:**Full blood count - FBC

Basophils	0.03 10 ⁹ /L	(Range: 0.01 - 0.1)
Eosinophils	0.11 10 ⁹ /L	(Range: 0.04 - 0.4)
Monocytes	0.6 10 ⁹ /L	(Range: 0.2 - 0.8)
Lymphocytes	2.4 10 ⁹ /L	(Range: 1.5 - 4)
Neutrophils	3.3 10 ⁹ /L	(Range: 2 - 7.5)
Platelets	273 10 ⁹ /L	(Range: 150 - 400)
RDW	12.6 %	(Range: 11.5 - 14.5)
MCH	30.1 pg	(Range: 27 - 32)
MCV	89.4 fL	(Range: 78 - 99)
Haematocrit	0.413 L/L	(Range: 0.37 - 0.47)
HAEMOGLOBIN	139 g/l	(Range: 115 - 165)
Red Cell Count	4.62 10 ¹² /L	(Range: 3.8 - 5.8)
White Cell Count	6.5 10 ⁹ /L	(Range: 4 - 11)

22-Nov-2012 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Gonadotrophins)

FSH	93.3 U/L	(No range available)
LH	72.7 U/L	(No range available)

22-Nov-2012 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Oestradiol)

Oestradiol < 70		(No range available)
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22-Nov-2012 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Thyroid Function)

Free T4	14 pmol/L	(Range: 9 - 21)
TSH	2.4 mu/L	(Range: 0.35 - 5)

22-Nov-2012 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Glucose)

Glucose	4.7 mmol/L	(Range: 3.5 - 5.5)
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22-Nov-2012 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Lipids)

Chol/HDL Ratio	4.4	(No range available)
LDL Cholesterol		(No range available)
HDL Cholesterol	1.4 mmol/L	(No range available)
Triglycerides	2.3 mmol/L	(No range available)
Cholesterol	6.2 mmol/L	(No range available)

22-Nov-2012 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Liver Function Tests)

Albumin	36 g/L	(Range: 32 - 45)
Alkaline Phosphatase	61 U/L	(Range: 40 - 150)
Alanine Transaminase	17 U/L	(No range available)
Aspartate Transamina	14 U/L	(No range available)
Total Bilirubin	8 umol/L	(No range available)

22-Nov-2012 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	66 umol/L	(Range: 40 - 130)
Urea	4.2 mmol/L	(Range: 2.5 - 7.5)
Chloride	103 mmol/L	(Range: 98 - 108)
Potassium	4.5 mmol/L	(Range: 3.5 - 5)
Sodium	140 mmol/L	(Range: 135 - 145)

22-Nov-2012 Mr Anonymous User (ANON)**Result:**(Non Coded Event - C-reactive Protein)

C-reactive Protein	1.7 mg/L	(No range available)
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12-Nov-2010 Mrs Joyce Kinnear (JK)**Result:**Cervical Cytology

Cervical smear: negative Routine Recall -		(No range available)
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Other Items

05-July-2026	Recall	Medication review
17-Jun-2025	Read Code	Medication review done
03-Jun-2024	Read Code	Transfer from Dr *****
03-July-2023	Read Code	DEXA - Dual energy X-***** photon absorptiometry
03-July-2023	Read Code	Osteoporosis
27-Jan-2023	Read Code	[D]Post viral debility Post Viral Arthritis
05-July-2022	Read Code	Did not attend breast screening clinic
04-Sept-2019	Read Code	Scottish - ethnic category 2001 census
02-Apr-2019	Read Code	Did not attend breast screening clinic
12-Jun-2018	Read Code	Did not attend ORHTOPAEDICS
19-May-2016	Read Code	Did not attend breast screening clinic
17-May-2013	Read Code	Primary prevention of ischaemic heart disease
17-Dec-2012	Read Code	Diastolic blood pressure 78 mm Hg
17-Dec-2012	Read Code	Systolic blood pressure 123 mm Hg
14-Nov-2012	Read Code	Priority cancer referral
28-Mar-2012	Read Code	US guided core biopsy of breast (Right) Benign breast tissue
17-May-2011	Read Code	Primary prevention of ischaemic heart disease
08-Dec-2010	Read Code	Priority cancer referral
01-Jan-1899	Read Code	Marital Status: Single

Attachments

Scanned Document**15-May-2026 AB****Additional:**Scanned Document**Filename:** LJ 2103666240 Docman from birth.pdf**Extension:**.tif**Pages:**

WIS Complete Personal data sheet print

Blood Sciences Biochemistry Report	
Patient Details	
Surname	JAMIESON
Forename	LINDA
CHI	2103666240
Date of birth	21.03.1966
Sex	Female
Address	128 Corssock St MD GLASGOW GLASGOW LANARKSH G31 3QD
Specimen Details	
Specimen Number	B.25.4638773.T
Specimen Type	Blood
Date/Time Collected	11.04.25 / 10:16
Date/Time Received	11.04.25 / 14:27
Requested By	Dr Calum MacMillan
GP Practice	46560
Date/Time Reported	16.04.25 / 12:52
Details	recurrence night sweats, ...

Results

Protein EF & Ige - Authorised on 16.04.25 at 12:50

Total Protein	67	g/L	(60-80)
Electrophoresis	No paraprotein detected		
Paraprotein 1	NA	g/L	
Paraprotein 2	NA	g/L	
Paraprotein 3	NA	g/L	
IgG	8.7	g/L	(6.0-16.0)
IgA	2.1	g/L	(0.8-4.0)
IgM	1.6	g/L	(0.4-2.4)


Comments:

No paraprotein detected.

If screening for myeloma, suggest send urine for electrophoresis (EJP) to complete screen.

End of Report

NHS Confidential: Personal data about a patient

 Outlook

Fw: Advice

From Callum Williamson [REDACTED]
 Date Wed 03/12/2025 15:30
 To gp46560clinical (The Whitevale Medical Group) <ggc.gp46560clinical@nhs.scot>

Please upload this email chain to Docman for Linda Jamieson CHI 2103666240

Dr Callum Williamson
 GP Whitevale Medical Group (46560)

From: MENOPAUSE SUPPORT (NHS GREATER GLASGOW & CLYDE) [REDACTED]
Sent: 03 December 2025 15:29
To: Callum Williamson [REDACTED]
Subject: Re: Advice

Hi Callum, Yes vaginal use of utrogestan is not licensed but commonly done to minimise side effects. Could also consider alternative oral progestogen / IUS if ongoing issues

BW - hope this helps

Colin Strathern
 Specialist Doctor

The Menopause Team, Sandyford
 E-mail: [REDACTED]
 Phone: 0141 211 8130
 Web: Sandyford.scot
 Twitter: @sandyfordNHSSGC

Additional resources: <https://thebms.org.uk/education/principles-practice-of-menopause-care/bms-pmmc-resources-toolkit/>

From: Callum Williamson [REDACTED]
Sent: 03 December 2025 15:21
To: MENOPAUSE SUPPORT (NHS GREATER GLASGOW & CLYDE) <ggc.menopausesupport@nhs.scot>
Subject: Advice

Hello,

I'm looking for advice re Linda Jamieson CHI 2103666240 who is struggling with side effects from the progesterone component of her combined HRT. She currently takes oestrogel one pump daily and utrogestan 100mg every night which causes side effects of feeling generally unwell and palpitations. She tried stopping utrogestan for a few days and all symptoms resolved.

I have discussed options but am looking for advice re intravaginal utrogestan - would this be something recommended and if so does this involve using the same capsules as would be taken orally?

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Thanks

Dr Callum Williamson
GP Whitevale Medical Group (46560)

THIRD PARTY COPY

WIS Complete Personal data about a patient

Blood Sciences Biochemistry Report	
Patient Details	
Surname	JAMIESON
Forename	LINDA
CHI	2103666240
Date of birth	21.03.1966
Sex	Female
Address	128 Corssock St MD GLASGOW GLASGOW LANARKSH G31 3QD
Specimen Details	
Specimen Number	B.25.4523718.R
Specimen Type	Blood
Date/Time Collected	11.04.25 / 10:16
Date/Time Received	11.04.25 / 14:40
Requested By	Dr Calum MacMillan
GP Practice	46560
Date/Time Reported	11.04.25 / 14:52
Details	recurrence night sweats, ...

Results

HbA1c (IFCC) - Authorised on 11.04.25 at 14:50

HbA1c (IFCC) 38 mmol/mol (20-41)

End of Report

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7631176	Receive Date:	15-May-2025 20:24
Patient's Name:	Linda Jamieson		
Date of birth:	21-Mar-1966 (59 years)	Gender:	F
Address:	128 Corsock Street Glasgow	Current Address:	128 Corsock Street Glasgow
	G31 3QD		G31 3QD
Return Contact No:			
Tel No:	07444 384861		07444 384861
Mobile No:			
Priority:	within 4 hours	Call Origin:	
Received:	15-May-2025 20:24	Calltype:	Attend OOH Appointment
Advised:	22:22	Arrived PCC:	15-May-2025 21:47
Cons start:		Cons End:	
Consulting Doctor:	Olivia Loy	Own doctor:	Abigail Parkins

CHI Number:
2103666240

Reported Condition:

Symptoms: This case was generated from 7631135. Caller Name: Linda Caller
Number: Initial Symptoms: History: cough 3 days was dry cough but yellow
 sputum today not sleeping feels lethargic roof of mouth has lumps drinking plenty.
 feels thirsty. breathing ok some mid back pain no fever today pmh-
 hyperparathyroidism, RA, HRT. Pcec please pts please Examination: Diagnosis:
 Treatment: Case Summary: --- COUGH - 3 DAYS --- Clinical summary created by:
 Joshua Devine (Call Taker Sij) () [15/05/2025 20:29:09] Reason for call: COUGH - 3
 DAYS 15:05:2025 18:58:06 DEVINEJ. COUGH FOR LAST 3 DAYS, SEVERE
 BACK PAIN, HAS BEEN BRINGING UP YELLOW PHLEGM BUT COUGH IS
 REALLY DRY. HAS SUFFERED SLEEP LOSS DUE TO THIS. ADVISES THAT
 IS LETHARGIC.. DESCRIBES COUGH AS A BARK.. DW SCN A LOVE -
 ROUTE RED FOR A NURSE.. 15:05:2025 19:24:19 MILLERK.. PRODUCTIVE
 COUGH TODAY - YELLOW PHLEGM, PERSISTENT. APYREXIC. SPEAKING
 IN SENTENCES. CENTRAL MID LEVEL BACK PAIN - ONLY WHEN
 COUGHING. LETHARGIC. NIL HEADACHE. ANXIOUS. PCEC 4 PLEASE -
 WORSENING GIVEN.. Outcome: PCEC within 4 Hrs ---

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Triage details:

History - **Clinic A waiting area**

HPC:

Reports 3 days of burning sensation in throat and fatigue with dry "hacking" cough.

Today cough is productive of green sputum, no blood. However, overall thinks cough is improving.

Denies fever or nausea.

Headache 1st and 2nd day now settled.

Discomfort in chest when coughing that can affect her back - nil at rest.

Tender to touch chest.

Myalgia.

Ulcers in roof of mouth - feels swelling there.

Dehydration despite drinking fluids.

Reduced oral intake as no appetite.

Occasionally suffers from heart burn and this is totally different.

Nil abdominal pain - PU and BO normally.

No rashes anywhere.

SH:

Never smoker

Occasional alcohol.

Examination - Temp 36.5C Pulse 104 02 99% RR 20 BP 124/85 (ACannon)

n -

Speaking in full sentences.

No cough throughout consult.

Hands WWP, pulse regular.

HS 1+2+0

Chest clear - good air entry throughout.

Tender to palpate anterior chest.

Calves SNT.

No rashes.

Few small mouth ulcer on roof of mouth.

Throat NAD.

Diagnosis - Likely viral respiratory tract infection.

Treatment - Conservative measures - analgesia, fluids and rest.

Advised can take 7-10 days to resolve and cough can persist for up to 6 weeks.

Safety netted for worsening symptoms or feeling more unwell to attend GP.

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Followups:
No Follow Up

Clinical Codes:
H05z. Upper respiratory infect.NOS

THIRD PARTY COPY

WIS Complete Personal data about a patient

Blood Sciences Haematology Report	
Patient Details	
Surname	JAMIESON
Forename	LINDA
CHI	2103666240
Date of birth	21.03.1966
Sex	Female
Address	128 Corssock St MD GLASGOW GLASGOW LANARKSH G31 3QD
Specimen Details	
Specimen Number	B.25.5987683.W
Specimen Type	Blood
Date/Time Collected	11.04.25 / 10:16
Date/Time Received	11.04.25 / 14:01
Requested By	Dr Calum MacMillan
GP Practice	46560
Date/Time Reported	11.04.25 / 15:02
Details	recurrence night sweats, ...

Results

Full Blood Count - Authorised on 11.04.25 at 14:19

White Blood Count	5.8	$\times 10^9/l$	(4.0-10.0)
Red Cell Count	4.35	$\times 10^{12}/l$	(3.80-5.80)
Haemoglobin	132	g/l	(115-165)
Haematocrit	0.397	l/l	(0.370-0.470)
Mean Cell Volume	91.3	f1	(83.0-101.0)
MCH	30.3	pg	(27.0-32.0)
Platelet Count	301	$\times 10^9/l$	(150-410)
Neutrophils	3.1	$\times 10^9/l$	(2.0-7.0)
Lymphocytes	1.9	$\times 10^9/l$	(1.1-5.0)
Monocytes	0.6	$\times 10^9/l$	(0.2-1.0)
Eosinophils	0.11	$\times 10^9/l$	(0.02-0.50)
Basophils	0.0	$\times 10^9/l$	(0.0-0.1)
Nucleated RBC	0.0	$\times 10^9/l$	

ESR - Authorised on 11.04.25 at 14:56

ESR	5	mm/hr	(0-19)
-----	---	-------	----------

End of Report

WIS Complete Personal data about a patient

Blood Sciences Biochemistry Report	
Patient Details	
Surname	JAMIESON
Forename	LINDA
CHI	2103666240
Date of birth	21.03.1966
Sex	Female
Address	128 Corssock St MD GLASGOW GLASGOW LANARKSH G31 3QD
Specimen Details	
Specimen Number	B.25.4638773.T
Specimen Type	Blood
Date/Time Collected	11.04.25 / 10:16
Date/Time Received	11.04.25 / 14:27
Requested By	Dr Calum MacMillan
GP Practice	46560
Date/Time Reported	12.04.25 / 05:52
Details	recurrence night sweats, ...

Results

Thyroid funct test - Authorised on 12.04.25 at 05:48

TSH	1.75	mU/L	(0.35-5.00)
Free T4	11.7	pmol/L	(9.0-21.0)
Total T3		nmol/L	

End of Report

WIS Complete Personal data sheet print

Blood Sciences Haematology Report	
Patient Details	
Surname	JAMIESON
Forename	LINDA
CHI	2103666240
Date of birth	21.03.1966
Sex	Female
Address	128 Corssock St MD GLASGOW GLASGOW LANARKSH G31 3QD
Specimen Details	
Specimen Number	B.25.4638773.T
Specimen Type	Blood
Date/Time Collected	11.04.25 / 10:16
Date/Time Received	11.04.25 / 14:27
Requested By	Dr Calum MacMillan
GP Practice	46560
Date/Time Reported	12.04.25 / 08:52
Details	recurrence night sweats, ...

Results

Active B12 - Authorised on 12.04.25 at 05:48

Active B12 >128 pmol/L (>25)

Comments:

Adequate B12 status. No further investigation required.
Note change in the B12 assay to an active B12 assay from 14/5/24.

Serum Ferritin - Authorised on 12.04.25 at 05:48

Serum Ferritin 62 ug/l (15-200)

Comments:

Males 15-300 (<15 iron deficiency)
Females 15-200 (<15 iron deficiency)
15-50 intermediate result. Consider iron deficiency
in anaemic patients, older patients and those
with inflammatory disease.

Serum Folate - Authorised on 12.04.25 at 05:48

Serum Folate 14.7 ug/l (3.1-26.0)

End of Report

WIS Complete Personal data about patient

Blood Sciences Biochemistry Report	
Patient Details	
Surname	JAMIESON
Forename	LINDA
CHI	2103666240
Date of birth	21.03.1966
Sex	Female
Address	128 Corsock St MD GLASGOW GLASGOW LANARKSH G31 3QD
Specimen Details	
Specimen Number	B.25.4638773.T
Specimen Type	Blood
Date/Time Collected	11.04.25 / 10:16
Date/Time Received	11.04.25 / 14:27
Requested By	Dr Calum MacMillan
GP Practice	46560
Date/Time Reported	12.04.25 / 09:12
Details	recurrence night sweats, ...

Results

Urea & Electrolytes - Authorised on 12.04.25 at 09:06

Sodium	142	mmol/L	(133-146)
Potassium	4.6	mmol/L	(3.5-5.3)
Chloride	108	mmol/L	(95-108)
Urea	5.0	mmol/L	(2.5-7.8)
Creatinine	74	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 12.04.25 at 09:06

Total Bilirubin	6	umol/L	(<20)
ALT	12	U/L	(<50)
AST	17	U/L	(<40)
Alkaline Phosphatase	86	U/L	(30-130)
Albumin	43	g/L	(35-50)

End of Report

WIS Confidential - Personal data about a patient

Glasgow Royal Infirmary: Diagnostic Imaging Report

Patient	LINDA JAMIESON	Address	128 CORSOCK STREET, GLASGOW, LANARKSHIRE, G31 3QD
DOB	21/03/1966	CHI No.	2103666240
Ref. Source	The Whitevale Medical Group	Practice Code	46560
Referrer	Dr Calum MacMillan	Exam Date	04/03/2025 14:02

Report Summary

Clinical History :
known RA, very tender bilateral thumb MCP joints, ?OA

XR Hand Lt

XR Hand Lt :
Mild degenerate change at the first CMC joint. Small degenerate type cyst at the proximal aspect of the lunate. No further significant bone or joint abnormality.

Last verified by: 3691593 (Dr Gregory O'Neill)

Reported by: 3691593 (Dr Gregory O'Neill)

XR Hand Rt

XR Hand Rt :
Osteoarthritic change noted at the D.I.P. joint of the index finger and a rather sclerotic appearance in relation to the pisiform and the triquetral (which might indicate local degenerate change). But no further significant finding.

Last verified by: 3691593 (Dr Gregory O'Neill)

Reported by: 3691593 (Dr Gregory O'Neill)

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7541018	Receive Date:	30-Jan-2025 04:46
Patient's Name:	Linda Jamieson		
Date of birth:	21-Mar-1966 (58 years)	Gender:	F
Address:	128 Corsock Street Glasgow	Current Address:	128 Corsock Street Glasgow
Return Contact No:	G31 3QD		G31 3QD
Tel No:	07444 384861		07444 384861
Mobile No:			
Priority:	within 2 hours	Call Origin:	
Received:	30-Jan-2025 04:46	Calltype:	Attend OOH Appointment
Advised:	:	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Abigail Parkins

CHI Number:
2103666240

Reported Condition:

Symptoms: This case was generated from 7541005. Caller Name: Linda Caller Number: Initial Symptoms: History: Tel Appt Spoke with patient hx as per NHS 24 entry noted She had a lip filler this evening, not the first time, but in the past few hours when lying on her bed, she has experienced a sudden onset feeling feverish, and chills and rigor, quickly went on to feel more unwell, feels lips are unusually swollen, no breathing diff. but she has had 1 loose stool, palpitations reported as well. NO collapse but she remains worried. Examination: speaks in complete sentence. Diagnosis: Generally Unwell ?cause Treatment: Agreed f2f assessment to examine her esp to r/o any allergic rxn, worth considering anxiety Take some paracetamol for now, also an antihistamine. Case Summary: --- SHAKING - 12 HRS --- Clinical summary created by: Alison Campbell (Call Taker Si) () [30/01/2025 04:01:55] Reason for call: SHAKING - 12 HRS 30:01:2025 03:42:59 CAMPBELLA3. FEELING JITTERY. ANXIOUS. INTERMITTENT HOT FLUSH AND COLD SHIVERY . GOT FILLERS IN LIPS AND CHIN TODAY AT 3PM. DIARRHOEA X1.. 30:01:2025 03:56:48 SMITHE4.. HAD LIP FILLERS AND CHIN AREA FILLED. NOW FEELS JITTERY FEELING HOT THEN SWEATY. BREATHING, COLOUR AND MOBILITY NORMAL, LIPS LOOK

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SWOLLEN NOT SORE. FEELS NAUSEA NOT BEING SICK HAS HAD
DIARRHOEA X1 NO DIZZY, NO LOC NO VISUAL PROBLEMS. PCEC 4
HOURS... Outcome: PCEC within 4 Hrs ---

Followups:
Patient Cancelled Call

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Jamieson Linda

CHI: 2103666240

Clinic Letter

Dr. A Parkins
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

NHS
Greater Glasgow
and Clyde
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000
Rheumatology
0141 451 5370
Jacqueline.Devlin3@nhs.scot
22/01/2025
AT/LD
23/01/2025
28/01/2025

Dear Dr. A Parkins,

Linda Jamieson; D.O.B: 21 Mar 1966; CHI: 2103666240
128 CORSOCK STREET, Glasgow, Lanarkshire, G31 3QD

Attendance: Specialty - Rheumatology; Clinic - GRGCRH6S101D-GENERAL RHEUM CONS
WEDNESDAY PM
Date and Time of Appointment - 22/01/2025 14:15

Follow Up: Discharged

Clinical Comments:**Diagnoses:**

Inflammatory osteoarthritis: Rheumatoid factor negative. CRP 1 and ESR 6. No joint swelling.

At last appointment was commenced on Hydroxychloroquine 400mg and 200mg on alternate days. There has not been any symptomatic benefit here. I have advised Linda to stop this today. We re-discussed osteoarthritis. She is trying to decrease use of Co-codamol and I would agree with her minimising use of this as we have not found it to be significantly beneficial in osteoarthritis. She has found Movelat gel to be useful and I have advised her to continue with this or topical Ibuprofen or Voltarol.

She has had continuing issues with cramp around the base of her thumb to her wrist but the rest of her fingers are okay. She has developed some Heberden's nodes. On examination no synovitis today.

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103666240

OPCL 22/01/2025 v1

I will arrange for a versus arthritis booklet to be sent to her but we do not need to do any further investigations or treatment here. I have advised her to keep her hands active and for the use of NSAID gel and I have discharged her from the clinic. No follow-up planned.

Yours sincerely

Dr Alistair Tindell

Consultant Rheumatologist

Electronically Signed: Dr Alistair Tindell, Consultant

cc.

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Jamieson Linda

CHI: 2103666240

Letter to Patient:

Linda Jamieson
128 CORSOCK STREET
Glasgow
Lanarkshire
G31 3QD

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

NHS
Greater Glasgow
and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000
ENT
0141 451 5995
Kelsie Lynch
17/10/2024
AH/KL
16/10/2024
16/10/2024

Dear Mrs Jamieson ,

We are going through the patients that are currently on the ENT outpatient waiting list. I have had a look at your notes and I see the swelling for which your GP referred you back in beginning of the year had already been looked at in November 2023 with an ultrasound scan. This showed no significant abnormality and what you are noticing is just a small normal lymph node. Little lymph nodes do fluctuate in size but they require no further investigations or treatments. I have therefore removed you from the ENT waiting list as no further review is required.

Kind Regards

Yours sincerely

Anne Hitchings

Consultant ENT Surgeon

Electronically Signed: Ms Anne Hitchings, Consultant

cc. Dr Parkins
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Printed on 17/10/2024 08:20 by Nichoia McManus2

Page 1 of 1

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103666240

Emergency Attendance Letter



Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 11/07/2024

Consultant: Dr Scott Taylor

A Parkins
The Whitevale Medical Group
30 Whitevale Street
Glasgow
Glasgow
G31 1QS

Dear A Parkins

Re: Jamieson Linda
128 CORSOCK STREET
Glasgow G31 3QD

DOB: 21/03/1966

CHI: 2103666240

Attended on: 11/07/2024 at 14:02 hrs. Departed on: at hrs.
Discharge Type: 01b - Discharge with follow up by primary care team Destination: Private residence
Previous ED Attendance in last 12 months: 1

Presenting complaint
elbow complaint

Nursing Assessment:

Investigations in ED:
1. XR Elbow Lt

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NEWS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103666240

Diagnosis:

Diagnosis	Side	Site
Open Wound of Elbow		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

patient attends with 10/7 hx wound to L elbow. erythema/heat/swelling/pus noted to wound. Localised. NEWS 0. Wound cleaned with debridement wipe/irrigoids, closed with steristrips and covered with padded dressing. Advised practice nurse for wound r/v and have given oral flucloxacillin. Monitor for worsening signs of infection. Worsening advice given. Discharge.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Jennifer Campbell
Nurse

Copies to:

1. A Parkins (GP)

School Address:

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103666240

Emergency Attendance Letter



Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 11/07/2024

Consultant: Dr Scott Taylor

A Parkins
The Whitevale Medical Group
30 Whitevale Street
Glasgow
Glasgow
G31 1QS

Dear A Parkins

Re: **Jamieson Linda**
128 CORSOCK STREET
Glasgow G31 3QD

DOB: 21/03/1966

CHI: 2103666240

Attended on: 11/07/2024 at 14:02 hrs.

Departed on: at hrs.

Discharge Type: 01b - Discharge with follow up by primary care team

Destination: Private residence

Previous ED Attendance in last 12 months: 1

Presenting complaint
elbow complaint

Nursing Assessment:

Investigations in ED:
1. XR Elbow Lt

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103866240

Diagnosis:

Diagnosis	Side	Site
Open Wound of Elbow		

Procedures: **None**Immunisations: **None**Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

patient attends with 10/7 hx wound to L elbow. erythema/heat/swelling/pus noted to wound. Localised. NEWS 0. Wound cleaned with debridement wipe/irripods, closed with steristrips and covered with padded dressing. Advised practice nurse for wound r/v and have given oral flucloxacillin. Monitor for worsening signs of infection. Worsening advice given. Discharge.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Jennifer Campbell
Nurse

Copies to:

1. A Parkins (GP)

School Address:

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103666240

Emergency Attendance Letter

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 04/07/2024

Consultant: Dr Ryan Connelly

A Parkins
The Whitevale Medical Group
30 Whitevale Street
Glasgow
Glasgow
G31 1QS

Dear A Parkins

Re: **Jamieson Linda**
128 CORSOCK STREET
Glasgow G31 3QD

DOB: 21/03/1966

CHI: 2103666240

Attended on: 01/07/2024 at 12:05 hrs.

Departed on: 01/07/2024 at 17:04 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 0

Presenting complaint
fall - head injury

Nursing Assessment:

HI-news 0- mech fall backwards, hitting back of head from standing height, nil LOC/vomiting. Ongoing dizziness and lightheaded, difficult to see if any wound present due to hair. Bilateral neck pain but nil C-spine tenderness. Nil PMHX/meds 1g paracetamol given in triage

Investigations in ED: None

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103866240

Diagnosis:

Diagnosis	Side	Site
Superficial Injury of Head, Part Unspecified		

Procedures: **None**Immunisations: **None**Dispensed Medication: **Any medication dispensed or changed is recorded in the free text below**

Clinician Notes:

Mechanical fall while taking bins out injuring occiput. Nil concerning from hx or examination re significant HI. Discharged

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Matthew Oldroyd
Doctor

Copies to:

1. A Parkins (GP)

School Address:

NHS Confidential: Personal data about a patient



The patient attended Pharm Clinic at GM
Hospital on 6/6/24 and I would advise a change to drug therapy from
to
or additional therapy of

as detailed below. Full letter to follow.

Additional Comments: please commence Hydroxychloroquine
200g / 400g

● DRUG (print) DOSE FREQUENCY DURATION / REVIEW DATE

Thanks
Yours Sincerely S : CATWANA
Signature: GM
Name (print): GM Grade: GM Ext. No:

THIRD PARTY COPY

White copy to - G.P. Pink copy - File this copy in Case Records
00545 GGC0004

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103666240

Clinic Letter

Dr. A Parkins
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

NHS
Greater Glasgow
and Clyde
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000
Rheumatology
0141 451 5369
Kim.Suares@ggc.scot.nhs.uk
06/06/2024
CG/KS
06/06/2024
11/06/2024

Dear Dr. A Parkins,

**Linda Jamieson; D.O.B: 21 Mar 1966; CHI: 2103666240
128 CORSOCK STREET, Glasgow, Lanarkshire, G31 3QD**

Attendance: Specialty - Rheumatology; Clinic - GRCGRH7-DR GRIGOR RHEUMATOLOGY THUR
AM

Date and Time of Appointment - 06/06/2024 11:30

Follow Up: 15/01/2025 15:30 Rheumatology GRI General Rheum Cons

Medication Note:

To commence hydroxychloroquine 200/400mg on alternate days, amitriptyline 10, fluoxetine 20, stexerol D3, alendronic acid.

Clinical Comments:

I reviewed this lady today at the rheumatology clinic. Thanks for referring her, she has the following problems;

1. Probable inflammatory osteoarthritis: Her problems started when she developed menopause between five and nine years ago. She has had aches and pains ever since. She did have a period last year when she was started on 15 of prednisolone for ?PMR and she has been weaned off that. She has not had raised ESR or CRP at any point and her symptoms today are not compatible with PMR.

Her main problems are her wrists and her hands. She has two issues, one is intermittent cramps which last a few seconds and then settle but she has ongoing pain in her wrists and her hands with difficulty with grip, no swelling but she does have about half an hour of early morning stiffness, her worst time of day is during the day.

On examination she is tender at her wrists, there is nothing to suggest carpal tunnel syndrome, there was no evidence of any synovitis at any of her joints including her DIP's, PIP's, MCP's and wrists and

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Jamieson Linda

CHI: 2103666240

OPCL 06/06/2024 v1

elbows and I have been reassuring that I don't think she has rheumatoid arthritis however I do think she probably has some menopausal inflammation and possible inflammatory osteoarthritis.

We have talked about the possible benefits of hydroxychloroquine and she is going to give this a go, she knows it can take up to six months to start to work and I have arranged to review her in seven months' time to see how she is getting on.

If her symptoms are unchanged then we should stop it. If she benefits from the hydroxychloroquine then we can continue it.

If she develops more frank synovitis in the intervening period then we could change and escalate.

I am very pleased to hear that her shoulders are much better. She is now exercising every day and she has not got any problems with her hips, knees or ankles.

2. Osteoporosis: She is now on alendronate.

3. Social history: She lives alone, she is not working. She was previously a beauty therapist. She is a non-smoker who rarely drinks alcohol.

4. GI: weight 71kgs. She keeps very fit and active and is a good weight and tries to keep to a healthy diet but I have spoken to her about the benefits of avoiding processed foods including artificial sweeteners from the point of view of the anti-inflammatory effects and the benefits on the gut microbiome.

5. Blood pressure: 121/75

Yours sincerely

Dr Catriona Grigor

Consultant Rheumatologist

Electronically Signed: Dr Catriona Grigor, Consultant

cc.

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PRIVATE AND CONFIDENTIAL
Scottish Ambulance Service
National Headquarters
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel - 0131 314 0000

Date : 17 Dec 2023
CHI Number : 2103666240

Dear Doctor, (Practice Code - 46560)

Linda Jamieson, 21/03/66 , 128 CORSOCK STREET HAGHILL GLASGOW

Linda Jamieson, was attended by ambulance crew on 16 Dec 2023 but was not conveyed to hospital.

The full electronic patient record is also attached for your information. If you require further information please contact sas.gregor2@nhs.scot, stating the Incident number CR010453965.

Yours sincerely,

Scottish Ambulance Service

THIRD PARTY COPY

The Scottish Ambulance Service (SAS) always strives to ensure that the information contained in this patient report is correct. The process to reach patients is not perfect and based on the patient details entered and data, an occasion, the subject to error. If, for any reason, you believe that the patient does not belong to your practice or you have any other information on this report please report this to nhs.uk@nhs.uk. Please quote the SAS incident number, date of the incident and CHI of the patient along with a short description of the error you believe has occurred. Please do not send any patient copies through the postal service.

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TerraPACE REPORT														
Time	22:26					Date	16/12/2023							
PATIENT AND INCIDENT DETAILS														
Incident number	CR010453965													
Name	Linda Jamieson													
CHI Number	2103666240													
Date of Birth	1966-03-21													
Additional Comments and Observations	999 to 57yof o/a pt met me at door, mobile, AxO, gcs 15 pt states she has taken 4x doses of penicillin over 2/7 for infection in mouth. Reports on each occasion she has felt palpitations and nausea approx 1hr after taking dose. o/e all obs as stated, ecg nsr, nil palpitations present, nil chest pain, nil dizziness/loc/light headed feelings/sob. No symptoms of concerns. discussed with pt that it may be she is experiencing side effects of medication and no acute concerns noted by myself, advised pt to contact dentist who issued on monday and speak to own gp if req. pt content with this, does live with partner. Worsening advice given and advised to contact 999/111 if new symptoms develop or she becomes concerned at all.													
PATIENT ASSESSMENT														
AVPU	Alert													
Circulation														
Pulse Rate	90	BP	159/99											
Cap Refill	<=2 Secs	ECG Rhythm	Sinus Rhythm											
Rhythm	Reg	Arm	Right											
Central/Peripheral	Peripheral	ECG	3 Lead 12 Lead											
IV(L)		IV(R)												
IO(L)		IO(R)												
Observations														
Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF
21:47	90	18	159/99	99	<=2 Secs	15	Alert		37.1	5.6	Sinus Rhythm			
22:05	88	16	135/95	99	<=2s	15	Alert				Sinus Rhythm			
HISTORY														
AMPLE														
Allergies	None													
Medication	AS ECS													
Past Medical History	DEPRESSION, TOOTH ABSESS													

The Scottish Ambulance Service takes every effort to ensure that the information contained on this patient report is correct. The accuracy to which patients' or GPs' practices is based on the patient details entered and used, as provided, the subject to our of, for any reason, you believe that this patient does not belong to your practice or supplying data in incidents on this report please report this to info@scotambulance.nhs.uk Please quote the 352 incident number, date of the incident and ID# of the patient along with a short description of the event you believe was recovered. Please do not send any paper copies through the postal service.

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Last Eaten	>4 Hours Ago
Events Prior	PT REPORTS FEELING PALPITATIONS/NAUSEA/STOMACH UPSET WHEN TAKING PENICILLIN
MEDICAL	
TRAUMA	
OBSTETRICS/GYNAE	
OTHER	

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The Patient Assistance Service (PAS) would like to ensure that the information contained on this patient report is correct. You should be aware that PAS provides in-house to the patient details of their condition, an overview of the subject to assist in, for any reasons, your beliefs and the patient does not belong to what the service or any other area in connection with this report please report this to cas@nhs.uk. Please quote the PAS incident number, date of the incident and ID# of the patient along with a short description of the error you believe has occurred. Please do not send any paper copies through the postal service.

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7177257	Receive Date:	16-Dec-2023 20:28
Patient's Name:	Linda Jamieson	Gender:	F
Date of birth:	21-Mar-1966 (57 years)	Current Address:	128 Corsock Street Glasgow
Address:	128 Corsock Street Glasgow		
	G31 3QD		G31 3QD
Return Contact No:			
Tel No:	07444 384861		07444 384861
Mobile No:		Call Origin:	
Priority:	999/Emergency	Calltype:	Ambulance
Received:	16-Dec-2023 20:28	Arrived PCC:	
Advised:	21:01	Cons End:	
Cons start:			
Consulting Doctor:		Own doctor:	Sophie Murphy

CHI Number:
2103666240

NHSD details:

Receptionist:

SAS Ref: 10453965 PALPITATIONS 2 DAYS
EMGI 999 contacted - For information only
Clinical summary created by: Lewis Mcnicoll (Call Taker St) () [16/12/2023 21:01:20] Reason for call: SAS Ref: 10453965 PALPITATIONS 2 DAYSConfirmed Symptom(s): Palpitations with no other symptoms Symptom(s) not found: No current fever Risk Factor(s): No travel outside Europe in last 21 days or to an affected country Call Detail(s): 16:12:2023 20:29:06 MCNICOLL.. HAS HAD A TOOTHACHE AND WAS GIVEN ABX, HAD DIARRHOEA OVER LAST HR, PALPITATIONS WORSE TODAY, COMING UP FROM STOMACH AND FLUTTERING, FACE GOING VERY FLUSHED THEN EASING OFF THEN BECOMING FLUSH AGAIN.. PALPITATIONS INTERMITTENT.. SINCE TAKING THE ABX HASN'T FELT RIGHT.. FACE GETTING WARM AGAIN AND STARTING TO GO RED.. VOMITED A BIT OF WATER UP WHILE WAITING FOR CLINICIAN, TRYING TO DRINK WATER TO HELP, FEELS OUT OF SORTS... D/W PAUL SMITH FEVER, PALPITATIONS, VERY FLUSHED, VOMITING, CANNOT EXCLUDE EITHER SVT OR ENDOCARDITIS, SECONDARY TO DENTAL.

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INFECTION, 999 AMBULANCE. Outcome: 999 contacted - For information only

Followups:
None

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GP Links Microbiology Report	
Patient Details	
Surname	JAMIESON
Forename	LINDA
CHI	2103866240
Date of birth	21.03.1966
Address	128 Corsock St MD GLASGOW G31 3QD
Specimen Details	
Specimen Number	M 23.1100969 E
Specimen Type	Mid Stream Urine
Date/Time Collected	30.11.23 / 16:46
Date/Time Received	01.12.23 / 09:54
Requested By	Dr Calum MacMillan
GP Practice	46560
Date/Time Reported	02.12.23 / 09:52

Results

Report issued by NHS GG&C Microbiology North Sector
Enquiries 0141 201 8551

** FINAL REPORT **

INVESTIGATION: Urine Culture
SPECIMEN TYPE: Mid Stream Urine

CONS/GP: Dr Calum MacMillan Order No:IS21975649
LOCATION: Whitevale MC Glasgow

RESULT: No significant growth

Tests included in UKAS Accreditation (ISO15189) Scope.

Senders ref. no.

Authorised by: Clare McCann MIC GRI
Date/Time authorised: 02.12.2023 09:50

** END OF REPORT **

NHS Confidential: Personal data about a patient

CHI:2103666240, Linda Jamieson, DOB 21/03/1966, Telephone

Stobhill Hospital
Osteoporosis Service
Medication Review Telephone Consultation
 Consultants: Dr Maurizio Panarelli
 Osteoporosis Nurse Specialists: Margaret French, Leigh Robertson & Mayrine Fraser
 Enquiries ☎: 0141 201 0103



Ref: MF/MF/2103666240
 16-Nov-2023

Dr. Sophie Murphy
 THE WHITEVALE MEDICAL GROUP
 WHITEVALE MEDICAL GROUP
 30 WHITEVALE STREET
 GLASGOW
 G31 1QS

Linda Jamieson
 128 Corsock Street
 Glasgow
 G31 3QD

Dear Dr. Murphy

Your patient recently attended for a DXA scan, and was recommended oral bisphosphonate therapy. Today, we have contacted them by telephone to review their osteoporosis medications.

We write to advise you about the outcome of our discussion and any changes in our treatment recommendations for your patient:

- A) No issues with current treatment – continue as prescribed
- B) Patient reports side effects of treatment – see below
- C) Patient unable to adhere to medication regimen – see below
- D) Other – see below
- E) We have been unable to reach your patient by telephone, please consider a treatment review at the next available opportunity and contact us if there are any tolerance or adherence concerns

Treatment / Investigation Recommendations

Consider Alendronic Acid 70mg once weekly (counsel re infrequent risk of dyspepsia & protocol for ingesting medication)
 Continue current vitamin D supplement.

Lifestyle Recommendations

Advise regular weight-bearing exercise appropriate to general health

Comments

I telephoned Linda today. She tells me that she has now stopped her steroids and has not started her Alendronic acid as she was unsure about taking it. I have sent her an information leaflet today which she said she will read and decide whether or not she will take it.

As she is off steroids, she no longer requires another DXA in 1 year and instead we would recommend 5 years.

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CHI:2103666240, Linda Jamieson, DOB 21/03/1966, Telephone

Follow Up

DXA scanning should be repeated in 5 years. Please re-refer via DADS at that point unless, at that time, you feel follow-up would be inappropriate

Yours sincerely



Ms Mayrine Fraser
Osteoporosis Nurse Specialist

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CHI:2103666240, Linda Jamieson, DOB 21/03/1966, Telephone

Stobhill Hospital
Direct Access DXA Service

Consultant: Dr Maurizio Panarelli

Osteoporosis Nurse Specialists: Margaret French, Leigh Robertson & Mayrine Fraser

Tel: 0141 201 0103



Ref: MF/MF/2103666240
 04-Jul-2023

Dr. Sophie Murphy
 THE WHITEVALE MEDICAL GROUP
 WHITEVALE MEDICAL GROUP
 30 WHITEVALE STREET
 GLASGOW
 G31 1QS

Dear Dr. Murphy

Linda Jamieson, DOB: 21-Mar-1966
 128 Corssock Street
 Glasgow
 G31 3QD

Thank you for referring your patient to DADS. DXA scanning & fracture risk assessment were performed on 03-Jul-2023. Your patient has not been seen in person and therefore the treatment / investigation recommendations are based solely on the DXA scan result and any relevant information provided in the patient's Health & Lifestyle Questionnaire. A summary of this report has been sent to your patient.

Scan Date: 03-Jul-2023			
Left Hip			
Neck of femur	BMD: 0.864	TScore: -1.251	ZScore: -0.062
Total hip	BMD: 0.865	TScore: -1.133	ZScore: -0.444
Scan Conclusions:			
Osteopenia			
Spine			
L1-L4	BMD: 0.852	TScore: -2.737	ZScore: -1.759
Scan Conclusions:			
Osteoporosis			

BMD Interpretation - Diagnosis is made according to The World Health Organisation criteria using the lower of the T-scores at neck of femur and lumbar spine. WHO criteria: OSTEOPENIA is defined as a T-score between -1 and -2.5; OSTEOPOROSIS is defined as a T-score of less than -2.5

Osteoporosis Risk Factors

Current use of glucocorticoids-dose likely to affect BMD

Falls and Fracture Risk Factors

Current or previous use of corticosteroids at a dose likely to affect bone metabolism

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CHI:2103666240, Linda Jamieson, DOB 21/03/1966, Telephone

Fracture History
(None)

Treatment / Investigation Recommendations

Consider Alendronic Acid 70mg once weekly (counsel re infrequent risk of dyspepsia & protocol for ingesting medication) and in addition

Consider Colecalciferol 800-1000 IU daily

Lifestyle Recommendations

Advise regular weight-bearing exercise appropriate to general health

Comments

A vertebral fracture assessment was performed today and from the levels of TV3 to LV4 no obvious fractures can be seen.

Bone mineral density (BMD) is 20% below average for age at her lumbar spine. The risk of fracture warrants bone protective treatment as indicated above.

The standard GG&C Alendronic acid information leaflet has been posted to Ms Jamieson. Provided she has no objections, we will phone her in 3 to 4 months time to review how she is managing with this treatment.

Recent bloods (eGFR and bone profile) are satisfactory for the initiation of bisphosphonate therapy.

Follow Up:

Suggest re-referral for DEXA in 12 months

Yours sincerely



Ms Mayrine Fraser
Osteoporosis Nurse Specialist



Dr Maurizio Panarelli
Consultant Biochemist

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103666240

Letter to Patient:

Linda Jamieson
126 CORSOCK STREET
Glasgow
Lanarkshire
G31 3QD

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

NHS
Greater Glasgow
and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3JW
0141 201 3000
Endocrinology
0141 451 5360
Ellen Alexander
14/06/2023
EBA/M
12/06/2023
14/06/2023

Dear Ms Jamieson,

Thank you for attending your clinic appointment. I now have the results of your blood tests. These show that your calcium and parathyroid hormone levels are now completely normalised. Your Vitamin D level is also within normal range and the amount of calcium in your urine is normal. All these together suggest that there is not an ongoing issue with your calcium levels and therefore I do not think hyperparathyroidism is causing your symptoms. We checked a few other hormones including your thyroid function, which is normal. Your other hormone levels, LH, FSH are inkeeping with menopause.

I know that you were about to start HRT when we saw you at clinic and I hope that this has helped with some of your symptoms. I will write to you with the results of your outstanding tests.

Yours sincerely

Dr Elaine Butterly

ST6 DIABETES & ENDOCRINOLOGY

Electronically Signed: Dr Elaine Butterly, Doctor

cc. Dr S Murphy
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1 QS

Printed on 14/06/2023 14:46 by Valerie Macleod

Page 1 of 1

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Jamieson Linda

CHI: 2103666240

Clinic Letter

Dr. S Murphy
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

NHS
Greater Glasgow
and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

ENDOCRINOLOGY
0141 451 6360
MEDICAL SECRETARY
04/05/2023
EB/LP
04/05/2023

Dear Dr. S Murphy,

11/05/2023

Linda Jamieson; D.O.B: 21 Mar 1966; CHI: 2103666240
128 CORSOCK STREET, Glasgow, Lanarkshire, G31 3QD

Attendance: Specialty - Endocrinology; Clinic - STGECEN8-GENERIC ENDO CONS THURS PM
Date and Time of Appointment - 04/05/2023 15:30

Clinical Comments:**Diagnosis:**

1. Transient mild hypercalcaemia, now normalised

Thank you for referring this lady to clinic today with raised calcium levels. She tells me over the last several months she has been feeling terrible on the background of not being right for approximately four years. She has had many symptoms that have been making her feel unwell. She has been feeling tired, having problems with sweating, had felt that she had put on a little bit of weight. Her most recent problem that is causing her the most significant pain is bone pain. She describes this as pain in her bones and her arms bilaterally radiating up to her shoulders and down into her hands.

She occasionally gets hand spasms which last a few seconds. She denies any pain in her upper back or in her lower spine and legs. She had a bone profile checked which showed in October 2022 her adjusted calcium was marginally raised at 2.64. Her calcium normalised in November but in the context of a raised PTH 12.4, however, she had repeat bloods in January showing a PTH of 5 and an adjusted calcium normal at 2.48. She tells me she was going to take vitamin D supplementation but has been told to hold off on this so is not currently taking any vitamin D supplementation. She denies any previous history of similar problems. She denies any history of fractures or kidney stones and denies any family history. Amongst her other symptoms she also describes palpitations and I have sent her for an ECG today. (Normal) She also describes urinary frequency and urgency with a sense of incomplete emptying. She has been on Prednisolone 7 mgs once a day for approximately the last two months. She is unsure exactly why she is taking this. I wonder from what she says whether it

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Jamieson Linda

CHI: 2103666240

OPCL 04/05/2023 v1

is a trial of steroids for the possibility of PMR causing her arm symptoms but I was not clear on this.

She tells me she does not always take the steroids and I explained to her that whilst the plan long-term should likely be to reduce the steroids down, this should not be done abruptly and she should make sure she is taking the steroids daily until there is a plan from yourself to reduce these.

On examination she appeared euthyroid with any other evidence of endocrinopathy evident. She did describe a swelling in her neck and has a small less than 1 cm smooth swelling in the left upper part of her neck. Her weight today is 69.4 kgs. She says she has lost intentionally about half a stone in the last few months. Blood pressure is 135/88 and pulse was 95.

Overall it is a little bit difficult to piece together everything going on here. Given that her calcium and PTH normalised I don't think a calcium issue is causing her symptoms. I have rechecked her bloods again today along with a vitamin D level and a urinary calcium creatine ratio. She already had a DEXA booked and is going for this tomorrow. We will also order a renal ultrasound for completeness. In terms of her neck I have ordered a neck ultrasound to see if this lump is coming from parathyroid gland or potentially elsewhere. In the meantime she is going to continue her Prednisolone and discuss with her GP regards to reducing this. She is also trying HRT as she feels she is menopausal and I wonder if this may help several of her symptoms. I have checked her gonadotrophins today and also sent her for an ECG giving her palpitations. I will be in touch with the results.

Many thanks

Yours sincerely

Dr Elaine Butterly

ST6, Endocrinology

Electronically Signed: Dr Elaine Butterly, Doctor

cc.

GP Links Microbiology Report	
Patient Details	
Surname	JAMIESON
Forename	LINDA
CHI	210366240
Date of birth	21.03.1966
Address	128 Corssock St MD GLASGOW G31 3QD
Specimen Details	
Specimen Number	M 23 1021469.E
Specimen Type	Mid Stream Urine
Date/Time Collected	09.03.23 / 12:43
Date/Time Received	09.03.23 / 14:05
Requested By	Dr Miki Soo
GP Practice	46560
Date/Time Reported	10.03.23 / 08:37
Results	

Report issued by NHS GG&C Microbiology North Sector
Enquiries 0141 201 8551

** FINAL REPORT **

INVESTIGATION: Urine Culture
SPECIMEN TYPE: Mid Stream Urine

CONS/GP: Dr Miki Soo Order No:IS19834502
LOCATION: Whitevale MC Glasgow

RESULT: No growth

Tests included in UKAS Accreditation (8978) Scope.

Senders ref. no.

Authorised by: Automatic release by system
Date/Time authorised: 10.03.2023 08:32
** END OF REPORT **

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Ear, Nose & Throat (ENT) - Head and Neck
Alexandra Parade
Glasgow
G31 2ER

10/02/2023

Dr A Parkins
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Dear Dr A Parkins

Patient Name: Linda Jamieson
CHI Number: 2103666240
Referral Date: 10/02/2023

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

Please refer to the referral guidance directory for referral criteria for this service.

<https://www.nhsggc.scot/hospitals-services/services-a-to-z/referral-guidelines/>

Insufficient clinical information to allow specialty to triage this referral.

Enter free text here

Other

Thanks for your letter a cervical node that has reduced to just 3mm in size is almost certainly reactive and so does not need to be seen it is unlikely to get much smaller. From the endocrine perspective I note that both the Calcium and PTH have now normalised making hyperparathyroidism unlikely

Yours sincerely

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Mr Omar Hilmi

User ID Omar Hilmi

SCGC Opwl Rem Ref Hosp Req V1

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WIS Confidential - Personal data about a patient

Glasgow Royal Infirmary: Diagnostic Imaging Report

Patient	LINDA JAMIESON	Address	128 CORSOCK STREET, GLASGOW, LANARKSHIRE, G31 3QD
DOB	21/03/1966	CHI No.	2103666240
Ref. Source	The Whitevale Medical Group	Practice Code	46560
Referrer	Dr Miki Soo (GPST)	Exam Date	13/01/2023 13:01

Report Summary**Clinical History :**

1/12 history of achey joints, being investigated for high ca2+, likely pmr/post viral arthritis but for exr to exclude lung path

XR Chest**XR Chest :**

Comparison made with previous. The heart and mediastinal contours are satisfactory. No new focal active pulmonary disease is seen.

Last verified by: 6026466 (Dr Ross MacDuff)

Reported by: 6026466 (Dr Ross MacDuff)

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	6785497	Receive Date:	29-Oct-2022 23:49
Patient's Name:	Linda Jamieson	Gender:	F
Date of birth:	21-Mar-1966 (56 years)	Current Address:	128 Corsock Street Glasgow
Address:	128 Corsock Street Glasgow		
Return Contact No:	G31 3QD		G31 3QD
Tel No:	07444 384861		07444 384861
Mobile No:		Call Origin:	
Priority:	within 4 hours	Calltype:	Advice
Received:	29-Oct-2022 23:49	Arrived PCC:	
Advised:	00:08	Cons End:	
Cons start:			
Consulting Doctor:	Graeme Clokey	Own doctor:	Sophie Murphy

CHI Number:
2103666240

NHSD details:

Receptionist:

PINS & NEEDLES IN ARMS & HANDS - 10 MINS

DPP4 Speak to clinician within 4 Hrs

Clinical summary created by: Julie Fraser (Call Taker St) () [30/10/2022 00:09:42]

Reason for call: PINS & NEEDLES IN ARMS & HANDS - 10 MINS 29:10:2022

23:49:44 FRASERJL. SWEATING.PRESCRIBED CITALOPRAM 2 DAYS

AGO... REDNESS ON SKIN.. 30:10:2022 00:07:11 MAGILLA.. PT WAS

WATCHING TV WHEN SHE FELT A FEELING OF HEAT IN HER CHEST

FOLLOWED BY PINS AND NEEDLES IN BOTH ARMS AND A FEELING OF

NUMBNESS. VERY ANXIOUS DURING TRIAGE. SYMPTOMS STARTING

TO.. RESOLVE. PT RECENTLY COMMENCED CITALOPRAM FOR

ANXIETY 2 DAYS AGO AND FEELS SYMPTOMS ARE DUE TO THIS. SPEAK

TO DR 4 HRS HUB TO ARRANGE.. Outcome: Speak to clinician within 4 Hrs

Triage details:

History Message left at 05.10

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- No answer on 3 occasions - message left to contact NHS24 prn

Followups:

Patient Did Not Attend

Clinical Codes:

222G. Only use if diagnosis not made

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GP Links Microbiology Report	
Patient Details	
Surname	JAMIESON
Forename	LINDA
CHI	210366240
Date of birth	21.03.1966
Address	128 Corssock St MD GLASGOW G31 3QD
Specimen Details	
Specimen Number	M 22.1128887.B
Specimen Type	Mid Stream Urine
Date/Time Collected	27.10.22 / 17:34
Date/Time Received	28.10.22 / 09:34
Requested By	Dr Miki Soo
GP Practice	46560
Date/Time Reported	29.10.22 / 12:37

Results

Report issued by NHS GG&C Microbiology North Sector
Enquiries 0141 201 8551

** FINAL REPORT **

INVESTIGATION: Urine Culture
SPECIMEN TYPE: Mid Stream Urine

CONS/GP: Dr Miki Soo Order No: I818814060
LOCATION: Whitevale MC Glasgow

RESULT: No significant growth

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Clare McCann MIC GRI
Date/Time authorised: 29.10.2022 12:32
** END OF REPORT **

NHS Confidential: Personal data about a patient

Scottish Breast Screening Programme
West of Scotland Breast Screening Centre
Part of NHS Greater Glasgow and Clyde
Stock Exchange Court
77 Nelson Mandela Place
Glasgow
G2 1GT
0141 800 8800
G3-UH5.wosbs@nhs.net

Dear Doctor,

Linda Jamieson 2103666240

Did Not Attend for Breast Screening on 05-07-2022.

Yours sincerely,

Dr Marzi Davies
Clinical Director

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SNIS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **positive**

Patient Details

Surname	JAMIESON
Forename	LINDA
CHI	2103666240
Date of birth	1966-03-21
Sex	Female
Address	128 CORSOCK ST GLASGOW G31 3QD

Specimen Details

Specimen Processed Date	05-09-2021 12:37
Test Start Date	02-09-2021 20:00
Test End Date	02-09-2021 19:53
GP Practice	46560
Specimen Number	AAM22826636
Administration Method	

End of Report

Report Date: 09/09/2021

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103666240

Emergency Attendance Letter

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 07/06/2021

Consultant: Dr Donogh Maguire

RJ Hardman
The Whitevale Medical Group
30 Whitevale Street
Glasgow
Glasgow
G31 1QS

Dear RJ Hardman

Re: **Jamieson Linda**
128 CORSOCK STREET
Glasgow G31 3QD

DOB: 21/03/1966

CHI: 2103666240

Attended on: 07/06/2021 at 00:47 hrs.

Departed on: 07/06/2021 at 06:36 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 0

Presenting complaint
chest pain

Nursing Assessment:

CCP onset 1.5 hrs ago. non radiating, sharp pain. pain on/off. pain free in triage. taken analgesia with no relief. feels has hiccups and feels nauseous. denies covid symptoms. cat 0 for ecg please. news =2.

Investigations in ED:

- | | | |
|-----------------------|--------------------------|------------------------|
| 1. Coagulation screen | 2. Urea and Electrolytes | 3. Glucose |
| 4. LFT | 5. CRP | 6. Chol / Triglyceride |
| 7. Full Blood Count | 8. Troponin I hs | 9. XR Chest |
| 10. D - Dimer | 11. Troponin I hs | |

Page 1 of 2

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103666240

Diagnosis:

Diagnosis	Side	Site
Chest Pain, Unspecified		

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

This 55 year old lady with no significant past medical history attended A&E with sudden onset of central chest pain - sharp in nature, non-radiating with no other autonomic features. She was reviewed by the medical team in AAU and examination was found to be unremarkable. Investigations:- ECG - NSR - no acute changes, CXR - nil acute, D-dimer < 150, Troponin <4 (repeated 3 hours later - remained <4). Observations were all within normal range. Chest pain was felt to be non-cardiac in nature - she was advised a trial of PPI and discharged home with worsening advice. Should you require any further admission regarding this patient's admission, then please do not hesitate to contact us.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Alice Hepburn
Doctor

Copies to:

1. RJ Hardman (GP)

School Address:

NHS Confidential: Personal data about a patient

Scottish Breast Screening Programme
West of Scotland Breast Screening Centre
Part of NHS Greater Glasgow and Clyde
Stock Exchange Court
77 Nelson Mandela Place
Glasgow
G2 1GT
0141 800 8800
G3-UH5.wosbs@nhs.net

Dear Doctor,

Linda Jamieson 2103666240

Did Not Attend for Breast Screening on 02-04-2019.

Yours sincerely,

Dr Marzi Davies
Clinical Director

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103666240

Emergency Attendance Letter

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 24/08/2018

Consultant: Dr Ryan Connelly

RJ Hardman
The Whitevale Medical Group
30 Whitevale Street
Glasgow
Glasgow
G31 1QS

Dear RJ Hardman

Re: **Jamieson Linda**
128 CORSOCK STREET
Glasgow G31 3QD

DOB: 21/03/1966

CHI: 2103666240

Attended on: 24/08/2018 at 15:28 hrs.

Departed on: at hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 1

Presenting complaint
knee injury

Nursing Assessment:

Investigations in ED:
1. XR Knee Rt

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103866240

Diagnosis:

Diagnosis	Side	Site
Crushing injury of knee	Right	

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

This 52 year old nursing student presents to ED today with a painful RT knee she sustained having fallen directly on it 3 days ago. She was particularly tender over her tibial table. X-rays show no new bony injury and she was discharged home with analgesia and advice. Thank you.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Tracy Bruce
Nurse

Copies to:

1. RJ Hardman (GP)

School Address:

NHS Confidential: Personal data about a patient

Orthopaedic Department
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF



Glasgow G3 7ER
12/06/2018

Dr RJ Hardman
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Dear Dr RJ Hardman

Re Patient

Linda Jamieson
128 CORSOCK STREET
Glasgow G31 3QD

CHI Number: 2103666240
Consultant: Mr Grzegorz Sianos
Specialty: Orthopaedics
Date and time: 12/06/2018, at 14:45

It would appear from our records that your patient did not keep the above appointment and did not notify us that they would not be attending.

Your patient has been informed of the missed appointment and no further appointment will be offered without further request from the patient or yourself. Your patient has been provided with the hospital contact details to use to request a further appointment. If on consideration of the clinical or social circumstances of the patient you feel it is appropriate to request a further appointment on the patient's behalf please resend the gateway referral.

Yours sincerely

Maria Murphy

Outpatient Administration/Waiting List Manager

User ID Annmarie Henry

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103666240

Clinical letter - GP:

Dr. RJ Hardman
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

NHS
Greater Glasgow
and Clyde
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Orthopaedics

02/05/2018

JL/LMC

01/05/2018

01/05/2018

Dear Dr Hardman,

Linda Jamieson; D.O.B: 21/03/1966; CHI: 2103666240
128 CORSOCK STREET, Glasgow, Lanarkshire, G31 3QD

Diagnosis: grade II sprain of ulnar collateral ligament at CMC joint – thumb

Outcome: clinic review in 4-6 weeks' time

This 52-year old lady who is right hand dominant sustained the above injury while she was hoovering and fell over stairs approximately 2 weeks ago. She went through the acute scaphoid fracture pathway and had an MRI scan. We have given her a diagnosis as above. There is no evidence of a scaphoid fracture.

On examination of the metacarpal phalangeal joint, at the MCPJ she is stable on both radial and ulnar collateral ligament. Scaphoid shift test is stable and not painful.

Given the MRI findings she will continue with the splint for a further 4-6 weeks and I have given her an optional appointment in 4-6 weeks' time. She is right hand dominant and she works in the beauty industry.

Yours sincerely

Justin Lee ST4

Orthopaedic Registrar

Printed on 02/05/2018 14:34 by Samantha Lepkowski

Page 1 of 2

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103666240

GCL 01/05/2018 v1

Electronically Signed: Dr Sze Wei Justin Lee, Doctor

cc.

THIRD PARTY COPY

Printed on 02/05/2018 14:34 by Samantha Lepkowski

Page 2 of 2

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103666240

Emergency Attendance Letter

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 02/06/2017

Consultant: Dr Scott Taylor

RJ Hardman
The Whitevale Medical Group
30 Whitevale Street
Glasgow
Glasgow
G31 1QS

Dear RJ Hardman

Re: **Jamieson Linda**
128 CORSOCK STREET
Glasgow G31 3QD

DOB: 21/03/1966

CHI: 2103666240

Attended on: 02/06/2017 at 16:38 hrs.

Departed on: 02/06/2017 at 19:32 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 2

Presenting complaint

uti

Nursing Assessment:

D/Ch from ward 56a 3/7 after being treated for UTI & retention. Still c/o pain when PU & now feeling dizzy.

Investigations in ED:

- | | | |
|--------------------------|---------------------|------------|
| 1. Urea and Electrolytes | 2. LFT | 3. Glucose |
| 4. CRP | 5. Full Blood Count | |

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103866240

Diagnosis:

Diagnosis	Side	Site
Urinary tract infection, site not specified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Linda Jamieson presented with ongoing symptoms of a urinary tract Infection. She was advised to take her last dose of trimethoprim and was given a course of nitrofurantoin as a contingency in case her symptoms do not settle.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Stephen Foley
Doctor

Copies to:

1. RJ Hardman (GP)

School Address:

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Jamieson Linda CHI: 2103666240

11/2 Age 51

Immediate Discharge Letter



Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
 Alexandra Parade
 Glasgow
 G31 2ER
 Main Switchboard: 0141 211 4000
 Date of Completion: 31/05/2017

Dr. RJ Hardman
 The Whitevale Medical Group
 30 Whitevale Street
 Glasgow
 G31 1QS

Dear Dr RJ Hardman,

Name	CHI	DoB	Address
Linda Jamieson	2103666240	21/03/1966	128 CORSOCK STREET Glasgow G31 3QD

Admitted	Type	Discharged	Destination
31/05/2017 11:11	In Patient	31/05/2017	

Specialty	Consultant	Ward	Telephone
Gynaecology	Dr Ros Jamieson	GRI Ward 56A Gynaecology	

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Doctor,
 Linda Jamieson was admitted to the GRI on 31/05 with post-coital pain and bleeding.
Diagnosis: Urinary retention and UTI
Background: This patient presented with a 3 day history of generalised abdominal pain and bleeding following sexual intercourse with her partner. She also complained of dysuria and difficulty passing urine.
Investigations: A TV USS revealed a large cystic mass located centrally in the pelvis. Urinalysis- Positive for bloods, protein and leucocytes.
Treatment: A urinary catheter was inserted which drained 150ml urine. On re-imaging the cystic mass had disappeared. Antibiotics for suspected UTI. Analgesia
Outcome: Her pain improved following insertion of the urinary catheter and with analgesia. To complete 3 days of antibiotics.
 Kind Regards

1617

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103666240

2/2

IDL 31/05/2017 v1

Treatments: None recorded.

Follow-up arranged: none

Planned Outpatient Investigations: none

Final Discharge letter to follow: y

Medication Info:

Allergies:

Height: 1.60 cm

Weight: 60 kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Trimethoprim Tablets	Oral	200	mg	TWICE a day	3 Days	

Medication Comment: trimethoprim for 3 days

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Lewis Morrison
Doctor

Prescription Review

Medications Reviewed by Pharmacist,
Dispensed Medications Checked by Pharmacy,
Nurse discharging patient: Lewis Morrison, Doctor

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NHS Confidential: Personal data about a patient

Jamieson Linda CHI: 2103666240

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No
 This letter supersedes previous version of 29 Sep 2016 16:19

Dr. RJ Hardman
 The Whitevale Medical Group
 30 Whitevale Street
 Glasgow
 G31 1QS

Glasgow Royal Infirmary
 Alexandra Parade
 Glasgow
 G31 2ER
 Main Switchboard: 0141 211 4000
 Date of Completion: 14/10/2016

Dear Dr RJ Hardman,

Name	CHI	DoB	Address
Linda Jamieson	2103666240	21/03/1966	128 CORSOCK STREET Glasgow G31 3GD
Admitted	Type	Discharged	Destination
29/09/2016 11:48	In Patient	29/09/2016	
Specialty	Consultant	Ward	Telephone
General Surgery	Mr Colin J Mckay	GRI Acute Assessment Unit	0141 211 5457
Reason for Admission and Presenting Complaints	Admission Category		
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified		
Diagnosis	Site	Side	
Date	Procedures/Interventions/Operations		

Clinical Comments: Dear Doctor,
 This 50 year old lady was admitted to GRI SAU for assessment on the 29/09/16 complaining of LIF pain. Ms Jamieson has a past medical history including anxiety, a UTI, pneumonia and a recent chest infection. On assessment blood tests were normal other than a CRP of 11, all observations were normal and urinalysis showed a trace of protein only. On examination Ms Jamieson was tender in the LIF with a soft abdomen however her pain had settled considerably. Ms Jamieson was kept in the department for observation however following review by the surgical team was discharged home with analgesia and laxatives, the impression being constipation. She has been advised to re attend should symptoms return or worsen.
 Yours Sincerely,
 Jillian McColl,
 Surgical Nurse Practitioner.

/trak/scgc/PRD2014/store/Letters/ToSend/
 IDL_9247393_2.pdf
 Printed on 14 Oct 2016 10:46 by Angela Harrison

Page 1 of 2

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103866240

IDL 29/09/2016 v2

FINAL DISCHARGE COMMENTS:

FW/AH 5/10/2016

Nil to add

Treatments: None recorded.**Follow-up arranged:** none**Planned Outpatient Investigations:** none**Final Discharge letter to follow:** No**Medication Info:****Allergies:****Height:** cm**Weight:** kg**Discharge Medication:**

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Co-codamol 30/500 Tablets	Oral	2	tablet(s)	Every 4 - 6 Hours when required	7 Days	
Lactulose Solution	Oral	10	mL	TWICE a day	7 Days	
Senna Tablets	Oral	10	mg	At Night	7 Days	

Discontinued Medication:

Drug Name	Dose	UOM	Reason
-----------	------	-----	--------

Yours sincerely,
Dr Fraser Welsh
Doctor

Prescription Review

Medications Reviewed by Pharmacist: .
Dispensed Medications Checked by Pharmacy: .
Nurse discharging patient: Angela Harrison,

/trak/scgc/PRD2014/store/Letters/ToSend/
IDL_9247393_2.pdf
Printed on 14 Oct 2016 10:46 by Angela Harrison

Page 2 of 2

NHS Confidential: Personal data about a patient

Jamieson Linda CHI: 2103666240

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

Dr. RJ Hardman
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 29/09/2016

Dear Dr RJ Hardman,

Name	CHI	DoB	Address
Linda Jamieson	2103666240	21/03/1966	128 CORSOCK STREET Glasgow G31 3QD

Admitted	Type	Discharged	Destination
29/09/2016 11:48	In Patient	29/09/2016	

Specialty	Consultant	Ward	Telephone
General Surgery	Mr Colin J Mckay	GRI Acute Assessment Unit	0141 211 5457

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Doctor,
This 50 year old lady was admitted to GRI SAU for assessment on the 29/09/16 complaining of LIF pain. Ms Jamieson has a past medical history including anxiety, a UTI, pneumonia and a recent chest infection. On assessment blood tests were normal other than a CRP of 11, all observations were normal and urinalysis showed a trace of protein only. On examination Ms Jamieson was tender in the LIF with a soft abdomen however her pain had settled considerably. Ms Jamieson was kept in the department for observation however following review by the surgical team was discharged home with analgesia and laxatives, the impression being constipation. She has been advised to re attend should symptoms return or worsen.
Yours Sincerely,
Jillian McColl.
Surgical Nurse Practitioner.

/trak/scgc/PRD2014/store/Letters/ToSend/
IDL_9247393_1.pdf
Printed on 29 Sep 2016 16:19 by Jillian McColl

Page 1 of 2

NHS Confidential: Personal data about a patient

Jamieson Linda

CHI: 2103866240

IDL 29/09/2016 v1

Treatments: None recorded.**Follow-up arranged:** none**Planned Outpatient
Investigations:** none**Final Discharge letter
to follow:** yes**Medication Info:****Allergies:****Height:** cm**Weight:** kg**Discharge Medication:**

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Co-codamol 30/500 Tablets	Oral	2	tablet(s)	Every 4 - 6 Hours when required	7 Days	
Lactulose Solution	Oral	10	mL	TWICE a day	7 Days	
Senna Tablets	Oral	10	mg	At Night	7 Days	

Discontinued Medication:

Drug Name	Dose	UOM	Reason
-----------	------	-----	--------

Yours sincerely,
Nurse Jillian McCoil
Nurse

Prescription Review

Medications Reviewed by Pharmacist: .
Dispensed Medications Checked by Pharmacy: .
Nurse discharging patient: Jillian McCoil, Nurse

NHS Confidential: Personal data about a patient

Scottish Breast Screening Programme
West of Scotland Breast Screening Centre
Part of NHS Greater Glasgow and Clyde
Stock Exchange Court
77 Nelson Mandela Place
Glasgow
G2 1GT
0141 800 8800
G3-UH5.wosbs@nhs.net



Dear Doctor,

Linda Jamieson 2103666240

Did Not Attend for Breast Screening on 19-05-2016.

Yours sincerely,

Dr Hilary Dobson
Clinical Director

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

2016-01-07 08:11:33

E-Pacer PATIENT REPORT													
Time	04:52:00			Date	2016-01-07								
PATIENT AND INCIDENT DETAILS													
Incident number	CR002644605.001												
Name	LINDA JAMIESON												
Date of Birth	1966-03-21												
Additional Comments and Observations	999 CALL FOR A 48 YOF SUFFERING FROM CHEST PAIN. O/A MET AT DOOR BY PT,CONS,ALERT. O/E C/O PLEURITIC CHEST PAIN RADIATING TO HER BACK, WEAKNESS IN LIMBS, LETHARGIC. 12 LEAD ECG TAKEN, NSR. REFUSED TRANSPORT TO HOSPITAL. REFUSAL SCREEN SIGNED. REPORTED SHE WILL CONTACT GP LATER TODAY. ADVISED IF CONDITION CHANGED TO CONTACT SAS.												
VITAL SIGNS													
Time	Pulse	Cap Refill	Resp	BP SYS	BP Dia	Peak Flow	Blood Glucose	Temp	SpO2	GCS	RTS	Pain Score	
05:05:00	84	<2 secs	20	147	95		5.8	36.5	100	15	7.6	3	
05:20:00	70			147	95				100	15	7.6	2	
GCS													
Eye Opening			Verbal Response				Motor Response				Total		
Spontaneous			Orientated				Obeys commands				15		
											15		
Spontaneous			Orientated				Obeys commands						
AMPLE													
Allergy Type													
Medication	PENICILLIN												
Past History	NIL												
Events Prior To Incident	DIAGNOSED WITH A CHEST INF 2/52 AGO, PRESCRIBED PENICILLIN. DUE TO FINISH COURSE IN 2/7 TIME. FELT UNWELL AT WORK YESTERDAY. PLEURITIC CHEST PAIN, NAUSEA, FEVER/CHILLS. FELT WORSE THROUGH THE NIGHT. CONTACTED NHS24, REFERRED TO SAS.												
Hours Last Eaten Before Incident	> 5hrs												
PATIENT CONSENT													
Treatment Benefits Explained	Yes												
Risks Of Condition Explained	Yes												
Risk Of Refusal Explained	Yes												
Capacity To Understand Risks And Treatment	Yes												
Advice Given To Patient	Yes												
TREATMENT REFUSAL FORM													
Patient Name													
Agree that I have declined offer (treatment/transport) and accept full responsibility for this decision	<i>Linda Jamieson</i>												
Witness Name													
Signature of Witness													
EMERGENCY SERVICES													
In Attendance	Paramedic												
PRIMARY SURVEY													
Airway Assessment	Clear												
Breathing													
Breathing Rate	Normal												
Pulse													
Pulse	Normal												

NHS Confidential: Personal data about a patient

Skin			
Skin Colour	Normal		
Skin Texture	Dry		
CSI			
CSI Assessment	No evidence of C-spine injury		
RESPIRATORY SITES			
INJURIES			
EYES AND PUPILS			
Left Pupil Size	Normal		
Left Pupil Reaction	Normal		
Right Pupil Size	Normal		
Right Pupil Reaction	Normal		
CARDIAC			
Defibrillator Charges			
Charge Given	Time	ROSC	
Time	04:52:00	Date	2016-01-07
PATIENT AND INCIDENT DETAILS			
Incident number	CR002644605.001		
Name	LINDA JAMIESON		
Stop Code	Yes, Declined Travel/Treatment		
Crew 1 Pin	E0030260	Crew 2 Pin	E1016075
Incident Type	EMG		
Incident Location	128 CORSOCK STREET HAGHILL GLASGOW		
Incident Postcode	G31 3QD		
Date Call Received	2016-01-07	Time Call Received	04:52:00
Date Call Passed	2016-01-07	Time Call Passed	04:52:00
Date Crew Mobile	2016-01-07	Time Crew Mobile	04:52:00
Date Crew at Scene	2016-01-07	Time Crew at Scene	05:00:00
Date Crew left Scene		Time Crew left Scene	
Date Patient at Hospital		Time Patient at Hospital	
Date Crew Clear	2016-01-07	Time Crew Clear	06:03:00
Initial AMPDS Code		Initial AMPDS Description	
Final AMPDS Code	10A01	Final AMPDS Description	Chest Pains, Breathing normally 12-34 rpm
Receiving Hospital			

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde

Page 1 of 2

Call No: 27665 **Date:** 07/01/2016 **External Case**
Patient's Name: Linda Jamieson **DOB:** 21/03/1966 **Age:** 49 years
Address Today **Home Address (If Different)**
 128 Corssock Street Dennistoun

Glasgow
Postcode: G31 3QD **Postcode:**
Current Phone 07895 913969 **Home Phone (If Different)** 0141 554 4911

CHI Number 2103666240

Callers Name: **Relationship to patient:**
Name of GP: Hardman,RJ(208) **Time Call Received NHS24** 07/01/2016 04:40:31

Surgery: 208 30 Whitevale Street **Time Received OOH**
Call Type: No Action Required **Time Patient Arrived**
 By Co-op

Priority **Consultation Start**
Consultation End

Receptionist: **Time Arrived:** **Time Complete:** 07/01/2016 05:01

RETURN CALLER.PT ALREADY HAS A PCEC APPT 4 HOURS WITH TRANSPORT ARRANGED.PAIN IS WORSE.DIZZY TURNS (User) (Cardonald))

CHEST PAIN 2/3 HOURS SEE A/V

EMGI 999 contacted. For information only

Clinical summary created by: (Nurse Advisor) (Fife) [07/01/2016 05:01:27]

CENTRAL CHEST PAIN FOR 2-3 HOURS AND PAIN IS NOW IM CENTRE OF CHEST 2ND CALL DIZZY, DULL ACHE, SOB, NAUSEA, PAIN IS NOT TRAVELLING AND NOT CHANGED BY MOVEMENT ETC, ARMS FEEL HEAVY PCEC WITH TRANSPORT WAS BOOKED BUT WERE UNABLE TO GET AN ANSWER AND LEFT. PASSED TO SAS

NHS24 Summary

Remarks:

BP: **PR:** **Temp:**

Doctor/Nurse: **Follow Up:**

Consultation(s):

By: **Start** **Finish**

Clinical Assessment Details:

Started-
 Finished-
 Initial Assessment

History

Examination

Diagnosis

Report Statistics: Report produced by Adastra Version 3 - 07/01/2016 05:02:44

NHS Confidential: Personal data about a patient

Page 2 of 2

Treatment

Clinical Coding

Prescription Details

THIRD PARTY COPY

Report Statistics:

Report produced by Adastral Version 3 - 07/01/2016 06:02:44

NHS Confidential: Personal data about a patient

2014-12-12 07:12:53

E-Pacer PATIENT REPORT													
Time		05:29:00		Date		2014-12-12							
PATIENT AND INCIDENT DETAILS													
Incident number		CR001776152.001											
Name		LINDA JAMIESON											
Date of Birth		1966-03-21											
Additional Comments and Observations		999 CALL FOR CHEST PAIN O/A PT VERY ANXIOUS PT HAD BOUT OF DIARRHOEA X3 NOW HAS PAIN IN CENTRE OF CHEST NON RADIATING PT CONSENTED TO FULL SET OF OBS ALL WITHIN NORMAL RANGE PT BEGAN TO RELAX AND PAIN LESSENNED PT ADAMENT NOT GOING TO HOSP AND SIGNED REFUSAL FORM AND ADVISE GIVEN											
VITAL SIGNS													
Time	Pulse	Cap Refill	Resp	BP SYS	BP Dia	Peak Flow	Blood Glucose	Temp	SpO2	GCS	RTS	Pain Score	
05:35:00	98	<2 secs	18	130	88		7.2	36.4	100	15	7.6	2	
05:48:00	88	<2 secs	18	132	84			36.3	100	15	7.6	1	
GCS													
Eye Opening		Verbal Response				Motor Response				Total			
Spontaneous		Orientated				Obeys commands				15			
										15			
AMPLE													
Allergy Type													
Medication		NIL											
Past History													
Events Prior To Incident		PT WOKE THIS AM WITH BOUT OF DIARRHOEA X3 THEN FELT CENTRAL CHEST PAIN COME ON AND PT STARTED TO PANIC.											
Hours Last Eaten Before Incident		> 6hrs											
TREATMENT REFUSAL FORM													
Patient Name													
Agree that I have declined offer (treatment/transport) accept full responsibility for this decision		<i>Linda Jamieson</i>											
Witness Name													
Signature of Witness													
EMERGENCY SERVICES													
In Attendance		Paramedic											
PRIMARY SURVEY													
RESPIRATORY SITES													
INJURIES													
EYES AND PUPILS													
Left Pupil Size		Normal											
Left Pupil Reaction		Normal											
Right Pupil Size		Normal											
Right Pupil Reaction		Normal											
CARDIAC													
Defibrillator Charges													
Charge Given		Time		ROSC									
AMI													
Pain Location		Pain located centrally											
ST Segment Change Shown On ECG		Flat											
Patient History		Patient Age Over 35											
Time		05:29:00		Date		2014-12-12							

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PATIENT AND INCIDENT DETAILS			
Incident number	CR001776152.001		
Name	LINDA JAMIESON		
Stop Code	Yes, Declined Travel/Treatment		
Crew 1 Pin	E0015334	Crew 2 Pin	E0023442
Incident Type	EMG		
Incident Location	328 CORSOCK STREET HAGHILL GLASGOW		
Incident Postcode	G31 3QD		
Date Call Received	2014-12-12	Time Call Received	05:29:00
Date Call Passed	2014-12-12	Time Call Passed	05:29:00
Date Crew Mobile	2014-12-12	Time Crew Mobile	05:29:00
Date Crew at Scene	2014-12-12	Time Crew at Scene	05:34:00
Date Crew left Scene		Time Crew left Scene	
Date Patient at Hospital		Time Patient at Hospital	
Date Crew Clear	2014-12-12	Time Crew Clear	06:00:00
Initial AMPDS Code	10D04	Initial AMPDS Description	Clammy with Chest Pains
Final AMPDS Code	10A01	Final AMPDS Description	Chest Pains, Breathing normally 12-34 rpm
Receiving Hospital			

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Jamieson Linda

CHI: 2103666240

Emergency Attendance Letter

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 06/12/2013

Consultant: Dr Claire Fitzpatrick

RJ Hardman
The Whitevale Medical Group
30 Whitevale Street
Glasgow
Glasgow
G31 1QS

Dear RJ Hardman

Re: **Jamieson Linda**
128 CORSOCK STREET
Glasgow G31 3QD

DOB: 21/03/1966

CHI: 2103666240

Attended on: 06/12/2013 at 01:08 hrs.

Departed on: 06/12/2013 at 03:59 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 3

Presenting complaint

on penicillin now having chest pains and shortness of breath

Nursing Assessment:

on penicillin for 4/7 for chest infection. c/o central chest pain when coughing

Investigations in ED:

- | | | |
|--------------|----------------|---------------------------|
| 1. Amylase | 2. CRP | 3. Full Blood Count |
| 4. Glucose | 5. LFT | 6. Urea and Electrolytes |
| 7. Amylase | 8. CRP | 9. Full Blood Count |
| 10. Glucose | 11. LFT | 12. Urea and Electrolytes |
| 13. XR Chest | 14. Troponin I | |

Page 1 of 2

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Jamieson Linda

CHI: 2103866240

Diagnosis:

Diagnosis	Side	Site
Unspecified acute lower respiratory infection		

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

Productive cough with flu-like symptoms for past 5/7. Given antibiotics by GP. Felt no resolution in symptoms. Now finding it difficult to expectorate and pain when coughing. No increase in pain on inspiration. O/E left basal creps, SpO2 100%. Bloods inc trop normal. CXR - nil acute. Discharged with course of clarithromycin and advised to see GP if symptoms persist.

Followup :

Highly sensitive: N

Consent for sharing withheld: N


Yours sincerely,
 Laura Johnston
 Doctor

Copies to:


1. RJ Hardman (GP)

School Address:

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 DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY <small>CPA ACCREDITED LABORATORY</small>		North Glasgow University Hospitals Division Glasgow Royal Infirmary ☎(0141)-211-5165										
Surname JAMIESON	Forename LINDA	Date of Birth 21.03.66	Sex F	Hospital Number 2103666240	CHI Number 2103666240							
Address 61 CORSOCK STREET HAGHILL	Postcode G31 3PN	Consultant / GP DR TASH. ABHAYARATNA		Hospital ward / GP Practice								
	Hospital / GP G.P.	Ward / Clinic WHITEVALE M.G. - 46560										
Date and Time Received 02.10.13 18:23 HRS	Laboratory Number 5450426	Clinical Information TIRED AND WEAK										
Date Withdrawn	WBC x10 ⁹ /L 40-110	NEUT x10 ⁹ /L 20-75	LYMP x10 ⁹ /L 15-40	Hb g/L M130-280 F115-165	RBC x10 ¹² /L M45-65 F38-58	Hct % M40-54 F37-47	MCV fL 78-99	MCH pg 27-32	RDW % 115-145	Retic x10 ⁹ /L 50-100	Ptcs x10 ⁹ /L 150-400	ESR mm/hr M-10 F-12
27.02.09	7.4	5.5	1.4	12.9	4.27	0.377	88	30.2	13.2		324	
20.09.10	5.2	2.5	2.0	124	4.22	0.385	91	29.4	13.5		274	
30.06.11	8.4	5.9	1.7	137	4.47	0.413	92	30.6	13.0		298	
22.11.12	6.5	3.3	2.4	139	4.62	0.413	89	30.1	12.6		273	2
17.12.12	6.9	4.6	1.3	133	4.48	0.410	92	29.7	12.8		283	
02.10.13	5.3	2.6	2.0	125	4.23	0.376	89	29.6	13.5		279	
Analysed	NEUT x10 ⁹ /L 20-75	LYMP x10 ⁹ /L 15-40	MONO x10 ⁹ /L 02-08	EOS x10 ⁹ /L 004-04	BASO x10 ⁹ /L 001-01	METAS	MYELO	BLAST	OTHER	NRBC	Glandular Fevers Screening Test	DIFFERENTIAL RESULTS AND COMMENTS REFER TO LATEST SPECIMEN
Diff	2.6	2.0	0.6	0.06	0.01							
Comments												
FULL BLOOD COUNT			Reported On	07.10.13 11:52HRS		Authorised By	<i>Auto Check</i>		Haematologist			

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SURNAME	JAMESON	
FORENAME	LINDA	
Hosp No	2103666240	
CHI No	2103666240	
D.O.B	21.03.66	SEX Female
ADDRESS	128 CORSOCK ST GLASGOW	
CONSULTANT/GP	Dr Tash. Abhayaratna	
HOSP/PRACTICE	WHITEVALE MEDICAL GROUP	
WARD/TOWN	30, WHITEVALE STREET	
Collected	Received	Report Issued
02.10.13 @ 14:44	02.10.13 @ 18:50	03.10.13 @ 12:24
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC.		
	Sodium	mmol/L
	Potassium	mmol/L
	Chloride	mmol/L
	Bicarbonate	mmol/L
	Urea	mmol/L
	Creatinine	µmol/L
	eGFR (estimated GFR)	mL/min
5.3	Plasma Glucose 3.5-5.5	mmol/L
	CRP	mg/L
	Amylase	U/L
	Urate	µmol/L
	Troponin I	µg/L
	CK	U/L
	Bilirubin	µmol/L
	AST	U/L
	ALT	U/L
	Gamma-GT	U/L
	Alk. Phos	U/L
	Protein	g/L
	Albumin	g/L
	Globulins	g/L
	Calcium	mmol/L
	Adjusted Calcium	mmol/L
	Phosphate	mmol/L
	Magnesium	mmol/L
	Cholesterol target <5.0	mmol/L
	HDL Cholesterol target >1.0	mmol/L
	Chol/HDL ratio	
	Triglycerides target <2.3	mmol/L
	LDL Cholesterol target <3.0	mmol/L
	TSH	mIU/L
	Free T4	pmol/L
	T3	nmol/L
	IgA	g/L
	IgG	g/L
	IgM	g/L
NB Unless otherwise stated analyses carried out on serum		
100 Dp 1110 2009/02 11 Rev No 159		
§Significant sex/age differences		
Authorised by		
Auto Check	Accredited Medical Laboratory	
Date Reported 03.10.13	Reference No. 2335	

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SURNAME		JAMIESON	
FORENAME		LINDA	
Hosp No	2103666240		
CHI No	2103666240		
D.O.B	21.03.66	SEX	Female
ADDRESS 278 CORSOCK ST GLASGOW			
CONSULTANT/GP		Dr Tash. Abhayaratna	
HOSP/PRACTICE		WHITEVALE MEDICAL GROUP	
WARD/TOWN 30 WHITEVALE STREET			
Collected	Received	Report Issued	
02.10.13 @ 14:44	02.10.13 @ 18:50	03.10.13 @ 12:24	
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC			
141	Sodium	133-146	mmol/L
4.5	Potassium	3.5-5.3	mmol/L
104	Chloride	95-108	mmol/L
	Bicarbonate		mmol/L
3.5	Urea	2.5-7.8	mmol/L
68	Creatinine	40-130	µmol/L
>60	eGFR (estimated GFR)		ml/min
	Plasma Glucose		mmol/L
	CRP		mg/L
	Amylase		U/L
	Urate		µmol/L
	Troponin I		µg/L
	CK		U/L
11	Bilirubin	<20	µmol/L
16	AST	<40	U/L
19	ALT	<50	U/L
	Gamma-GT		µ U/L
56	Alk Phos	30-130	µ U/L
	Protein		g/L
39	Albumin	35-50	g/L
	Globulins		g/L
	Calcium		mmol/L
	Adjusted Calcium		mmol/L
	Phosphate		µmol/L
	Magnesium		mmol/L
	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
1.4	TSH	0.35-5.00	mU/L
11	Free T4	9-21	pmol/L
	T3		nmol/L
	IgA		g/L
	IgG		g/L
	IgM		g/L
NB Unless otherwise stated analyses carried out on serum			
Euthyroid TFT results			
Authorised by Aina Clark Date Reported 03.10.13			
§Significant sex/age differences  Accredited Medical Laboratory Reference No:2335			

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<p>Acute Services Division</p> <p>ACUTE ASSESSMENT UNIT</p> <p>Dr Christine Aiken Dr Allan Cameron Dr Pauline Grose Dr Ravi Jamdar Dr Gerard McKay</p>	<p style="text-align: right;">1/2</p> <p style="text-align: right;">NHS Greater Glasgow and Clyde</p> <p>Glasgow Royal Infirmary 16 Alexandra Parade Glasgow G3 7ER 0141 211 4000</p>
<p>Dictated 20/02/2013 Typed 21/02/2013 Ref AC/ET</p> <p>Dr Roger Hardman Whitevale Medical Group 30 Whitevale Street Glasgow G31 1QS</p>	<p>Secretary: Emma Thomson Tel: 0141 211 5719 Email: Emma.Thomson3@ggc.scot.nhs.uk</p>
<p>Dear Dr Hardman,</p>	
<p>Linda Jamieson - 21/03/1966 CHI: 2103666240 - CRN: 20821615K 128 Corssock Street, Glasgow, Lanarkshire, G31 3QD</p>	
<p>DATE OF ADMISSION: DATE OF DISCHARGE: CONSULTANT:</p>	<p>17th December 2012 18th December 2012 Dr Cameron</p>
<p>DIAGNOSIS:</p>	<ol style="list-style-type: none"> 1. Chest pain – presumed oesophageal origin 2. Negative MI screen 3. Negative/non diagnostic exercise tolerance test
<p>This 46 year old woman presented to medical receiving on the 17th December 2012 with a 24 hour history of chest pain. This was described as central, gripping and radiating to the left arm. This was associated with severe heartburn. She also complained of several episodes of diarrhoea in the hours following the onset of the pain. There was no associated shortness of breath. The pain seemed to improve somewhat with GTN giving in your practice.</p>	
<p>She has no risk factors for ischaemic heart disease other than two 2nd degree relatives died at a young age due to myocardial infarction.</p>	
<p>On examination she was alert, orientated and afebrile. Pulse was 62 per minute and regular, blood pressure 123/78. Her respiratory rate was 16 per minute and oxygen saturations 99% on air. Auscultation of her heart and lungs was unremarkable and her abdomen was soft and non tender.</p>	
<p>Her ECG showed sinus rhythm with some non specific ST/T-wave changes which resolved eight hours after admission. Her chest x-ray was unremarkable. Routine bloods were normal and Troponin I was negative at 12 hours.</p>	
<p>Given the duration of the pain and the negative Troponin, a cardiac cause seemed unlikely. The associated severe heartburn suggested an oesophageal cause.</p>	

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2/2

Page 2:
Linda Jamieson - 21/03/1966

Nevertheless, in view of the clinical features, her family history and the non specific ECG changes, we proceeded to an exercise tolerance test. She only managed to complete 4 minutes and 9 seconds of the full bruce protocol before stopping with dizziness. She did not develop any chest pain or ECG changes during the test which is therefore negative albeit at a low work load.

On balance it seems that cardiac pain was unlikely and she was discharged without further follow up. If she has any recurrence then referral to the rapid access chest pain clinic would be appropriate.

Kind regards,

Yours sincerely,

Dr Allan Cameron
Consultant Physician in Acute Medicine

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HOSPITAL INFORMATION MISSING

NHS
Greater Glasgow
and Clyde

Dr ROGER HARDMAN
THE WHITEVALE MEDICAL GROUP
WHITEVALE MEDICAL GROUP 30 WHITEVALE STREET GLASGOW
G31 1QS

Date: 17 Dec 2012

Dear Dr ROGER HARDMAN,

Re: LINDA JAMIESON, 128 CORSOCK STREET, GLASGOW, LANARKSHIRE, G31 3QD
Date of Birth: 21/03/1966 CHI number: 2103666240

Your patient attended HOSPITAL INFORMATION MISSING on the 17 Dec 2012 at 5:44 PM.

The presenting complaint was: **CHEST PAIN**
Triage information: **Not recorded**
The following investigations were carried out: **None**
The A&E diagnosis was: **PATIENT FOR SPECIALTY TAKE-GP REFERRAL - MEDICAL**
The following treatment was given: **None**
At the conclusion of treatment the patient was: **TRANSFER TO OTHER HEALTH CARE PROVIDER/HOSPITAL**
Follow-up: **A&E REVIEW**
Additional information: **None**

Yours sincerely,

DAVID MCGLYNN
EMERGENCY NURSE PRACTITIONER

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EMERGENCY DEPARTMENT
GLASGOW ROYAL INFIRMARY
84 CASTLE STREET
GLASGOW
G4 0SF

NHS
Greater Glasgow
and Clyde

Dr ROGER HARDMAN
THE WHITEVALE MEDICAL GROUP
WHITEVALE MEDICAL GROUP 30 WHITEVALE STREET GLASGOW
G31 1QS

Date: 17 Dec 2012

Dear Dr ROGER HARDMAN,

Re: LINDA JAMIESON, 128 CORSOCK STREET, GLASGOW, LANARKSHIRE, G31 3QD
Date of Birth: 21/03/1966 CHI number: 2103666240

Your patient attended Glasgow Royal Infirmary on the 17 Dec 2012 at 5:20 PM.

The presenting complaint was: **CHEST PAIN**

Triage information: **CP 1/7 CENTRAL. RADIATING DOWN L ARM. NO SOB, FEELS NAUSEATED. CAT 2 ECG ONLY.**

The following investigations were carried out: **None**

The A&E diagnosis was: **CARDIO-VASCULAR - ?ACUTE CORONARY SYNDROME**

The following treatment was given: **None**

At the conclusion of treatment the patient was: **TRANSFERRED DIRECTLY TO ZONE 3**

Follow-up: **ADMITTED**

Additional information: **None**

Yours sincerely,

NICOLA ALLAN
EMERGENCY DEPARTMENT DOCTOR

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Acute Services Division

Emergency Care and Medical Services Directorate

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Management Office - Queens Park House, Victoria Infirmary
 ☎ 0141 201 5897, Fax: 0141 201 5825
South - Professor Colin Munro, Dr David Bilsland,
 Dr Angela Drummond, Dr Felicity Campbell
West - Dr Robert Heald, Professor David Burden,
 Dr Paula Beattie, Dr Joyce Leman
North East - Dr Martin Purdie
 Dr Susan Holmes, Dr Colin Clark,
 Dr Catherine Jury, Dr Grant Wylie, Dr Mark Darling,
 Dr Alison MacDonald

Glasgow Royal Infirmary
 Department of Dermatology
 84 Castle Street
 Glasgow
 G4 0SF

Consultants
 Dr Catherine Jury (Lead Consultant)
 Dr Colin Clark
 Dr Susan Holmes
 Dr Alison MacDonald

Associate Specialist
 Dr Heather Graham



Greater Glasgow and North Ayrshire
 NHS 24 1448
 Appointments 0141 211 5546
 Fax Number 0141 211 4663
 0141 211 4804

Dr C Jury Sec 0141 211 4670
Dr S Holmes Sec 0141 211 4297
Dr C Clark Sec 0141 211 4297

Nursing
 C Ashton Departmental Manager
 C Macaskill Dermatology Nurse Specialist

SKIN CANCER SCREENING CLINIC - DR COLIN CLARK 28/11/2012

Our Ref: CC/VAT
 Dictated: 28/11/2012
 Typed: 28/11/2012

Dr R Black
 The Whitevale Medical Group
 30 Whitevale Street
 Glasgow
 G31 1QS

Dear Dr Black

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
 128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

DIAGNOSIS: Basal cell papilloma – left cheek
MANAGEMENT: Cryotherapy with usual warnings and information leaflet
FOLLOW-UP: Discharged

This woman had become aware of a pigmented area on her left cheek. This consisted of 3 small islands of pigmentation. Under the dermatoscopic view this is a seborrhoeic keratosis or basal cell papilloma. The pigmentation has been accentuated by her use of fake tans. In view of her extreme concern regarding the area on her cheek it was treated today and hopefully should clear.

No further follow up has been arranged.

Yours sincerely

COLIN CLARK
 Consultant Dermatologist

Delivering better health

JAMIESON, Linda
 www.nhs.uk

NHS Confidential: Personal data about a patient

SURNAME JAMIESON	UNIT No. 20821615K	CONSIGP DR R. HARDMAN
FORENAME LINDA	CHI No. 2103666240	DESTINATION WHITEVALE MEDICAL GROUP
D.O.B 21.03.66 SEX Female	ADDRESS 128 CORSOCK ST GLASGOW	30 WHITEVALE STREET

	DATE TIME	22.11.12 09:04	30.06.11 16:47	24.01.02 18:32		
LH <i>U/L</i> <i>(SeeHandbook)</i>		72.7	41.7	7.2		
FSH <i>U/L</i> <i>(SeeHandbook)</i>		93.3	60.2	5.0		
Prolactin <i>mU/L</i> <i>(<630)</i>						
Oestradiol <i>pmol/L</i> <i>(SeeHandbook)</i>		<70	<70	490		
Progesterone <i>nmol/L</i> <i>(SeeHandbook)</i>						
Testosterone <i>nmol/L</i> <i>(1.0-3.2)</i>						
SHBG <i>nmol/L</i> <i>(20-155)</i>						
FAI <i>(<7.0)</i>						

22.11.12 LH/FSH consistent with menopausal transition

Dept of Clinical Biochemistry North Glasgow Sector NHSGGC
Laboratory Number 8690047
Collected DATE 22.11.12 TIME 09:04
Received DATE 22.11.12 TIME 13:56
Report Issued DATE 23.11.12 TIME 13:16
Authorised by Berry Toole

Gonadal Hormones




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CPA DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY													North Glasgow University Hospitals Division Glasgow Royal Infirmary ☎(0141)-211-5165	
Surname JAMIESON		Forename LINDA		Date of Birth 21.03.66	Sex F	Hospital Number 20821615K		CHI Number 2103666240						
Address 61 CORSOCK STREET HAGHILL		Postcode G31 3PN		Consultant / GP DR ROGER HARDMAN		Hospital ward / GP Practice								
		Hospital / GP G.P.		Ward / Clinic WHITEVALE M.G. - 46560										
Date and Time Received 22.11.12 13:56 HRS		Laboratory Number 5483955		Clinical Information DIZZINESS										
Date Withdrawn	WBC x10 ⁹ /L 40-110	NEUT x10 ⁹ /L 20-75	LYMP x10 ⁹ /L 15-40	Hb g/L M130-180 F115-165	RBC x10 ¹² /L M45-65 F38-52	Hct l/L M40-54 F37-47	MCV fL 78-99	MCH pg 27-32	RDW % 11.5-14.5	Retic x10 ⁹ /L 50-100	Plts x10 ⁹ /L 150-400	ESR mm/hr M<10 F<12		
26.09.08	6.0	3.5	1.9	12.3	4.27	0.384	90	28.8	13.7		332			
26.02.09	7.2	5.0	1.6	12.4	4.13	0.365	88	30.0	13.0		324	8		
27.02.09	7.4	5.5	1.4	12.9	4.27	0.377	88	30.2	13.2		324			
20.09.10	5.2	2.5	2.0	124	4.22	0.385	91	29.4	13.5		274			
30.06.11	8.4	5.9	1.7	137	4.47	0.413	92	30.6	13.0		295			
22.11.12	6.5	3.3	2.4	139	4.62	0.413	89	30.1	12.6		273	2		
Analysed	NEUT x10 ⁹ /L 20-75	LYMP x10 ⁹ /L 15-40	MONO x10 ⁹ /L 02-08	EOS x10 ⁹ /L 004-04	BASO x10 ⁹ /L 001-01	META	MYELO	BLAST	OTHER	NRBC	Glandular Fever Screening Test	DIFFERENTIAL RESULTS AND COMMENTS REFER TO LATEST SPECIMEN		
Diff	3.3	2.4	0.6	0.11	0.03									
Comments														
FULL BLOOD COUNT				Reported On 22.11.12 16:30 HRS	Authorised By <i>Auto Check</i>	Hematology								

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SURNAME		JAMIESON	
FORENAME		LINDA	
Hosp No		20821615K	
CHI No		2103666240	
D.O.B		21.03.66	
SEX		Female	
ADDRESS 128 CORSOCK ST GLASGOW			
CONSULTANT/CP		DR R. HARDMAN	
HOSP/PRACTICE		WHITEVALE MEDICAL GROUP	
WARD/TOWN 30 WHITEVALE STREET			
Collected	Received	Report Issued	
22.11.12 @ 09:04	22.11.12 @ 13:56	22.11.12 @ 20:04	
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC			
140	Sodium	135-145	mmol/L
4.5	Potassium	3.5-5.0	mmol/L
103	Chloride	98-108	mmol/L
	Bicarbonate		mmol/L
4.2	Urea	2.5-7.5	mmol/L
66	Creatinine	40-130	µmol/L
>60	eGFR (estimated GFR)		mL/min
4.7	Plasma Glucose	3.5-5.6	mmol/L
1.7	CRP	<10.0	mg/L
	Amylase		U/L
	Urate		µmol/L
	Troponin I		µg/L
	CK		U/L
8	Bilirubin	<20	µmol/L
14	AST	<40	U/L
17	ALT	<50	U/L
	Gamma-GT		U/L
61	Alk Phos.	40-150	U/L
	Protein		g/L
36	Albumin	32-45	g/L
	Globulins		g/L
	Calcium		mmol/L
	Adjusted Calcium		mmol/L
	Phosphate		µmol/L
	Magnesium		mmol/L
* 6.20	Cholesterol	target <5.0	mmol/L
1.40	HDL Cholesterol	target >1.0	mmol/L
4.4	Chol/HDL ratio		
2.30	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
2.4	TSH	0.35-5.00	mIU/L
14	Free T4	9-21	pmol/L
	T3		nmol/L
	IgA		g/L
	IgG		g/L
	IgM		g/L
NB Unless otherwise stated analyses carried out on serum			
Lab No. N121665047		Run No. 171	
Non-fasting sample - LDL not calculable.			
Euthyroid TFT results			
§Significant sex/age differences			
Authorised by		 Accredited Medical Laboratory Reference No 2335	
Auto Check			
Date Reported 22.11.12			

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Acute Services Division**NORTH & EAST GLASGOW BREAST UNIT**

Stobhill ACH
133 Balornock Road
Glasgow
G21 3UW

**Consultants**

Mr D T Hansell
 Mr K Ogston
 Mrs M MacLean

Secretaries

Lorna Macrae
 Christine McKeown

Contact Details:

0141 355 1506
 0141 355 1504

Grace Ross

0141 355 1503
 Fax: 0141 355 1761

BREAST OUT-PATIENT CLINIC STOBHILL

Our Ref: KO/CMcK

Dictated: 13/04/2012
 Typed: 13/04/2012

Dr Roger Hardman
 The Whitevale Medical Group
 Whitevale Medical Group
 30 Whitevale Street
 Glasgow
 G31 1QS

Dear Dr Hardman

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

I now have the results available from this lady's recent core biopsy performed at my clinic from her right breast. This confirms benign breast tissue only. This would be in keeping with imaging findings.

I will write to the patient to reassure her.

Yours sincerely


 Mr K Ogston
 Consultant Surgeon

NHS Confidential: Personal data about a patient

Acute Services Division**NORTH & EAST GLASGOW BREAST UNIT****Stobhill ACH**
133 Balornock Road
Glasgow
G21 3UW**Consultants**Mr D T Hansell
Mr K Ogston
Mrs M MacLean**Secretaries**Lorna Macrae
Christine McKeown
Grace Ross**NHS**
Greater Glasgow
and Clyde**Contact Details:**0141 355 1506
0141 355 15040141 355 1503
Fax: 0141 355 1761**BREAST OUT-PATIENT CLINIC STOBHILL**

Our Ref: AM/LM

Dictated: 28/03/2012
Typed: 29/03/2012Dr Roger Hardman
The Whitevale Medical Group
Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Dear Dr Hardman

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corssock Street, Glasgow, Lanarkshire, G31 3QD

Thank you for referring this pleasant 56 year old woman who presents with ongoing bilateral breast discomfort. I understand that she was reviewed in the clinic in December 2010 with a complaint of right breast pain. Mammography at that time was normal and she was reassured of the findings that day.

Firstly, her symptoms really haven't improved since that time although symptoms remain intermittent and now affects both sides. She denies any breast discharge and no new lumps. She has no family history of breast disease. Otherwise she keeps relatively well. Age of menarche was 15 years and her menstrual cycle remains regular. She is a non-smoker, has no allergies and is on no regular medication. She has had no previous surgical procedures.

On examination tenderness was elicited in the upper outer quadrants of both breasts. No focal abnormalities were found in the left breast or axilla. In the right breast a focal area of tenderness correlated with an area, a non discrete mass at the 11 o'clock position, possibly cysts. However, ultrasound did not reveal any abnormality in this area so we proceeded to core biopsy of this area under local anaesthetic.

We shall be in touch once we have the core biopsy results. We will, of course, keep you informed of her progress.

Kind regards,

Yours sincerely


Mr Alan Moldrum
ST6 in General Surgery

NHS Confidential: Personal data about a patient

Acute Services Division

Women and Children's Directorate

Clinic F
Second Floor
Stobhill ACH
Balornock Road
Glasgow G21 3UH
Reception 0141 355 1209/1831
Secretaries 0141 355 1230/1211/1829



SPECIALIST GYNAECOLOGY CLINICS

Dictated 19/09/2011
Typed 28/09/2011
Your Ref
Our Ref CT/AMcC

Dr Mark Etherington
The Whitevale Medical Group
30 Whitevale Street,
Glasgow
G31 1QS

Dear Dr Etherington

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

Thank you for referring this patient who attended my one stop clinic on 12th September. Unfortunately her Royal Infirmary notes were not available to me that day but I note that she was due drainage of endometriomas last year but she change her mind about proceeding with surgery.


She has been having problems with erratic menses. Her cycle is still quite regular at 28 days but she is bleeding for between 5 – 13 days at a time. Her periods are heavy and she requires double protection. She is also having secondary dysmenorrhoea with the onset a week before her period. This is relieved by Paracetamol.

A transvaginal ultrasound revealed a normal sized retroverted uterus with a regular cavity. The left ovary was slightly bulky measuring 2.35 x 1.74 cm with a small area within it consistent with an endometrioma. The right ovary appeared normal. Clinical examination was unremarkable. I took a pipelle endometrial biopsy which has revealed proliferative phase endometrium in keeping with her LMP.

We discussed the management options and Linda has agreed to take Tranexamic acid during her menses to lessen the flow. She is not at all keen on anything else. I have therefore not arranged any further follow-up but would be happy to review her if things don't settle.

Kind regards,

Yours sincerely,



Christina Taggart
Consultant Gynaecologist

Delivering better health

www.nhsggc.org.uk

40366

NHS Confidential: Personal data about a patient

SURNAME JAMIESON	UNIT No. 20821615K	CONSIGP DR MARK EATHERINGTON
FORENAME LINDA	CHI No. 2103666240	DESTINATION WHITEVALE MEDICAL GROUP
D.O.B 21.03.66 SEX Female	ADDRESS 128 CORSOCK ST GLASGOW	30 WHITEVALE STREET

	DATE TIME	30.06.11 16:47	25.01.02 18:32			
LH <i>U/L (SeeHandbook)</i>		41.7	7.2			
FSH <i>U/L (SeeHandbook)</i>		60.2	5.0			
Prolactin <i>mU/L (<630)</i>						
Oestradiol <i>pmol/L (SeeHandbook)</i>		<70	490			
Progesterone <i>nmol/L (SeeHandbook)</i>						
Testosterone <i>nmol/L (1.0-3.2)</i>						
SHBG <i>nmol/L (20-155)</i>						
FAI <i>(<7.0)</i>						

30.06.11 Menopausal gonadotrophin levels

Dept of Clinical Biochemistry North Glasgow Sector NHSGGC
Laboratory Number 448983
Collected DATE 30.06.11 TIME 16:47
Received DATE 01.07.11 TIME 14:00
Report issued DATE 01.07.11 TIME 17:30
Authorised by <i>Ms K Smith</i>

Gonadal Hormones




THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Surname		Forename		Date of Birth	Sex	Hospital Number	CHI Number				
JAMIESON		LINDA		21.03.66	F	20821615K	2103666240				
Address		Postcode	Consultant / GP		Hospital ward / GP Practice						
61 CORSOCK STREET HAGHILL		G31 3PN	DR MARK EATHERINGTON								
Date and Time Received		Laboratory Number	Clinical Information								
01.07.11 14:31 HRS		5264309	palpitations								
Date Withdrawn	WBC x10 ⁹ /L	NEUT x10 ⁹ /L	LYMP x10 ⁹ /L	Hb g/L	RBC x10 ¹² /L	Hct /L	MCV fl	MCH pg	RDW %	Platelets x10 ⁹ /L	ESR mm/hr
	4.0-11.0	2.0-7.5	1.5-4.0	M130-185 F115-165	M4.5-6.5 F3.8-5.0	M0.40-0.54 F0.37-0.47	78-99	27-32	11.5-14.5	50-100	M10 F12
21.02.08	5.5	3.4	1.5	12.9	4.43	0.391	88	29.1	13.4		
26.09.08	6.0	3.5	1.9	12.3	4.27	0.364	90	28.8	13.7		
26.02.09	7.2	5.0	1.6	12.4	4.13	0.365	88	30.0	13.0		8
27.02.09	7.4	5.5	1.4	12.9	4.27	0.377	88	30.2	13.2		
20.09.10	5.2	2.5	2.0	12.4	4.22	0.385	81	29.4	13.5		
30.06.11	6.4	5.9	1.7	13.7	4.47	0.413	92	30.6	13.0		
Analyser	NEUT x10 ⁹ /L	LYMP x10 ⁹ /L	MONO x10 ⁹ /L	EOS x10 ⁹ /L	BASO x10 ⁹ /L	META	MYELO	BLAST	OTHER	NRBC	Glandular Fever Screening Test
Diff	2.0-7.5	1.5-4.0	0.2-0.8	0.04-0.4	0.01-0.1						
	5.9	1.7	0.7	0.04	0.01						
Comments											
FULL BLOOD COUNT		Reported On	01.07.11 15:30HRS		Authorised By	Auto Check		Haematologist			

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NHS Confidential: Personal data about a patient

SURNAME		JAMIESON	
FORENAME		LINDA	
Hosp No		20821615K	
CHI No		2103666240	
D.O.B		21.03.66	SEX Female
ADDRESS 128 CORSOCK ST GLASGOW			
CONSULTANT/GP		DR MARK EATHERINGTON [§]	
HOSP/PRACTICE		WHITEVALE MEDICAL GROUP	
WARD/TOWN		30 WHITEVALE STREET	
Collected	Received	Report Issued	
30.06.11 @ 16:47	01.07.11 @ 14:00	01.07.11 @ 16:30	
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGG			
139	Sodium	135-145	mmol/L
4.6	Potassium	3.5-5.0	mmol/L
102	Chloride	98-108	mmol/L
	Bicarbonate		mmol/L
4.3	Urea	2.5-7.5	mmol/L
69	Creatinine	40-130	µmol/L
>60	eGFR (estimated GFR)		mL/min
4.8	Plasma Glucose	3.5-5.5	mmol/L
	CRP		mg/L
	Amylase		U/L
	Urate		µmol/L
	Troponin I		µg/L
	CK		U/L
7	Bilirubin	<20	µmol/L
13	AST	<40	U/L
10	ALT	<50	U/L
13	Gamma-GT	<40	U/L
58	Aik.Phos.	40-150	µmol/L
71	Protein	60-80	g/L
42	Albumin	32-45	g/L
29	Globulins	23-38	g/L
2.38	Calcium		mmol/L
2.40	Adjusted Calcium	2.10-2.60	mmol/L
1.21	Phosphate	0.70-1.40	mmol/L
	Magnesium		mmol/L
	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
1.6	TSH	0.35-5.00	mIU/L
14	Free T4	9-21	pmol/L
	T3		nmol/L
	IgA		g/L
	IgG		g/L
	IgM		g/L
NB Unless otherwise stated analyses carried out on serum			
Lab No. N.11.0448962		Run No. 790	
Euthyroid TFT results			
§Significant sex/age differences			
Authorised by		 Accredited Medical Laboratory Reference No.2335	
Date Reported 01.07.11			

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Emergency Department
Glasgow Royal Infirmary
84 Castle Street
Glasgow G4 0SF

Dr R Hardman
Whitevale Medical Group
30 Whitevale Street
Glasgow

G31 1QS

15 May 2011

Dear Dr Hardman

Re: **LINDA JAMIESON, 128 CORSOCK STREET, GLASGOW, LANARKSHIRE, G31 3QD**
Date of Birth: 21.03.66 Hospital Number: 20821615K CHI Number: 2103666240

Your patient attended Glasgow Royal Infirmary on the 14 MAY 2011 at 19:15 pm.

The presenting complaint was: **Injury To Knee 1 Wk Ago**
Triage Information: **Nil**
The following investigations were carried out: **Knee X-Ray Left**
The A&E diagnosis was: **** Injury- Not Assault** - Sprain - Knee - Left**
The following treatment was given: **Nil**
At the conclusion of treatment the patient was: **Discharged To Gp-Review/Attendance Advised**
Follow-up: **Gp + Physiotherapy**
Additional Information: **Pt fell onto left knee 2/52 ago. pain/swelling increased over past 1/52. No bone injury noted on xray. Pt advised knee sprain. Continue to mobilise as normal, regular analgesia and follow up by gp physio if required.**

Yours sincerely,

Paul Kane
Emergency Nurse Practitioner

Consultants

NHS Confidential: Personal data about a patient

Acute Services Division
Surgery and Anaesthetics Directorate

Department of General Surgery
Breast Clinic

Mr K Ogston
Consultant Surgeon

Stobhill ACH
133 Balornock Road
GLASGOW
G21 3UW

Hospital Number: 0141 201 3000
Secretary: 0141 355 1504



KMacB/ROH

Dictated 22/12/2010
Typed 06/01/2011

Dr Roger Hardman
Whitevale Medical Group
30 Whitevale Street
G31 1QS

Dear Dr Hardman

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corssock Street, Glasgow, Lanarkshire, G31 3QD

Many thanks for referring Linda to the breast clinic. Linda is a 44-year-old who recently had a fall down her stairs. She did not have any direct trauma to right breast but since that time she has had a very focally painful area in the upper outer quadrant. She has noticed no other changes in her breast and has no past or family history of note. She apparently has menstrual irregularity, some menorrhagia and is using Ibuprofen.

On examination there were no palpable abnormalities, though she was focally tender in the upper outer quadrant. Bilateral mammograms were fatty and lucent with no focal abnormalities. I have strongly re-assured Linda that she has healthy breast tissue. I feel it is possible she has pulled fibres of her underlying pectoral muscle on the right hand side and hopefully in time this will settle. I suggested she use some Voltarol gel topically to the area and have not arranged routine review at the clinic.

Yours sincerely

A handwritten signature in black ink, appearing to read 'K MacBain', written over a horizontal line.

Dr Katharin MacBain
Specialty Doctor

NHS Confidential: Personal data about a patient**NHS Greater Glasgow & Clyde OOH Services**

Call No: **2983987** Date: **10 Dec 2010** Time of Call: **21:56**
 Patient's Name: **Linda Jamieson** DOB: **21/03/1966** Age: **44** Y
 Address Today: **128 Corsock Street** Home Address If different: **128 Corsock Street**
Dennistoun **Dennistoun**
Glasgow **Glasgow**
Main Door **Main Door**
 Post Code: **G31 3QD** Post Code: **G31 3QD**
 Phone Number Today: **(07895) 913 969** Home Phone If different: **() -**
NHS24 Call ID : 9534015

Callers Name: Relationship to patient:
 Name of GP: **Hardman RJ** Practice No: **208**
 Surgery: **20830 Whitevale Street** Cipher No: **G0219 4**
 Address: **Dr RAL Black & Partners 30 Whitevale / 12** Fax No: **0141 554 3979**
Aberfeldy St Glasgow G31 1QS Speed Dial: **121**
 Call Type: **PCEC within 1 Hr** **Priority D Dual** NHS24 Time Passed:
 Receptionist's Name: **HJF** Time Arrived: **10/12/2010** Time Complete: **10/12/2010 23:51:43**
Patient's Complaint: **Patient's Complaint:**

 CHEST PAIN 2 HOURS HEAVINESS

Clinical summary created by: (Nurse Advisor) (Glasgow) [10/12/2010 21:54:47]
 CHEST PAIN FOR 1/52 AND RIGHT SIDED PAIN ABOVE BREAST, COMES AND GOES, SHARP AND GRIPPING,
 PALPITATIONS TODAY, PAIN AT BOTTOM OF BACK TO LEFT SIDE, FEELS HOT, AT GP WITH SAME SYMPTOMS,
 HAS BEEN REFERRED TO HOSPITAL AND ADVISED IBUPROFEN MEANTIME, SOUNDS ANXIOUS, ADVISED PCEC 1
 HOUR NEW STOBHILL, PT WILL CONTACT HUSBAND AT WORK FOR TRANSPORT, IF UNSUCCESSFUL WILL
 CALL BACK.

This call will be transferred directly to a nurse via serious and urgent telephony route.
 The individual concerned should be taken straight to the nearest Casualty or A&E department.
 If the individual concerned's condition worsens or they develop breathing difficulties, call 999.

Remarks: breast appl

BP: PR: per min Temp:

Clinical Notes:
 Triage Doctor **R4393** Follow Up: GP Follow Up

Consultation(s):

By: Mitchell Naomi **Start:** 10/12/2010 23:17:17 **Finish** 10/12/2010 23:51:10

Clinical Assessment Details
 Started-10/12/2010 23:17:17
 Finished-10/12/2010 23:51:10
 History

Breast pain for a number of years. Seems to be cyclical- breasts become engorged and lumpy, usually resolve after

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period. Period last week but no improvement. Pain comes and goes, feels very 'puffy' No nipple discharge/skin changes. No FH breast cancer. No cardiac sounding chest pain. No cough/spit/SOB GP has referred to breast clinic as breasts a bit lumpy Very anxious

Examination

anxious, tearful HS pure, chest clear Breast exam (chaperone declined) No LN, no skin changes/nipple dc both breasts engorged, diffusely lumpy and tender

Diagnosis

cyclical mastalgia ?cystic breast disease

Treatment

Reg NSAIDS and paracetamol Try more supportive bra Cabbage leaves await clinic appt, shouldn't be too long

Clinical Coding

Clinical code: K3... (Disorders of breast)


Prescription Details

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DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY												North Glasgow Hospital Glasgow Royal Infirmary ☎(0141)-211-5163	
CPA ACCREDITED LABORATORY													
Surname JAMIESON		Forename LINDA		Date of Birth 21.03.66		Sex F	Hospital Number 20821615K		CHI Number 2103666240				
Address 61 CORSOCK STREET HAGHILL		Postcode G31 3PN		Consultant / GP DR R A L BLACK			Hospital ward / GP Practice						
		Hospital / GP G.P.		Ward / Clinic WHITEVALE MED GROUP 4656									
Date and Time Received 20.09.10 14:16 HRS		Laboratory Number 5335572		Clinical Information ENDOMETRIOSIS TIRED ALL THE TIME									
Date Withdrawn	WBC x10 ⁹ /L 40-110	NEUT x10 ⁹ /L 20-75	LYMP x10 ⁹ /L 15-40	Hb g/L M130-180 F115-165	RBC x10 ¹² /L M4.5-6.5 F3.8-5.8	Hct L/L M0.40-0.54 F0.37-0.47	MCV fl 78-99	MCH pg 27-32	RDW % 11.5-14.5	Retic x10 ⁹ /L 50-100	Plts x10 ⁹ /L 150-400	ESR mm/hr M-10 F-12	
27.09.07	8.2	5.7	1.6	12.3	4.18	0.379	91	29.4	13.5		358		
21.02.08	5.5	3.4	1.5	12.9	4.43	0.391	88	29.1	13.4		323		
26.09.08	6.0	3.5	1.9	12.3	4.27	0.384	90	28.8	13.7		332		
26.02.09	7.2	5.0	1.6	12.4	4.13	0.365	88	30.0	13.0		324	8	
27.02.09	7.4	5.5	1.4	12.9	4.27	0.377	88	30.2	13.2		324		
20.09.10	5.2	2.5	2.0	12.4	4.22	0.385	91	29.4	13.5		274		
Analysed	NEUT x10 ⁹ /L 20-75	LYMP x10 ⁹ /L 15-40	MONO x10 ⁹ /L 02-08	EOS x10 ⁹ /L 004-04	BASO x10 ⁹ /L 001-01	META	MYELO	BLAST	OTHER	NRBC	Glandular Fever Screening Test	DIFFERENTIAL RESULTS AND COMMENTS REFER TO LATEST SPECIMEN	
Diff	2.5	2.0	0.5	0.12	0.01								
Comments													
FULL BLOOD COUNT				Reported On 20.09.10 15:30HRS		Authorised By <i>Auto Check</i>			Haematologist				

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SURNAME JAMIESON		
FORENAME LINDA		
Hosp No 20821615K		
CHI No 2103666240		
D.O.B 21.03.66 SEX Female		
ADDRESS 128 CORSOCK ST GLASGOW		
CONSULTANT/GP R A L BLACK		
HOSP/PRACTICE WHITEVALE MC		
WARD/TOWN 30 WHITEVALE ST		
Collected 20.09.10 @ 09:13	Received 20.09.10 @ 14:06	Report issued 20.09.10 @ 16:00
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC		
142	Sodium	135-145 mmol/L
5.0	Potassium	3.5-5.0 mmol/L
106	Chloride	98-108 mmol/L
	Bicarbonate	mmol/L
2.6	Urea	2.5-7.5 mmol/L
69	Creatinine	40-130 μ mol/L
>60	eGFR (estimated GFR)	mL/min
	Plasma Glucose	mmol/L
0.6	CRP	<10.0 mg/L
	Amylase	U/L
	Urate	μ mol/L
	Troponin I	μ g/L
	CK	U/L
6	Bilirubin	<20 μ mol/L
11	AST	<40 U/L
9	ALT	<50 U/L
11	Gamma-GT	<40 μ U/L
52	Alk. Phos.	40-150 μ U/L
64	Protein	60-80 g/L
38	Albumin	32-45 g/L
26	Globulins	23-38 g/L
	Calcium	mmol/L
	Adjusted Calcium	mmol/L
	Phosphate	μ mol/L
	Magnesium	mmol/L
	Cholesterol	target <5.0 mmol/L
	HDL Cholesterol	target >1.0 mmol/L
	Chol/HDL ratio	
	Triglycerides	target <2.3 mmol/L
	LDL Cholesterol	target <3.0 mmol/L
2.2	TSH	0.35-5.00 mU/L
15	Free T4	9-21 pmol/L
	T3	nmol/L
	IgA	g/L
	IgG	g/L
	IgM	g/L
NB Unless otherwise stated analyses carried out on serum		
Lab No. N 10 4273990 Run No. 432		
Euthyroid TFT results		
Authorised by <i>Auto Check</i> Date Reported 20.09.10		
Significant sex/age differences  Accredited Medical Laboratory Reference No: 2335		

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Acute Services Division

Women and Children's Directorate

Clinic F
Second Floor
Stobhill ACH
Balornock Road
Glasgow G21 3UH
Reception 0141 355 1209/1831
Secretaries .0141.355.1210/1211/1829

NHSGreater Glasgow
and Clyde**SPECIALIST GYNAECOLOGY CLINICS**

Dictated 25/08/2010
Typed 26/08/2010
Your Ref
Our Ref AS/AB

Dr Roger Hardman
Whitevale Medical Group
30 Whitevale Street
GLASGOW
G31 1QS

Dear Dr Hardman

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821616K
128 Corsock Street, Glasgow, G31 3QD

This lady came into Dr Bain's out-patient Hysteroscopy Clinic today for removal of Mirena IUS which has been performed. I hope her bleeding concerns settle down now after this procedure. No further appointment has been arranged but we would be happy to see her if there are any problems.

Kind Regards.

Yours sincerely,



Dr Aparna Sastry
Registrar

Delivering better healthwww.nhsggc.org.uk

40366

NHS Confidential: Personal data about a patient

Acute Services Division**Women and Children's Directorate**
ward 56A**Princess Royal Maternity**16 Alexandra Parade
Glasgow G31 2ER
Switchboard 0141 211 4000
Appointment queries 0141 232 0808

DEPARTMENT OF GYNAECOLOGY

DR C BAIN
DR S MATHEW
DR K BURTON
DR M DEENY
DR A DUNCAN
DR R JAMIESON
DR S WONGPROF M LUMSDEN
DR A MATHERS
DR P OWEN
DR M PERERA
DR M RODGER**NHS**
Greater Glasgow
and ClydeDictated 12/07/2010
Typed 15/07/2010
Hospital number 20821613K
CHI 2135666240
Secretary Claire Marie Higgins
Contact 0141 211 5758Dr Roger Hardman
Whitevale Medical Group
30 Whitevale Street
G31 1QS

Dear Dr Hardman

RE: Linda Jamieson - 21/03/1966 - 128 Corsock Street, Glasgow, Lanarkshire, G31 3QB

We were planning to admit Linda for surgery in June, however on the day of the operation she phoned to say that she was concerned about the anaesthetic and she might not want to have her surgery. We did manage to persuade her to attend to discuss things in more detail with the anaesthetist. She is keen to try hysteroscopic removal of the coil and I would be happy to attempt this with a local anaesthetic in my Stobhill Hysteroscopy clinic. I will arrange an appointment for her in due course and we will repeat her scan at this time.

Kind regards

Yours sincerely

**C BAIN**
Consultant Gynaecologist**Delivering better health**

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40366

NHS Confidential: Personal data about a patient

Glasgow Royal Infirmary
Glasgow G4 0SF
Telephone: 0141 211 4000

Ref. No: 145921

Immediate Discharge and Medicine Prescription Form

Name of GP: DR. S. NARAYAN
Surgery/Health Centre: WHITVALE MEDICAL GROUP
35 WHITVALE STREET, GLASGOW G3 7LN

Specialist Nurse: SEA Tel: 511-1433
Consultant: BAN
Specialty: GN
Admission date: 03/6/10
Mode of admission: Elective Emergency Transfer
Source of Admission: _____
Discharge date: _____

Reason for Admission, Diagnosis: A/A laparoscopic treatment to endometriosis
Treatment, Investigations, Operations: refused treat
Complications: _____

New/Drug	New/Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION					Other times	Course length
					am	md	pm	pm	pm		
					8	12	2	6	10		

Medicines Discontinued: _____ Reason if known e.g. side effect: _____ Other information: Follow up by Dr Bain

Prescribers name: M. Narayan Signature: [Signature] Date: 13/6/10
Designation: GP Pager number: 2313

NURSE TO COMPLETE
Out Patient appointment date: _____
Diagnosis informed (circle) Patient Relative
Circle support services set up:
District Nurse Home Help Health Visitor
Oncology referral Hospice: day care OR home care
Discharge address if not home: _____
WARD USE ONLY
Medication Rec. on Ward by: _____
Checked against label: _____
Issued by: _____ Date: _____
Signature of Recipient: _____
All known drug sensitivities / adverse reactions: _____

PHARMACY USE ONLY
Clinical Pharmacy Check Professional Check
Dispensing Details: _____
Dispensed by: _____ Date: _____
Checked by: _____
Non-childproof containers required: Yes No
Medicine compliance aids required: Yes No
Specify: _____
Medication Collected by: _____

WV01 (July 05), Pink copy - Cases Notes; Blue copy - Pharmacy; Yellow copy - Prescriber

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

NHS Confidential: Personal data about a patient**NHS Greater Glasgow & Clyde OOH Services**

Call No: **2831080** Date: **23 May 2010** Time of Call: **13:31**
 Patient's Name: **Linda Jamieson** DOB: **21/03/1966** Age: **44** Y
 Address Today: **128 Corsock Street** Home Address If different: **128 Corsock Street**
Dennistoun **Dennistoun**
Glasgow **Glasgow**
Main Door **Main Door**
 Post Code: **G31 3QD** Post Code: **G31 3QD**
 Phone Number Today: **(07895) 913 969** Home Phone If different: **() -**
NHS24 Call ID : 8822448

Callers Name: Relationship to patient:
 Name of GP: **Hardman RJ** Practice No: **208**
 Surgery: **20830 Whitevale Street** Cipher No: **G0219 4**
 Address: **Dr RAL Black & Partners 30 Whitevale / 12** Fax No: **0141 554 3979**
Aberfeldy St Glasgow G31 1QS Speed Dial: **121**
 Call Type: **PCEC Within 4 Hrs** **Priority 3 Within 90** Time Passed: **15:32**
 Receptionist's Name: JIF Time Arrived: **23/05/2010** Time Complete: **23/05/2010 15:31:59**

Patient's Complaint: **Patient's Complaint:**
 WAS AT OOH ON TUESDAY NIGHT WITH SAME SYMTPOMS. SYMTPOMS WORSENING TODAY. STOMACH SORE
 AND HAS A COUGH ((Non-Clinical User) (Glasgow))

 SORE THROAT/VOMITTING

Clinical summary created by: (Nurse Advisor) (Cardonald) [23/05/2010 13:46:43]
 WORSENING VOMITING FOR 1 WEEK AND INTERMITTENT LOWER ABDO PAIN, NAUSEA, MANAGING TO KEEP
 FLUIDS DOWN. WORSENING SORE THROAT 1/52, COUGH 24HRS. CLAMMY/WARM, PALE, LETHARGIC.
 REGULAR PARACETAMOL NIL EFFECT ON PAIN. STOBHILL PCEC 4HRS

This call should be directed via consult telephony route.
 WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when
 the surgery reopens.

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **D316** Follow Up: No Follow Up

Consultation(s):

By: Kennedy IM **Start:** 23/05/2010 15:31:13 **Finish** 23/05/2010 15:31:38

Clinical Assessment Details
 Started-23/05/2010 15:31:13
 Finished-23/05/2010 15:31:38
 History
 cough sore throat vomiting for past week ; ure pon t 37.4 sore throat cough yellow spit ,vomiting
 Examination

NHS Confidential: Personal data about a patient

red throat cough hacking, green spit cheat clear

Diagnosis

throat infection/ rti / vomiting/ dyspepsia

Treatment

stemetil 12.5mg im stat ... difflam spray , omeprazole 20mg bd amoxicillin 500mg tid 21

Clinical Coding

Clinical code: R0701 ([D]Vomiting)

Clinical code: 1C92. (Has a sore throat)

Prescription Details

Drug Name-omeprazole gastro-resistant capsules 20mg

Preparation-capsule(s)

Dosage-1 twice daily

Quantity-28

Drug Name-amoxicillin capsules 500mg

Preparation-capsule(s)

Dosage-1 three times a day

Quantity-21

Drug Name-DIFFLAM spray 0.15% [MEDA]

Preparation-mis

Dosage-1-2 puff as required

Quantity-30

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NHS Confidential: Personal data about a patient**NHS Greater Glasgow & Clyde OOH Services**

Call No: **2827431** Date: **19 May 2010** Time of Call: **02:12**
 Patient's Name: **Linda Jamieson** DOB: **21/03/1966** Age: **44** Y
 Address Today: **128 Corsock Street** Home Address If different: **128 Corsock Street**
Dennistoun **Dennistoun**
Glasgow **Glasgow**
Main Door **Main Door**
 Post Code: **G31 3QD** Post Code: **G31 3QD**
 Phone Number Today: **(07895) 913 969** - Home Phone If different: **() -**
NHS24 Call ID : 8805416

Callers Name: **Linda** Relationship to patient:
 Name of GP: **Hardman RJ** Practice No: **208**
 Surgery: **20830 Whitevale Street** Cipher No: **G0219 4**
 Address: **Dr RAL Black & Partners 30 Whitevale / 12** Fax No: **0141 554 3979**
Aberfeldy St Glasgow G31 1QS Speed Dial: **121**
 Call Type: **PCEC Within 4 Hrs** **Priority 3 Within 90** Time Passed: **03:03**
 Receptionist's Name: **HIF** Time Arrived: **19/05/2010** Time Complete: **19/05/2010 03:03:26**

Patient's Complaint: **Patient's Complaint:**

HAD DIARRHOEA EARLIER. ((Non-Clinical User) (Cardonald))

 SEVERE ABDO PAIN, VOMITING, BURNING THROAT 1 DAY SEE AV

Clinical summary created by: (Nurse Advisor) (Cardonald) [19/05/2010 02:24:15]
 LOWER ABDOMINAL CRAMPY PAIN FOR 1 DAY AND D AND V, SORE THROAT 2 DAYS. TAKING PARACETAMOL.
 STOBHILL PCEC 4 HOURS.

This call should be directed via consult telephony route.

WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.

TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within three hours.

In the event that the pharmacist cannot be contacted, call us again for advice about alternative options.

The symptoms described during this call suggest that the individual concerned should contact a pharmacist.

WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.

The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at least within 4 hours).

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **D054** Follow Up: No Follow Up

NHS Confidential: Personal data about a patient**Consultation(s):****By:** Goldie JGS **Start:** 19/05/2010 02:48:08 **Finish:** 19/05/2010 03:03:05**Clinical Assessment Details**

Started-19/05/2010 02:48:08

Finished-19/05/2010 03:03:05

History

Sore throat for 5 days today felt nauseated vomited central abdominal pain. No dyspepsia. Burning pain in throat. No NSAIDs bowels - loose during evening Awaiting removal mirena coil PMH Ovarian cysts DH Nil reg No known allergies

Examination

ABD - SOFT NON TENDER BS NORMAL

Diagnosis

Viral GE

Treatment

Mg trisilicate 200mls buccastem x2

Clinical Coding

Question: Temperature [2E3.] - 36.2

Question: Pulse [242.] - 100

Question: Systolic BP [246A.] - 126

Question: Diastolic BP [2469.] - 76

Question: Pulse character - Rhythm regular [2431.]

Clinical code: A07y0 (Viral gastroenteritis)

Prescription Details

Drug Name-BUCCASTEM tablets 3mg [RECKITT B]

Preparation-tablet(s)

Dosage-1-2 twice daily

Quantity-30

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Acute Services Division
Acute Services Division
 Department of Gynaecology
 Dr Bain's Clinic
 Women and Children's Directorate

Princess Royal Maternity
 Alexandra Parade
 Glasgow G4 0SF



Clinic 10/05/2010
 Dictated 10/05/2010
 Typed 14/05/2010
 Your Ref 20821615K
 Our Ref CB/CH
 Enquiries to Claire Higgins (Secretary)
 Direct 0141 211 5758
 Fax 0141 211 4512

Dr J H Kennedy
 Dr A M Mathers
 Dr R W S Yates
 Dr M Rodger
 Dr A Duncan
 Dr R Jamieson
 Dr M Perera

Dr M Deeny
 Dr P Owen
 Prof M A Lumsden
 Dr C Bain
 Dr K Burton

Dr Roger Hardman
 Whitevale Medical Group
 30 Whitevale Street
 G31 1QS

Dear Dr Hardman

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corssock Street, Glasgow, Lanarkshire, G31 3QD

Thank you for referring Linda back to the gynaecology clinic. She is a 44 year old para 1 who has been having menstrual problems for some years. She has had a copper IUCD in for five years and is keen to have this removed. I understand that she has actually been seen in 2007 with a history of pelvic pain and an ultrasound scan performed at this point had suggested evidence of possible endometrioma's. She had been listed for a laparoscopy and coil removed at this time. It seems that she had to cancel it due to her father's illness.

I performed a transvaginal scan today which demonstrated a retroverted uterus with the copper coil in the cavity. An attempt had been made at the gynaecology clinic to remove the coil but the threads had not been seen. She also had bilateral lesions of the ovaries which are suggestive of endometrioma's. They are quite small, about 3 cm in size. I have taken a Ca 125. The ovaries also appear quite limited in mobility. As she has a significant history of pain it is highly unlikely she had endometriosis and I have placed her name on the waiting list for laparoscopic drainage of endometriosis, removal of coil and insertion of Mirena. I will let you know how she gets on.

Kind regards |

Yours sincerely

C BAIN
 Consultant Gynaecologist

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Page 1 of 1

40366

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Acute Services Division

Ward 56A
Princess Royal Maternity
 16 Alexandra Parade
 Glasgow G31 2ER
 Switchboard 0141 211 4000

Dr S. Wong's Clinic

Secretary: Catherine Donaghy
 Direct Dial: 0141 211 4755
 Fax: 0141 211 4512
 Email: Catherine.donaghy@ggc.scot.nhs.co.uk

DEPARTMENT OF GYNAECOLOGY
 DR C BAIN PROF M LUMSDEN
 DR S MATHEW DR A MATHERS
 DR K BURTON DR P OWEN
 DR M DEENY DR M PERERA
 DR A DUNCAN DR M RODGER
 DR R JAMIESON
 DR S WONG

Dictated 06/05/2010
 Typed 18/05/2010
 Your Ref
 Our Ref ZP/JM

Dr Roger Hardman
 Whitevale Medical Group
 30 Whitevale Street
 Glasgow
 G31 1QS

Dear Dr Hardman

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow G31 3QD

Thank you for referring this 44 year old para 1 lady who is complaining of heavy periods which come every two weeks with associated pain. She had an IUCD inserted more than five years ago which she wants to be removed. She had a failed attempt on removal of the IUCD in the past but nothing was done. She is up-to-date with her smears and she is a non-smoker. She does not have any significant past medical or surgical history.

On examination, her abdomen was soft and non-tender. Speculum examination revealed a normal looking cervix. Threads were not visible. I tried with a thread retriever but nothing came out.

I have booked her for a pelvic ultrasound scan to locate her coil and to rule out ovarian cysts. If she has a coil in situ, her name will go on to the waiting list for removal in Day Surgery under general anaesthesia. Otherwise, she will be sent an appointment to attend the Clinic to treat her irregular periods.

Her scan is booked for Monday 10th May at 10 am and Dr Wong will review the scan results after the scan is done.

Thank you.

Kind regards.

Zahida Parveen
Specialist Registrar

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Acute Services Division

Oral Health Directorate

Glasgow Dental Hospital & School
378 Sauchiehall Street
GLASGOW G2 3JZ
Telephone: Switchboard 0141 211 7600
Fax: 0141 211 9800

NHS
Greater Glasgow
and Clyde

DEPARTMENT OF ORAL SURGERY
Direct Dial: 0141-211-9796 (Secretary)

Our Ref: ISH/CMcB/4
Clinic: 12 March 2009
Typed: 13 March 2009

Mrs Lesley Watson
Dental Surgeon
511 Duke Street
Dennistoun
GLASGOW
G61 1DL

c.c. Dr L Teh
Whitevale Medical Practice
30 Whitevale Street
GLASGOW
G31 1QS

Dear Mrs Watson

LINDA JAMIESON, CHI 2103666240, UNIT NO 20821615
61 Corsack Street Haughill Glasgow G31 3PN


Further to previous correspondence the above patient has been reviewed at the Dental Hospital and had an ultrasound of the upper left anterior quadrant. From Ms Jamieson's point of view there has been no change in symptoms. Neil Heath, the Consultant Radiologist who was with us today, very kindly arranged further investigation of this area. The periapical radiograph taken suggests that there is actually a loss of lamina-dura around the apex of the upper left central with the loss of radiodensity around the apex.

The ultrasound scanning undertaken also suggested an increased blood flow through the region of the lump and these two together suggest that it is probably an unusual presentation of a chronic periapical infection associated with the upper left central incisor.

To this end I think the best treatment would obviously be to root treat the upper left central incisor and obviously one would then anticipate that the lesion should resolve. Mr Jamieson is also concerned about the appearance of the upper left central and would like to alter the colour if possible.

We will ourselves arrange to review her in 3-4 months' time just to ensure that lump does respond as anticipated to treatment and obviously if it does not we will undertake further monitoring, we can re-ultrasound it to see if there has been any change in size and, if there is, we will obviously review management and if necessary undertake further investigation.

Yours sincerely


MR IAN S HOLLAND
Consultant Oral & Maxillofacial Surgeon


(This letter has been checked electronically by Mr Holland)

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40370

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FINAL DISCHARGE LETTER		
Glasgow Royal Infirmary 84 Castle Street, Glasgow G4 0SF 0141 211 4405		
Ward 43		
Consultants: Dr Burns		
Dr Roger Hardman Whitevale Medical Group 30 Whitevale Street G31 1QS	Patient Linda Jamieson - 20821615K 61 Corsock Street, Haghill, Glasgow, G31 3PN CHI: 2103666240 DOB: 21/03/1966	Admitted: 26/02/2009 Discharged: 27/02/2009 Transferred: Follow up:
Main Diagnoses: GORD Anxiety	Previous/inactive Diagnoses:	
Presenting complaint: Palpitations, shortness of breath and chest pain Examination: Unremarkable		
Diagnostic tests/ procedures and relevant results: ECG showed no signs of ischaemia CXR was normal D-Dimers were normal Troponin was negative TFTs were normal		
Progress: Pain settled with analgesia		
Results awaited/ further action: No follow-up		
Medication on discharge (changes in bold): Omeprazole 20mg b.d Gaviscon 10mls q.d.s		
Date: 06/03/2009	Signed:  Dr E Hunter	Position: GPST1

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Emergency Department
Glasgow Royal Infirmary
84 Castle Street
Glasgow

Dr Hardman
Whitevale Medical Group
30 Whitevale Street
Glasgow

G31 1QS

27 February, 2009

Dear Dr Hardman,

Re. LINDA JAMIESON, 61 CORSOCK STREET, HAGHILL, GLASGOW, G31 3PN
Date of Birth 21.03.66 Hospital Number: 20821615K CHI Number: 2103666240

Your patient attended Glasgow Royal Infirmary on the 26 FEB 2009 at 21:31 pm.

The presenting complaint was:	CHEST PAIN
Triage Information:	Chest Pain For 2/7 With SOB And Palpitations
The following investigations were carried out:	Nil
The A&E diagnosis was:	Cardio-vascular - Chest Pain - Non Specific
The following treatment was given:	Nil
At the conclusion of treatment the patient was:	Admitted
Follow-up:	Admitted
Additional Information:	Nil

Yours sincerely,

Sharon Irvine
Medicine

Consultants

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Acute services Division

Regional Services Directorate

Consultant
Mr I Holland
Associate Specialist
Mr A K Brewer

Oral and Maxillofacial Surgery
The Royal Infirmary
16 Alexandra Parade
GLASGOW
G31 2ER

NHS
Greater Glasgow
and Clyde

Switchboard: - 0141 211 4000
Direct Line: - 0141 211 4716
Fax: - 0141 211 4714
E-mail: GRI-OralSurgery@ggc.Scot.NHS.uk

IH/LJ/20821615K

Dict: 11th February 2009
Typed: 26th February 2009

Dr. Mark Russell,
Whitevale Medical Group,
30 Whitevale Street,
Glasgow
G31 1QS

Dear Dr. Russell,

*Linda Jamieson, dob: 21.03.1966 (2103666240)
61 Corsock Street, Hughill, Glasgow G31 3PN*

Thank you for referral of the above patient. As you say, she has a small palpable nodule underneath the mucosa of the upper left quadrant. The 1 looks healthy and there is no sign of a sinus. I am not entirely certain of the cause of this lesion. The most common course of problems would be dentally related, but it doesn't have a sinus and radiographs don't show any clear peri-apical pathology.

I am going to review her at the Southern General Hospital for ultrasound scan and in all probability, we will arrange for an excision biopsy in due course.

We will keep you informed to developments.

Best wishes.

Yours sincerely,

Mr. I Holland,
Consultant in Oral & Maxillofacial Surgery

This letter has been electronically checked by Mr. Holland

NHS Confidential: Personal data about a patient

Acute Services Division**Women and Children's Directorate**

Ward 33

Royal Infirmary

Castle Street
Glasgow G4 0SF
Switchboard 0141 211 4000

Secretary: Anne Marie Hollywood
Direct Line: 0141 211 4756
Fax Number: 0141 890 1973

Annemarie.Hollywood@northglasgow.scot.nhs.uk



**Greater Glasgow
and Clyde**

DEPARTMENT OF GYNAECOLOGY

DR C BAIN

DR K BURTON

DR M DEEY

DR A DUNCAN

DR R JAMIESON

PROF M LUMSDEN

DR A MATHERS

DR P OWEN

DR M PERERA

DR M RODGER

MAL/KG/20821615

30 October 2008

Dr Rainey
Whitevale Medical Group
30 Whitevale Street
GLASGOW G31 1QS

Dear Dr Rainey

LINDA JAMIESON DOB 21.3.66(6240)
61 CORSOCK STREET GLASGOW G31 3PN

Thank you for your phonecall concerning this patient. The reason she was removed from the waiting list was that she has failed to attend for her laparoscopy on multiple occasions. We now do not keep giving repeat appointments once a patient has failed to attend 2 or 3 times. I hope you understand the reason for this. I will not be putting her back on the waiting time for surgery unless she will guarantee to attend.

Yours sincerely

MARY ANN LUMSDEN
PROFESSOR IN GYNAECOLOGIST

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40366

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CPA		DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY				North Glasgow University Hospitals Division Glasgow Royal Infirmary ☎(0141)-211-5165						
CPA ACCREDITED LABORATORY												
Surname JAMIESON	Forename LINDA	Date of Birth 21.03.66	Sex F	Hospital Number 20821615K	C/H Number							
Address 61 CORSOCK STREET		Postcode G31 3PN	Consultant / GP NK	Hospital ward / GP Practice								
~		Hospital / GP MISC	Ward / Clinic WHITEVALE MEDICAL GROUP									
Date and Time Received 26.09.08 18:54 HRS		Laboratory Number 5347617	Clinical Information TIREDDNESS									
Date Withdrawn	WBC x10 ⁹ /L 40-110	NEUT x10 ⁹ /L 20-75	LYMP x10 ⁹ /L 15-40	Hb g/dL M150-180 F115-165	RBC x10 ¹² /L M45-65 F38-55	Hct L M40-54 F37-47	MCV f 78-99	MCH pg 27-32	RDW % 11.5-14.5	Relic x10 ⁹ /L 50-100	Pts x10 ⁹ /L 150-400	ESR mm/hr M-10 F-12
26.12.06	4.6	3.7	0.4	12.9	4.25	0.388	91	30.4	13.6		261	
27.12.06	4.4	3.0	1.0	12.1	4.11	0.385	94	29.4	13.8		212	
27.09.07	8.2	5.7	1.6	12.3	4.18	0.379	91	29.4	13.5		358	
21.02.08	5.5	3.4	1.5	12.9	4.43	0.391	88	29.1	13.4		323	
26.09.08	6.0	3.5	1.9	12.3	4.27	0.384	90	28.8	13.7		332	
Analysed	NEUT x10 ⁹ /L 20-75	LYMP x10 ⁹ /L 15-40	MONO x10 ⁹ /L 0.2-0.8	EOS x10 ⁹ /L 0.01-0.4	BASO x10 ⁹ /L 0.01-0.1	META	MYELO	BLAST	OTHER	NRBC	Glandular Fever Screening Test	DIFFERENTIAL RESULTS AND COMMENTS REFER TO LATEST SPECIMEN
Diff	3.5	1.9	0.5	0.07	0.01							
Comments												
FULL BLOOD COUNT		Reported On	27.09.08 08:21HRS		Authorised By	Auto Check		Haematologist				

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SURNAME		JAMIESON	
FORENAME		LINDA	
Hosp No		20821615K	
CHI No		2103886240	
D.O.B		21.03.66	SEX Female
ADDRESS 61 CORSOCK STREET			
CONSULTANT/GP		black	
HOSP/PRACTICE		WHITEVALE MC	
WARE/TOWN		30 WHITEVALE ST	
Collected	Received	Report Issued	
26.09.08 @ 15:27	26.09.08 @ 18:18	30.09.08 @ 14:00	
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC			
139	Sodium	135-145	mmol/L
4.3	Potassium	3.5-5.0	mmol/L
104	Chloride	98-108	mmol/L
	Bicarbonate	21-28	mmol/L
3.0	Urea	2.5-7.5	mmol/L
75	Creatinine	55-98	µmol/L
>60	eGFR (est. Glomerular Filtration Rate)		
	Glucose	3.5-5.5	mmol/L
	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate		µmol/L
	Troponin I	<0.04	µg/L
	CK	<210	U/L
7	Bilirubin	3-22	µmol/L
13	AST	<40	U/L
7	ALT	<80	U/L
12	Gamma-GT	<55	µ U/L
55	Aik.Phos.	40-150	µ U/L
68	Protein	60-80	g/L
42	Albumin	32-45	g/L
27	Globulins	23-38	g/L
	Calcium		mmol/L
	Adjusted Calcium	2.10-2.60	mmol/L
	Phosphate	0.70-1.40	µmol/L
	Magnesium	0.70-1.00	mmol/L
	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
0.90	TSH	0.35-5.00	mIU/L
14	Free T4	9-21	pmol/L
	T3		nmol/L
	IgA	0.8-4.0	g/L
	IgG	6-16	g/L
	IgM	0.5-2.0	g/L
	Lab No.	N.08.5254652	Run No. 729
Euthyroid TFT results			
§Significant sex/age differences - See handbook			
Authorised by		 Accredited Medical Laboratory Reference No.2335	
Auto Check			
Date Reported 30.09.08			

RHS Confidential: Personal data about a patient

SURNAME JAMIESON * FORENAME LINDA		UNIT No. ZC0245726 D.O.B 21.03.66 SEX Female ADDRESS 61 CORSOCK ST G		CONSULTANT/GP ROGER SPEC HOSP/PRAC WHITEVALE MC WARD/TOWN 30 WHITEVALE ST	
NG.U.M.T. BIOCHEMISTRY DEPT GLASGOW ROYAL INF ☎(0141)-211-4638		PREGNANCY TEST Pregnancy Test Negative (<25 IU/L)			
LAB.No. 4189653		Test becomes +ve approx. 7-10 days post conception.			
ISSUED DATE 27.07.06 TIME 17:02					
Dr. Kevin Dea SIGNATURE					
RECEIVED DATE 27.07.06 TIME 14:14					
REQUESTED DATE 27.07.06 TIME 11:54		Miscellaneous			

B

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NOTE: Confidential. Personal data about a patient

SURNAME		JAMIESON	
FORENAME		LINDA	
UNIT No.	ZC0245726		
D.O.B.	21.03.66	SEX	F
ADDRESS	61 CORSOCK ST GL		
CONSULTANT/GP	L G Teh		
SPECIALITY			
HOSP./PRACTICE	Whitevale MC (4856		
WARD/TOWN	Glasgow		
REQUESTED	RECEIVED	DATE	LAB No.
25.01.02	25.01.02		4317468
18:32	18:32	TIME	
Sodium	135-145	mmol/L	
Potassium	3.5-5.0	mmol/L	
Chloride	98-106	mmol/L	
Bicarbonate	22-28	mmol/L	
Urea	2.5-7.5	mmol/L	
Creatinine	60-120	µmol/L	
† Anion Gap	12-20	mmol/L	
† Osmolality	270-295	mmol/Kg	
Calcium	2.20-2.60	mmol/L	
† Calcium adjusted for albumin			
Phosphate	0.70-1.40	mmol/L	
Protein	62-77	g/L	
Albumin	36-52	g/L	
† Globulins	19-33	g/L	
Alk. Phos.	60-300	U/L	
γ-GT	5-50	U/L	
Bilirubin	3-20	µmol/L	
AST	10-35	U/L	
ALT	5-40	U/L	
LD	80-140	U/L	
CK	30-110	U/L	
CRP	< 20	mg/L	
Urate	0.12-0.45	mmol/L	
Glucose	3.0-5.5	mmol/L	
H⁺	36-43	mmol/L	
PCO₂	4.6-6.0	k Pa	
† Bicarbonate	20-28	mmol/L	
PO₂	10.5-13.5	k Pa	
S. Osmolality	270-295	mmol/kg	
U. Osmolality		mmol/kg	
Amylase	up to 100	U/L	
Magnesium	0.70-1.0	mmol/L	
Salicylate		mmol/L	
Paracetamol		mmol/L	
FILE			
TELL PATIENT NORMAL			<input checked="" type="checkbox"/>
TO MAKE APPOINTMENT			<input checked="" type="checkbox"/>
NOTES PLEASE			<input checked="" type="checkbox"/>
REPEAT TEST			<input type="checkbox"/>
PRESCRIPTION			<input type="checkbox"/>
SHOW TO			<input type="checkbox"/>
† CHECKED RESULT			<input type="checkbox"/>
P.T.O. FOR KEY TO CODES. * AND §			<input type="checkbox"/>
26.01.02	ISSUED	BIOCHEMISTRY DEPT.	
Auto Check	LABORATORY	ROYAL INFIRMARY	
		GLASGOW G4 0SF	
		TEL: 0141 211 4638	

THIRD PARTY COPY

*** Confidential - Personal data should not be disclosed ***

DEPT OF CYTOLOGY - GLASGOW ROYAL INFIRMARY		Lab No:
Gynaecological Cytology Report		CC012005/2003
Name :	Linda JAMIESON	D.O.B. : 21-MAR-1966
Address:	61 Corsock St Glasgow	CHI No. : 2103666240
		Hosp. No. :
		Date of Examination : 04-APR-2003
Sender :	DR TEH 13/15 Whitevale St Glasgow	GP:
	G31 IQW	
Date Received :	07-APR-2003	Date Issued : 22-APR-2003
History		
Report	Actinomyces like organisms present of an IUCC.	Consistent with the history
Result	1 NEGATIVE ALOs	
Advice	ROUTINE RECALL	<i>Letter sent</i>
Reported by	GRI Pathology Dept	

04/04/2003 15:00:00

```

]QCYSRUPD60          CYTOLOGY SYSTEM          HB G
                     UPDATE LABORATORY RESULTS

Surname JAMIESON          Prev. Surname
Forename LINDA          CHI No 2103666240 Current TC. NO. 4656
Address 61 CORSOCK ST   GP G 0219
                     GLASGOW          DR. HARDMAN

G313PN
Screen Status A
Lab id. [G1]           Home Correspondence [N]
                     Slide number [030712085 15 ]
                     Treatment Centre [G[4656]
                     Date of examination [04/04/2003] Period since last test [0]
                     Test type [ ] ROUTINE RECALL
                     Smear reason [9]
                     Smear source [09]
                     Result code [ ] NEGATIVE
                     Infection code [ ] NO INFECTION
                     Recall advice [ ] 13 YEARS
                     Date processed [19/04/2003]

Press CTRL &          Confirm change of TC [N]
Z to abandon
Press SEND
to continue

** WARNING: NO RESULT LETTER FOR THIS DATE OF EXAM IS PRESENT ON THE DATABASE

```

NHS Confidential: Personal data about a patient

HAEMATOLOGY DEPARTMENT										NORTH GLASGOW UNIVERSITY		GLA ROYAL INFIRMARY TALS NHS TRUST														
SURNAME JAMIESON			FORENAMES LINDA			SEX F	HOSP No. 40157546E			PATIENT No. 01.71																
ADDRESS 11 FISHER COURT GLASSGOW			POST CODE G31 2HP	CONSULTANT DR MCPHERSON			G.P./OTHER NAME DR MCPHERSON			STREET 30 WHITEWATER STREET G31 1QS																
DATE AND TIME RECEIVED 19.08.04 13:54 HRS			LAB No. 341797.E	CLINICAL INFORMATION NONE GIVEN																						
DATE WITHDRAWN	WBC x 10 ⁹ /l	NEUTRO x 10 ⁹ /l	LYMPH x 10 ⁹ /l	Hb g/l	RBC x 10 ¹² /l	Hct l/l	MCV fl	MCH pg	RDW %	RETIC x 10 ⁹ /l	PLT x 10 ⁹ /l	ESR mm/h	BLOOD COUNT													
	4.0-11.0	2.0-7.5	1.5-4.0	M 13.0-18.0 F 11.5-16.5	M 4.5-6.5 F 3.8-5.8	M 0.40-0.54 F 0.37-0.47	76-99	27-32	11.5-14.5	50-100	150-400	M < 10 F < 12														
16.05.01	11.0	7.9	2.3	12.3	3.58	0.353	99	34.4	13.3		332															
07.09.01	14.1	10.5	2.6	10.7	2.90	0.316	109	36.9	14.6		372															
17.09.01	15.3	11.5	2.5	11.1	3.05	0.329	108	36.5	14.6		425															
09.11.01	17.5	13.7	2.7	11.7	3.43	0.358	105	34.0	17.2		378															
19.08.04	9.1	5.3	2.7	13.8	3.90	0.408	*105	*35.4	*14.8		288															
NEUTRO x 10 ⁹ /l	LYMPH x 10 ⁹ /l	MONO x 10 ⁹ /l	EOSIN x 10 ⁹ /l	BASO x 10 ⁹ /l	MET	MYELO	BLAST	OTHER	NRBC	GLANDULAR FEVER SCREENING TEST	DIFF COMMENTS															
2.0-7.5	1.5-4.0	0.2-0.6	0.04-0.4	0.01-0.1							Analyser Diff															
5.3	2.7	0.7	0.30	0.10							Diff															
COMMENTS										DIFFERENTIAL RESULTS AND COMMENTS REFER TO LATEST SPECIMEN																
FBC : There are round and oval macrocytes present. Suggest check B12 and folate assays.										<table border="1"> <tr><td>FILE</td><td></td></tr> <tr><td>TELL PATIENT NORMAL</td><td></td></tr> <tr><td>DO MAKE APPOINTMENT</td><td></td></tr> <tr><td>PLEASE</td><td></td></tr> <tr><td>REPEAT TEST</td><td></td></tr> <tr><td>PRESCRIPTION</td><td></td></tr> <tr><td>SHOW ID</td><td></td></tr> </table>			FILE		TELL PATIENT NORMAL		DO MAKE APPOINTMENT		PLEASE		REPEAT TEST		PRESCRIPTION		SHOW ID	
FILE																										
TELL PATIENT NORMAL																										
DO MAKE APPOINTMENT																										
PLEASE																										
REPEAT TEST																										
PRESCRIPTION																										
SHOW ID																										
NORMAL ADULT REFERENCE RANGES ARE FOR GUIDANCE ONLY. THEY DO NOT TAKE INTO ACCOUNT PREGNANCY AND AGE DIFFERENCE AND ARE NOT FOR PUBLICATION.																										
FULL BLOOD COUNT					REPORTED ON 19.08.04 15:30HRS	AUTHORISED BY Barbara McKay		HAEMATOLOGIST																		

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MICROBIOLOGY DEPARTMENT		GLASGOW ROYAL INFIRMARY UNIVERSITY NHS TRUST																												
Name	JAMIESON LINDA	Sex	F																											
Address	61 CORSTON STREET GLASGOW	D.o.B.	21.03.66																											
Investigation	CULTURE	Consultant	Dr.R.A.L.Black																											
Specimen	Ear SWAB (Left)	CHI No. :																												
		Whitevale Med.Group -GP18	Hosp. No. ZM05377568																											
		Copy for: Whitevale Med.Group -GP18	Taken Not known Received 23.09.05																											
<p>ORGANISM 1: Enterococcus spp.(Group D) HEAVY GROWTH</p> <table border="0"> <tr> <td></td> <td>ANTIBIOTICS</td> <td>[1]</td> </tr> <tr> <td></td> <td>Chloramphenicol</td> <td>S</td> </tr> <tr> <td></td> <td>Colistin sulphate</td> <td>R</td> </tr> <tr> <td></td> <td>Framycetin</td> <td>R</td> </tr> <tr> <td></td> <td>Gentamicin</td> <td>R</td> </tr> <tr> <td></td> <td>Neomycin</td> <td>R</td> </tr> <tr> <td></td> <td>Amp(Amoxicillin)</td> <td>S</td> </tr> <tr> <td></td> <td>Gentamicin(120)</td> <td>S</td> </tr> <tr> <td></td> <td>Trimethoprim</td> <td>S</td> </tr> </table> <p><i>applies to endocarditis etc only</i></p>					ANTIBIOTICS	[1]		Chloramphenicol	S		Colistin sulphate	R		Framycetin	R		Gentamicin	R		Neomycin	R		Amp(Amoxicillin)	S		Gentamicin(120)	S		Trimethoprim	S
	ANTIBIOTICS	[1]																												
	Chloramphenicol	S																												
	Colistin sulphate	R																												
	Framycetin	R																												
	Gentamicin	R																												
	Neomycin	R																												
	Amp(Amoxicillin)	S																												
	Gentamicin(120)	S																												
	Trimethoprim	S																												
Final report																														
Microbiologists	Dr Bishan Thakker	Reported	25.09.05																											
		Lab No.	M.05.0201805																											

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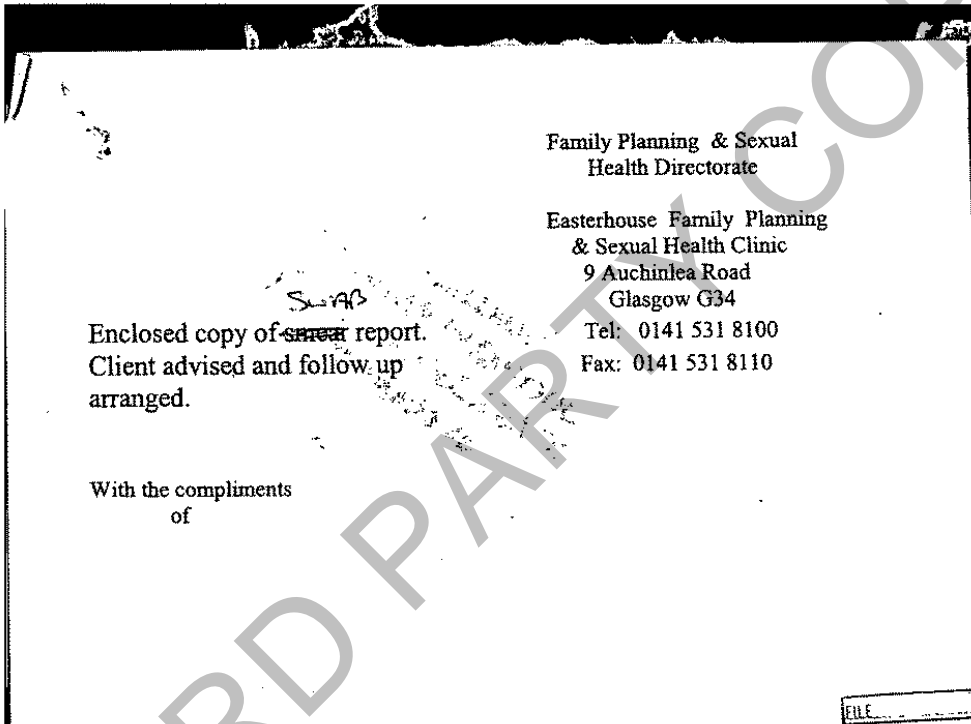
MICROBIOLOGY DEPARTMENT		GLASGOW ROYAL INFIRMARY UNIVERSITY NHS TRUST	
Name	JAMIESON LINDA	Sex	F
Address	61 CORSOCK STREET GLASGOW	D.o.B.	21.03.66
Investigation	CULTURE	Consultant	Dr.R.J.Hardman
Specimen	Ear SWAB (Right)	CHI No. :	2103666240
		Hosp. No.	ZM06396427
		Copy for:	Whitevale Med.Group -GP18
		Taken	14.03.06
		Received	14.03.06
ORGANISM 1: Yeast MODERATE GROWTH			
Final report			
Microbiologist	Jandar	Reported	16.03.06
		Lab No.	M.06.0157221.Q

810200000 Form 001 001 001 001 001

DEPT OF CYTOLOGY - GLASGOW ROYAL INFIRMARY		Lab No:
Gynaecological Cytology Report		GC012085/2003
Name :	Linda JANIESON	D. O. B. : 21-MAR-1966
Address:	61 Corsock St Glasgow	CHI No. : 2103666240
		Hosp. No. :
		Date of Examination : 04-APR-2003
Sender :	DR TEH 13/15 Whitevale St Glasgow	GP:
	G31 1QW	
Date Received :	07-APR-2003	Date Issued : 22-APR-2003
History		
Report	Actinomyces like organisms present. Consistent with the history of an IUCD.	
Result	1 NEGATIVE ALOs	
Advice	ROUTINE RECALL	
Reported by	GRI Pathology Dept	

Letter sent

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THIRD PARTY COPY

Family Planning & Sexual
Health Directorate

Easterhouse Family Planning
& Sexual Health Clinic
9 Auchinlea Road
Glasgow G34

Tel: 0141 531 8100

Fax: 0141 531 8110

Enclosed copy of ~~sweat~~ ^{Sweat} report.
Client advised and follow up
arranged.

With the compliments
of

FILE

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT		GLASGOW ROYAL INFIRMARY UNIVERSITY NHS TRUST													
Name	JAMIESON LINDA	Sex	F												
Address	61 CORSOCK STREET	D.o.B.	21.03.66												
Investigation	GU CULTURE	Consultant	NOT GIVEN												
Specimen	High vaginal SWAB	Hosp. No.	ZM02232305												
		Taken	Not known												
		Received	17.07.02												
*** FAMILY PLANNING CLINIC ***															
GRAM FILM:***SUGGESTS BACTERIAL VAGINOSIS***															
CULTURE :NEISSERIA GONORRHOEAE NOT ISOLATED TRICHOMONAS VAGINALIS NOT ISOLATED YEASTS NOT ISOLATED															
ORGANISM: mixed anaerobes LIGHT GROWTH															
ANTIBIOTICS															
Metronidazole S															
<table border="1"> <tr> <td>WELL PATIENT NORMAL</td> <td></td> </tr> <tr> <td>TO MAKE APPOINTMENT</td> <td></td> </tr> <tr> <td>NOTES PLEASE ✓</td> <td></td> </tr> <tr> <td>REPEAT TEST</td> <td></td> </tr> <tr> <td>PRESCRIPTION ✓</td> <td></td> </tr> <tr> <td>SHOW TO</td> <td></td> </tr> </table>				WELL PATIENT NORMAL		TO MAKE APPOINTMENT		NOTES PLEASE ✓		REPEAT TEST		PRESCRIPTION ✓		SHOW TO	
WELL PATIENT NORMAL															
TO MAKE APPOINTMENT															
NOTES PLEASE ✓															
REPEAT TEST															
PRESCRIPTION ✓															
SHOW TO															
Final report	Copy for : Easterhouse H.C. Fam.Plan														

THIRD PARTY COPY

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HAEMATOLOGY DEPARTMENT										GLASGOW ROYAL INFIRMARY NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST			
SURNAME JAMIESON			FORENAMES LINDA			SEX F	HOSP No.		DOB/AGE 21/03/66				
ADDRESS			POST CODE		CONSULTANT			G.P./OTHER NAME AND ADDRESS					
			HOSPITAL NA (Misc)		WARD/CLINIC WHITEVALE MEDICAL GROUP			DR TEH 30 WHITEVALE STREET GLASGOW					
DATE AND TIME RECEIVED 25/01/02, 18:30 HRS			LAB No. 0023525.T		CLINICAL INFORMATION TATT								
	WBC x 10 ⁹ /l	NEUTRO x 10 ⁹ /l	LYMP x 10 ⁹ /l	Hb g/dl	RBC x 10 ¹² /l	Hct l/l	MCV fl	MCH pg	RDW %	RETIC x 10 ⁹ /l	PLT x 10 ⁹ /l	ESR mm/hr	BLOOD COUNT
DATE WITHDRAWN	4.0-11.0	2.0-7.5	1.5-4.0	M 13.0-18.0 F 11.5-16.5	M 4.5-9.5 F 3.8-5.8	M 0.40-0.54 F 0.37-0.47	76-99	27-32	11.5-14.5	50-100	150-400	M < 10 F > 12	
25/01/02	6.5	4.2	1.7	12.4	3.97	0.369	92.7	31.3	15.2		317	6	
	NEUTRO x 10 ⁹ /l	LYMPH x 10 ⁹ /l	MONO x 10 ⁹ /l	EOSIN x 10 ⁹ /l	BASO x 10 ⁹ /l	MET	MYELO	BLAST	OTHER	NRBC	GLANDULAR COVER SCREENING TEST		DIFF
Analysed Diff	2.0-7.5	1.5-4.0	0.2-0.8	0.04-0.4	0.01-0.1								
COMMENTS	Normal film												
NORMAL ADULT REFERENCE RANGES ARE FOR GUIDANCE ONLY. THEY DO NOT TAKE INTO ACCOUNT PREGNANCY AND AGE DIFFERENCE AND ARE NOT FOR PUBLICATION.													
FULL BLOOD COUNT					REPORTED ON		AUTHORISED BY			HAEMATOLOGIST			
					05/02/02 11:46HRS		MORAG WEST						

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SURNAME JAMIESON		UNIT No ZC0245726		CONSULTANT/GP L G Teh															
FORENAME LINDA		D.O.B. 21.03.66 SEX F		SPECIALITY															
		ADDRESS 61 CORSOCK ST GLASGO		HOSP.PRACTICE Whitevale MC (4 WARD/TOWN Glasgow															
DATE TIME	25.01.02 18:32																		
	0.66																		
	10																		
BIOCHEMISTRY DEPT. ROYAL INFIRMARY GLASGOW G4 0SF TEL: 0141 211 4636				TESTS AND REFERENCE RANGES															
LAB No 4317468				TSH mu/L 0.20 - 5.00															
ISSUED DATE 25.01.02 TIME 13:20				fT4 pmol/L 9 - 25															
Auto Check				T3 nmol/L 0.8 - 3.0															
SIGNATURE				T4 nmol/L 55 - 144															
RECEIVED DATE 25.01.02 TIME 18:32		25.01.02 Euthyroid results		Anti-TPO Ab IU/mL <50															
REQUESTED DATE 25.01.02 TIME 18:32				TR Ab U/L <10															
				<table border="1"> <tr> <td>FILE</td> <td></td> </tr> <tr> <td>TELL PATIENT NUMBER</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TO BANK AT</td> <td></td> </tr> <tr> <td>NOTES</td> <td></td> </tr> <tr> <td>REPLACEMENT</td> <td></td> </tr> <tr> <td>PRESCRIPTION</td> <td></td> </tr> <tr> <td>SHOW TO</td> <td></td> </tr> </table>		FILE		TELL PATIENT NUMBER	<input checked="" type="checkbox"/>	TO BANK AT		NOTES		REPLACEMENT		PRESCRIPTION		SHOW TO	
FILE																			
TELL PATIENT NUMBER	<input checked="" type="checkbox"/>																		
TO BANK AT																			
NOTES																			
REPLACEMENT																			
PRESCRIPTION																			
SHOW TO																			
				B															
		PTO FOR NEW TESTS		Thyroid Function Tests															

SN6 Confidential: Postal data about a patient

GYNÆCOLOGICAL CYTOLOGY HOSPITAL LAB. NUMB **C98 08600**

USE BALLPOINT PEN FIRMLY

Surname JAMIESON		Birth Date 21 03 66		CHI Number 6240	
Forenames LINDA		Date of Examination 30 06 98		Hospital Record Number	
Permanent Address (with postal code) 54 LARVIS, 554 BALMORE RD. Postal Code 422		Address Results to be sent if different		Previous Examination of Cytology Number 95/02903	
Name and Full Postal Address of G.P. Dr. MANDEVILLE Postal Code 422		Name and Address of Sender		Date of Previous Examination 28 02 95	
SENDER	<input checked="" type="checkbox"/> G.P.	<input checked="" type="checkbox"/> Reason for Smear	Date of L.M.P. 20.6.98	Contraception	
	<input type="checkbox"/> F.P. Clinic	<input type="checkbox"/> 1st Ever Examination	No. of Pregnancies 1 + 1	Smear Type	
	<input type="checkbox"/> W.W. Clinic	<input checked="" type="checkbox"/> Routine Repeat	Age at Menopause	Appearance of Cervix	
	<input type="checkbox"/> Maternity	<input type="checkbox"/> Repeat of previous non-neg.	Radiation (Pelvic) YES <input type="checkbox"/>	Intact <input checked="" type="checkbox"/>	
<input type="checkbox"/> Gynaecology	<input type="checkbox"/> Other (specify)	Hormone Treatment YES <input type="checkbox"/>	Cervical <input checked="" type="checkbox"/>		
<input type="checkbox"/> G.U.M.			Vaginal <input type="checkbox"/>		
<input type="checkbox"/> Other			Other <input type="checkbox"/>		
<input type="checkbox"/> Colposcopy			Malignant <input type="checkbox"/>		
Clinical Diagnosis and Comments			FOR LAB. USE ONLY		
Clinician's Signature			Negative <input checked="" type="checkbox"/> Trich <input type="checkbox"/>		
			Borderline <input type="checkbox"/> Yeast <input type="checkbox"/>		
Pathologist's Comments NEGATIVE Endocervical cells absent, immature squamous metaplastic cells absent. Dr. M. Laing 10.7.98 Pathologist's Signature			Mild Dyskaryosis <input type="checkbox"/> Virus <input type="checkbox"/>		
			Moderate <input type="checkbox"/>		
			Severe <input type="checkbox"/>		
			Other <input type="checkbox"/>		
			Unsatisfactory <input type="checkbox"/>		
			Routine Repeat in 3 years <input checked="" type="checkbox"/>		
			Repeat in Months <input type="checkbox"/>		
			Refer to Gynaecology/Colposcopy <input type="checkbox"/>		

13 JUL 1998

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Gynaecological Cytology HOSPITAL LAB. NUM **C98 08600**

USE BALLPOINT PEN FIRMLY

Surname ANDERSON		Date of Birth		← CHL Number →	
Forenames INDA		Date of Examination		Hospital Record Number	
Permanent Address (with postal code)		Address Results to be sent if different		Previous Examination or Cytology Number	
Name and Full Postal Address of GP		Name and Address of Sender		Date of Previous Examination	
G.P. Clinic <input type="checkbox"/> 1 W.M. Clinic <input type="checkbox"/> 2 Maternity <input type="checkbox"/> 3 Gynaecology <input type="checkbox"/> 4 G.U.M. <input type="checkbox"/> 5 Other <input type="checkbox"/> 6 Colposcopy <input type="checkbox"/> 7		Reason for Smear 1st Ever Examination <input type="checkbox"/> 1 Routine Repeat <input type="checkbox"/> 2 Repeat of previous non-reg. <input type="checkbox"/> 3 Other (specify) <input type="checkbox"/> 4		Date of L.M.P. 23.6.98 No. of Pregnancies Age at Menopause Radiation (Pelvic) YES <input type="checkbox"/> 1 Hormone Treatment YES <input type="checkbox"/> 1	
R <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> T <input type="checkbox"/>		Contraception Nil <input type="checkbox"/> 1 I.U.C.D. <input type="checkbox"/> 2 Oral <input type="checkbox"/> 3 Post <input type="checkbox"/> 4 Current <input type="checkbox"/> 5		Smear Type Cervical <input type="checkbox"/> 1 Vaginal <input type="checkbox"/> 2 Other <input type="checkbox"/> 3	
Clinical Diagnosis and Comments Clinician's Signature Pathologist's Comments Pathologist's Signature		Appearance of Cases Intact Epithelium <input type="checkbox"/> 1 Inflamed <input type="checkbox"/> 2 Suspicious <input type="checkbox"/> 3 Malignant <input type="checkbox"/> 4		FOR LAB. USE ONLY Negative <input type="checkbox"/> 1 Borderline <input type="checkbox"/> 2 Mild Dyskeratosis <input type="checkbox"/> 3 Moderate <input type="checkbox"/> 4 Severe <input type="checkbox"/> 5 Other <input type="checkbox"/> 6 Unsatisfactory <input type="checkbox"/> 7	
Pathologist's Comments Dr. M. Laing Date 10.7.98		Routine Repeat in 3 years <input type="checkbox"/> 1 Repeat in Months <input type="checkbox"/> 2 Refer to Gynaecology/Colposcopy <input type="checkbox"/> 3			

Pathologist's Comments: **NEGATIVE Endocervical cells absent, immature squamous metaplastic cells absent.**

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Gynaecological Cytology

USE BALLPOINT PEN FIRMLY

HOSPITAL **S/HILL (G3)**
LAB. NUMBER **02903**

Surname JAMISON		Birth Date		D M Y		← CHI Number →	
Forenames LINDA		Date of Examination		D M Y		Hospital Record Number	
Previous Surname		Address Results to be sent if different		Previous Examination of Cytology Number		Date of Previous Examination	
Permanent Address (with postal code) 10 Windsor St Glenageary Co. DU		Postal Code CU22 6BP		Date of Previous Examination 27 09 82			
Name and Full Postal Address of G.P. MARCOY 115 DUBLIN 11 Co. DU		Postal Code CU22 6BP		Name and Address of Sender		Postal Code	
SENDER	G.P. Clinic	Reason for Smear	Date of L.M.P.	Contraception		Smear Type	
	F.S. Clinic	1st Ever Examination	No. of Pregnancies	Nil	I.U.C.D.	Oral	Intact
	W.W. Clinic	Routine Repeat	Age at Menopause	Post	2	2	Ectopy
	Maternity	Repeat of	Radiation (Pelvic)	YES	1	1	Vaginal
	Gynaecology	previous non neg	Other (specify)	4	Current	3	3
G.U.M.		Hormone Treatment	YES	1		Other	2
Other							3
Colposcopy							5
Clinical Diagnosis and Comments				FOR LAB USE ONLY			
Clinician's Signature Pathologist's Comments Pathologist's Signature Date 28/2				Negative 1 Trich 1 Borderline 2 Yeast 2 Mild Dyskeratosis 3 Virus 3 Moderate 4 Severe 5 Other 6 Unsatisfactory 7			
				Routine Repeat in 3 years 1 Repeat in Months 2 Refer to Gynaecology/Colposcopy 3			

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GYNAECOLOGICAL CYTOLOGY HOSPITAL **SPHILL (C3)**
USE BALLPOINT PEN FIRMLY LAB. NUMBER **06117**

Surname THOMPSON		Birth Date 01/03/66 CH. Number	
Forenames ANDREW		Date of Examination 27/09/92 Hospital Record Number	
Permanent Address (with postal code) 1510 HILTON ST POSTOWN VIC 3112		Address Results to be sent if different Postal Code	
Name and Full Postal Address of G.P. Dr. G. ... Rusland VIC 3112		Name and Address of Sender 98 Postal Code	
Reason for Smear 1 1st Ever Examination 2 Routine Repeat 3 Repeat of previous non-neg 4 Other (specify) 5 6 7	Date of L.M.P. 1/1/92 No. of Pregnancies Age at Menopause Radiation (Pelvic) YES <input type="checkbox"/> Hormone Treatment YES <input type="checkbox"/>	Contraception Nil <input type="checkbox"/> I.U.C.D. <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Past <input type="checkbox"/> Current <input checked="" type="checkbox"/>	Smear Type Cervical <input checked="" type="checkbox"/> Vaginal <input type="checkbox"/> Other <input type="checkbox"/>
Clinical Diagnosis and Comments RUED		FOR LAB. USE ONLY Negative <input checked="" type="checkbox"/> Trich 1 Borderline <input type="checkbox"/> Yeast 2 Mild Dyskaryosis <input type="checkbox"/> Virus 3 Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Other <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>	
Clinician's Signature J. Salkeld		Date 27/9	
Pathologist's Comments NEGATIVE		Routine Repeat in 3 years <input checked="" type="checkbox"/> Repeat in ... Months <input type="checkbox"/> Refer to Gynaecology/Colposcopy <input type="checkbox"/>	
Pathologist's Signature Dalmeida			

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GYNAECOLOGICAL CYTOLOGY HOSPITAL S/HILL (C)
 USE BALLPOINT PEN FIRMLY LAB. NUMBER 92/ 06117

Surname JAMIESON		Birth Date 21 03 66 ← CH. Number →			
Forenames LINDA		Date of Examination 27 04 92 Hospital Record Number			
Permanent Address (with postal code) 17-10 KIRKTON ST Postal Code 922		Address Results to be sent if different Postal Code			
Name and Full Postal Address of G.P. DR. GUNDEKAR ROSELBAK H/C Postal Code 92		Name and Address of Sender G.P. Postal Code			
Sender: G.P. <input checked="" type="checkbox"/> F.P. Clinic <input type="checkbox"/> W.W. Clinic <input type="checkbox"/> Maternity <input type="checkbox"/> Gynaecology <input type="checkbox"/> G.U.M. <input type="checkbox"/> Other <input type="checkbox"/>	Reason for Smear: 1st Ever Examination <input checked="" type="checkbox"/> Routine Repeat <input type="checkbox"/> Repeat of previous non-neg. <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Date of L.M.P. 3/4/92 No. of Pregnancies 1 Age at Menopause Radiation (Pelvic) YES <input type="checkbox"/> Hormone Treatment YES <input type="checkbox"/>	Contraception: I.U.C.D. <input type="checkbox"/> Nil <input checked="" type="checkbox"/> Past <input type="checkbox"/> Current <input checked="" type="checkbox"/>	Smear Type: Cervical <input checked="" type="checkbox"/> Vaginal <input type="checkbox"/> Other <input type="checkbox"/>	Appearance of Cervix: Intact <input checked="" type="checkbox"/> Ectopy <input type="checkbox"/> Infected <input type="checkbox"/> Suspicious <input type="checkbox"/> Malignant <input type="checkbox"/>
Clinical Diagnosis and Comments IUCD in situ. Cx tender to touch. L.D. Keasley (Prn).			FOR LAB. USE ONLY Negative <input checked="" type="checkbox"/> Trich 1 Borderline <input type="checkbox"/> Yeast 2 Mild Dyskaryosis <input type="checkbox"/> Virus 3 Moderate .. <input type="checkbox"/> Severe .. <input type="checkbox"/> Other <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>		
Clinician's Signature Pathologist's Comments NEGATIVE			ADVISE Routine Repeat in 3 years <input checked="" type="checkbox"/> Repeat in Months 2 Refer to Gynaecology/Colposcopy 3		
Pathologist's Signature J Salkeld 6.5.92 <i>[Signature]</i>		Date 27/4			

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193 Cautel/Prisoni (do not use)

Gynaecological Cytology HOSPITAL S/HILL (C)
 USE BALLPOINT PEN FIRMLY LAB. NUMBER 95/02903

✓ **0** *eff.*

Surname <u>JAMESON</u>		Birth Date		CHI Number	
Forenames <u>LINDA</u>		D <u>2</u>	M <u>1</u>	Y <u>0</u>	<u>6240</u>
Previous Surname		Date of Examination		Hospital Record Number	
<u>10 Minster Sq.</u>		<u>2</u>	<u>8</u>	<u>0</u>	<u>28</u>
Permanent Address (with postal code)		Address Results to be sent if different		Previous Examination or Cytology Number	
Postal Code <u>G22 6JP</u>		Postal Code		<u>92/06177</u>	
Name and Full Postal Address of G.P.		Name and Address of Sender		Date of Previous Examination	
<u>HARLOW</u> <u>PARCEL PARK H.C.</u>		<u>OR</u>		<u>270492</u>	
Postal Code <u>G22 5BG</u>		Postal Code			

SENDER	<input checked="" type="checkbox"/> G.P.	<input checked="" type="checkbox"/> Reason for Smear	1	Date of L.M.P.	<u>12.2.95</u>	Contraception	Smear Type	Appearance of Cervix
	<input type="checkbox"/> F.P. Clinic	<input type="checkbox"/> 1st Ever Examination	2	No. of Pregnancies	<u>1</u>	Nil	<input checked="" type="checkbox"/> Cervical	<input checked="" type="checkbox"/> Intact
	<input type="checkbox"/> W.W. Clinic	<input type="checkbox"/> Routine Repeat	3	Age at Menopause		Oral <input type="checkbox"/>	<input type="checkbox"/> Vaginal	<input type="checkbox"/> Ectopy
	<input type="checkbox"/> Maternity	<input type="checkbox"/> Repeat of previous non-neg.	4	Radiation (Pelvic)	YES <input type="checkbox"/>	Post <input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/> Infected
	<input type="checkbox"/> Gynaecology	<input type="checkbox"/> Other (specify)	5	Hormone Treatment	YES <input type="checkbox"/>	Current <input checked="" type="checkbox"/>		<input type="checkbox"/> Suspicious
	<input type="checkbox"/> G.U.M.		6					<input type="checkbox"/> Malignant
	<input type="checkbox"/> Other		7					
	<input type="checkbox"/> Colposcopy		8					

Clinical Diagnosis and Comments

Clinician's Signature *[Signature]* Date 06 MAR 1995

Pathologist's Comments

NEGATIVE
 M. Laing
 Pathologist's Signature Date 28/2

FOR LAB. USE ONLY	
<input checked="" type="checkbox"/> Negative	Trich <input type="checkbox"/>
<input type="checkbox"/> Borderline	Yeast <input type="checkbox"/>
<input type="checkbox"/> Mild Dyskaryosis	Virus <input type="checkbox"/>
<input type="checkbox"/> Moderate	
<input type="checkbox"/> Severe	
<input type="checkbox"/> Other	
<input type="checkbox"/> Unsatisfactory	

Routine Repeat in 3 years

Repeat in Months

Refer to Gynaecology/Colposcopy

THIRD PARTY COPY

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MICROBIOLOGY DEPARTMENT		Patient No.	STOBHILL	GP16
Name	JAMESON Linda	Sex	F	D.O.B. 21.03.66
Address	554 Balmore Road	Location	PHC Practice 43237	
(G.P. No.)		Consultant/G.P.	R.P.Mandeville	
Investigation	Faecal Culture	Hosp. No.	ZM9834387	
Specimen	Faeces	Taken	Not known	
		Received	24.01.00	
THIS REPORT TO: PHC Practice 43237				
If hospital number starts with ZM it is system generated and should not be re-used				
<p>MICROSCOPY: ova, cysts and parasites NOT seen (concentrate) Cryptosporidium species oocysts NOT seen</p> <p>CULTURE: Salmonella, Shigella and Campylobacter species NOT isolated. Escherichia coli O157 NOT isolated.</p>				
<p><i>Clar</i></p> <p><i>K</i></p>				
<p>RECEIVED 27 JAN 2000</p>				
FINAL REPORT	Senders Lab.No.			
Reported by	Lorraine Graham	Reported	26.01.00	Run 365
	Faeces	Page	of	Lab No. M.00.0006474

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT		GLASGOW ROYAL INFIRMARY GLASGOW ROYAL MATERNITY HOSPITAL			UNIT 1																																											
Name	JAMIESON LINDA	Sex	F	Do.B.	21/ 3/66	Hosp.																																										
Address	100 BLEUVALE ST GLASGOW	Consultant		GP		Ward																																										
Investigation	PREGNANCY TEST			Hosp. No.		GP18																																										
Specimen	URINE (UNSPECIFIED)			Taken	27/ 4/89	Received																																										
					27/ 4/89																																											
MONOCLONAL PREGNANCY TEST : POSITIVE																																																
<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>																																																
Microbiologists	C.A.Young / E.A.Hamilton	Reported	28/ 4/89	Bacteriology	1	Lab. No. of 506134 H f~																																										
	URINE				1	1																																										

THIRD PARTY COPY

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GLASGOW ROYAL INFIRMARY/G.P. REQUEST FORM
 RADIOLOGICAL DEPARTMENT EXAMINATION

REMEMBER THE TEN DAY RULE

DATE OF BIRTH 21.3.66 Sex/Marital Status.....
 FIRST NAMES (in block) LINDA
 SURNAME (in block) JAMIESON
 ADDRESS 100 BLUEVALE ST

DATE OF LMP: 30.6.87
 OBSERVE/IGNORE TEN DAY RULE

Date of Request 30.6.87 OCCUPATION.....

Clinical History swell @ shoulder 3/12. tend on
ok annual jt

Previous X-Ray Examination? Yes/No Previous X-Ray No. Date 86

X-Ray Request:
@ shoulder

PLEASE USE STAMP	<input checked="" type="checkbox"/> FOR OFFICE USE ONLY
G.P. NAME (ADDRESS) OK Dr. V. S. LIVINGSTON Dr. L. G. TEH 111 WHITEVALE STREET GLASGOW Signature	APPOINTMENTS DAY DATE TIME

Form No. 1320 DB1949

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REPORT

LEFT SHOULDER: 5 Yrs.
Normal appearances.
DR. POON/AB/1/1

X-Ray No. JAMIESON Region Examined LEFT SHOULDER on (Date) 1.7.87

THIRD PARTY COPY

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GLASGOW ROYAL INFIRMARY		CULTURE REQUEST		BACTERIOLOGY DEPARTMENT																					
CLINICAL HISTORY AND ANTIBIOTIC THERAPY USE? please send result to Dr Prentice Springfield Rd Glasgow			21/3/66 Linda JAMIESON 20 Silverdale St Glasg G3 041 456 OCCUPATION CONSULTANT																						
SPECIMEN Hseu		DATE AND TIME 17/6/81		INVESTIGATION culture																					
DOCTOR'S SIGNATURE <i>[Signature]</i>																									
ONE FORM PER TEST																									
LAB USE ONLY BELOW THIS LINE																									
MICROSCOPY	AAFB	WBC	RBC	SQUAMES	BACTERIA	CASTS	YEASTS	T.V.	GRAM +VE COCCI	GRAM +VE BACILLI	GRAM -VE COCCI	GRAM -VE BACILLI	MIXED FLORA												
		++	+	-	+																				
GENERAL APPEARANCE		Greater than 100,000 organisms per ml.																							
S = SENSITIVE R = RESISTANT																									
CULTURE																									
ORGANISM		Penicillin	Cloxacillin	Clindamycin	Fucidin	Erythromycin	Tetracycline	Cephaloridine	Ampicillin	Carbimazole	Nalidixic Acid	Nitrofurantoin	Cephalexin	Carbenicillin	Gentamicin	Tobramycin	Amikacin	Cefuroxime	Cefamandole	Cefoxitin	Netronidazole	Neomycin	Chlramphenicol	Polymyxin	Nystatin
α haemolytic strep.		S	S	S	S	S	S	S	R	S	R	S	S	S	S	S	S	S	S	S	S	S	S	S	S
SPECIMEN		DATE OF REPORT		BACTERIOLOGIST		LABORATORY NO		031379 H																	
		20 JUN 1981		<i>[Signature]</i>				18 JUN																	
								MBF 1572																	

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FEMALE		SURNAME	CHRISTIAN NAMES
		Jamieson	Linda
ADDRESS 408 Springfield Rd			
DATE	C/F	CLINICAL NOTES	DIAGNOSIS
29/6/67			3rd Trache
22 JUN 1967			
19/07/68		Sp. Robinson	Small
24/8/68		Kept	
25/9/68		Kept	
25/10/68		W. H. S. C.	3rd Trache
18/11/68		Kept	
24/12/68		Continued + Chiropractic	Chronic O.M.
11/1/69		Chiropractic	
25/1/69		Kept	
12/2/69		Kept	
24/4/70		Kept	
11/9/70		Kept	
11/12/70		Kept	
10/11/76		Eye Test	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

FORM E.C.8. (Scotland)

Wt P647-8277 200m 9/59 W K & S Ltd G79/19

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LGT FEMALE		DEC. 86	S645.3.1966.433
SURNAME JAMIESON		CHRISTIAN NAMES LINDA	2 Miss
ADDRESS 100 BLUEVALE ST. G31			Date of Birth 21 3 66
DATE	C F	CLINICAL NOTES	DIAGNOSIS
6.2.57		DNA	
34.87		Chast pain L sided dull pain occ sharp stabbing OE NAD Imp Non cardiac resonance	
20.5.87		Vague ache (C) on tender of finger pre-mentally also treated + heavy breasts - Resonance tra Pyridoxine 50mg x 7 (DAM) MADE SLEEP (C) (60)	
22 MAR 1987		Tubo ligation - 7/52 Dehy. semi fully detension All ++ SUGAR FATIGUE - Bump 900 Ammonia 5/52 ? Heavy 116 For US4. 80 Blue	
26/5/87		DNA	
29.6.87		LMP: 23/6/87 - 3 days, normal painful stul some shoulder OE NAD Xray (C)	
26.4.87		LMP 6/52 age (~12/3/89)	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.


MEDICAL RECORD CARD

Dd8928208 355M 6/86 R.P. (53791)

Form G.P.8 (Scotland)

1916 Confidential. Possible data breach - patient

CLINICAL NOTES		National Health Service Number	
		Surname (Block Letters)	Forenames (Block Letters)
		JARLSON	LINDA
		Address	Date of Birth
			21/3/66

Date	Clinical Notes	Diagnosis
22/11/06	'Covered a bridge' but not to see today Advised work 2/2 off to look for new job. Advised not ill -> Med 3 not issued If thinks not well advise re self care Accepts this more reasonable.	
28/12/06	GEMS 26/12/06	
29/12/06	NO Med 5 - report from GMI - retrain down work from 26/12/06 for 4/5/6 - pneumonia	
09/01/07	had been off work following episode of pneumonia cough at night yellow sputum, fever, a little No chest pain, appetite poor but improving. Discharge from A&E presented in GMS OE,  CVS: I+T+R Temp 36.3°C Low into @ home. Patient to home	
21/2/07	Exp LRTI 1) Erythromycin 250mg BID (23) 2) Amoxicillin 500mg TDS at first red s - 2/5/1 JH Clo chest pain, whee pressure, daily cough on low dose. Has to take deep breaths NO paroxysmal dyspnoea RS clear PH=PN VREN Normal vesicular b. Imp No residual lung problem. Reasoned C 513107 F. Airly	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

PRINTED FOR ASTRON, B47693 7/06 (017302)

355 2095

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CLINICAL NOTES		National Health Service Number	
		Surname (Block Letters) Chmerson	Forenames (Block Letters) Linda
		Address 61 Carsack St	Date of Birth 21/3/66

Date		Clinical Notes	Diagnosis
15/7/05	NS	Gentisone HC Ear Drops 1ml (can't get Sofradex)	Ti
23/9/05		Recurrent bilateral otitis externa weepy + itchy ears OTC Max ear cream R + L (TMS MMS) → Swab → Gentisone HC (I)	
30/9/05	NJ	Swab - heavy growth of enterococci - D/W Bacillus sp - more likely a contaminant rather than 1 ^o cause of infection Suggest keeping ear dry as possible but better to Rx = Chloramphenicol if required → Rx Chloramphenicol ear drops 1x/2x	ELG
13/2/06		Piles Pantocyl oint 30g	
8/3/06	NS	Chloramphenicol Ear Drops 5/6 0 x 2p.	
10/3/06		DVA	
17/7/06		- @ earache 9/17 - discharge - Adenoid / Maxilla - Max drops Advice: the cartilage got worse from max	
19/7/06		- @ I was - still red ear from Rx ear - @ 11/7 on gdt - worse itchy - kindly lead	

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FORM GP111F

PRINTED FOR ASTRON, BB37339 B04 (017302)

55 2095

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Date	Clinical Notes	Diagnosis
	<p>of proles @ ear had 4/11</p> <p>WE @ over</p> <p>Full @ over + pincer cord + some cotton wool</p> <p>Gringed @ ear</p> <p>and for (1.1)</p> <p>Re. Amoy with 2.0V > 2.1</p> <p>1.8V AC (over) > 8.0g</p> <p>? (1.1) actual of not-utility</p>	
21/2/06	<p>Moderate yeast growth on hand</p> <p>7/10 R</p>	
10/5/06	<p>Coil oriented in PPC ~ 4-5/12's age</p> <p>Pennies - v. heavy</p> <p>Wishes coil out - ? type of coil</p> <p>Decided Repe - not here</p> <p>Try cassette box</p> <p>Ex coil removal</p> <p>BP 110/60 ✓ Alcohol 10 ✓ Breasts v.v</p> <p>Tobacco ✓</p> <p>* EC 100 DUE 10 MAY/07 *</p>	
31/05/06	DNO	
9/6/06	DMA	
27/07/06	N/S PPT -> Lab	
22/12/06	<p>Reg Med 3. Works in warehouse - has to go up ladders & carry heavy items (nails etc). Feels unreasonable requests by boss. 'No job description'</p>	

* This column has been provided for doctors to enter A, V or C at their discretion

5/2000 204722

NHS Confidential: Please do not release

CLINICAL NOTES		National Health Service Number	
		Surname (Block Letters)	Forenames (Block Letters)
		JAMIESON LINDA	
Address		Date of Birth	
		2/3/66	

Date	Clinical Notes	Diagnosis
1/4/03 (contd)	-appetite @ 2nd-3rd. - other family members unaffected.  0/E soft, mild tenderness - rebound/grading BS ✓ Imp? vital C-check root culture - top inside top 30	
04/04/03	Smear taken - covid intact UCD in situ. Inserted in 1998. due for coil change 0/4/07 - SF to dentist - 7 Cusid - back up to quarter for blood - Look throat - sinus is clear - eye clear - nose - good - EYE - throat clear - chest clear - neckly Jys 2 beaded throat - Probable treatment 1/2 1/2 Res = x 1/20.	
16/5/02	DNA	
2/6/03	A @ wrist # in pop since Tuesday	

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FORM GP111F
355 2095

PRINTED FOR ASTRON, B26754 1202 (017302)

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Date	Clinical Notes	Diagnosis
	- works as caterer in GEL @ M60 3 2hr @ most #	
06/06/03	DNA	
18/06/03	3/52 eye fed off lobb 1/200 - attended GEL Provide codes # as letters C) 52 # most	
23/06/03	In for ICD removed - given apt for Dr. Tol	CSLaf
25/6/03	Achromycos - like organisms, marginal removed Pen V 200 mg (112)	
23/07/03	for HVS after. DNA	
27/7/03	DNA	
31/9/03	DNA	
28/11/03	A "neighbours from hell" vertigo anxiety Sv. - stomach churning - irritable - poor sleep - off food - whinged all the time. - sat me handover - at home - Se worse @ home only - Anxiety dept involved A husbanded thing I od. bad (do)	BD 17/11 P 8/4
14/7/05	1/52 (L) Oculgia + eardrums + vertigo many lead OE (and swollen + inflamed - make to see TR top OE → separates drops (had stonine before - 'sting') Had IVD 8/11 - wants removed - heavy penos → to O/W FPC	Eng M. W. G.

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5/2000 204722

NHS Confidential Personal Data about a patient

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)	
	JAMIESON	LINDA	
	Address		Date of Birth
		21/3/66	

Date	
29/11/00	Same 24.11.00-
27/09/01	letter to make appt for smear test
22/11/01	CGMS - 18/11/01 - tel advice
7/12/01	DNA
22/01/02	Smear appt sent
25/1/02	wt flushes lethargic } last few wks. periods regular } Tired. no changes in work/home Tearful.
	check Hb/ESR ✓ TFT's ✓ oestrogen / FSH / LH ✓ glucose ✓
4/2/02	still v. jumpy. glucose ✓ hormones ✓ TFT - TSH 0.66 } (N) Free T4 = 10 } Hb 12.4 } WCC 6.5 } (N) platelets 317 317 } ESR 6 }
	Δ Anxiety - Sertral 20 mg (N)
20/02/02	DNA

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

1095 Continuation: Previous Report about a patient

Date	
28/12/02	letter to make appt for smear test
11/1/03	+ DNA
8/1/03	Mudd night with stuffy nose & ear Drain on ear
5/1/03	Ear sore
1/1/03	No other symptoms
	o.e. Ear clear & good hearing
	Good non-occluded A-aid
	A. Mulla pan
	Richard David King
	+ contact with Peter Brindle
	Reminded to wear
21/1/03	DNA
11/1/03	Smear appt sent
03/07/03	DNA
12/1/03	NS Tranexamic Acid 500mg (100) on (Hospital TI TDS. better)
2/1/03	Post keynotes on Thurs Methadone 200g (20) (one puping excluded)
20/1/03	① ear - otitis externa Otomize ①
	Coming for smear on Friday.
29/1/03	DNA for ex smear
13/1/03	DNA for ex smear
25/2/03	DNA
25/2/03	CVMS - 22/2/03
22/2/03	Smear reminder sent
21/03/03	DNA
14/03	A. diarrhoea for 5-6/4, loose watery 4-5 per day blood PR consult dull ache supra-umbilically Urinary fx's

*This column has been provided for doctors to enter A, V or C at their discretion

NHS Confidential: Personal data about a patient

		National Health Service Number	6645:3:66:433.
CLINICAL NOTES	Surname (Block Letters)		JAMIESON
	Forenames (Block Letters)		LINDA
	Address		
		Date of Birth	21.3.66


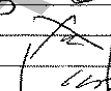
Date	Notes
29.1.98	E S. Amenin again - doesn't know why. Small lumps, headache.
5.2.98	R.R. Drayson sup for (10) Make app. to discuss on BMA
14/4/98	LMP. ^{usually, regular} - 4 days late. No p.m. - E.B. Ines. lat sup
17/4/98	[REDACTED]
30.6.98	Smear. 9/58. Wides 1 mcd. period. LMP. 20.6.98 - 4 days. R. Nova T (1)
3.7.98	P.V. uterus Alv. No pelvic tenderness. Sound from - slight cervical stenosis. Attempted insertion of Nova T but cervix rather tight preventing proper positioning. Main: Top after next period E Justidagel. R. Nova T (1) BP. 90/60.
11/7/98	LMP 12/7/98. Cervix 1/2 - 649216 9 2/2001 4 mcd used. No blood. For Nova T - can't see difficulty. BN 810-200. 02/2007

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FORM GP111F
355 2095

+ for ears - any cat or owl birds to focus this on
Drea @ len to. - Among (15) yanka. He or det

10/5 Confidential: Personal and/or clinical

Date	
18/11/98	Panic Attacks Ny 1/2 indol in (28)
19-2-99	2. PAST 3-4 1/2 SOME DIARRHOEA, BLOATED FEELING, "NOT QUITE RIGHT" - COTTAGE DIETAL AHEAD LIP 2.5% ALV - NORMAL o DISCOMFORT, o DYSURIA o FRESHNESS o WORK INTERFERES  NORMAL TENDON REFLEXES SOFT o PABES No. NFD EVENTS P. PROCTORIAL S/D ME (100) "P" PAB SEE IF NOT FURTHER SETTLING
25-11-99	E - Anal Pressure poor relaxed Poor diet irregular consumption/diarrhoea abd cramping Some straining Anorexia/loss of appetite -> Anal HC (100) BD Lignocaine ointment (15) PAB for
24/2/00	Diarrhoea + vomiting @ 3/5  taste One toilet to allow settling 1 stool sample 1 Ciprofloxacin 500mg bid (10)
10/1/00	E - Diarrhoea and gas days ? wakened every few weeks Woken by BRT for Caley biscuit Woken with colic and gas Ad: I can't give her 'all clear' Private Line Sery fit for work - had diarrhea now settled

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To chag q/s - as now - Jennistam

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WPS Confidential - Personal Information

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)		Forenames (Block Letters)
	Janina		Linda
	Address		Date of Birth
		10 Munster St	21.3.66
Date			
24/2/95		V. heavy periods + bad PMS. Had coil fitted 5 yrs ago. Discussed contraception. Wants to stop coil + start OCP. To make apt for WWC.	
28.2.95		LMP 12.2.95 P.V. ex healthy - menses taken. (Hbwas A/V 140) removed easily. BP 100/60 8st 4lbs. No Mirelva 2x2? Discussed use GP102 ✓	
13/3/95		OUT OF HOURS HOUSECALL (18:40). From phone box. Phoned back - no reply. Told to phone my house to see when to phone again. Suffering from headaches for 2/7. Did not phone back.	
17/3/95		Headache + dizziness. 3 days ago - gradual onset. Occipital. Bilateral. Shining pain to both eyes. No visual defect. Abused but no vomiting. Present constantly 3 days. Not posturally related. Not stopping. No diurnal variation. Worse on neck movements. Hot + sweaty. %E: BP 110/60. Fundi (N) CN II - III intact. No ptosis. No temporal or sinus tenderness. Tender over neck but full ROM. No photophobia. IAMP: 1. Nil to suggest sinister pathology. 2. ← most illness ← cervical spine. For reassurance - women if not settling. AHS	
5/10/95		Vertigo for 2-4 weeks. Not postural. Not related to standing. No headaches. Fever. %E: CN intact. Fundi (N) Neck (N) Ears (N) A Viral labyrinthitis. Re Stemetil 1 Day (21) AHS	

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355 2095

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Date		
27/12/96	E.	Anxiety +++ Clustering stomach, sweating, palpitation. Poor sleep etc. Rx Propan 40ml (100) To make appt. to discuss. <i>MH</i>
28/12/96		MNA
29.11.96	(E)	S. NIB getting on with partner. wants to get her own lance but can't. Pain in Poor sleep. Somatic R. by Diazepam 2mg <i>pm</i> (20) Back for Rena symptoms in es
3/12-96		DNA
11/4/97	(E)	Stomach pains & bloating post 2/12 Madam - epig pain -> back. Eaten & Kenner Pain: OK. *Celiac. Periods OK but not by No blood. Wakes at night E. prairing epig pain. but also intermittent (circled) dist pan - sleep - alter eat. of Unexplained Ixn NIB pm up Cudo soft non tend. <i>Chol' clear</i> located w/Star (circled) *Culd well be adenoma BS v Iwp & f. b. p. u. d - Ixn gastroc pm re 2/12 or sooner if not better <i>(100)</i> <i>MH</i>
15/5/97	E	Anxiety <i>++</i> - All the time. Pan 2/4 Not sleeping more 3am Means Anx from partner - He takes drugs address home but not OK - has called Woods past time. No review <i>act for</i> To get social value + home? <i>SPH</i> Idea Diazepam 2mg (6) <i>? 20g. Kin. 100</i>

*This column has been provided for doctors to enter A, V or C at their discretion

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NHS Confidential Personal data about a patient

		National Health Service Number
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)
	SAMUELSON LINDA	
	Address 10 JARVIS - 10 MIRETON ST.	Date of Birth 21.3.66

Date	
20.8.90	Moved to Deanston Self, B.F. + son (9/12) - getting a d.k. - admission off of note of Alleges, No smoker son, 9/12 - colic, off of note Kia 1 + 0 Smeggy antenatally. - was normal of natal IMP 3/12/90 Nvagard - T presented 8 - f P/natal + coil fit at next mstr
28/1/90	Strain Neck. to Iceland
1/3/90	P/natal. uterine contracted NAD Has menses at present. Sealed to Jan Nvagard L&A Ad leaky Rest 6/5/2
13/4/91	Missed a period by 4 days ? pregnant. usually 4/28 v. regular. Feels pregnant - chest, swollen abd. Has i.v. D. in situ. No abdominal pain. Plan menstrual HCG test in am here If true will discuss i her + partner re pregnancy +/- refer for exclusion of ectopic If neg then see next wk if no bleeding + refer. CMB

Needs coil check

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FORM GP111F

SMEAR INVITE DATE..... 3 FEB 1992..... Smear

WIS Consultant: Professor Peter D. Smith

Date		
27/4/92	FPC	WCD checked - Due charge 1.3.95. SMEAR/EC tender also found lymph band lymph gland (cc)
		Hr 5.1/2 WV 8.1. BP 100/65
9/8/93		Depressed 4/52. Fell out E boyfriend - had been going out for 5yrs. He was taking drugs etc. She left him but now feeling very mixed up. Screaming + bawling at son - Steven. She's on her own. No friends. Doesn't want to speak to parents. Not working. Discussed at length. Advised re counselling etc P. carbamazepine (cc) Needs to talk carbamazepine (cc) (b) review 2/52 if she wishes.
9.2.94	V	S. Cough 2 days - Body pain. o. Phlegm (M) Chest is clear. A. Normal P. Advice: 2. Galenol (cc) on
		X Mrs. G. really helps me. Speed note
17.10.94	DMA	
11/1/95		OUT OF HOURS CASE 18.35:
Phoe advice	%	Chav pains, SOB, panic - can talk easily - phoe tho' hyperventilating at times. Advice gets panicky bc chest feels tight + heavy, can't see thro' glasses, feels unwell - "bad breath" + relax feel distressed calmed down deep call! - Adv. battery HC memo.
2.2.95		chest pain since yesterday. Attended GRI last night + was given Zantac for it - not helped % can't see chest + down (C) arm - nausea vomiting SOB % well P. 80mg BP 130/80 MS E+II +nil Chest clear

*This column has been provided for doctors to enter A, P or C at their discretion

Δ Muscular pain, + anxiety
P. Carbamazepine, cc Reamined

002880 750M 8/96 27219

NHS Confidential: Personal Data about a patient

Jamieson, Linda
DoB: 21/03/1966

Report Valid On 29/12/06 12:10

THE WHITEVALE MEDICAL GROUP
 Page number 1

Registration

Miss Linda Jamieson
 61 Corsock Street
 HAGHILL
 GLASGOW

G31 3PN
 Telephone: 580 2159

Contact: ? ContactRelship: ?

Email: ?

CHI Number: 2103666240 NHS Number: S645/3/66/433

Occupation:

Registered GP: Dr Hardman Room 2

Service Code: Permanent

DoB: 21/03/1966

Age: 40

Marital Status: Single

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
26/12/2006	26/12/2006	Medium	Pneumonia due to unspecified organism Freetext: Community Acquired Pneumonia	
12/06/2002		None Medium	Notes summary on computer	
30/06/1998		None Medium	Cervical cytology screen	
04/05/1998		None Medium	[REDACTED]	
07/04/1997		None Medium	Excision of lesion of eyelid Freetext: Left upper eyelid - Adenoma	
16/08/1994		None Medium	[X]Bulimia nervosa Freetext: A&E Swallowed toothbrush - Endoscopic removal	
20/12/1989		None Medium	Spontaneous vaginal delivery Freetext: Male	
01/01/1981		None Medium	Urinary tract infection, site not specified	
12/06/1969		None Medium	X-rays Freetext: Pneumonitis (RHSC)	

Last 4 Clinical Notes

Date	Clinical Notes
21/12/2000	Automatically generated by transaction
08/11/2000	Automatically generated by transaction

THIRD PARTY COPY

MSF ConMedix: Personal data about a patient

HEALTH CENTRE
TREATMENT CARD

NAME: <i>Linda Jamieson</i>		D.O.B. <i>28.3.66</i>	DIAGNOSIS:
ADDRESS: <i>554 Brunner Rd</i>		DOCTOR'S SIGNATURE: <i>Helen</i>	
DATE	TREATMENT	PROGRESS NOTES	NURSES INITIALS
<i>3.7.98</i>	<i>Rehamm boost</i>	<i>↑</i>	
<i>25/1/04</i>	<i>Check B12/folate/rbc Hbaltg LFTs</i>	<i>pleas (P Mev)</i>	

0195172

THIRD PARTY COPY

39

**NATIONAL HEALTH SERVICE, SCOTLAND
MATERNITY SERVICES RECORD CARD**

CONFINEMENT
 Date of Delivery 20.12.89 Place: Home/Hosp./N.H. GRM
 Lacerations perineum How Treated stitch
 Child(ren) one Sex: M Livebirth/~~Stillborn~~
 Birth wt. 3.21 Condition at Birth well
 Congenital abnormality NAD

Patient's Name Linda Jamieson Age 23
 Address 100 Bluevale St, G3 Parity 0
 Health Board for _____
 Practitioner _____

L.M.P. 23 1/2 months E.D.D. 27.12.89 Booked for: Home
SD 19/12/89 Hospital
Nursing Home

Blood Group _____ Date 21.6.89 Antibodies _____
 RH: _____ Repeat: _____
 Date _____ Repeat: _____
 Date _____ Repeat: _____

DURATION OF LABOUR

Stages	Drugs	Analgesia Anaesthesia	Duration	Treatment and Notes
1st				<u>S.V.D.</u>
2nd				
3rd				

Blood loss _____ Cause _____
 Cord Blood Test (Coombs) where applicable
 Date _____ Result _____ Blood Group _____

PREVIOUS PREGNANCIES AND MISCARRIAGES

Date	Weeks of Gestation	Obstetrical Complications	Where Home/Hosp.	Live/Still Birth/Neo-Natal Death
		<u>Primigravida</u>		

PREVIOUS MEDICAL HISTORY

None

NOTES ON PUERPERIUM

Date	Notes
<u>28.12.89</u>	<u>well, normal lochia Baby: A/F well</u>
<u>29.12.89</u>	<u>well</u>
<u>31.12.89</u>	<u>well</u>

POST-NATAL EXAMINATIONS

MOTHER _____
 Pelvic Examination _____
 CHILD: Feeding—Breast/Artificial _____

Last Chest X-Ray, Date and Result _____

PRESENT PREGNANCY
 General Examination _____ 1st Examn. Date 21.6.89
 Breasts NAD Pelvis AA adequate at the
 Veins _____ Height 5'2"
 Teeth _____

Form GP 24 R/2 (Scotland)

NHS Confidential: Personal data about a patient

Acute Services Division

Women and Children's Directorate



HERALD FOUNDATION/HYSTEROSCOPY DEPARTMENT

Glasgow Royal Infirmary
84 Castle Street
Glasgow G4 0SF
Switchboard 0141 211 4000

Secretary: Miss A Brown
Direct Dial: 0141-211-4786

Our Ref: **KB/AB/20821615K**

Dict: 27 August 2007
Typed: 3 September 2007

Dr E Rainey
Whitevale Medical Group
30 Whitevale Street
GLASGOW
G31 1QS

Dear Dr Rainey

LINDA JAMIESON 21/03/66 (6240), 61 CORSOCK STREET, GLASGOW, G31 3PN

Thank you for referring Linda to the Hysteroscopy Clinic where she was seen today. As you know she is 41 year old para 1 who had an IUCD inserted in 2003 and when she attended to have it removed the coil threads were not visible. Unfortunately she is now complaining of heavy painful periods also and this requires further investigation. An ultrasound was performed and her IUCD was visualised in the endometrial cavity. It was noted that she had a 3 cm cyst possibly endometriomas on either ovary. In view of this we have suggested that she requires a laparoscopy and removal of her IUCD and potentially insertion of Mirena at that time. She has been added to the waiting list for and we will be in touch in due course.

Yours sincerely

DR K BROGAN
SPECIALIST REGISTRAR

Delivering better health

www.nhsggc.org.uk

40366

WIS Confidential: For use only by patient

Emergency Department
Glasgow Royal Infirmary
84 Castle Street
Glasgow

Dr Teh
Whitevale Medical Group
30 Whitevale Street
Glasgow

G31 1QS

19 July, 2007

Dear Dr Teh,

Re. LINDA JAMIESON, 61 CORSOCK STREET, GLASGOW, G31 3PN
Date of Birth 21.03.66 Hospital Number: 20821615K CHI Number: 2103666240

Our patient attended Glasgow Royal Infirmary on the 18 JUL 2007 at 18:20 pm.

The presenting complaint was:

ABDOMINAL PAIN

Triage Information:

Intermittent Abdo Pain And Pvb For 8/12 Now, Coil Inserted 3 Yr Ago. Pt Thinks Related To Coil. Had Smear Done 3/52, Nurse Couldnt See Coil. Passing Small Amount Of Urine Only

The following investigations were carried out:

Urinalysis
Urine Pregnancy Test

The A&E diagnosis was:

Genito-Urinary - Cystitis

The following treatment was given:

Trimethoprim 200mg Tablets-As Directed

At the conclusion of treatment the patient was:

Discharged To Care Of Own Gp

Follow-up:

General Practitioner

Additional Information:

Nil

Yours sincerely,

Calvin Lightbody
Emergency Department Doctor

Consultants

NHS Confidential: Personal data about a patient

Jamieson, Linda, CHI: 2103666240, 04-Jul-2007, Gynaecology

Page 1 of 3

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------	--------	----------	------	--------------

Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO		<input type="checkbox"/> Consultant / receiving practitioner and/or specialty clinic <input type="checkbox"/> Hospital and hospital address
Gynaecology		
G General Referral		Hospital location code <input type="text" value="G107H"/>
Glasgow Royal Infirmary		Email address <input type="text"/>
Urgency of referral		
Routine		

PATIENT DETAILS		Patient's address
Surname	Jamieson	61 Corssock Street
Forename(s)	Linda	HAGHILL
Title	Miss	GLASGOW
Sex	Female	G31 3PN
Date of birth	21-Mar-1966	Contact number(s)
CHI no.	2103666240	Voice: 550 2159

SEEN BY GP DETAILS		Practice address
Name	Dr Hardman Room 2	30 Whitevale Street
GMC code	2340982	Glasgow
GP code	G02194	G31 1QS
Practice name	THE WHITEVALE MEDICAL GROUP	Contact number(s)
Practice code	46560	Voice: 0141-554-4536
		Facsimile: 0141 554 3979

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr Elizabeth Rainey	30 Whitevale Street
GMC code	4787040	Glasgow
GP code	G02194	G31 1QS
Practice name	THE WHITEVALE MEDICAL GROUP	Contact number(s)
Practice code	46560	Voice: 0141-554-4536
		Facsimile: 0141 554 3979

<https://www.scigw.scot.nhs.uk/web/message/previewletter.asp>

04/07/2007

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

Description: unable to remove IUD

Comment: This lady consulted today requesting her coil removed due to heavy prolonged periods. It was inserted in Easterhouse FPC she thinks in 2003. Unfortunately I was unable to see any coil threads. Her cervix was otherwise normal and I took a smear today. She is keen to switch to the mini pill but I have not prescribed this yet. I would be grateful if she could be seen with regards to IUCD removal. Many thanks.

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question Result/Comment Date

Never smoked tobacco: 10-May-2006

Teetotaler: 10-May-2006

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history - please ensure inappropriate and irrelevant codes are deleted**Pre-existing conditions (High & medium priority - all)**

Description	Date recorded	Modifier	Extension	Date of onset
Pneumonia due to unspecified organism	26-Dec-2006	-	Community Acquired Pneumonia	26-Dec-2006
[X]Bulimia nervosa	16-Aug-1994	-	A&E Swallowed toothbrush - Endoscopic removal	-
Spontaneous vaginal delivery	20-Dec-1989	-	Male	-
Urinary tract infection, site not specified	01-Jan-1981	-	-	-

Past procedures (High and medium priority - all)

Description	Laterality	Modifier	Date performed
Cervical cytology screen	-	-	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma	-	07-Apr-1997
X-rays	Pneumonitis (RHSC)	-	12-Jun-1969

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

No current medications recorded

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

No recent medications recorded

Clinical warnings

Smoking status

Alcohol consumption

Additional relevant information - please ensure inappropriate and irrelevant codes are deleted**Administrative information**

Referred By: Seen by GP

NHS Confidential: Pasonec des renseignements

FINAL DISCHARGE LETTER

University Medical Unit, Glasgow Royal Infirmary, 84 Castle Street, Glasgow G4 0SF
 Tel: 0141 211 4971 Fax: 0141 211 0595

GP Details	Patient ID	Admitted: 26 12 06
Dr Teh 30 Whitevale Street GLASGOW G31 1QS	LINDA JAMIESON 61 Corsock Street GLASGOW G31 3PN Dob: 21 3 66 (6240) Hosp No: 20821615K	Discharged: 27 12 06 Ward: 29 Consultant: HW Gray

Dear Doctor

Your patient was an inpatient under our care with

Active Diagnoses

1. Chest pain secondary to LRTI
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Inactive Diagnoses

1. Nil
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Important Investigations & unresolved issues:


Troponin negative. Cholesterol 2.5. No new ECG changes. Treated with Clarithromycin/Amoxicillin.

Follow up plan:

Review: GP Medical OPD:
 Other follow up (specify):

Medications on Discharge

1. Amoxicillin 500 mg tid to complete course
2. Clarithromycin 500 mg bd to complete course
3. Paracetamol 1 g prn
- 4.
- 5.
- 6.
- 7.
- 8.

Signed: 
 Name: L HOWIE

Dictated: 5107 Typed: 8107
 REFERENCE: LH/LMF
 FY1/FY2/ SHQ/ SpR /Consultant

NHS Confidential - Personal data should be protected

IMMEDIATE DISCHARGE LETTER

DEC 27 '06 09:44:05

310356

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION



GLASGOW ROYAL INFIRMARY
GLASGOW G3 7ER
Tel: 0141-211 4000

PATIENT IDENTIFICATION

20821615R
JAMESON
LINDA F
61 Corstoun Street
GLASGOW G3 7PN
150121036662401

DATES

ADMISSION 26/12/06
DISCHARGE 27/12/06
TRANSFER TO (H)
RE-ADMISSION
DEATH

GP IDENTIFICATION OTHER DISTRIBUTION MEDICAL IDENTIFICATION

DR L TEH
WHITEVALE MEDICAL GROUP
30 WHITEVALE STREET
GLASGOW G3 7ES

WARD 43
CONSULTANT DR VAN DER HORST
(BLOCK CAPITALS)
CONTACT DR S L TOH
(BLOCK CAPITALS)

PRESENTING COMPLAINT(S)
COUGH & SHORTNESS OF BREATH

ACTIVE DIAGNOSIS/PROBLEMS OPERATIONS INACTIVE DIAGNOSIS/PROBLEMS

- 1) COMMUNITY ACQUIRED PNEUMONIA
- 3)
- 4)
- 5)
- 6)

ADMISSION ARRANGED EMERGENCY TRANSFER

INFORMATION GIVEN TO PATIENT (SPECIFY)

THE PATIENT WAS DISCHARGED ON THE MEDICATION TREATMENT DETAILED BELOW. RECOMMENDED DURATION OF TREATMENT IS FROM THE DATE OF DISCHARGE. WHERE TREATMENT IS INDEFINITE, A SEVEN DAY COURSE HAS BEEN DISPENSED.

MEDICINE	FORM	DOSE	TIMES OF ADMINISTRATION					DURATION	PHARMACY TO COMPLETE QUANTITY, STRENGTH, BRAND
			8am	10am	12pm	2pm	6pm		
AMOXICILLIN	PO	500mg	✓			✓	7 days	21 X 500mg CAPS (RX FROM)	
CLARITHROMYCLIN	PO	500mg	✓				7 days	14 X 500mg TABS (HANDPKY)	

FOLLOW-UP REVIEW DRESSING/SUNDRIES SUPPLIED TO PATIENT

HOSPITAL OP YES/NO SPECIFY	GP SURGERY YES/NO SPECIFY	CARE ARRANGEMENTS	PRODUCT	SIZE	NUMBER ISSUED
YES (NO)	YES (NO)	NONE <input checked="" type="checkbox"/> SWD <input type="checkbox"/> DISTRICT NURSE <input type="checkbox"/> OTHER <input type="checkbox"/>			

COMMENTS:
Signed [Signature] Page No. 1103
(Prescriber) SHO : SpR : CONS (please tick)

NHS Confidential: For your eyes only

26-Dec-2006 17:59 Glasgow Emergency Medical Serv 01416166257

1/2

Call No: 1778818	CHI No: 2103666240	Date: 26 Dec 2006	NHS 24 No: 4006853
Patients Name: Linda Jamieson		D.O.B. Age: 21/03/1966 40 Y	Callers Name: Daniel
Address Today: 1/1 61 Corsock Street Denniston Glasgow Intercom/Buzzer Entry		Home Address if different: 1/1 61 Corsock Street Denniston Glasgow Intercom/Buzzer Entry	
Post Code: G31 3PN	Post Code: G31 3PN		
Phone Number: (07743) 240 047	Call Type: 999 - Dual Response		
Name of GP: Hardman RJ	Time Call Received at NHS 24: 11:12		
Surgery: 20830 Whitevale Street	Time Details Received at GEMS: 11:25		
Practice Number: 208	Time Patient Arrived:		
Fax Number: 0141 554 3979	Consultation Start time:		
Speed Dial: 0805	Consultation End time:		
Dispatched To: HOME VISIT			
<p>Clinical Information</p> <p>CHEST PAIN HIGH TEMP WORSENING 1/7 Clinical summary created: 26-Dec-2006 CRUSHING CHEST PAIN AND BREATHING DIFFICULTIES. INTERMITTENT PAIN SHOOTING TO RIGHT ARM PIT. FEVERED. 999 AMBULANCE CALLED</p>			
Primary Care Nurse:			
BP: /	Pulse	Temp	Allergies
<p>Clinicians Notes</p> <p>PT UPLIFTED AND TAKEN TO G.R.I.</p>			
Referral:	Seen by Dr:	Rota No:	Nurse:

NHS Confidential: Personal data about a patient

COPY

WHITEVALE MEDICAL GROUP

30 Whitevale Street
GLASGOW
G31 1QS

Dr. Roger A.L. Black
Dr. Lee Gek Teh
Dr. Roger J. Hardman

Tele: 0141-554-4536/554-2974

Fax: 0141-554-3979

Our Ref: CS/MMcG

30th April, 2003.

Linda Jamieson
61 Corsock Street
GLASGOW
G31 3PN

Dear Mrs. Jamieson,

Your recent smear has come back normal and requires to be repeated in 3 years. The smear also shows however that you have an infection most likely due to the coil.

The treatment for this is antibiotics and coil removal. Please make a double appointment with Dr. Teh to have this done.

If you wish to discuss this any further please do not hesitate to telephone the surgery and speak to me.

Yours sincerely,

Christina Shafi
PRACTICE NURSE.

W&A Confidential: Personal data about a patient

22-FEB-2003 SAT 15:16 75

FAX NO.

P. 01/01

Glasgow Emergency Medical Services (Centre Name)

Call No: 882047	Date: 22/02/2003 13:12:40	Time of Call: 25/05/196635
Patient's Name: Linda Jameson		D.O.B. Age:
Address Today: 1/1 61 Corsock Street Denniston Glasgow G31 3PN	Home Address if different: Denniston Glasgow G31 3PN	
Post Code:	Post Code:	
Phone Number Today: 44 0141 554 4911 150278	Home Phone if different:	
Callers Name:	Relationship to patient:	
Name of GP: RAL Black	Practice No: 200	
Surgery: 20830 Whitevale Street	Cipher No: G0508 8	
Address:	Fax No: 0141 554 3979 0805	
	Speed Dial:	
Call Type: 4PCC	Time Passed:	
Receptionist's Name: IIF	Time Arrived: 1350	Time complete: 1405
Patient's Complaint:		
Comments: PCEC LIGHTBURN 4HRS. FLU SYMPTOMS FOR 3 WEEKS, GETTING WORSE DESPITE PARACETAMOL. NOW HAS SEVERE HEADACHE, CLEAR FLUID COMING FROM RIGHT EAR... earache.		
Allergies - nil General Health - well Medications - Paracetamol.		
BP: 160/88	PR: per min	Temp: 36.2
Clinical Notes		
<p>As above</p> <p>(L) ear canal - moist. Mucous Red / inflamed</p> <p>Imp. (C) OM - vert</p> <p>Amoxycillin 250mg - (2) 7/10</p> <p>Imp on GP.</p>		
Treatment:		
Diagnosis Code:		
Referral:		
Seen by Dr: SLO	Rota No: 558	Nurse:

NHS Confidential: Personal data about a patient

COPY

WHITEVALE MEDICAL GROUP30 Whitevale Street
GLASGOW
G31 1QSDr. R.A.L. Black
Dr. Lee Gek Teh
Dr. Roger J. Hardman

Tele: 0141-554-4536/554-2974

Fax: 0141-554-3979

Our Ref: LGT/MMcG

2nd December, 2002.Linda Jamieson
61 Corsock Street
GLASGOW
G31 3PN

Dear Linda,

I note that you did not come for your smear appointment on 29/11/02.

Could you please come and see me on 13th December 2002 at 3.30pm for a smear test.

Yours sincerely,

DR. L. G. TEH.

1985 Confidential: Personal data about a patient

Earlehouse
family planning
clinic

Dear Doctor Teh,

Re Linda Jameson
2/13/66

61 Consoak Fr

Linda attended the family planning clinic today.
 • menorrhagia since IUCD insertion.

She also clo of offensive discharge for last 2/12.

OK G healthy
 threads visible
 Swab taken

I have given her a course of metronidazole
 • for the discharge & suggested she try Tranexamic
 Acid 1g tid while her period is there — she has
 been to have her IUCD removed but may try
 the medication first & I thank you for providing
 the prescription for her.

She will return to us if there are any
 problems.

Thank you
 yours sincerely
 JRM

JAMESON CMO RO.

MS Confidential: Personal data about a patient

18-NOV-2001 SUN 19:32 G. E. M. S.

FAX NO. 01416166201

P. 01/01

Glasgow Emergency Medical Services (Centre Name)

Call No:	568331	Date:	18 Nov 2001	Time of Call:	18:13
Patient's Name:	LINDA JAMIESON	D.O.B. Age:	21/03/1966	35	Y
Address Today:	61 CORSOCK STREE 1/1 DENNISTOUN Glasgow G22 6NS	Home Address If different:			
Post Code:	G22 6NS	Post Code:			
Phone Number Today:	(07815) 505 057	Home Phone If different:	0		
Special Directions to Today's address:					
Callers Name:	Relationship to patient:				
Name of GP:	Black RAL	Practice No:	508		
Surgery:	20830 Whitevale Street	Cipher No:	30506 6		
Address:	Dr RAL Black & Partners 30 Whitevale Street Glasgow G31 1QW	Fax No:	141 594 3973		
Call Type:	Tel Advice	Routine	Speed Dial:	1805	
Receptionist's Name:	GRACE	Time Arrived:	Time Passed:	Time complete: 18/11/2001	
Patient's Complaint:	HAD A HEADACHE FOR 2 DAYS, IN A LOT OF PAIN, HAS BEEN SICK AND THINKS ONE OF HER PUPILS IS LARGER THAN THE OTHER				
Remarks:					
BP:	/	PR:	per min	Temp:	
Clinical Notes	Triaged By: D225				
Occipital headache. Offered to be seen at Lightburn but not keen to take child out. Will take 2 Pa acetamol and phone back if wishes to be seen.					
Triage					
Diagnosis					
Treatment:					
Diagnosis Code:					
Referral:					
Seen by Dr: MARSHALL	Rota No:	229	Nurse:		

WIS Confidential: Pascau d'acces a patient

24-NOV-00 FRI 02:48

STOBHILL GEMS

FAX NO. 0141 201 4017

P.01

Glasgow Emergency Medical Services (Centre Name)

Call No: 327260	Date: 24/11/2000 00:29:57	Time of Call: 34
Patient's Name: JAMIESON LINDA	D.O.B. Age: 21/03/1966 34	
Address Today: 61 Corsock St 1/1 Dennistoun Glasgow G31	Home Address if different:	
Post Code:	Post Code:	
Phone Number Today: 44 0141 550 2159	Home Phone if different:	
Special Directions to Today's address:		
Callers Name:	Relationship to patient:	
Name of GP: RAL Black	Practice No: 208	
Surgery: 20830 Whitevale Street	Cipher No: G0508 8	
Address:	Fax No: 0141 554 3979	
	Speed Dial: 0808	
Call Type: PTS	Time Passed:	
Receptionist's Name: DELAC	Time Arrived: 01.29	Time complete: 01.40
Patient's Complaint: headache for 3 days, back of neck stiff. feels like eyes hanging out of head		
BP: /	PR: per min	Temp:
Clinical Notes occipito-frontal headache 3 days, paracetamol, nurofen, not helping, claims photophobia, neck now stiff, no temp, no rash, up and about GENERALISED HEADACHE + PHOTOPHOBIA WITH FLASHING LIGHTS + NAUSEA NOT HELPED BY PARACETAMOL / NUROFEN. PNH + DM x AKA (12) PERIOD FUNGUS // BP 120/90 " NECK STIFFNESS		
Treatment: GIVEN TRAMADOL 50mg (2) 12 PARALAX (10P)		
Diagnosis Code: G0508 ANOSMIA		
Referral:		
Seen by Dr: AUSTON	Rota No: 442	Nurse:

NHS Confidential: Personal data about a patient

10-MAY-00 WED 21:24

FAX NO.

P. 01/01

VE **Glasgow Emergency Medical Services** (Centre Name) *42/5*

Call No:	204206	Date:	10 May 2000	Time of Call:	19:29
Patient's Name:	Linda Jamieson	D.O.B.:	21/03/1966	Age:	34 Y
Address Today:	31 ABERFELDY STREET G/1 GLASGOW G31 3NS	Home Address if different:			
Post Code:		Post Code:			
Phone Number Today:	(0141) 556 0067 - Home	Home Phone if different:	()		
Special Directions to Today's address:					
Callers Name:	Self	Relationship to patient:			
Name of GP:	Mandeville RP	Practice No.:	124		
Surgery:	124 Possilpark Health Centre	Cipher No.:	G0693 1		
Address:	Dr RP Mandeville & Partne Possilpark Health Centre 85 Denmark Street Glasgow G22 5EG	Fax No.:	0141 531 6177		
		Speed Dial:	0215W		
Call Type:	Tel Advice <i>✓</i> Routine	Time Passed:	19:34		
Receptionist's Name:	MAYN	Time Arrived:	Time complete:		
Patient's Complaint: Stomach cramps for a couple of days. PR bleeding. 556-0067-Confirmed.					
Remarks:					
BP:	/	PR:	per an	Temp:	
Clinical Notes Triaged By: LOSUR advised to make appointment to have this reviewed by Gp.					
Treatment:					
Diagnosis Code:					
Referral:					
Seen by Dr:		Rota No.:		Nurse:	<i>WILLIAM</i>

THIRD PARTY COPY

W&S Confidential: Personal data about a patient

30-NOV-99 TUE 21:23

STOBHILL GEMS

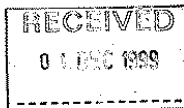
FAX NO. 0141 201 4017

P.01

3/12
V.P.

Glasgow Emergency Medical Services (Centre Name)

Call No: 85780	Date: 30/11/1999 19:05:46	Time of Call:
Patient's Name: Jamieson Linda	D.O.B. Age: 21/03/196633	Y
Address Today: 554 BALMORE ROAD C/o Jarvis G/1 GLASGOW LAMBHILL G22 6QW	Home Address If different:	
Post Code:	Post Code:	
Phone Number Today: 44 0141 336 5437	Home Phone If different:	
Special Directions to Today's address:		
Callers Name:	Relationship to patient:	
Name of GP: mandeville RP	Practice No: 124	
Surgery: Possilpark Health Centre	Cipher No: G0693 1	
Address:	Fax No: 0141 531 6177	
	Speed Dial: 021SW	
Call Type: PTS	Time Passed:	
Receptionist's Name: ZBLAC	Time Arrived: 19:42	Time complete:
Patient's Complaint: chest pain/ pain now under arm/		
BP: 110/80	PR: per min - 84	Temp:
Clinical Notes has taken anadin extra and ibuprofen - not helping- making her feel breathless (R) sided chest pains all day becoming worse last took anadin at 4pm Not dehydrated not dyspnoeic No DVT chest clear Tender (R) Pectoral area Treatment: Corcodamol (M) Diagnosis Code: Musculoskeletal chest pain Referral: Seen by Dr: Hays Rota No: 119 Nurse:		



WHS Confidential: Pasonele de rezal a pacient

21-MAY-99 FRI 22:07

STOBHILL GEMS

FAX NO. 0141 201 4017

P.01

B X

G.P. EMERGENCY MEDICAL SERVICE (GLASGOW)

CENTRE: Stobhill Hospital

NAME OF GP	DR Mandeville		G06931
GP ADDRESS	P.H.C.		FAX NO. 021
PATIENT NAME	Linda Bamieson	DOB 21/03/66	
ADDRESS TODAY	40 Jarvis Possilpark	POSTCODE	
HOME ADDRESS (IF DIFFERENT)	554 Balmore Rd		COMPUTER
SPECIAL DIRECTIONS	9 FLAT		25 MAY 1999
CALLER'S NAME		RELATIONSHIP	
TEL. NO.	336 5437		
COMPLAINS OF	Severe pains in back of head + down front of eyes - flu symptoms.		
ACTION	<input type="checkbox"/> URGENT VISIT <input type="checkbox"/> NON-URGENT VISIT <input type="checkbox"/> ATTEND: OWN TRANSPORT <input checked="" type="checkbox"/> ATTEND: PTS TRANSPORT <input type="checkbox"/> AMBULANCE <input type="checkbox"/> ADVICE		
DATE	21/5/99	RECEPTIONIST NAME	Clis
TIME PHONED	20.04	TIME PASSED (FOR VISIT/PTS)	
TIME AT CENTRE	21.15	TIME SEEN	
CLINICAL NOTES	Will attend when husband comes home from work. headache - some neck O/R no neck stiffness no photophobia no loss Chest clear trach & throat - D ? mild spasm ? sinusitis Re Co-trimoxazole + tramadol 200mg 4x 5 days		
TREATMENT			
REFERRAL			
CATEGORY CODE			
SEEN BY DR	Cam	ROTA NO.	2
NURSE			

Code
Headache
(R)

N.B. PLEASE ENSURE THAT ALL AREAS OF THIS FORM ARE COMPLETED, INCLUDING NEW SECTION FOR RECEPTIONIST NAME AND ALL TIMES (BASED ON THE 24 HOUR CLOCK).

?

MSB Codeholder: Patient care record a patient

STOBHILL NHS TRUST, GLASGOW CASUALTY DEPARTMENT 103														
P A T I E N T	Surname	JAMIESON	Forename	LINDA	Age	32	Date of Birth	21/03/1966	Arr Date	31/07/98	Time	22:37	AE Number	028942
	Address	100 BLUEVALE STREET GLASGOW			Sex	FEMALE		Religion		Date of Inc.	30/07/98	Time	~	
		Marital Status	SINGLE		Occupation/School		Type of Inc.	OTHER		Mode of Arrival	WALK/OT			
	PC	Tel												
G P	Name	MANDEVILLE			Address			85 DENMARK STREET			Referred by			
	Name	GLASGOW			Address			G22-SEG			Complaint			
N E X T O F K I N	Relat.	JAMESINA			Address			S/A			PAIN			
	Tel No.	MOTHER			S/A			HEAD						
TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT														
THE ABOVE NAMED PERSON ATTENDED THE ACCIDENT & EMERGENCY DEPARTMENT TODAY														
DIAGNOSIS ? UTI. INVESTIGATION SHOWS														
TREATMENT GIVEN														
<p>SIB. Mr. Ahmed. WCFB SP 113/75 Tim 11.15. HB 13.1 P 74 H/o Duffin. Headache over the left 303 T 56 last 2 days associated with nausea but no vomiting or abdominal or chest pain. No UTI symptoms, H/o recently has IUCD. Coils but no pt bleeding or discharge. No H.I P/E: Fully conscious. P/A soft-td. No H/L Advise of P/L. CAPT - NAD. CW - NAD. K 4.5 Urine analysis - Blood +. Ur 2.5 Protein +. Cr. 88</p>														
WOULD YOU PLEASE ARRANGE ? Cause of headache. - likely UTI.														
Investigations					Admitted to ward					Consultant				
Treatment					Hospital Transferred					Comments - To see GP re urine check Spec. sent				
Disposal Time					Medical Officers Signature					Medical Officers Name (BLOCK)				
Drugs					Tetanus Prophylaxis					STAFF GRADE				
5 days supply of TRIMETHOPRIM - leaving.					TT Course <input type="checkbox"/> TT Booster <input type="checkbox"/> HATI <input type="checkbox"/>					REG SHO JHO CA PLEASE CIRCLE				
2 days supply of COXYMORAL.										RECEIVED 3 - AUG 1998				

NHS Confidential: Personal data about a patient



• Glasgow Royal Infirmary •
 • Glasgow Royal Maternity Hospital •
 • Charingburn Hospital •
 • Ightbarn Hospital • Belvidere Hospital •

DEPARTMENT OF OPHTHALMOLOGY

Consultant in Administrative Charge:

Dr B H Brown

Consultant:

Dr D M I Montgomery

Royal Infirmary
 16 Alexandra Parade
 Glasgow G31 2ER

Switchboard 0141 211 4000
 Direct Dial
 Fax Number 211-4713

APPOINTMENTS: 211 4713

Secretary: Ext - 5542/5537

Ref: DM/JM/821618

Dict: 03/11/97


Typed: 05/11/97

Mrs Linda Jamieson
 100 Bluevale St
 Glasgow G22

Dear Mrs Jamieson

I note that you have been unable to keep recent appointments in the Eye Clinic. I feel it would be useful for us to be able to review your condition and would be grateful if you could arrange a further appointment at your convenience ..

Yours sincerely,


 D.M.I. Montgomery
 Consultant Ophthalmologist

Date Signed: 7/11

c.c.to:

Dr Mandeville
 Possilpark Health Centre,
 85 Denmark St.,
 Possilpark,
 Glasgow, G22.

14 NOV 1997

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• Glasgow Royal Infirmary •
 • Glasgow Royal Maternity Hospital •
 • Caversham Hospital •
 • Lightburn Hospital • Bellaville Hospital •

DEPARTMENT OF OPHTHALMOLOGY

Consultant in Administrative Charge:
 Dr B H Browne

Consultant:
 Dr D M I Montgomery

Royal Infirmary
 16 Alexandra Parade
 Glasgow G31 2ER

Switchboard 0141 211 4000
 Direct Dial
 Fax Number 211-4713 •

APPOINTMENTS: 211 4713
 Secretary: Ext - 5542/5537

Ref: DM/JM/821615

Dict: 08/05/97
 Typed: 15/05/97

Dr Mandeville
 Possilpark Health Centre,
 85 Denmark St.,
 Possilpark,
 Glasgow, G22.

Dear Dr Mandeville

Linda Jamieson d.o.b. 21/03/66
 100 Bluevale St G31 1EF


Com
 Principal Diagnosis: (1) Excision of (L) lacrimal gland adenoma

Present Ocular Medication: None

Follow-up Arrangements: 3 months

Pathological examination revealed this tumour to be a Pleomorphic Adenoma of the lacrimal gland which showed no evidence of invasion of its pseudocapsule. She will be reviewed as above.

Yours sincerely,


 D.M.I. Montgomery
 Consultant Ophthalmologist

20 MAY 1997

NHS Confidential: Personal data about a patient



Stobhill NHS Trust
Balornock Road, Glasgow G21 3UW
Telephone: 0141-201 3000

OPHTHALMIC OUTPATIENT DEPARTMENT
ROYAL INFIRMARY
16 ALEXANDRA PARADE
GLASGOW G31 2ER

Switchboard: 0141 211 4000
Appointments: 211 4713

Ref: DM/JM/821615

Dict: 07/04/97
Typed: 11/04/97

Dr Mandeville
Possilpark Health Centre,
85 Denmark St.,
Possilpark,
Glasgow, G22.

Dear Dr Mandeville

Linda Jamieson d.o.b. 21/03/66
100 Bluevale St G31 1EF

This patient of GLASGOW ROYAL INFIRMARY Department of Ophthalmology was recently discharged following inpatient care at Stobhill General Hospital.

Admitted : 07/04/97 Discharged: 07/04/97.

Consultant : Dr Montgomery

Diagnosis : 1) (L) U.L. Lesion

: 2)

Operation: : (L) U.L. Lesion Excision

Visual Acuity :

On Admission : On Discharge :


Treatment on Discharge: Antibiotic eye ointment qid

Follow up Appointment : 1 MONTH

at Glasgow Royal
Infirmary, Outpatient Department

Comments:

Yours sincerely,


D.M. Montgomery
Consultant Ophthalmologist



17 APR 1997

WPS Confidential: Personal Data only's patient



• Glasgow Royal Infirmary •
 • Glasgow Royal Maternity Hospital •
 • Cannockburn Hospital •
 • Lightburn Hospital • Bechtivedere Hospital •

DEPARTMENT OF OPHTHALMOLOGY

Consultant in Administrative Charge:

Dr B H Browne

Consultant:

Dr D M I Montgomery

Royal Infirmary
 16 Alexandra Parade
 Glasgow G31 2ER

Switchboard 0141 211 4000
 Direct Dial
 Fax Number

APPOINTMENTS: 304 4713
 Secretary: Ext - 5542/5537

OPHTHALMOLOGY CLINIC

Dr Mandeville
 Possilpark Health Centre
 Possilpark
 GLASGOW

DICT 5/11/96
 TYPED 21/11/96
 SB/EB/821615B/8

Dear Dr Mandeville

LINDA JAMIESON DOB 21/3/66
 100 BLUEVALE STREET GLASGOW G31 1EF

Your patient was reviewed at the Eye Clinic on 16/10/96. Mrs Jamieson has noticed since mid July twitching of her left upper lid and a swelling of the left upper lid. There is no associated erythema or pain. She feels that the lump is gradually increasing in size. There are no other symptoms.

On examination there is a lump measuring 1.4 by 1.4 cm above the left superior palpebral fissure. There is no associated skin tethering.

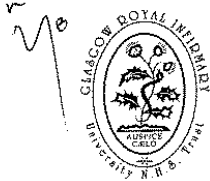
I have discussed the CT scan of the orbit that she had done with the Radiologist and the lump seems to be a solid lesion with no involvement of surrounding tissues. Mrs Jamieson is keen for excision of this lump and we have, therefore, listed her for left upper lid lesion excision under general anaesthetic. She will be contacted in due course.

Yours sincerely

S Brannan
 SHO in Ophthalmology

26 NOV 1996

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• Glasgow Royal Infirmary •
 • Glasgow Royal Maternity Hospital •
 • Canniesburn Hospital •
 • Lighthburn Hospital • Belvidere Hospital •

Royal Infirmary
 16 Alexandra Parade
 Glasgow G31 2ER

DEPARTMENT OF OPHTHALMOLOGY

Consultant in Administrative Charge:
 Dr B H Brown

Consultant:
 Dr D M I Montgomery

Switchboard 0141 211 4000
 Direct Dial
 Fax Number

304 4713

APPOINTMENTS: 304 4713
 Secretary: Ext - 5542/5537

Ref: DMIM/JM/821615

Dict: 28/08/96
 Typed: 24/09/96

Mrs Linda Jamieson
 100 Bluevale St
 Dennistoun
 Glasgow G31 1EF

Dear Mrs Jamieson

I note that you were unable to keep your recent appointment in the Eye Clinic. As your General Practitioner feels it is important for you to attend, I would be grateful if you could contact us directly on the above number in order to make a further suitable appointment at my Clinic.

Yours sincerely,


 D.M.I. Montgomery
 Consultant Ophthalmologist

c.c.to:

Dr Mandeville
 Possilpark Health Centre,
 85 Denmark St.,
 Possilpark,
 Glasgow, G22.

04 OCT 1996

NHS Contribution: Personal data about patient

STOBHILL NHS TRUST, GLASGOW CASUALTY DEPARTMENT									
P A T I E N T	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number		
	JAMIESON	LINDA	28	21 3 66	6 9 95	11 35	113		
G P	Address		Sex	Religion	Date of Inc	Time			
	10 MIRETOW SV								
N E X T O F K I N	Name		Address		Referred by				
	DR MANDEVILLE		P. H C 922						
T E L	Name		Address		Complaint				
	MOTHER				Med/Cms (chest Pain)				
<p>CLINICAL NOTES</p> <p>- Pleuritic chest pain for 77.</p> <p>Central chest → round @ chest wall → back.</p> <p>Has had runny nose +, aching all over.</p> <p>Feels rotten. Has cough. Whole chest o2 sat 97%.</p> <p>Feels tight o spit. o haemoptysis o dyspnoea</p> <p>OE Tender, Under @ breast</p> <p>+ Gpp Rel = @ PN res. all zones. BS vesicles + dotted</p> <p>Ribs 02 reg, good vsl.</p> <p>AS HHTO.</p> <p>→ CXR. - NAD.</p> <p>- Viral illness.</p> <p>ALLERGIES: - Analgesia.</p> <p>TREATMENT PRESCRIBED: <i>Brufen 400mg tid.</i></p> <p>Examining Doctor: <i>Juliet Sim</i> (Signature) PRINT NAME: <i>Sim (locum SHO)</i></p>									
Investigations		X-Ray	Lab	ECG	Cross Match	Bact			
Treatment		Dressing	Suture	Tet Tox	Antibiotic	Analg			
Disposal Time		Home	Admit	A/E Clinic	Ireg Dis				
Died		DOA	GP	Transfer	Other Clinic		DNW		
					Research				
					07 SEP 1995				

NHS Confidential - Personal data about a patient

with relief

THE GLASGOW ROYAL INFIRMARY UNIVERSITY NHS TRUST
STOBHILL N.H.S. TRUST
 ACCIDENT AND EMERGENCY DEPARTMENT 041-552 3535

PATIENT NUMBER **88**
 DATE **6.1.95** TIME **3.45**

SURNAME JARVIS	AGE 28	DATE OF BIRTH 21.3.66	DATE OF INJURY	REFERRED BY
FORENAMES LINDA	SEX F	MARITAL STATE M S D W	PLACE OF INJURY/ILLNESS	SELF <input type="checkbox"/>
ADDRESS 10 MIRETON ST	MAIDEN NAME	OCCUPATION	HOME <input type="checkbox"/>	G.P. <input type="checkbox"/>
POST CODE G20	TEL No. 347 0546	GENERAL PRACTITIONER MANDEVILLE POSSILPARK LK	ROAD <input type="checkbox"/>	AMB. <input checked="" type="checkbox"/>
NEXT OF KIN MOTHER	ADDRESS 100 BLUEVALE ST		WORK <input type="checkbox"/>	WORK <input type="checkbox"/>
POST CODE	TEL No.		SPORT <input type="checkbox"/>	POLICE <input type="checkbox"/>
			OTHER:	OTHER:

TYPE OF INJURY OR ILLNESS
CHEST PAIN.

DEAR DOCTOR _____ THIS PATIENT WAS SEEN AS ABOVE

SUFFERING FROM **SVT - recurring panic attack**

INVESTIGATIONS **ECG NAD**

X-RAY **well on presentation**

TREATMENT **paper bag advised**
Dr. Anne Kennedy PRN advised.
Fluox

ANTITETANUS GIVEN No Yes TETANUS TOXOID BOOSTER NO YES
 HUMAN IMMUNOGLOBULIN ADVISED

ADMISSION:- WARD _____ FROM _____ TO _____

FOLLOW UP ARRANGED AT _____ CLINIC ON _____
 NOT ARRANGED

DRUGS DAYS SUPPLY OF _____
 NOT GIVEN

FURTHER TREATMENT ADVISED _____

DIAGNOSTIC CODES	1	SIGNED	<i>Walter</i>
	2	BLOCK LETTERS	WALTER
	3	GRADE	8th
		CONSULTANT	

- 6 JAN 95

SHG Confidential - Personal Data about a patient

STOBHILL HOSPITAL, GLASGOW		CASUALTY DEPARTMENT		R2			
P	Surname JAMESON	Forename LNOA	Age 27	Date of Birth 21/7/66	Adm Date 12/94	Time 6.35	AE Number 62
T	Address 10 MYERTON ST ROSSLYN PARK		Sex	Religion	Date of Inc	Time 1/52	
E	Marital Status		Occupation/School		Type of Inc	Mode of Arrival	
N	PC G22	Tel 347 0546					
G	Name DR. MANDVILLE	Address P.H.C.		Referred by Self			
P	Name G22	Complaint Headaches					
NEXT OF KIN	Relat. MOTHER	Address 100 BLUEVALE ST DENNIS TOWN					
CLINICAL NOTES							
<p>1/52 h/o occipital headache @ par occipital across both shoulders East/Throat Myalgia ? Migraine - no associated U.V. light → 9/94 No h/o trauma No vertigo/nausea Generally well Novertigo/Sinusitis Cost/brst - not grade</p> <p>DD) Aggravated No distal N/LW R Genial Ch → system CS - Full RA Cough</p> <p>ALLERGIES: Penicillin Fungi NAD</p> <p>TREATMENT PRESCRIBED: No sinus tenderness Throat NAD - CS spine Minor Payer change</p> <p>Examining Doctor: (Signature) J. Mill PRINT NAME: Sam Millan</p>							
Investigations		X-Ray	Lab	ECG	Cross Match	Bact	Diagnosis
Treatment		Dressing	Suture	Tet Tox	Antibiotic	Analg	Pat Group
Disposal Time		Home	Admit	A/E Clinic	Irrig Dis	Research	
Died		DDA	GP	Transfer	Other Clinic	DNR	
- 5 DEC 1994							

HMIC Confidential - Personal data about a patient

STOBHILL HOSPITAL, GLASGOW CASUALTY DEPARTMENT							
P A T I E N T	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
	JAMESON	Wida	27	21/3/64	13/9/94	205	36
I N F O R M A T I O N	Address		Sex	Religion	Date of Inc	Time	
	10 Mireton St Glasgow		F				
G P	Name		Address		Referred by		
	D Manderiville		DHC				
N E X T O F K I N	Name		Address		Complaint		
	Jameson James		Denmark St		Med Cas		
T E L N O	Relat.	Address		Tel No.			
	Mother	100 Bluevale St Dennistoun					
CLINICAL NOTES							
<p>28♀ allegedly non drug user took 1 or 2 0.5gr of "speed" ± spin yesterday felt agitated, panic at 12 midnight = onset of shooting chest pain 5min on and off all through the night hyperventilating feels heat in going dead slow now (although still 112 bpm)</p> <p>PHHx bulimia nervosa - well tolerated</p> <p>8Hx single (child 5yr housewife) upon onset no alcohol no weed</p> <p>ALLERGIES: none</p> <p>TREATMENT PRESCRIBED: 1mg Speed induced tachycardia, anxiety and admitted to sleep on 2nd hyperventilation</p> <p>Examining Doctor: (Signature) WALTER PRINT NAME</p>							
Investigations		X-Ray	Lab	ECG	Cross Match	Bact	Diagnosis
Treatment		Dressing	Suture	Tet Tox	Antibiotic	Analg	WALTER MD 28/90
Disposal Time		Home	Admit	A/E Clinic	Irreg Dis	Research	
Died		DOA	GP	Transfer	Other Clinic	DNW	74 SEP 1994

NHS Confidential: Personal data about a patient



NHS TRUST

Stobhill NHS Trust
Balornock Road, Glasgow G21 3JW.
Telephone: 041 558 0111

Fax: 041 557 0468

KD/MMcD. Dict: 26.8.94

28th August, 1994.

Dr. R. Mandeville,
Possilpark Health Centre,
85 Denmark Street,
Glasgow,
G22 6JP.

Dear Dr. Mandeville,


Linda Jamieson, dob. 21.03.67, Unit No. 521599
10 Mireton Street, Glasgow, G22 6JP

Admitted: 16.8.94
Discharged: 17.8.94
Ward 6
Diagnosis: swallowing of toothbrush
Treatment: Endoscopic removal of toothbrush
Follow-up: None

This 27 year old girl was admitted after having swallowed a toothbrush. She has a history of bulimia and was trying to make herself sick with the toothbrush when she swallowed it.

She underwent endoscopic removal of the toothbrush the following day and was later discharged. We have not arranged any follow-up.

Yours sincerely,


Dr. Kevin Bolan
S.H.O. - Mr. Dalling

SURGICAL DIVISION
GENERAL SURGERY
WARD 6 EXT.3180

MR. R. DALLING
MR. J. S. SMITH
MR. D. T. HANSELL



NHS Constitution: Personal data about a patient

N. CIC, STOBHILL HOSPITAL, GLASGOW, CASUALTY DEPARTMENT (Room 2)									
P	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number		
A	Jamieson	LINDA	27	21.3.67	16.8.94	9.10pm	88.		
T	Address		Sex	Religion	Date of Inc	Time			
I	10 MIRETON ST		F		16.8.94	8.30am			
E	PIPARK		Marital Status	Occupation/School	Type of Inc	Mode of Arrival			
N	PC G22. Tel 347 0546		S		Home	Amb.			
G	Name	Address			Referred by				
P	DR MANDEVILLE	P.P.H.C.			Self				
NEXT OF KIN	Name	Address			Complaint				
	Jamima Jamieson	100 BLUEVALE ST			Swallowed				
	Relat. MOTHER	DENNISTON.			Tooth brush.				
	Tel No.								
CLINICAL NOTES									
<p>BULIMIA NERVOSA</p> <p>NEEDS PSYCH INPAT.</p> <p>D HAS SWALLOWED A TOOTHBRUSH (WAS TRYING TO INDUCE VOMITING)</p> <p>FEELS DISTRESS.</p> <p>Surgical Site. Thank you Requires endoscopy for retrieval.</p> <p>TREATMENT PRESCRIBED: Admit w/d G and etc.</p>									
B.P.: _____ PULSE: _____ TEMP: _____ TIME: _____									
Examining Doctor: <i>[Signature]</i> (Signature) LEWIS SHO PRINT NAME									
Investigations		X-Ray	Lab	ECG	Cross Match	Bact	Diagnosis		
Treatment		Dressing	Suture	Tet Tox	Antibiotic	Analg	Pat Group	Diag	Anat Sit
Disposal Time		Home	Admit	A/E Clinic	Irreg Dis	Research			
Died		DOA	GP	Transfer	Other Clinic	18 AUG 1994			

NHS Confidential: Personal data about a patient

POSSILPARK HEALTH CENTRE

DR. R. P. MANDEVILLE
DR. K. GRUSZECKA
DR. E. HARLEY

85 DENMARK STREET
GLASGOW, G22 5EG.
Telephone: 041-336 5311

KG/RK

30th March, 1992.

Linda Jamieson
c/o Jarvis
10 Mireton Street
Glasgow, G22


Dear Linda,

It is now 2 years since you had your a coil fitted and it would be important for this to be checked as well as for a cervical smear to be taken. I would be grateful if you could make an appointment to see either myself at the Surgery or the Well Woman Clinic or our practice nurse, Jan Kearsley, on a Monday morning to have this done.

Yours sincerely,

Dr. K. Gruszecka
Dr. K. Gruszecka.

NHS Confidential - Personal data about a patient

THE GLASGOW ROYAL MATERNITY HOSPITAL ROTTENROW GLASGOW G4 0NA			
DISCHARGE SUMMARY			
CONSULTANT	DR H P McEWAN	HOSPITAL No:	P134796
SURNAME	JAMIESON	FIRST NAME	LINDA
ADDRESS	FLAT 3/2 100 BLUEVALE STREET GLASGOW G31 1EF		
DATE OF BIRTH	21.03.66	PARITY	0+0 BLOOD GROUP 0 RH. POSITIVE
DATE OF ADMISSION	20.12.89	DATE OF DISCHARGE	23.12.89
GENERAL PRACTITIONER	Dr Khalaf 13/15 Whitevale Street GLASGOW G31		copies to:
Ante-natal Progress	Booked at 18 weeks gestation by ultrasound scan and certain menstrual dates. Uneventful antenatal course.		
Labour	Admitted on 20.12.89: at term in early labour and progressed to :		
Mode of Delivery Indication:	Spontaneous vertex delivery	Date	20.12.89 Gestation Term+1
BABY: Sex Progress	Male	Weight	3.21 Kgs. Apgar 8/1 10/5
Feeding Start /Bottle : Guthrie Yes/No Adm. S.C.B.U. Yes/No	date : Dismissal Wt. Follow-up G.R.M.H. Yes/No		
Puerperium	Uneventful postnatal course	Anti-D Rubella Vaccine 3rd day Hb.	No Immune 11.5g/dl.
Contraception	IUCD		
P/N Appt: Place	GP	Date	6 weeks, Time
Comment and recommendations:	Requires postnatal smear.		
Signature	 J B Robins		date 15.1.90
Status	REGISTRAR		

WHS Confidential Personal Data about a patient

COMMUNITY TRANSFER CARE FORM

DISMISSING HOSPITAL OR DIVISION: GRM DATE OF DISMISSAL: 23/12/89

PATIENT'S DETAILS HOSPITAL No: GEN PRACT'S DETAILS:
 NAME: Lynn Jamieson AGE: 23 P. 134796 NAME: DR. BLACK
 ADDRESS: 1/2 100 Bluevale St PARITY: Prim ADDRESS: 96 W. Litalvale St
d/a 40 JARVIS Primigravida G3
10, MIRETON ST. Para

DELIVERY: S.V.D/P.D/C.S DATE OF BIRTH: 29/12/89 TIME OF BIRTH: 11:03

Other (specify):

PLACENTA: Complete/Incomplete MEMBRANES: Complete/Deficient/Ragged

BLOOD LOSS: 150 ml

PERINEUM: Intact/Episiotomy Tear ° 2 ° 3 REPAIRED WITH: Catgut

BABY: Boy/Girl BIRTH WEIGHT: 3.2 Kg. APGAR SCORE: 8/10/5

FEEDING: Breast/Bottle 3-hourly/4-hourly/Demand TYPE OF MILK:

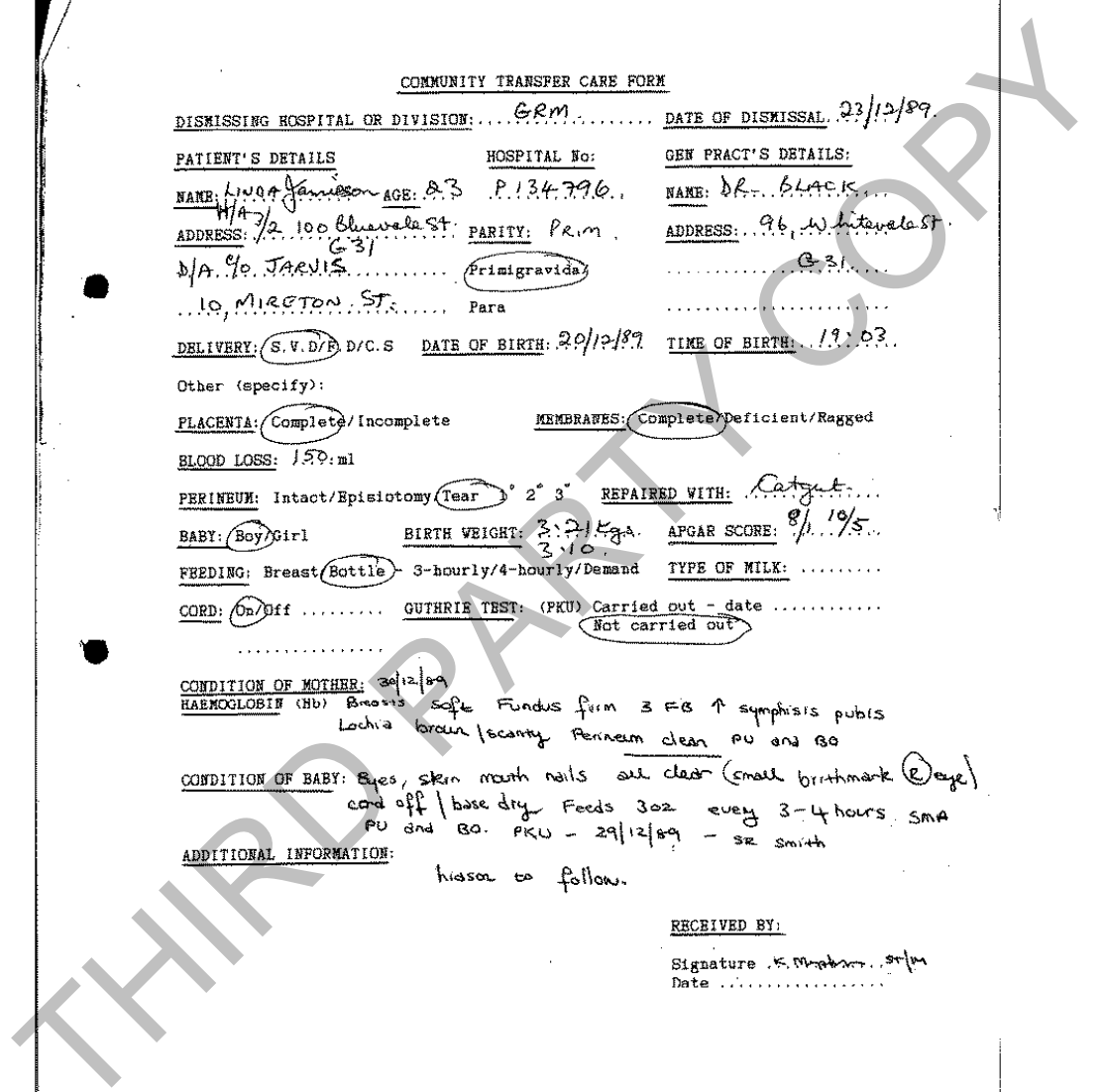
CORD: On/Off GUTHRIE TEST: (PKU) Carried out - date
 Not carried out

CONDITION OF MOTHER: 29/12/89
 HAEMOGLOBIN (Hb) Brown safe Fundus firm 3 FB ↑ symphysis pubis
 Lochia brown scanty Perineum clean PU and BO

CONDITION OF BABY: Eyes, skin mouth nails all clear (small birthmark @ eye)
 cord off / base dry Feeds 3oz every 3-4 hours SMA
 PU and BO. PKU - 29/12/89 - SR Smith

ADDITIONAL INFORMATION:
history to follow.

RECEIVED BY:
 Signature K. Mathew sr/m
 Date



NHS Confidential: Personal data about a patient

Our Ref: VSL/MMcG

Linda Jamieson
100 Bluevale Street
Bonistoun
GLASGOW
G31 1EF

27th July, 1989

Dear Linda,

You forgot to make an appointment for the Ante-Natal Clinic when you were at the surgery yesterday.

I have arranged an appointment for you on Wednesday 16th August 1989 at 9.40am.

Yours sincerely,

DR. V. S. LIVINGSTON

NHS Confidential: Personal data about a patient



THE GLASGOW ROYAL MATERNITY HOSPITAL

ROTTENROW
GLASGOW
G4 0NA

Telephone: 041-552 3400

ES/JP/P134796

19th July, 1989

Dr M Khalaf
13/15 Whitevale Street
GLASGOW
G31 1QW

Dear Dr Khalaf

REL LINDA JAMIESON DOB (.21.03.66.)
100 BLUEVALE STREET GLASGOW G31 1EF

Thank you for referring this patient to Dr McEwan's Booking Antenatal Clinic. I saw her there today, the 19th of July. She is now at 18 weeks advanced in this her first pregnancy. She is well, and clinical examination today is unremarkable. A scan confirms a single intrauterine pregnancy of 18 weeks, giving an EDD of the 19th of December, 1989.

We are grateful to yourself for agreeing to share antenatal care, and an alphafeto-protein check has been arranged.

Kindest regards,

Yours sincerely

*E. Serle*ELISABETH SERLE
REGISTRAR

NHS Confidential: Personal data about a patient

Our Ref: MK/MMcG

Dr. Helen McKewin
Glasgow Royal Maternity
Castle Street
GLASGOW.

27th June, 1989.

Dear Dr. McKewin,

Re: Linda Jamieson
100 Bluevale Street, GLASGOW, G31
D.O.B. 21/3/66.

I would be grateful if you would see this lady at your Ante Natal Clinic, her last menstrual period was about 14 weeks ago.

Examination reveals that the foetus is 14 weeks in size otherwise she is healthy and has had no serious illness in the past.

Yours sincerely,

Dr.M.KHALAF.

BELVIDERE HOSPITAL
LONDON ROAD
GLASGOW E1
TELEPHONE BR1 1855

Consultant Physician in Charge
DR. PETER MCKENZIE
Consultant Physician
DR. W. C. LOVE
Assistant Physician
DR. A. K. R. CHAUDHURI

SKV/SW Department of Infectious Diseases 12th June, 1967.

Dr. G.B. Prentice,
69½ Edinburgh Rd.,
Glasgow, E.2.

Dear Dr. Prentice,

Linda Jamieson (14 months)
20 Silverdale Street, E.1.

This child was admitted here on the 27th May 1967 with a 48-hour history of cough and fever.

On examination, she was febrile, flushed and had a mucopurulent nasal discharge. There was no rash or glandular enlargement. Her temperature was 102°F. Examination of the cardiovascular and abdominal systems was negative. Percussion note was impaired over the left lung field and crepitations and rhonchi were audible at the left mid zone and base. Throat showed mild pharyngeal infection.

Chest X-ray showed patchy consolidation of the left mid zone and base. She was treated with a course of ampicillin for her pneumonitis, to which she responded well and was discharged home on the 8th June.

Yours sincerely,

W.M.A.
(S.K. Varna, S.H.O.)
pp Peter McKenzie,
Consultant Physician in charge.

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15-May-2026 AB
Additional:Scanned Document

Filename: LJ 2103666240 referrals.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Ear, Nose & Throat (ENT) - Head and Neck
Alexandra Parade
Glasgow
G31 2ER

10/02/2023

Dr A Parkins
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Dear Dr A Parkins

Patient Name: Linda Jamieson
CHI Number: 2103666240
Referral Date: 10/02/2023

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

Please refer to the referral guidance directory for referral criteria for this service.

<https://www.nhsggc.scot/hospitals-services/services-a-to-z/referral-guidelines/>

Insufficient clinical information to allow specialty to triage this referral.

Enter free text here

Other

Thanks for your letter a cervical node that has reduced to just 3mm in size is almost certainly reactive and so does not need to be seen it is unlikely to get much smaller. From the endocrine perspective I note that both the Calcium and PTH have now normalised making hyperparathyroidism unlikely

Yours sincerely

NHS Confidential: Personal data about a patient

Mr Omar Hilmi

User ID Omar Hilmi

SCGC Opwl Rem Ref Hosp Req V1

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER
MEDICAL IN CONFIDENCE
 GGC ENT Head and Neck Referral

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
REFERRAL ENT (Consultant) Ear, Nose & Throat (ENT) - Head and Neck GGC ENT Head and Neck	— Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	— Hospital and hospital address
	Hospital location code. G107H
	Email address -
Urgency of referral Routine	Date sent 29-Apr-2024
Date of referral 29-Apr-2024	

PATIENT DETAILS		Patient's address
Surname Jamieson		128 Corssock St MD GLASGOW G31 3QD
Forename(s) Linda		
Title Miss		Contact number(s)
Sex Female		Voice: 07444384861
Date of birth 21-Mar-1966		
CHI no. 2103666240		
Area of Residence -		

1010328847382 Unique Care Pathway Number: 1010328847382

REGISTERED GP DETAILS		Practice address
Name Dr Sophie Murphy		30 Whitevale Street Dennistoun Glasgow G31 1QS
GMC code 7421176	GP code 02631	Contact number(s)
Practice name The Whitevale Medical Group (18908)		Voice: 0141-554-4536
Practice code 46560		Facsimile: 0141 554 3979
		E-mail: ggc.gp46560clinical@nhs.scot

REFERRING GP DETAILS		Practice address
Name Dr. Sophie Murphy		30 Whitevale Street Glasgow G31 1QS
GMC code 7421176	GP code 02631	Contact number(s)
Practice name The Whitevale Medical Group (46560)		
Practice code 46560		

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CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: PERSISTENT RAISED LN

Comment: Dear Doctor

This patient has a persistently enlarged submental LN for > 1 year. She had an US in Nov which confirmed a submental LN. This fluctuates in size but overall has not increased in size. This woman awaits input from the rheumatology team due to multiple sx including fatigue, widespread joint and muscle pain. (See attached referral). She denies any unexplained weight loss but does suffer from night sweats. I wonder in the context of all her symptoms and persistently raised LN would you recommend she be seen in clinic or should we keep an eye on for now? I have seen her today and prescribed Co-Amoxiclav as she reported increased pain in the LN over the last 10 days.

Many thanks for advising further.

Dr Lucy McLoughlin
GP Locum

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Osteoporosis	-	03-Jul-2023	03-Jul-2023
[D]Post viral debility	Post Viral Arthritis	27-Jan-2023	27-Jan-2023
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
		04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
DEXA - Dual energy X-ray photon absorptiometry	-	03-Jul-2023	03-Jul-2023
Priority cancer referral	-	08-Dec-2010	08-Dec-2010
Cervical cytology screen	priority=1	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma priority=1	07-Apr-1997	07-Apr-1997
X-rays	Pneumonitis (RHSC) priority=1	12-Jun-1969	12-Jun-1969

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
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Fluoxetine Hydrochloride Capsules 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	29-Feb-2024	25-Mar-2024
Co-Codamol 30/500 Tablets	50	50 TABLET	1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL	-	29-Feb-2024	25-Mar-2024
Alendronic Acid Tablets 70 mg	4	4 TABLET	ONE TO BE TAKEN ON THE SAME DAY EACH WEEK ON AN EMPTY STOMACH AT LEAST 30 MINUTES BEFORE BREAKFAST AND FOUR HOURS BEFORE VITAMIN D TABLET	-	29-Feb-2024	28-Mar-2024
Stexerol-D3 Tablets 1,000 units	28	28 tablet	ONE TO BE TAKEN DAILY	-	27-Jul-2023	25-Mar-2024

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Co-Amoxiclav 500/125 Tablets	21	1*21 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	26-Apr-2024	26-Apr-2024
Amitriptyline Hydrochloride Tablets 10 mg	28	28 TABLET	ONE TO BE TAKEN IN THE EVENING	-	08-Mar-2024	08-Mar-2024
Yes Vm Vaginal Moisturiser pre-filled applicators	6	6 applicator	APPLY TWICE WEEKLY	-	27-Nov-2023	27-Nov-2023
Fluoxetine Hydrochloride Capsules 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	27-Nov-2023	22-Dec-2023

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
01-Sep-2023	130	75
09-Mar-2023	120	70
13-Jan-2023	130	70
27-Oct-2022	130	90
01-Jul-2022	132	88

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
09-Mar-2023	-	71	-
13-Jan-2023	-	70	-
27-Oct-2022	-	68	-
24-May-2022	-	65	-
30-Oct-2020	-	65	25.08

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Non-smoker :		06-Sep-2021
Never smoked tobacco:		30-Oct-2020
Non-smoker :		03-Dec-2013
Non-smoker :		02-Oct-2013
Never smoked tobacco :		24-Jun-2011
Teetotaler:		30-Oct-2020
Drinks rarely :		02-Oct-2013
Teetotaler :		24-Jun-2011
Teetotaler:	Alcohol Intake\$.clm - No Action Required	10-May-2006
Teetotaler:	Alcohol Intake\$.clm - No Action Required	07-Nov-2000

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Locum

Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: (White) Scottish

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

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER
MEDICAL IN CONFIDENCE
 GGC General Referral or Advice Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
REFERRAL RHEUMATOLOGY (Consultant) Rheumatology GGC General Referral or Advice	— Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	— Hospital and hospital address
	Hospital location code. G107H
	Email address -
Urgency of referral Urgent	Date sent 18-Mar-2024
Date of referral 18-Mar-2024	

PATIENT DETAILS		Patient's address
Surname Jamieson		128 Corssock St MD GLASGOW G31 3QD
Forename(s) Linda		
Title Miss		Contact number(s)
Sex Female		Voice: 07444384861
Date of birth 21-Mar-1966		
CHI no. 2103666240		
Area of Residence -		

101032490194M Unique Care Pathway Number: 101032490194M

REGISTERED GP DETAILS		Practice address
Name Dr Sophie Murphy		30 Whitevale Street Dennistoun Glasgow G31 1QS
GMC code 7421176	GP code 02631	
Practice name The Whitevale Medical Group (18908)		Contact number(s)
Practice code 46560		Voice: 0141-554-4536 Facsimile: 0141 554 3979 E-mail: ggc.gp46560clinical@nhs.scot

REFERRING GP DETAILS		Practice address
Name Dr. Calum MacMillan		30 Whitevale Street Glasgow G31 1QS
GMC code 7648251	GP code 99999	
Practice name The Whitevale Medical Group (46560)		Contact number(s)
Practice code 46560		

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CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: ? ATYPICAL PMR - DETERIORATION, NOW OFF STEROIDS

Comment: Dear Doctor

I would appreciate your review of this 57 year old female who presented to the practice early last year and was reviewed by one of my colleagues with regards to widespread joint and muscle pain. She states that these were maximal in her shoulders, back and hips and were described like a deep ache. There was also associated early morning stiffness which would typically take an hour to subside. Her pains were only helped at that time by high strength Co-codamol however onset had been preceded by a viral illness. My colleague had suspected possible post viral arthritis or polymyalgia rheumatica and this was investigated with various bloods including ESR. Bloods were all largely unremarkable however, following a short trial of oral Prednisolone, the patient described marked improvement in her symptoms stating that they had completely disappeared and she was no longer troubled with morning stiffness. Her mobility and overall function was also much improved and for this reason, the patient was continued on long term steroids which were gradually weaned over the year 2023. These were eventually stopped in late October of last year.

Since coming off her steroids, the patient has noticed a steady recurrence of her previous issues and presented to myself two weeks ago complaining again of widespread pains including in her lower back and pelvic girdle however now was also describing altered sensation in her hands including pins & needles and a feeling of decreased grip strength. She again is feeling very stiff in the morning and states that she takes a long time to ease off notably in her lower back. She is understandably feeling quite frustrated and low with regards to recurrence of her symptoms and the further need for regular high strength analgesia to manage her symptoms. Please note she is also currently maintained on oral Fluoxetine for both vasomotor symptoms secondary to Menopause and mood disturbance however there have been no concerns regarding these issues more recently. Given the recurrence of her joint pains, bloods were again updated including ESR, Rheumatoid Factor and ANA titre which have all returned normal results. I suspect there may well be a non inflammatory cause for her pains however given the previous positive response to steroids and her subsequent deterioration now off them, I would appreciate your urgent input at this time given the severe impact this is having on her daily life.

Many thanks in advance for your assistance in this matter.

Kind regards.

Dr Calum MacMillan
GP ST3

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Osteoporosis	-	03-Jul-2023	03-Jul-2023
[D]Post viral debility	Post Viral Arthritis	27-Jan-2023	27-Jan-2023
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
		04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

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<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
DEXA - Dual energy X-ray photon absorptiometry	-	03-Jul-2023	03-Jul-2023
Priority cancer referral	-	08-Dec-2010	08-Dec-2010
Cervical cytology screen	priority=1	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma priority=1	07-Apr-1997	07-Apr-1997
X-rays	Pneumonitis (RHSC) priority=1	12-Jun-1969	12-Jun-1969

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Fluoxetine Hydrochloride Capsules 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	29-Feb-2024	29-Feb-2024
Co-Codamol 30/500 Tablets	50	50 TABLET	1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL	-	29-Feb-2024	29-Feb-2024
Stexerol-D3 Tablets 1,000 units	28	28 tablet	ONE TO BE TAKEN DAILY	-	27-Jul-2023	26-Feb-2024

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Amitriptyline Hydrochloride Tablets 10 mg	28	28 TABLET	ONE TO BE TAKEN IN THE EVENING	-	08-Mar-2024	08-Mar-2024
Alendronic Acid Tablets 70 mg	4	4 TABLET	ONE TO BE TAKEN ON THE SAME DAY EACH WEEK ON AN EMPTY STOMACH AT LEAST 30 MINUTES BEFORE BREAKFAST AND FOUR HOURS BEFORE VITAMIN D TABLET	-	29-Feb-2024	08-Mar-2024
Yes Vm Vaginal Moisturiser pre-filled applicators	6	6 applicator	APPLY TWICE WEEKLY	-	27-Nov-2023	27-Nov-2023
Fluoxetine Hydrochloride Capsules 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	27-Nov-2023	22-Dec-2023
Sertraline Hydrochloride Tablets 50 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	01-Sep-2023	30-Oct-2023

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
01-Sep-2023	130	75
09-Mar-2023	120	70
13-Jan-2023	130	70
27-Oct-2022	130	90
01-Jul-2022	132	88

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
09-Mar-2023	-	71	-
13-Jan-2023	-	70	-
27-Oct-2022	-	68	-
24-May-2022	-	65	-
30-Oct-2020	-	65	25.08

Lifestyle Risks and Alerts / Examinations and Investigations

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<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Non-smoker :		06-Sep-2021
Never smoked tobacco:		30-Oct-2020
Non-smoker :		03-Dec-2013
Non-smoker :		02-Oct-2013
Never smoked tobacco :		24-Jun-2011
Teetotaller:		30-Oct-2020
Drinks rarely :		02-Oct-2013
Teetotaller :		24-Jun-2011
Teetotaller:	Alcohol Intake\$.clm - No Action Required	10-May-2006
Teetotaller:	Alcohol Intake\$.clm - No Action Required	07-Nov-2000

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
 OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Referred By:Referring GP
 Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER
MEDICAL IN CONFIDENCE
 GGC ENT Head and Neck USOC

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
REFERRAL ENT MR HEAD & NECK USOC (Consultant) Ear, Nose & Throat (ENT) - Head and Neck GGC ENT Head and Neck USOC	— Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	— Hospital and hospital address
	Hospital location code: G107H
	Email address: -
Urgency of referral Urgent - Suspected Cancer	
Date of referral 10-Feb-2023	Date sent 10-Feb-2023

PATIENT DETAILS		Patient's address
Surname Jamieson		128 Corssock St MD GLASGOW G31 3QD
Forename(s) Linda		
Title Miss		Contact number(s)
Sex Female		Voice: 07444384861
Date of birth 21-Mar-1966		
CHI no. 2103666240		
Area of Residence -		

1010287176872 Unique Care Pathway Number: 1010287176872

REGISTERED GP DETAILS		Practice address
Name Dr Sophie Murphy		30 Whitevale Street Dennistoun Glasgow G31 1QS
GMC code 7421176	GP code 02631	
Practice name The Whitevale Medical Group (18908)		Contact number(s)
Practice code 46560		Voice: 0141-554-4536 Facsimile: 0141 554 3979 E-mail: ggc.gp46560clinical@nhs.scot

REFERRING GP DETAILS		Practice address
Name Dr. Abigail Parkins		30 Whitevale Street Glasgow G31 1QS
GMC code 7334359	GP code 06467	
Practice name The Whitevale Medical Group (46560)		Contact number(s)
Practice code 46560		

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CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: PERSISTENT NECK LUMP, APPROXIMATELY 7 MONTH DURATION

Comment: Dear Mr Hilmi

This 56 year old female presented to me at the beginning of January with a likely post viral arthritis. At this point in time, I did a thorough examination of her head and neck and noted a diffuse 3cm neck lump in her left anterior cervical chain. She advised me that she had previously noted and attended ourselves with a similar lump in the same region but this was approximately 3mm in diameter. I advised her that this was more or less likely a reactive swelling due to her recent viral illness and advised her to return in the middle of February for review of this lump.

I have seen her again and this lump has reduced in size back down to the previously documented size of 3mm, which was first noticed in May last year. However, it is markedly tender and the patient finds it particularly uncomfortable.

I advised her that this will take some time to subside but she is still rather concerned as to this persistent neck lump that has been there since May last year.

It is worth noting that she is awaiting assessment by the endocrinologist for possible hyper parathyroidism.

I am not sure in the view of these factors whether or not she would qualify for an urgent USOC head and neck lump referral. If you feel this is unwarranted or a routine referral would suffice, please do not hesitate to let me know.

Kind regards

Dr Miki Soo
GP Locum**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
[D]Post viral debility	Post Viral Arthritis	27-Jan-2023	27-Jan-2023
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
		04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Priority cancer referral	-	08-Dec-2010	08-Dec-2010
Cervical cytology screen	priority=1	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma priority=1	07-Apr-1997	07-Apr-1997
X-rays	Pneumonitis (RHSC) priority=1	12-Jun-1969	12-Jun-1969

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

No current medications recorded

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Prednisolone Tablets 5 mg	56	56 tablet	2 Tab In the morning	-	27-Jan-2023	27-Jan-2023
Peptac Liquid (aniseed)	500	500 ML	10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME	-	27-Jan-2023	27-Jan-2023
Prednisolone Tablets 5 mg	21	21 tablet	3 Tabs Daily FOR ONE WEEK THEN REVIEW	-	20-Jan-2023	20-Jan-2023
Co-Codamol 30/500 Tablets	50	50 TABLET	1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL	-	13-Jan-2023	13-Jan-2023
Lansoprazole Capsules (Gastro-Resistant) 30 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	13-Jan-2023	13-Jan-2023
Citalopram Hydrobromide Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	06-Jan-2023	06-Jan-2023
Citalopram Hydrobromide Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	29-Nov-2022	29-Nov-2022
Citalopram Hydrobromide Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	27-Oct-2022	27-Oct-2022

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
13-Jan-2023	130	70
27-Oct-2022	130	90
01-Jul-2022	132	88
24-Sep-2021	100	74
30-Oct-2020	132	80

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
13-Jan-2023	-	70	-
27-Oct-2022	-	68	-
24-May-2022	-	65	-
30-Oct-2020	-	65	25.08
16-Oct-2015	161	63	24.3

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Non-smoker :		06-Sep-2021
Never smoked tobacco:		30-Oct-2020
Non-smoker :		03-Dec-2013
Non-smoker :		02-Oct-2013
Never smoked tobacco :		24-Jun-2011
Teetotaler:		30-Oct-2020
Drinks rarely :		02-Oct-2013
Teetotaler :		24-Jun-2011
Teetotaler:	Alcohol Intake\$\$,clm - No Action Required	10-May-2006
Teetotaler:	Alcohol Intake\$\$,clm - No Action Required	07-Nov-2000

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information

Persistent Unexplained Head & Neck lumps > 3 weeks:true

Smoking:Never

Alcohol Weekly Intake:Under 14 units

Illegal Drugs:No

Lives Alone:Yes

Is patient aware they are being referred with Suspected Cancer?:No

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER**MEDICAL IN CONFIDENCE**

2021 GGC General Referral Protocol (Glasgow, vR20.5)

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
ENDOCRINOLOGY REFERRAL(Consultant) Endocrinology GGC General Referral	——— Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	——— Hospital and hospital address Hospital location code: <input type="text" value="G107H"/> Email address: <input type="text" value="-"/>
Urgency of referral Routine Date of referral 07-Nov-2022 Date sent 08-Nov-2022	

PATIENT DETAILS		Patient's address
Surname	Jamieson	128 Corssock St MD GLASGOW G31 3QD
Forename(s)	Linda	
Title	Miss	Contact number(s)
Sex	Female	Voice:07444384861
Date of birth	21-Mar-1966	
CHI no.	2103666240	
Area of Residence	-	

101027891993U Unique Care Pathway Number: 101027891993U

REGISTERED GP DETAILS		Practice address
Name	Dr Sophie Murphy	30 Whitevale Street Dennistoun Glasgow G31 1QS
GMC code	7421176 GP code 02631	
Practice name	The Whitevale Medical Group (18908)	Contact number(s)
Practice code	46560	Voice:0141-554-4536 Facsimile:0141 554 3979 E-mail:ggc.gp46560clinical@nhs.scot

REFERRING GP DETAILS		Practice address
Name	Dr. Roger Black	30 Whitevale Street Glasgow G31 1QS
GMC code	2553816 GP code 05088	
Practice name	The Whitevale Medical Group (46560)	Contact number(s)
Practice code	46560	

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CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: HYPERCALCAEMIA

Comment: Dear Doctor

Many thanks for your opinion on the above named who presented to one of my colleagues with some vague symptoms of urinary frequency and flow associated with lethargy and low mood who had a series of blood investigations which revealed hypercalcaemia of 2.62 (adjusted 2.64). I organised a parathyroid hormone assay and this is elevated at 12.4. I suspect she has primary hyperparathyroidism and would be grateful for your advice.

Yours faithfully

Dr Roger Black

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
		04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Priority cancer referral	-	08-Dec-2010	08-Dec-2010
Cervical cytology screen	priority=1	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma priority=1	07-Apr-1997	07-Apr-1997
X-rays	Pneumonitis (RHSC) priority=1	12-Jun-1969	12-Jun-1969

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Citalopram Hydrobromide Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	27-Oct-2022	27-Oct-2022
Femseven Transdermal patches (7 days) 100 micrograms/24 hrs	12	12 PATCH	APPLY WEEKLY	-	07-Jul-2022	19-Jul-2022
Femseven Conti Transdermal patches (7 days) 50			APPLY ONE PATCH TO		29-Jun-	29-Jun-

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micrograms/7 micrograms/24 hours	12	12 patch	SKIN ONCE WEEKLY CONTINUOUSLY	-	2022	2022
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 capsule	1 CAP TWICE PER DAY	-	24-May-2022	24-May-2022

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
27-Oct-2022	130	90
01-Jul-2022	132	88
24-Sep-2021	100	74
30-Oct-2020	132	80
01-Aug-2018	112	68

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
27-Oct-2022	-	68	-
24-May-2022	-	65	-
30-Oct-2020	-	65	25.08
16-Oct-2015	161	63	24.3
07-Nov-2000	161	67.13	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Non-smoker :		06-Sep-2021
Never smoked tobacco:		30-Oct-2020
Non-smoker :		03-Dec-2013
Non-smoker :		02-Oct-2013
Never smoked tobacco : ,		24-Jun-2011
Teetotaller:		30-Oct-2020
Drinks rarely :		02-Oct-2013
Teetotaller :		24-Jun-2011
Teetotaller:	Alcohol Intake\$.clm - No Action Required	10-May-2006
Teetotaller:	Alcohol Intake\$.clm - No Action Required	07-Nov-2000

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Referred By:Referring GP
 Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

 Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER**MEDICAL IN CONFIDENCE**

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO	
DERMATOLOGY CLINIC(Consultant) Dermatology GGC General Referral	— Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	— Hospital and hospital address
	Hospital location code. G107H
	Email address -
Urgency of referral	URGENT - SUSPECTED CANCER - PIGMENTED FACIAL LESION
Date of referral	14-Nov-2012 Date sent 15-Nov-2012

PATIENT DETAILS		Patient's address
Surname	Jamieson	128 Corsock St MD GLASGOW G31 3QD
Forename(s)	Linda	
Title	Miss	Contact number(s)
Sex	Female	Voice:07895913969
Date of birth	21-Mar-1966	
CHI no.	2103666240	
Area of Residence	-	

1010044919192 Unique Care Pathway Number: 1010044919192

REGISTERED GP DETAILS		Practice address
Name	Dr Roger Hardman	30 Whitevale Street Dennistoun Glasgow G31 1QS
GMC code	2340982 GP code 02194	
Practice name	The Whitevale Medical Group (18908)	Contact number(s)
Practice code	46560	Voice:0141-554-4536 Facsimile:0141 554 3979

REFERRING GP DETAILS		Practice address
Name	Dr. Roger Black	Whitevale Medical Group 30 Whitevale Street Glasgow G31 1QS
GMC code	2553816 GP code 05088	
Practice name	The Whitevale Medical Group (46560)	Contact number(s)
Practice code	46560	Voice:0141 554 4536

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CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: PIGMENTED FACIAL LESION

Comment: Dear Doctor,

Many thanks for seeing the above named who has had a discoid lesion on her left cheek since childhood. More recently in the centre of it she developed a raised nodular area, which is pigmented. There were no other suspicious features. In view of these changes however I would be grateful if she could be seen urgently.

Yours sincerely,

Dr Roger Black

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
		04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Priority cancer referral	-	08-Dec-2010	08-Dec-2010
Cervical cytology screen	priority=1	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma priority=1	07-Apr-1997	07-Apr-1997
X-rays	Pneumonitis (RHSC) priority=1	12-Jun-1969	12-Jun-1969

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY	-	12-Nov-2012	12-Nov-2012
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	14-Jun-2012	14-Jun-2012

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco: ,		24-Jun-2011

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Never smoked tobacco: Disease: SPICE Basic Health Values, priority=2	02-Mar-2009
Never smoked tobacco: Smoker\$\$ Status.clm - No Action Required	10-May-2006
Never smoked tobacco: Smoker\$\$ Status.clm - No Action Required	07-Nov-2000
Teetotaller :	24-Jun-2011
Teetotaller: Alcohol Intake\$\$.clm - No Action Required	10-May-2006
Teetotaller: Alcohol Intake\$\$.clm - No Action Required	07-Nov-2000

Clinical warnings

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

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

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO	
BREAST CLINIC(Consultant) General Surgery - Breast GGC General Referral	— Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	— Hospital and hospital address
	Hospital location code. G107H
	Email address -
Urgency of referral	ROUTINE
Date of referral	08-Mar-2012
Date sent	14-Mar-2012

PATIENT DETAILS		Patient's address
Surname	Jamieson	128 Corsock St MD GLASGOW G31 3QD
Forename(s)	Linda	
Title	Miss	Contact number(s)
Sex	Female	Voice:07895913969
Date of birth	21-Mar-1966	
CHI no.	2103666240	
Area of Residence	-	

1010033057014 Unique Care Pathway Number: 1010033057014

REGISTERED GP DETAILS		Practice address
Name	Dr Roger Hardman	30 Whitevale Street Dennistoun Glasgow G31 1QS
GMC code	2340982	
GP code	02194	Contact number(s)
Practice name	The Whitevale Medical Group (18908)	Voice:0141-554-4536
Practice code	46560	Facsimile:0141 554 3979

REFERRING GP DETAILS		Practice address
Name	Dr. Joseph Daly	Whitevale Medical Group 30 Whitevale Street Glasgow G31 1QS
GMC code	4508791	
GP code	54259	Contact number(s)
Practice name	The Whitevale Medical Group (46560)	Voice:0141 554 4536
Practice code	46560	

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CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: BILATERAL BREAST PAIN

Comment: Dear Doctor,

I would be grateful if you would review the above lady who was seen at your clinic in December 2010. At this time she was complaining of right breast pain. Her examination at that time was normal and she had bilateral mammograms, which showed no focal abnormalities.

She has presented today complaining of approximately 3 months of bilateral severe generalised breast pain. She feels that both breasts have increased in volume over the past few months. She herself has not felt any discrete lumps. She has been finding it difficult to get to sleep because of the pain and is often tearful. There is no obvious association between the pain and her periods. She is otherwise systemically well.

On examination there was no obvious breast asymmetry, there was no altered skin around the breast, nipple retraction or discharge on palpation about the breast. I could feel no discrete lesions on palpation however the entire examination caused her pain on palpation. There were no axillary or supraclavicular lymphadenopathy. I have prescribed her regular analgesia today however in view of her ongoing pain, which she says is now affecting her lifestyle, I would be grateful if you could review.

Yours sincerely,

Dr Joe Daly

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
		04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Priority cancer referral	-	08-Dec-2010	08-Dec-2010
Cervical cytology screen	priority=1	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma priority=1	07-Apr-1997	07-Apr-1997
X-rays	Pneumonitis (RHSC) priority=1	12-Jun-1969	12-Jun-1969

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

No current medications recorded

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

Date Date last

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<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>started</u>	<u>issued</u>
Ibuprofen Tablets 400 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	-	08-Mar- 2012	08-Mar- 2012
Co-Codamol 8/500 Tablets	100	100 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	08-Mar- 2012	08-Mar- 2012

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco: ,		24-Jun-2011
Never smoked tobacco: Disease: SPICE Basic Health Values, priority=2		02-Mar-2009
Never smoked tobacco: Smoker\$\$ Status.clm - No Action Required		10-May-2006
Never smoked tobacco: Smoker\$\$ Status.clm - No Action Required		07-Nov-2000
Teetotaller :		24-Jun-2011
Teetotaller:	Alcohol Intake\$\$.clm - No Action Required	10-May-2006
Teetotaller:	Alcohol Intake\$\$.clm - No Action Required	07-Nov-2000

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Patient has disability or requires wheelchair access:No
 Referred By:Referring GP
 Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

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

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Single Stylesheet - [standard|dental|diagnostic imaging]

GGC General Referral Gynaecology Protocol (Glasgow, vR13.0)

REFERRAL TO	
DR BAIN(Consultant) Gynaecology - other GGC Gynae Gen Ref	— Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	— Hospital and hospital address Hospital location code: G107H Email address: -
Urgency of referral ROUTINE	Date sent 13-Jul-2011
Date of referral 12-Jul-2011	

PATIENT DETAILS		Patient's address	
Surname Jamieson		128 Corsock St MD	
Forename(s) Linda		GLASGOW	
Title Miss		G31 3QD	
Sex Female			Contact number(s)
Date of birth 21-Mar-1966		Voice:07895913969	
CHI no. 2103666240			
Area of Residence -			

1010022551720 Unique Care Pathway Number: 1010022551720

REGISTERED GP DETAILS		Practice address	
Name Dr Roger Hardman		30 Whitevale Street	
GMC code 2340982	GP code 02194	Dennistoun	
Practice name The Whitevale Medical Group (18908)		Glasgow	
Practice code 46560			Contact number(s)
		Voice:0141-554-4536	
		Facsimile:0141 554 3979	

REFERRING GP DETAILS		Practice address	
Name Dr. Mark Eatherington		Whitevale Medical Group	
GMC code 6143352	GP code 85065	30 Whitevale Street	
Practice name The Whitevale Medical Group (46560)		Glasgow	
Practice code 46560			Contact number(s)
		Voice:0141 554 4536	

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CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: HEAVY BLEEDING

Comment: Dear Dr Bain,

I would be grateful for your re-assessment of this 45 year old lady who attended with hot flushes and blood tests showing menopausal gonadotrophin levels. She had a mirena coil removed by yourselves in August of last year and she was due to have a laparoscopic drainage of endometriomas which she cancelled.

She has had a several year history of pelvic pain and abnormal bleeding. Although she has had a several month history of hot flushes and menopausal blood tests she still has quite heavy bleeding. Her periods have been irregular for the past year with spotting in between periods. She states that in some months she bleeds for 21 days of the month but denies any symptoms of anaemia.

I would therefore be grateful for your assessment regarding Miss Jamieson's ongoing problems.

Yours sincerely,

Dr M Eatherington

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
[REDACTED]		04-May-1998	04-May-1998
[X] Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Date performed</u>	<u>Date recorded</u>
Priority cancer referral	08-Dec-2010	08-Dec-2010
Cervical cytology screen	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	07-Apr-1997	07-Apr-1997
X-rays	12-Jun-1969	12-Jun-1969

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

No current medications recorded

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

No recent medications recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco: ,		24-Jun-2011

Never smoked tobacco: Disease: SPICE Basic Health Values, priority=2	02-Mar-2009
Never smoked tobacco: Smoker\$\$\$ Status.cfm - No Action Required	10-May-2006
Never smoked tobacco: Smoker\$\$\$ Status.cfm - No Action Required	07-Nov-2000
Teetotaller :	24-Jun-2011
Teetotaller: Alcohol Intake\$\$\$.cfm - No Action Required	10-May-2006
Teetotaller: Alcohol Intake\$\$\$.cfm - No Action Required	07-Nov-2000

Clinical warnings

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

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

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO	
BREAST CLINIC(Consultant) General Surgery - Breast GGC General Referral	— Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castie Street Glasgow G4 0SF	— Hospital and hospital address
	Hospital location code: G107H
	Email address: -
Urgency of referral	URGENT - SUSPECTED CANCER
Date of referral	08-Dec-2010 Date sent 09-Dec-2010

PATIENT DETAILS		Patient's address
Surname	Jamieson	128 Corsock St MD GLASGOW G31 3QD
Forename(s)	Linda	
Title	Miss	Contact number(s)
Sex	Female	Voice: 07895913969
Date of birth	21-Mar-1966	
CHI no.	2103666240	

101001347841S Unique Care Pathway Number: 101001347841S

REGISTERED GP DETAILS		Practice address
Name	Dr Roger Hardman	30 Whitevale Street Dennistoun Glasgow
GMC code	2340982 GP code 02194	
Practice name	The Whitevale Medical Group (18908)	Contact number(s)
Practice code	46560	Voice: 0141-554-4536 Facsimile: 0141 554 3979

REFERRING GP DETAILS		Practice address
Name	Dr. Abena Aboagyewaa Adjepong	30 WHITEVALE STREET GLASGOW
GMC code	5196660 GP code 17213	
Practice name	WHITEVALE MEDICAL GROUP (46560)	Contact number(s)
Practice code	46560	Voice: 0141 554 4536

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CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: BREAST PAIN AND LUMP

Comment: Dear Doctor,

I reviewed the above named patient at the surgery today. Linda presented with a 2-week history of right breast pain. The pain is worse following a fall 6 days ago. She now feels the pain is almost constant with a shooting pain through her breast. She has taken some simple analgesia with no improvement. Linda stated that she had a similar episode of right breast pain and the symptoms cleared after a few weeks. Linda does regular breast examinations and although she feels that her breasts are quite lumpy she has not felt anything unusual. The pain does not appear to be cyclical. Linda does have some breast tenderness around the time of her period but the pain is now feeling is completely different. She denies any skin changes, any nipple discharge, she denies any family history of breast problems or breast cancer.

On examination there were no skin changes, no nipple changes or nipple discharge. There was a tender 10mm mobile lump at 9 o'clock in her right breast. There was no axillary or supraclavicular lymph nodes.

In view of the duration of her symptoms and new discovery of a lump I would be grateful if you could review and advise further on her management.

Yours sincerely,

Dr Abena A. Adjepong

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
		04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Date performed</u>	<u>Date recorded</u>
Cervical cytology screen	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	07-Apr-1997	07-Apr-1997
X-rays	12-Jun-1969	12-Jun-1969

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

No current medications recorded

Recent medication (Any medication issued within last 168 days not shown above)

No recent medications recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco: Disease: SPICE Basic Health Values, priority=2		02-Mar-2009
Never smoked tobacco: Smoker\$\$ Status.cfm - No Action Required		10-May-2006
Never smoked tobacco: Smoker\$\$ Status.cfm - No Action Required		07-Nov-2000
Teetotaller: Alcohol Intake\$.cfm - No Action Required		10-May-2006
Teetotaller: Alcohol Intake\$.cfm - No Action Required		07-Nov-2000

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

OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Patient has disability or requires wheelchair access:No
 Referred By:Referring GP
 Electronic Attachment Present:No

 Signature of referring doctor (or other professional) Date

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

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO	
Gynaecology CLINIC(Consultant) Gynaecology GGC General Referral	Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	Hospital and hospital address Hospital location code: G107H Email address: -
Urgency of referral ROUTINE	Date of referral 24-Feb-2010
Date of referral 24-Feb-2010	Date sent 25-Feb-2010

PATIENT DETAILS		Patient's address
Surname Jamieson		128 Corsock St MD GLASGOW G31 3QD
Forename(s) Linda		Contact number(s)
Title Miss		Voice: 07895913969
Sex Female		
Date of birth 21-Mar-1966		
CHI no. 2103666240		

1010002353138 Unique Care Pathway Number: 1010002353138

REGISTERED GP DETAILS		Practice address
Name Dr Hardman		30 Whitevale Street Glasgow G31 1QS
GMC code 2340982	GP code G02194	Contact number(s)
Practice name THE WHITEVALE MEDICAL GROUP		Voice: 0141-554-4536 Facsimile: 0141 554 3979
Practice code 46560		

REFERRING GP DETAILS		Practice address
Name Dr. Roger Black		30 WHITEVALE STREET GLASGOW
GMC code 2553816	GP code 05088	Contact number(s)
Practice name WHITEVALE MEDICAL GROUP (46560)		Voice: 0141 554 4536
Practice code 46560		

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CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: ? OVARIAN CYSTS, IMPACTED IUCD

Comment: Dear Doctor,

I understand that the above named attended the Gynaecology Clinic last year having been referred from the Family Planning Clinic following a failed coil removal which was requested due to menorrhagia. She continues to report menses every 2 weeks.

She advises that she attended the Gynaecology Clinic last year and had an ultrasound scan which demonstrated 2 'lumps' on her ovaries and was listed for a laparoscopy. She was unable to attend for this as her father has been ill.

Ms Jamieson is anxious to proceed with relevant investigations and wishes her coil removing. I would be most grateful if she could be re-appointed.

Yours sincerely,

Dr Roger Black

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset
Pneumonia due to unspecified organism	Community Acquired Pneumonia	26-Dec-2006
		04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal	16-Aug-1994
Spontaneous vaginal delivery	Male	20-Dec-1989
Urinary tract infection, site not specified	-	01-Jan-1981

Past procedures (High and medium priority - all)

Description	Comment	Date performed
Cervical cytology screen	-	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma	07-Apr-1997
X-rays	Pneumonitis (RHSC)	12-Jun-1969

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

No current medications recorded

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

No recent medications recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		10-May-2006
Never smoked tobacco:		07-Nov-2000
Never smoked tobacco:		02-Mar-2009
Teetotaler:		10-May-2006
Teetotaler:		07-Nov-2000

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Clinical warnings

Additional relevant information
Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

THIRD PARTY COPY

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

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO	
MAXILLOFACIAL SURGICAL CLINIC (Consultant) General Surgery C1 G General Referral	— Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary	— Hospital and hospital address
	Hospital location code: G107H
	Email address: -
Urgency of referral URGENT	LUMP - FRONT OF MOUTH
Date of referral 28-Jan-2009	Date sent 29-Jan-2009

PATIENT DETAILS		Patient's address
Surname Jamieson		61 Corssock Street HAGHILL GLASGOW G31 3PN
Forename(s) Linda		
Title Miss		
Sex Female		
Date of birth 21-Mar-1966		
CHI no. 2103666240		Contact number(s) Voice: 07895913969

REGISTERED GP DETAILS		Practice address
Name Dr Hardman		30 Whitevale Street Glasgow G31 1QS
GMC code 2340982	GP code G02194	
Practice name THE WHITEVALE MEDICAL GROUP		
Practice code 46560		
		Contact number(s) Voice: 0141-554-4536 Facsimile: 0141 554 3979

REFERRING GP DETAILS		Practice address
Name Dr Mark Russell		30 Whitevale Street Glasgow G31 1QS
GMC code 6104163	GP code G17213	
Practice name Whitevale Medical Group		
Practice code G46560		
		Contact number(s) Voice: 0141 554 4536 Facsimile: 0141 554 3979

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

Description: LUMP - FRONT OF MOUTH

Comment: Dear Doctor,

Many thanks for seeing Miss Jamieson who has presented to me with a lump at the front of her mouth. On examination she has a ball (around 4mm) and buccal mucosa superior to ULL1. This mass is fixed and hard and she tells me that she has not noticed it prior to a few months ago. I am not sure whether this is likely to present a malignant process or not but given its apparent recent onset and its nature I would be grateful if you could see her.

Yours sincerely,

Dr Mark Russell

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		10-May-2006
Never smoked tobacco:		07-Nov-2000
Teetotaler:		10-May-2006
Teetotaler:		07-Nov-2000

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

Description	Date recorded	Modifier	Extension	Date of onset
Pneumonia due to unspecified organism	2006-12-26	-	Community Acquired Pneumonia	26-Dec-2006
				04-May-1998
[X]Bulimia nervosa	-	-	A&E Swallowed toothbrush - Endoscopic removal	16-Aug-1994
Spontaneous vaginal delivery	-	-	Maie	20-Dec-1989
Urinary tract infection, site not specified	-	-	-	01-Jan-1981

Past procedures (High and medium priority - all)

Description	Modifier	Date performed
Cervical cytology screen	-	30-Jun-1998
Excision of lesion of eyelid	-	07-Apr-1997
X-rays	-	12-Jun-1969

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Mefenamic Acid	42	TABS 500MG	1 Tab	3 times daily	26-Sep-2008	-	0 Days

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-21 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

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EMIS attachment reference code
14-Mar-2019 Miss Clare Armstrong (CLAR)
Additional:EMIS attachment reference code
Document1
Filename: Document1.doc
Extension:.tif
Pages:

WHITEVALE MEDICAL GROUP

30 Whitevale Street
GLASGOW
G31 1QS

Dr. Roger A. L. Black
Dr. Roger J. Hardman
Dr. Christopher McClure

Tel: 0141 - 554-4536/554-2974

Fax: 0141 - 554-3979

Miss Linda Jamieson
128 Corsock St MD
GLASGOW
G31 3QD

21/03/1966

14 03 2019

Dear Miss Jamieson,

On checking your records we see that you are well overdue to attend for a smear test and we are writing to encourage you to attend to have this done.

Cervical screening is a way of preventing cancer by finding and treating early changes in the neck of the womb (cervix).

The test only takes 5 minutes and is the best way to reduce your risk of cervical cancer.

We are trying to encourage women who are overdue a smear test by offering a 'drop-in' service on **Monday 8th April** between the hours of **11:00am and 3:00pm**. No appointment is necessary and we look forward to welcoming you when you attend.

If this date is not suitable, please contact reception to make an appointment. If you have any questions about the test, please do not hesitate to contact the surgery and ask to speak to me.

Yours sincerely,

Clare Armstrong

Clare Armstrong
Practice Nurse

EMIS attachment reference code
21-Sept-2012 Mrs Joyce Kinnear (JK)
Additional:EMIS attachment reference code
Keep Well Invite
Filename: Keep Well Invite.doc
Extension:.tif
Pages:

The Whitevale Medical Group

30 Whitevale Street
GLASGOW
G31 1QS

Tel: 0141 554 4536/2974
Fax: 0141 554 3979

Miss Linda Jamieson
128 Corsock St MD
GLASGOW
G31 3QD

21 09 2012

Dear Miss Jamieson

I am pleased to tell you that **Keep Well** health checks are now available at our practice.

Anyone who is aged 45 to 64 and registered with our practice may be invited for a Keep Well health check and we would like you to make an appointment.

The Keep Well health check includes a few simple but important tests to find out what your health needs are. By doing this health check, we can make sure we are giving you the best care, advice and support to meet your needs. The enclosed leaflet will explain more about what will be involved.

While you are in the practice it will give you a chance to ask us about anything else that may be worrying you about your health.

Please call the practice to make an appointment to come in and see us for your check.

I look forward to seeing you for your Keep Well health check.

Yours sincerely

Sheila Waddell

Sheila Waddell
Practice Manager