Subject Access Request

Patient	Miss Lorraine Moffat
Date of birth	02-Apr-1968 (age 58)
Gender	F
NHS number	0204686547
Patient's address	3 44 Greenhill Court Rutherglen Glasgow G73 2DH
Date range selected	Full record
Organisation	MMA Legal
Reference	DSAR-20260710-6A93DS

Problems

Active

26-Oct-2024 Ms Alanna Foster
Fracture of lower end of radius (Left)

27-Feb-2023 Dr J Lynch
[X]Osteopenia

03-Jan-2023 Dr J Lynch
Closed fracture thoracic vertebra, wedge

07-Jan-2022 Ms Linda Hardie
Closed fracture of radius and ulna, lower end (Left)

11-Oct-2021 Dr Saif Khan
Acute COVID-19 infection

09-Jan-2020 Dr J Lynch
Dry eyes

23-Mar-2014 Ms Linda Hardie
Sjogren - Larsson syndrome

07-July-2011 E Boud
MRC Breathlessness Scale: grade 3

14-Mar-2008 Dr J Lynch
Alopecia areata

26-July-2006 E Boud
Chronic obstructive pulmonary disease

26-July-2006 E Boud
Spirometry

Significant Past

This section is empty.

Minor Past

09-Dec-2024 Dr Lynsey Baird
Telephone encounter

02-Dec-2024 Dr Lynsey Baird
Failed encounter

09-Sept-2024 Dr Lynsey Baird
Patient reviewed

19-Feb-2024 Dr Lynsey Baird
Failed encounter

11-Oct-2023 Dr Lynsey Baird
Telephone encounter

13-Sept-2023 Dr Lynsey Baird
Patient reviewed

12-Sept-2023 Ms Arlene Carson
Cervical smear screen

21-Jun-2023 Ms Arlene Carson
Did not attend - no reason

30-Nov-2022 Dr Lynsey Baird
Telephone encounter

27-Oct-2022 Dr J Lynch
[X]Depression NOS

30-Mar-2022 Dr Saif Khan
[X]Depression NOS

21-Jan-2022 Dr J Lynch
[X]Depression NOS

27-Oct-2021 Dr Lynsey Baird
Telephone encounter

21-Jan-2020 Dr J Lynch
[X]Depression NOS

06-Nov-2019 Dr J Lynch
[X]Depression NOS

07-Nov-2018 Dr Lynsey Baird
Patient reviewed

04-Dec-2017 Dr J Lynch
[X] Reactive depression NOS

21-July-2016 Dr J Lynch
Anxiety with depression

Consultations

29-July-2026 Dr Lynsey Baird Surgery consultation

21-July-2026 Miss Samaawat Khan Administration

14-July-2026 Ms Alanna Foster Administration

05-July-2026 Administration (P3) Seen by ambulance crew

09-July-2026 Mrs Sarah Mcdade Administration

Administration (P3) SMS text message sent to patient Dear Lorraine Due to a Practice funeral today, we are operating with limited staff and can only offer emergency appointments. Thank you for your understanding Overtoun Medical Practice {Patient Group All 010426}

05-July-2026 Dr J Lynch Results recording

08-Jun-2026 Examination Cervical smear: negative
08-Jun-2026 Examination Cervical smear - human papillomavirus positive

30-Jun-2026 Mrs Sarah Mcdade Administration

Administration (P3) SMS text message sent to patient Dear Lorraine Due to GP absence, we are unable to off any routine appointments or advice on Friday 3rd July or Tuesday 7th July. We will only be able to offer emergency appointments on these days. We apologise for any inconvenience and thank you for your understanding Overtoun Medical Practice {Patient Group All 010426}

30-Jun-2026 Dr J Lynch Surgery consultation

22-Jun-2026 Ms Hannah Godfree Administration

11-Jun-2026 Mrs Sarah Mcdade Administration

Administration (P3) SMS text message sent to patient Overtoun Medical Practice will be closed from 2pm on Wednesday 17th June for Practice Learning Time. There will be call handlers available during this period for urgent care. We will re-open on Thursday at 8am. Thank you Overtoun Medical Practice {Patient Group All 010426}

10-Jun-2026 Mrs Sarah Mcdade Administration

Administration (P3) SMS text message sent to patient Overtoun Medical Practice will be closed on Monday 15th June. If you require urgent medical attention during this period, please call 111 for Out of Hours or 999 for medical emergencies. Thank you {Patient Group All 010426}

08-Jun-2026 Mrs Sarah Mcdade Administration

Administration (P3)	SMS text message sent to patient Dear Patient Due to GP absence, we are only able to offer emergency appointments over the next few weeks. If you already have an appointment and have not heard from us, then you should still attend. Thank you Overtoun Medical Practice {Patient Group All 010426}	

08-Jun-2026 Ms Megan Irwin Administration

Examination	O/E - blood pressure reading	130 / 87 mm Hg
Administration (P3)	Consultation Routine smear (overdue). LMP - 16 years ago . No bleeding since. No post coital bleeding. No abnormal discharge. External exam normal and cervix normal. Sample obtained and sent to lab. Aware of results process. Mammograms up to date. Is breast aware.	
Diagnosis (P3)	Chronic obstructive pulmonary disease annual review On Proxor - 2 puffs morning. Uses salbutamol when required. Has started using salbutamol more the last 2 weeks. Almost taking due to feeling slightly sob. Heavy smoker - encouraged to reduce. Does have a cough most days. Clear phlegm on occasion. Given the use of salbutamol has increased, advised to increase Proxor to 2 puffs bd as prescribed. Does not rinse mouth after use - advised to do this to prevent oral thrush. CAT score - 10.	
Examination	Cigarette smoker	20 / / cigarettes / cigars / tobacco
Examination	Smoking cessation advice	/ / cigarettes / cigars / tobacco

02-Jun-2026 Ms Gillian Mccreadie Administration

22-May-2026 Miss Samaawat Khan Administration

21-May-2026 Miss Samaawat Khan Administration

20-May-2026 Mr Carl Lukas-Keown Medicine Management

Intervention (P3)	Drug therapy discontinued removed from repeats: > Luforbec 100/6 inh	
Diagnosis (P3)	Discussed with patient ... Phoned pt and is aware of inhaler switch. Pt will contact us if any issues arise	
Intervention (P3)	Medication review done by medicines management technician Asthma Inhaler Device review of Luforbec: Patient assessed and deemed suitable for switch of inhaler to Proxor.	

19-May-2026 Mr Carl Lukas-Keown Medicine Management

Administration (P3)	Unsuccessful attempt to contact patient by telephone .. to review luforbec and switch to NHSL formulary. No VM left. will try again tomorrow.	

18-May-2026 Mrs Sarah Mcdade Administration

Administration (P3)	SMS text message sent to patient Overtoun Medical Practice will be closed on Monday 25th May. If you require urgent medical attention during this period, please call 111 for Out of Hours or 999 for medical emergencies. Thank you {Patient Group All 010426}	

10-May-2026 Mrs Sarah Mcdade Third Party Consultation

24-Apr-2026 Administration (P3)	Clinical letter Imaging Result - XR Chest New ***** Hospital Imaging AXON Reporting	

01-May-2026 Dr J Lynch Surgery consultation

27-Apr-2026 Ms Gillian Mccreadie Administration

24-Apr-2026 Dr J Lynch Surgery consultation

Diagnosis (P3)	Consultation seen to examine . Pain is in lower rib cage . present but worse with any moverment/ deep breath . no ***** . o/e no abdominal hernia seen . abdo soft. tender hight adjacent to costal margin and on lower 2-3 ribs anterioirly . chest clear . well in self . plan CXR and review .ibuprofen menatime . and wsg	

23-Apr-2026 Dr J Lynch Telephone call to a patient

Administration (P3)	Telephone encounter painful swelling left rib cage ? a hernia . no GI upset / fever . skin not discoloured. Appeared 6 days ago and hasnt gone away . see to assess

09-Apr-2026 Dr L Henderson Surgery consultation

30-Mar-2026 Mrs Sarah Mcdade Administration

16-Mar-2026 Dr Lynsey Baird Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	acute issued as due

02-Mar-2026 Mrs Sarah Mcdade Other

24-Feb-2026 Dr J Lynch Other

Diagnosis (P3)	? triggerd . had coughed in the morning middle of last week ., sore since . spine non tender .
Diagnosis (P3)	constant ache lower back bilaterally exac by any movement. on ibuprofen tid. took 1 dose of 30mg DHC which only patrtially helped . afraid to take more analgesics
Diagnosis (P3)	advised tid brufen . 1-2 DHC qid + add paracetamo l . Gentle mobilisation . cf had a vertebral throacic fracture / osteopenia last 2023. on vit D. conside XRay oif not settling as expect

23-Feb-2026 Dr L Henderson Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	acute flare back pain with a lot of spasm..need rx to allevitae. has ibuprofen and DHC at home.

19-Feb-2026 Dr J Lynch Administration

Free Text	*Location Type: Telephone*
Diagnosis (P3)	info sent to pt for resources .

18-Feb-2026 Dr J Lynch Other

Intervention	8H77.: Refer to physiotherapist (SCI Gateway Referral) *Out Patient. Sender: Dr J *****; Reason: 8H77.: Refer to physiotherapist (SCI Gateway Referral)*
Diagnosis (P3)	Eastvale declined referral . no cocaine since10th January and didn't feel any addiction there. social alcohol . brain overactivity and insomnia . all distress since ***** died and has disclosed her ***** to a ***** . never told her ***** . blasmded ***** for herself going into care age 14 as a rebellious teenager . thoughts race . directed to moira ***** foundation . add night ***** for short pulse and review
Diagnosis (P3)	SI area poain . feels crushing . sitting is worst . better on the move . no referred pain . all since moving sofa last year . refer to PT . ibuprofen meantime . had DHC befoe but avoid for now

18-Feb-2026 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	8H77.: Refer to physiotherapist (SCI Gateway Referral)

17-Feb-2026 Other

Administration (P3)	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.

11-Feb-2026 Other

Administration (P3)	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.

10-Feb-2026 Dr J Lynch Other

09-Feb-2026 Miss Samaawat Khan Other

03-Feb-2026 Ms Gillian Mccreadie Other

27-Jan-2026 Dr L Henderson Other

Intervention	Medication review done
Intervention	Medication review done

14-Jan-2026 Dr L Henderson Other

Intervention	8H...: Referral for further care (SCI Gateway Referral) *Out Patient. Sender: Dr L *****; Reason: 8H...: Referral for further care (SCI Gateway Referral)*
Intervention	8H...: Referral for further care (SCI Gateway Referral) *Out Patient. Sender: Dr L *****; Reason: 8H...: Referral for further care (SCI Gateway Referral)*

13-Jan-2026 Ms Gillian Mccreadie Other

12-Jan-2026 Dr L Henderson Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	anxiety and depression fuelled by alcohol and cocaine as coping startegy. long ho sexual ***** in home from age of six and when in care. all seems to be unleahed after ***** passing. a lot of unanswered questions and anger stored up. wishes counselling. did not find CPN helful as all resourses given were on line. she wishes F2F. had OD last year/ is not suicidal now. maintained on mirtazepine and didn't tolerate ssris. will refer eastvale and cats.

06-Jan-2026 Mrs Sarah Mcdade Other

15-Dec-2025 Dr Saif Khan Other

10-Dec-2025 Anp Locum Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Flu like symptoms
Diagnosis (P3)	Cough, body aches, breathlessnss past few days. Has COPD. Using inhalers but not helping cough. No phlegm. Feels not a chest infection. Thinks has influenza
Diagnosis (P3)	Imp Flu.
Diagnosis (P3)	Send swab, try codeine before bed to suppress cough. Rv PRN

09-Dec-2025 Ms Alanna Foster Other

08-Dec-2025 Ms Alanna Foster Other

18-Nov-2025 Dr Saif Khan Other

Intervention	Medication review

12-Nov-2025 Dr J Lynch Other

Intervention	8H43.: Dermatological referral (SCI Gateway Referral) *Out Patient. Sender: Dr J *****; Reason: 8H43.: Dermatological referral (SCI Gateway Referral)*

11-Nov-2025 Dr J Lynch Other

Diagnosis (P3)	5x7mm red flaky patch below L nasolabial fold. sl rasied non itchy . plastics declined referral. lichenoid keratosis. . write to dermatology for further advice
Diagnosis (P3)	central lumbar low back tightness radiating round hips to groins . walking causes throbbing pain . brufen helping . Still ongoing after the strain injut=ry whexray was negativerefer PT

10-Nov-2025 Other

Administration (P3)	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.

07-Nov-2025 Ms Morgan Barclay Other

04-Nov-2025 Other

Administration (P3)	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.

21-Oct-2025 Dr L Henderson Other

17-Oct-2025 Dr J Lynch Other

Diagnosis (P3)	see plastics MDT . they have declined the referral .
Diagnosis (P3)	review the patient and discusss? derm ref . its not a serious pathology .

13-Oct-2025 Ms Morgan Barclay Other

03-Oct-2025 Dr J Lynch Other

Diagnosis (P3)	moving a sofa 3 days ago - ambulance took to A+E and no fracture in lumbar or thoracic spine .. given cocodamol . pain severe and cocodamol has constipated her
Diagnosis (P3)	discussed keeping mobile . switch to DHC and ibuprofen she has to;leratd in the past . add lactulose and wsg

02-Oct-2025 Dr Sarah Wadsworth Telephone Consultation

Free Text	*Location Type: Telephone Consultation*
Diagnosis (P3)	"back pain - cocodamol does not help and constipates her"
Diagnosis (P3)	10:32: Phoned mobile x2 - rang out to Voicemail on both occasions. VM left advising I would make 1 further attempt shortly and if she misses the call she will need to rearrange. SW
Diagnosis (P3)	10:56: Phoned mobile x2 - rang out to VM twice again. VM left advising will need to rearrange appt. SW

30-Sept-2025 Ms Alanna Foster Other

Administration (P3)	Seen in accident and emergency department

23-Sept-2025 Other

Administration (P3)	Administration Summary of ***** message sent to patient / Got a muscle, joint or bone issue? No need to travel to your GP practice. NHS Lanarkshire, in partnership with Phio, offers instant online physio support at home - free for Overtoun Medical Practice patients. This service is for patients over 16. Please ***** all info when registering. Get started today at :phio.eql.ai/provider/nhslanarkshire / Phio Text Not Delivered

15-Sept-2025 Mrs Sarah Mcdade Other

25-Aug-2025 Mrs Sarah Mcdade Other

19-Aug-2025 Ms Hannah Godfree Other

07-Aug-2025 Ms Gillian Mccreadie Other

06-Aug-2025 Dr J Lynch Other

Intervention	8H59.: Referred to plastic surgeon (SCI Gateway Referral) *Out Patient. Sender: Dr J *****; Reason: 8H59.: Referred to plastic surgeon (SCI Gateway Referral)*

05-Aug-2025 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	6/12 L upper lip above . 6/12 evolving . no pain or itch ., gradually enlarged
Diagnosis (P3)	lichenoid keratosis on pathology then 1x0.5cm above scar L side iof it . near nasolabial fold
Diagnosis (P3)	refer plastics . Dr Tay
Diagnosis (P3)	didn't opt in dexa letter so needs a rereferral
Diagnosis (P3)	askingf re results of coloscopy Bx... nil through yet

04-Aug-2025 Other

Administration (P3) SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.

29-July-2025 Other

Administration (P3) SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.

17-July-2025 Ms Gillian Mccreadie Other

02-July-2025 Dr Lynsey Baird Surgery consultation

Free Text *Location Type: Main Surgery*

23-Jun-2025 Ms Michelle Connelly Other

06-Jun-2025 Dr L Henderson Surgery consultation

Free Text *Location Type: Main Surgery*
Diagnosis (P3) had cervical biopsy yesterday. now pain in lower back and heavyness with luts. frq . pressure feeling in bladder, dysuria. familiar with sx. cant get sample here agree to treat empirically.

04-Jun-2025 Dr Lynsey Baird Surgery consultation

Free Text *Location Type: Main Surgery*
Administration (P3) Cervical smear - suspend recall Exclusion From SCCRS Until 04/12/2025. Reason: At Colposcopy
Examination ***** I - mild dyskaryosis

27-May-2025 Ms Alanna Foster Other

08-May-2025 Mrs Sarah Mcdade Other

28-Apr-2025 Ms Michelle Connelly Other

11-Apr-2025 Mrs Pauline Imrie Surgery consultation

Free Text *Location Type: Main Surgery*
Intervention (P3) Medication requested
Intervention (P3) Previous treatment continue
Intervention (P3) Prescription by supplementary prescriber

07-Apr-2025 Other

Administration (P3) SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.

01-Apr-2025 Other

Administration (P3) SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.

31-Mar-2025 Ms Michelle Connelly Other

07-Mar-2025 Ms Alanna Foster Other

04-Mar-2025 Ms Alanna Foster Other

03-Mar-2025 Dr Saif Khan Other

25-Feb-2025 Ms Alanna Foster Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration (P3)	Administration - Trying to contact px at Dr Lynchs' request. Px had missed her dexa scan due to her ***** sadly passing away. Px was going to give dept a call and hopefully rebook- today we received a DNA letter from QEUH dexa dept - can we ask patient how she got on have they offered new appointment or does she need new ref ?

11-Feb-2025 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	chaperone offered ./ declined
Diagnosis (P3)	smear routine repeat. LMP 16 yrs ago . Never HRT . No sxs
Intervention (P3)	Cervical smear taken (GMS)
Diagnosis (P3)	2023 HPV pos and mild dyskaryosis. Cx intct . VE done - nad
Diagnosis	Cervical Cytology Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: - Reviewer comment: Abnormal/Normal Flag:
Diagnosis	Virology Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: - Cervical smear - human papillomavirus positiveReviewer comment: Abnormal/Normal Flag:
Examination	Cerv.smear: mild dyskaryosis -
Examination	Cervical smear - human papillomavirus positive - Cervical smear - human papillomavirus positive

10-Feb-2025 Other

Administration (P3)	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.

04-Feb-2025 Other

Administration (P3)	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.

03-Feb-2025 Ms Michelle Connelly Other

24-Jan-2025 Mrs Sarah Mcdade Other

Administration (P3)	No response to bowel cancer screening programme invitation Non-Responder

13-Jan-2025 Mrs Sarah Mcdade Other

09-Jan-2025 Dr J Lynch Administration

Free Text	*Location Type: Telephone*
Diagnosis (P3)	DEXA repeat reqwuest sent

06-Jan-2025 Ms Gillian Mccreadie Other

17-Dec-2024 Mrs Sarah Mcdade Other

09-Dec-2024 Dr Lynsey Baird Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration (P3)	Telephone encounter
Diagnosis (P3)	discussed vitamin D supplement and added to rpts - DEXA probably next year - # healing ok - recent bereavement with ***** passing away

02-Dec-2024 Dr Lynsey Baird Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration (P3)	Failed encounter
Diagnosis (P3)	no answer at 1018 - VM left asking to call back

19-Nov-2024 Dr J Lynch Other

11-Nov-2024 Anjali Kaur Other

31-Oct-2024 Mrs Sarah Mcdade Other

30-Oct-2024 Mrs Lorraine Brand Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Called ***** as ***** lost her phone . Not with ***** at present Advised need to speak to Patient. Will call back later

30-Oct-2024 Mrs Lorraine Brand Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Telephone call to patient. Details confirmed
Diagnosis (P3)	HPC: fall onto right side . Rt # Wrist Feel pain right side of chest . No visible bruising Checked at A+E. Clear phlegm. No fever. Eating and drinking well No pain on inspirationSpeaking in full sentences throughout call Taking co-codamol 8/500 at present Imp: MSK Plan: add Ibuprofen regular . Known asthmaticcan't take naproxen however fine with IbuprofenCurrent smoker Strong WSG any increased pain, breathlessness - A+E Any change to phlegm, fever or if plan not effective contact GP for further review Happy with Plan

26-Oct-2024 Ms Alanna Foster Other

Administration (P3)	Seen in accident and emergency department
Diagnosis (P1)	Fracture of lower end of radius (Left)

14-Oct-2024 Anjali Kaur Other

04-Oct-2024 Dr J Lynch Other

01-Oct-2024 Dr J Lynch Administration

Free Text	*Location Type: Telephone*
Diagnosis (P3)	CT scan clear

16-Sept-2024 Ms Gillian Mccreadie Other

11-Sept-2024 Dr Saif Khan Surgery consultation

Free Text	*Location Type: Main Surgery*

09-Sept-2024 Dr Saif Khan Telephone Consultation

Free Text	*Location Type: Telephone Consultation*	
Examination	Serum albumin SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	44 g/L
Examination	Serum albumin SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	44 g/L
Examination	Serum albumin SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	44 g/L
Examination	Serum albumin SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	44 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	96 U/L
Examination	Serum alkaline phosphatase SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	96 U/L
Examination	serum alanine aminotransferase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	15 U/L
Examination	serum alanine aminotransferase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	15 U/L
Examination	Serum vitamin B12 SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	269 pg/mL
Examination	Serum bilirubin level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	3 umol/L
Examination	Serum bilirubin level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	3 umol/L
Examination	Corrected serum calcium level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	2.35 mmol/L
Examination	Corrected serum calcium level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	2.35 mmol/L
Examination	Serum chloride SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	102 mmol/L

Examination	Serum chloride SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	102 mmol/L
Examination	Serum creatinine SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	65 umol/L
Examination	Serum creatinine SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	65 umol/L
Examination	Eosinophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0.1
Examination	Eosinophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0.1
Examination	Eosinophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0.1
Examination	Serum folate SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	**2.27 ng/mL**
Examination	Serum gamma-glutamyl transferase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	19 U/L
Examination	Haemoglobin estimation SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	130 g/L
Examination	Haemoglobin estimation SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	130 g/L
Examination	Haemoglobin estimation SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	130 g/L
Examination	Serum lactate dehydrogenase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	203 U/L
Examination	Serum lactate dehydrogenase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	203 U/L
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	**35.4 pg**
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	**35.4 pg**
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	**35.4 pg**
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	332 g/L
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	332 g/L
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	332 g/L
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	**106.5 fL**
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	**106.5 fL**
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	**106.5 fL**
Examination	Monocyte count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0.3
Examination	Monocyte count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0.3
Examination	Monocyte count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0.3
Examination	Neutrophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	3.4
Examination	Neutrophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	3.4
Examination	Neutrophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	3.4
Examination	Platelet count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	230
Examination	Platelet count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	230
Examination	Platelet count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	230
Examination	Serum potassium SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	4.2 mmol/L
Examination	Serum potassium SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	4.2 mmol/L
Examination	Red blood cell (RBC) count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	**3.67**
Examination	Red blood cell (RBC) count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	**3.67**
Examination	Red blood cell (RBC) count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	**3.67**
Examination	Serum sodium SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	139 mmol/L
Examination	Serum sodium SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	139 mmol/L
Examination	Serum TSH level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	1.81 mU/L
Examination	Serum urea level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	3.6 mmol/L
Examination	Serum urea level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	3.6 mmol/L
Examination	Total white blood count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	5.1
Examination	Total white blood count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	5.1
Examination	Total white blood count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	5.1

Examination	Percentage lymphocytes SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	1.3
Examination	Percentage lymphocytes SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	1.3
Examination	Percentage lymphocytes SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	1.3
Examination	Plasma glucose level SPECIMEN ID: 4097649250SPECIMEN TYPE: Flu ox	**6.3 mmol/L**
Examination	Plasma glucose level SPECIMEN ID: 4097649250SPECIMEN TYPE: Flu ox	**6.3 mmol/L**
Examination	Plasma glucose level SPECIMEN ID: 4097649250SPECIMEN TYPE: Flu ox	**6.3 mmol/L**
Examination	Serum amylase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	**145 U/L**
Examination	Serum amylase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	**145 U/L**
Examination	Haemoglobin A1c level - IFCC standardised SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	36 mmol/mol
Examination	Haemoglobin A1c level - IFCC standardised SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	36 mmol/mol
Examination	Haemoglobin A1c level - IFCC standardised SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	36 mmol/mol
Examination	Haematocrit SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0.391 L/L
Examination	Haematocrit SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0.391 L/L
Examination	Haematocrit SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0.391 L/L
Examination	Basophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0
Examination	Basophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0
Examination	Basophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0
Examination	Red blood cell distribution width SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	13.4 %
Examination	Red blood cell distribution width SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	13.4 %
Examination	Red blood cell distribution width SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	13.4 %
Examination	Differential whitecell count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	
Examination	Differential whitecell count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	
Examination	Differential whitecell count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	
Examination	Free T4 level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	17.7 pmol/L
Diagnosis (P3)	took a dozen of trazodone and 10 mirtazpaine with a bottle of red wine in an effort ***** - triggered by website called redress which deals with past childhood ***** - her memories of grew up at children home when she was from 14 to 16 - the horrible memories of ***** which prompted this - now angry - angry at herself - crying through the consult - has a friend who is around - no more alcohol since this episode - woke up on friday afternoon in her soiled in her poo and vomit - has clenaed herelf up and has had something to eat and drink since - not sure what she wants - no longer ***** - definitely	
Diagnosis (P3)	needs seen and bloods done and a chat - not suicidal at the moment just angry she did this - can come this PM with a friend - arranged f2F and bloods	
Administration (P3)	Comment note	
Diagnosis	(Non Coded Event - Plasma glucose level) Specimen Id: 4097649250Specimen Type: Flu oxNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal	
Diagnosis	(Non Coded Event - Haemoglobin A1c level - IFCC standardised) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:	
Diagnosis	(Non Coded Event - Full blood count - FBC) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 15Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: Abnormal	
Diagnosis	(Non Coded Event - Plasma glucose level) Specimen Id: 4097649250Specimen Type: Flu oxNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal	
Diagnosis	(Non Coded Event - Serum calcium) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 2Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:	

Diagnosis	(Non Coded Event - Serum amylase level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal		
Diagnosis	(Non Coded Event - Serum total lactate dehydrogenase level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Liver function test) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 4Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Urea and electrolytes) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 6Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Haemoglobin A1c level - IFCC standardised) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Full blood count - FBC) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 15Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: Abnormal		
Diagnosis	(Non Coded Event - Plasma glucose level) Specimen Id: 4097649250Specimen Type: Flu oxNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal		
Diagnosis	(Non Coded Event - Thyroid hormone tests) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 2Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Serum calcium) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 2Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Serum amylase level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal		
Diagnosis	(Non Coded Event - Serum gamma-glutamyl transferase level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Serum total lactate dehydrogenase level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Liver function test) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 4Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Urea and electrolytes) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 6Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - B12/folate level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 3Lab comment: od|Reviewer comment: Prescription done (SK)Abnormal/Normal Flag: Abnormal		
Diagnosis	(Non Coded Event - Haemoglobin A1c level - IFCC standardised) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Full blood count - FBC) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 15Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: Abnormal		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum> 59		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum> 59		
Examination	**Serum albumin**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum: Serum albumin SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	44 g/L	(Range: 35 - 50)
Examination	**Serum albumin**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum: Serum albumin SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	44 g/L	(Range: 35 - 50)
Examination	**Serum albumin**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum: Serum albumin SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	44 g/L	(Range: 35 - 50)
Examination	**Serum albumin**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum: Serum albumin SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	44 g/L	(Range: 35 - 50)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum: Serum alkaline phosphatase SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	96 U/L	(Range: 30 - 130)

Examination **Serum alkaline phosphatase**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum alkaline phosphatase SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 96 U/L (Range: 30 - 130)

Examination **serum alanine aminotransferase level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
serum alanine aminotransferase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 15 U/L (Range: 5 - 55)

Examination **serum alanine aminotransferase level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
serum alanine aminotransferase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 15 U/L (Range: 5 - 55)

Examination **Serum vitamin B12**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum vitamin B12 SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 269 pg/mL (Range: 197 - 771)

Examination **Serum bilirubin level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum bilirubin level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 3 umol/L (No range available)

Examination **Serum bilirubin level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum bilirubin level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 3 umol/L (No range available)

Examination **Corrected serum calcium level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Corrected serum calcium level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 2.35 mmol/L (Range: 2.2 - 2.6)

Examination **Corrected serum calcium level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Corrected serum calcium level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 2.35 mmol/L (Range: 2.2 - 2.6)

Examination **Serum chloride**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum chloride SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 102 mmol/L (Range: 95 - 108)

Examination **Serum chloride**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum chloride SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 102 mmol/L (Range: 95 - 108)

Examination **Serum creatinine**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum creatinine SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 65 umol/L (Range: 60 - 110)

Examination **Serum creatinine**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum creatinine SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 65 umol/L (Range: 60 - 110)

Examination **Eosinophil count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Eosinophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 0.1 (No range available)

Examination **Eosinophil count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Eosinophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 0.1 (No range available)

Examination **Eosinophil count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Eosinophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 0.1 (No range available)

Examination **Serum folate**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum: **Abnormal**
Serum folate SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum **2.27 ng/mL** **(Range: 3.9 - 26.8)**

Examination **Serum gamma-glutamyl transferase level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum gamma-glutamyl transferase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 19 U/L (No range available)

Examination **Haemoglobin estimation**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Haemoglobin estimation SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 130 g/L (Range: 115 - 165)

Examination **Haemoglobin estimation**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Haemoglobin estimation SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 130 g/L (Range: 115 - 165)

Examination **Haemoglobin estimation**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Haemoglobin estimation SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 130 g/L (Range: 115 - 165)

Examination **Serum lactate dehydrogenase level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum lactate dehydrogenase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 203 U/L (No range available)

Examination **Serum lactate dehydrogenase level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum lactate dehydrogenase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 203 U/L (No range available)

Examination **Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: **Abnormal**
Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA **35.4 pg** **(Range: 27 - 32)**

Examination **Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: **Abnormal**
Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA **35.4 pg** **(Range: 27 - 32)**

Examination **Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: **Abnormal**
Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA **35.4 pg** **(Range: 27 - 32)**

Examination **Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 332 g/L (Range: 320 - 360)

Examination **Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 332 g/L (Range: 320 - 360)

Examination **Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 332 g/L (Range: 320 - 360)

Examination **Mean corpuscular volume (MCV)**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: **Abnormal**
Mean corpuscular volume (MCV) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA **106.5 fL** **(Range: 80 - 100)**

Examination **Mean corpuscular volume (MCV)**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: **Abnormal**
Mean corpuscular volume (MCV) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA **106.5 fL** **(Range: 80 - 100)**

Examination **Mean corpuscular volume (MCV)**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: **Abnormal**
Mean corpuscular volume (MCV) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA **106.5 fL** **(Range: 80 - 100)**

Examination **Monocyte count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Monocyte count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 0.3 (Range: 0.2 - 0.8)

Examination **Monocyte count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Monocyte count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 0.3 (Range: 0.2 - 0.8)

Examination **Monocyte count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Monocyte count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 0.3 (Range: 0.2 - 0.8)

Examination **Neutrophil count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Neutrophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 3.4 (Range: 2 - 7.5)

Examination **Neutrophil count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Neutrophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 3.4 (Range: 2 - 7.5)

Examination **Neutrophil count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Neutrophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 3.4 (Range: 2 - 7.5)

Examination **Platelet count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Platelet count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 230 (Range: 140 - 450)

Examination **Platelet count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Platelet count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 230 (Range: 140 - 450)

Examination **Platelet count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Platelet count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 230 (Range: 140 - 450)

Examination **Serum potassium**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum potassium SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 4.2 mmol/L (Range: 3.5 - 5.3)

Examination **Serum potassium**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum potassium SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 4.2 mmol/L (Range: 3.5 - 5.3)

Examination **Red blood cell (RBC) count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: **Abnormal**
Red blood cell (RBC) count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA **3.67** **(Range: 3.9 - 5.6)**

Examination **Red blood cell (RBC) count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: **Abnormal**
Red blood cell (RBC) count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA **3.67** **(Range: 3.9 - 5.6)**

Examination **Red blood cell (RBC) count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: **Abnormal**
Red blood cell (RBC) count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA **3.67** **(Range: 3.9 - 5.6)**

Examination **Serum sodium**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum sodium SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 139 mmol/L (Range: 133 - 146)

Examination **Serum sodium**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum sodium SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 139 mmol/L (Range: 133 - 146)

Examination **Serum TSH level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum TSH level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 1.81 mU/L (Range: 0.27 - 4.2)

Examination **Serum urea level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum urea level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 3.6 mmol/L (Range: 2.5 - 7.8)

Examination **Serum urea level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum:
Serum urea level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 3.6 mmol/L (Range: 2.5 - 7.8)

Examination **Total white blood count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Total white blood count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 5.1 (Range: 4 - 11)

Examination **Total white blood count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Total white blood count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 5.1 (Range: 4 - 11)

Examination **Total white blood count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Total white blood count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 5.1 (Range: 4 - 11)

Examination **Percentage lymphocytes**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Percentage lymphocytes SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 1.3 (Range: 1 - 4)

Examination **Percentage lymphocytes**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Percentage lymphocytes SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 1.3 (Range: 1 - 4)

Examination **Percentage lymphocytes**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA:
Percentage lymphocytes SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 1.3 (Range: 1 - 4)

Examination **Plasma glucose level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Flu ox: **Abnormal**
Plasma glucose level SPECIMEN ID: 4097649250SPECIMEN TYPE: Flu ox **6.3 mmol/L** **(Range: 3 - 6)**

Examination	**Plasma glucose level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Flu ox: **Abnormal** Plasma glucose level SPECIMEN ID: 4097649250SPECIMEN TYPE: Flu ox	**6.3 mmol/L**	**(Range: 3 - 6)**
Examination	**Plasma glucose level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Flu ox: **Abnormal** Plasma glucose level SPECIMEN ID: 4097649250SPECIMEN TYPE: Flu ox	**6.3 mmol/L**	**(Range: 3 - 6)**
Examination	**Serum amylase level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum: **Abnormal** Serum amylase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	**145 U/L**	**(No range available)**
Examination	**Serum amylase level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum: **Abnormal** Serum amylase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	**145 U/L**	**(No range available)**
Examination	**Haemoglobin A1c level - IFCC standardised**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: Haemoglobin A1c level - IFCC standardised SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	36 mmol/mol	(Range: 20 - 42)
Examination	**Haemoglobin A1c level - IFCC standardised**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: Haemoglobin A1c level - IFCC standardised SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	36 mmol/mol	(Range: 20 - 42)
Examination	**Haemoglobin A1c level - IFCC standardised**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: Haemoglobin A1c level - IFCC standardised SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	36 mmol/mol	(Range: 20 - 42)
Examination	**Haematocrit**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: Haematocrit SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0.391 L/L	(Range: 0.37 - 0.47)
Examination	**Haematocrit**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: Haematocrit SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0.391 L/L	(Range: 0.37 - 0.47)
Examination	**Haematocrit**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: Haematocrit SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0.391 L/L	(Range: 0.37 - 0.47)
Examination	**Basophil count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: Basophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0	(No range available)
Examination	**Basophil count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: Basophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0	(No range available)
Examination	**Basophil count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: Basophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0	(No range available)
Examination	**Red blood cell distribution width**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: Red blood cell distribution width SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	13.4 %	(Range: 11 - 16)
Examination	**Red blood cell distribution width**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: Red blood cell distribution width SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	13.4 %	(Range: 11 - 16)
Examination	**Red blood cell distribution width**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: Red blood cell distribution width SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	13.4 %	(Range: 11 - 16)
Examination	**Differential whitecell count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: Differential whitecell count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA		(No range available)
Examination	**Differential whitecell count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: Differential whitecell count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA		(No range available)
Examination	**Differential whitecell count**SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA: Differential whitecell count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA		(No range available)
Examination	**Free T4 level**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum: Free T4 level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	17.7 pmol/L	(Range: 12 - 22)
Diagnosis	**(Non Coded Event - Plasma glucose level)**Specimen Id: 4097649250Specimen Type: Flu oxNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal: (Non Coded Event - Plasma glucose level) Specimen Id: 4097649250Specimen Type: Flu oxNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal		(No range available)
Diagnosis	**(Non Coded Event - Haemoglobin A1c level - IFCC standardised)**Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:: (Non Coded Event - Haemoglobin A1c level - IFCC standardised) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Full blood count - FBC)**Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 15Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: Abnormal: (Non Coded Event - Full blood count - FBC) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 15Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: Abnormal		(No range available)
Diagnosis	**(Non Coded Event - Plasma glucose level)**Specimen Id: 4097649250Specimen Type: Flu oxNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal: (Non Coded Event - Plasma glucose level) Specimen Id: 4097649250Specimen Type: Flu oxNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal		(No range available)

Diagnosis **(Non Coded Event - Serum calcium)**Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 2Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag::
(Non Coded Event - Serum calcium) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 2Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

Diagnosis **(Non Coded Event - Serum amylase level)**Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal:
(Non Coded Event - Serum amylase level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal (No range available)

Diagnosis **(Non Coded Event - Serum total lactate dehydrogenase level)**Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag::
(Non Coded Event - Serum total lactate dehydrogenase level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

Diagnosis **(Non Coded Event - Liver function test)**Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 4Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag::
(Non Coded Event - Liver function test) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 4Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

Diagnosis **(Non Coded Event - Urea and electrolytes)**Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 6Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag::
(Non Coded Event - Urea and electrolytes) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 6Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

Diagnosis **(Non Coded Event - Haemoglobin A1c level - IFCC standardised)**Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag::
(Non Coded Event - Haemoglobin A1c level - IFCC standardised) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

Diagnosis **(Non Coded Event - Full blood count - FBC)**Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 15Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: Abnormal:
(Non Coded Event - Full blood count - FBC) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 15Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: Abnormal (No range available)

Diagnosis **(Non Coded Event - Plasma glucose level)**Specimen Id: 4097649250Specimen Type: Flu oxNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal:
(Non Coded Event - Plasma glucose level) Specimen Id: 4097649250Specimen Type: Flu oxNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal (No range available)

Diagnosis **(Non Coded Event - Thyroid hormone tests)**Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 2Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag::
(Non Coded Event - Thyroid hormone tests) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 2Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

Diagnosis **(Non Coded Event - Serum calcium)**Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 2Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag::
(Non Coded Event - Serum calcium) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 2Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

Diagnosis **(Non Coded Event - Serum amylase level)**Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal:
(Non Coded Event - Serum amylase level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal (No range available)

Diagnosis **(Non Coded Event - Serum gamma-glutamyl transferase level)**Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag::
(Non Coded Event - Serum gamma-glutamyl transferase level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

Diagnosis **(Non Coded Event - Serum total lactate dehydrogenase level)**Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag::
(Non Coded Event - Serum total lactate dehydrogenase level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

Diagnosis	**(Non Coded Event - Liver function test)**Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 4Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:: (Non Coded Event - Liver function test) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 4Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - Urea and electrolytes)**Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 6Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:: (Non Coded Event - Urea and electrolytes) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 6Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - B12/folate level)**Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 3Lab comment: od|Reviewer comment: Prescription done (SK)Abnormal/Normal Flag: Abnormal: (Non Coded Event - B12/folate level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 3Lab comment: od|Reviewer comment: Prescription done (SK)Abnormal/Normal Flag: Abnormal	(No range available)
Diagnosis	**(Non Coded Event - Haemoglobin A1c level - IFCC standardised)**Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:: (Non Coded Event - Haemoglobin A1c level - IFCC standardised) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - Full blood count - FBC)**Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 15Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: Abnormal: (Non Coded Event - Full blood count - FBC) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 15Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: Abnormal	(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum> 59: GFR calculated abbreviated MDRD SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum> 59	(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum> 59: GFR calculated abbreviated MDRD SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum> 59	(No range available)

09-Sept-2024 Dr Lynsey Baird Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Patient reviewed
Diagnosis (P3)	tearful today - spent time in care as a child and reports ***** aged 6 and then again in her teenage years - triggered recently and struggling - hoping to access support - sign posted ***** and moira ***** foundation- Dr K requested bloods - recovered from ***** last week - eating and drinking - probably drinking too much and counselled re this

19-Aug-2024 Ms Alanna Foster Other

05-Aug-2024 Mrs Sarah Mcdade Other

22-July-2024 Ms Gillian Mccreadie Other

26-Jun-2024 Mr Reece Mcginlay Other

25-Jun-2024 Ms Alanna Foster Other

24-May-2024 Ms Gillian Mccreadie Other

15-May-2024 Dr Saif Khan Other

30-Apr-2024 Ms Michelle Connelly Other

18-Apr-2024 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	inc self to 30mg after 2 weeks
Diagnosis (P3)	feels a different person coming off trazodone ... sleeping initially better but anxiety same .. through the roof but getting more productive at home. appetite up and gaining weight .
Diagnosis (P3)	has been rejected bt CMHT and will try ref to Accept service . inc the mirtaz to 45mg

04-Apr-2024 Dr J Lynch Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	doing well on mirtazepine and has run out ... issue and book for a review

28-Mar-2024 Ms Michelle Connelly Other

05-Mar-2024 Ms Alanna Foster Other

29-Feb-2024 Dr J Lynch Other

Free Text	*Location Type: Third Party*
Intervention	8H49.: Psychiatric referral (SCI Gateway Referral) *Out Patient. Sender: Dr J *****; Reason: 8H49.: Psychiatric referral (SCI Gateway Referral)*
Diagnosis (P3)	called pt to discuss dieticians letter.
Diagnosis (P3)	anxiety high... cant go out . wants to avoid people as always comment on her weight .Lost 1 1/2 stones currently 6 st 13. staying in bed . isolating self from family . still grief from losing *****. no alcohol. cannibis for anxiety occasionally . feels no quality of life . low esteem because of appearance. lost confidence. has had ***** thoughts but rescue factor is her family /. on trazodone but feels it has lost effect . doesn't know how to go forward but feels needs to talk to someone .
Diagnosis (P3)	suggest switching over to mirtazepine as could promote some weight gain and pt agrees. schedule to ***** taper and refer to eastvale . review 2 weeks on mirtaz.
Diagnosis (P3)	written schedule for pt
Diagnosis (P3)	8H49.: Psychiatric referral (SCI Gateway Referral)

22-Feb-2024 Dr Sarah Wadsworth Other

19-Feb-2024 Dr Lynsey Baird Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration (P3)	Failed encounter
Diagnosis (P3)	no answer to call to mobile - msg left

12-Feb-2024 Mrs Sarah Mcdade Other

07-Feb-2024 Mr Carl Zlukas-Keown Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis	Discussed with patient 15:51
Intervention (P3)	Medication review done by pharmacy technician : Switching Fostairs Inhaler to Luforbec (as below) in line with new NHSL formulary choice. Phoned patient; aware of changes, and will contact us if any issues should arise.
Intervention (P3)	Medication changed

06-Feb-2024 Ms Gillian Mccreadie Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	phoned px booked in for routine call with Dr B following workflow

05-Feb-2024 Ms Gillian Mccreadie Other

08-Jan-2024 Ms Alanna Foster Other

21-Dec-2023 Mrs Sarah Mcdade Other

11-Dec-2023 Ms Alanna Foster Other

24-Nov-2023 James Armstrong Other

15-Nov-2023 Ms Alanna Foster Other

Examination	CT (computed tomography) of chest and abdomen normal	
Examination	**CT (computed tomography) of chest and abdomen** normal: CT (computed tomography) of chest and abdomen normal	(No range available)

13-Nov-2023 Ms Alanna Foster Other

01-Nov-2023 Dr Lynsey Baird Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	CXR NAD - referral for CT CAP sent again with this info

26-Oct-2023 Dr Sarah Wadsworth Other

24-Oct-2023 Ms Alanna Foster Other

Examination	Standard chest X-ray	
Examination	**Standard chest X-ray**: Standard chest X-ray	(No range available)

23-Oct-2023 Dr Lynsey Baird Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	CT CAP request returned as says no recent CXR - XR from May 23 - was for same indication - will rpt CXR then depending on result re-request CT

23-Oct-2023 Ms Gillian Mccreadie Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Phoned px left message asking her to call back, px to come and pick up a request form for a cxr and once this result is back Dr can resend CT request.

23-Oct-2023 Ms Gillian Mccreadie Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	px will come in and pick up cxr referral form tomorrow .

18-Oct-2023 Dr Lynsey Baird Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Blood film result received reporting marked red cell macrocytosis - not a new finding - note nack in 22 and haematinics were normal - liver and kidneys normal and Hb normal - await result of CT

16-Oct-2023 Ms Alanna Foster Other

12-Oct-2023 Other

Examination	Serum albumin SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	45 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	82 U/L
Examination	serum alanine aminotransferase level SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	13 U/L
Examination	Serum bilirubin level SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum< 3	
Examination	Serum chloride SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	102 mmol/L
Examination	Serum creatinine SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	63 umol/L
Examination	Eosinophil count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	0.1
Examination	Haemoglobin estimation SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	135 g/L
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	35.2 pg
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	318 g/L
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	110.7 fL
Examination	Monocyte count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	0.5
Examination	Neutrophil count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	3

Examination	Platelet count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	282	
Examination	Serum potassium SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	4.6 mmol/L	
Examination	Red blood cell (RBC) count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	3.84	
Examination	Serum sodium SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	142 mmol/L	
Examination	Serum TSH level SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	1.37 mU/L	
Examination	Serum urea level SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	4.2 mmol/L	
Examination	Total white blood count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	5.9	
Examination	Percentage lymphocytes SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	2.3	
Examination	Haemoglobin A1c level - IFCC standardised SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	39 mmol/mol	
Examination	Blood film microscopy SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA		
Examination	Haematocrit SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	0.425 L/L	
Examination	Basophil count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	0	
Examination	Red blood cell distribution width SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	13.8 %	
Examination	Differential whitecell count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA		
Examination	Free T4 level SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	15.9 pmol/L	
Diagnosis	(Non Coded Event - Thyroid hormone tests) Specimen Id: 3107380338Specimen Type: SerumNumber of Test(s): 2Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Liver function test) Specimen Id: 3107380338Specimen Type: SerumNumber of Test(s): 4Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Urea and electrolytes) Specimen Id: 3107380338Specimen Type: SerumNumber of Test(s): 6Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Blood film) Specimen Id: 3107380338Specimen Type: EDTANumber of Test(s): 1Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Haemoglobin A1c level - IFCC standardised) Specimen Id: 3107380338Specimen Type: EDTANumber of Test(s): 1Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Full blood count - FBC) Specimen Id: 3107380338Specimen Type: EDTANumber of Test(s): 15Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag: Abnormal		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum> 59		
Examination	**Serum albumin**SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum: Serum albumin SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	45 g/L	(No range available)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum: Serum alkaline phosphatase SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	82 U/L	(No range available)
Examination	**serum alanine aminotransferase level**SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum: serum alanine aminotransferase level SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	13 U/L	(No range available)
Examination	**Serum bilirubin level**SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum< 3: Serum bilirubin level SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum< 3		(No range available)
Examination	**Serum chloride**SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum: Serum chloride SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	102 mmol/L	(No range available)
Examination	**Serum creatinine**SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum: Serum creatinine SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	63 umol/L	(No range available)
Examination	**Eosinophil count**SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA: Eosinophil count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	0.1	(No range available)
Examination	**Haemoglobin estimation**SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA: Haemoglobin estimation SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	135 g/L	(No range available)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA: **Abnormal** Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	35.2 pg	(No range available)
Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA: **Abnormal** Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	318 g/L	(No range available)

Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA: **Abnormal**		
	Mean corpuscular volume (MCV) SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	110.7 fL	(No range available)
Examination	**Monocyte count**SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA:		
	Monocyte count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	0.5	(No range available)
Examination	**Neutrophil count**SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA:		
	Neutrophil count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	3	(No range available)
Examination	**Platelet count**SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA:		
	Platelet count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	282	(No range available)
Examination	**Serum potassium**SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum:		
	Serum potassium SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	4.6 mmol/L	(No range available)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA: **Abnormal**		
	Red blood cell (RBC) count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	3.84	(No range available)
Examination	**Serum sodium**SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum:		
	Serum sodium SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	142 mmol/L	(No range available)
Examination	**Serum TSH level**SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum:		
	Serum TSH level SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	1.37 mU/L	(No range available)
Examination	**Serum urea level**SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum:		
	Serum urea level SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	4.2 mmol/L	(No range available)
Examination	**Total white blood count**SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA:		
	Total white blood count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	5.9	(No range available)
Examination	**Percentage lymphocytes**SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA:		
	Percentage lymphocytes SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	2.3	(No range available)
Examination	**Haemoglobin A1c level - IFCC standardised**SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA:		
	Haemoglobin A1c level - IFCC standardised SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	39 mmol/mol	(No range available)
Examination	**Blood film microscopy**SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA:		
	Blood film microscopy SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA		(No range available)
Examination	**Haematocrit**SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA:		
	Haematocrit SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	0.425 L/L	(No range available)
Examination	**Basophil count**SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA:		
	Basophil count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	0	(No range available)
Examination	**Red blood cell distribution width**SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA:		
	Red blood cell distribution width SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	13.8 %	(No range available)
Examination	**Differential whitecell count**SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA:		
	Differential whitecell count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA		(No range available)
Examination	**Free T4 level**SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum:		
	Free T4 level SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	15.9 pmol/L	(No range available)
Diagnosis	**(Non Coded Event - Thyroid hormone tests)**Specimen Id: 3107380338Specimen Type: SerumNumber of Test(s): 2Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag::		
	(Non Coded Event - Thyroid hormone tests) Specimen Id: 3107380338Specimen Type: SerumNumber of Test(s): 2Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Liver function test)**Specimen Id: 3107380338Specimen Type: SerumNumber of Test(s): 4Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag::		
	(Non Coded Event - Liver function test) Specimen Id: 3107380338Specimen Type: SerumNumber of Test(s): 4Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Urea and electrolytes)**Specimen Id: 3107380338Specimen Type: SerumNumber of Test(s): 6Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag::		
	(Non Coded Event - Urea and electrolytes) Specimen Id: 3107380338Specimen Type: SerumNumber of Test(s): 6Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Blood film)**Specimen Id: 3107380338Specimen Type: EDTANumber of Test(s): 1Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag::		
	(Non Coded Event - Blood film) Specimen Id: 3107380338Specimen Type: EDTANumber of Test(s): 1Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Haemoglobin A1c level - IFCC standardised)**Specimen Id: 3107380338Specimen Type: EDTANumber of Test(s): 1Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag::		
	(Non Coded Event - Haemoglobin A1c level - IFCC standardised) Specimen Id: 3107380338Specimen Type: EDTANumber of Test(s): 1Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag:		(No range available)

Diagnosis	**(Non Coded Event - Full blood count - FBC)**Specimen Id: 3107380338Specimen Type: EDTANumber of Test(s): 15Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag: Abnormal:	
	(Non Coded Event - Full blood count - FBC) Specimen Id: 3107380338Specimen Type: EDTANumber of Test(s): 15Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag: Abnormal	(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum> 59:	
	GFR calculated abbreviated MDRD SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum> 59	(No range available)

11-Oct-2023 Dr Lynsey Baird Surgery consultation

Free Text	*Location Type: Main Surgery*
Intervention	8H...: Referral for further care (SCI Gateway Referral) *Out Patient. Sender: Dr Lynsey Baird; Reason: 8H...: Referral for further care (SCI Gateway Referral)*
Administration (P3)	Telephone encounter
Diagnosis (P3)	weight has remained stable since last month - reassuring findings at breast clinic - story is 1.5 stone unintentional weight loss since dec 22 - smoker - appetite maintained - cxr jun 23 normal - no sweats - no change bowel habit - qfit normal - should consider CT CAP I think - refer for this - refer dietitian - check bloods again as 4/12 since done

04-Oct-2023 Dr Alasdair Millar Other

19-Sept-2023 Ms Gillian Mccreadie Other

18-Sept-2023 Mr Reece Mcginlay Other

13-Sept-2023 Dr Lynsey Baird Surgery consultation

Free Text	*Location Type: Main Surgery*
Intervention	8H...: Referral for further care (SCI Gateway Referral) *Out Patient. Sender: Dr Lynsey Baird; Reason: 8H...: Referral for further care (SCI Gateway Referral)*
Diagnosis (P3)	Patient reviewed
Diagnosis (P3)	tethered area noted let breast over last 2 weeks - h/o fibrocystic breast disease - smoker - recent Ix for unintentional weight loss discussed - now 7 stone 2 lbs - bloods/qfit/cxr normal - appetite maintained - chest clear today - tethering noted outer left breast - less pronounced but similar noted right side thickened breast tissue lateral aspect left breast nipples normal no h/o nipple d/c - axilla normal - no supraclavicular nodes - post menopausal - no hrt - refer urgent SoC breast clinic
Diagnosis (P3)	lainy2468@gmail.com

12-Sept-2023 Ms Arlene Carson Surgery consultation

Free Text	*Location Type: Main Surgery*	
Examination	O/E - blood pressure reading	120 / 82 mm Hg
Examination (P3)	360 degree sweep of cervix performed	
Diagnosis (P3)	Cervix and v+v seen appear healthy. No red flags, Breast aware. Has appt with GP for lump on (L) breast.	
Administration (P3)	Chaperone refused	
Administration (P3)	Informed consent for cervical smear given	
Intervention (P3)	Cervical smear taken	
Examination (P3)	O/E - BP reading	
Diagnosis	Cervical smear screen	
Diagnosis	Cervical Cytology Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: 12 months - Reviewer comment: Abnormal/Normal Flag:	
Diagnosis	Virology Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: 12 months - Cervical smear - human papillomavirus positiveReviewer comment: Abnormal/Normal Flag:	
Examination	Cerv.smear: mild dyskaryosis 12 months -	
Examination	Cervical smear - human papillomavirus positive 12 months - Cervical smear - human papillomavirus positive	
Examination	O/E - weight 46 Kg , Measure: 46, Measure Units: Kg	46 Kg
Examination	Body Mass Index , Measure: 46, Measure Units: Kg	

22-Aug-2023 Mrs Pauline Imrie Surgery consultation

Free Text	*Location Type: Main Surgery*	
Intervention (P3)	Medication requested	
Intervention (P3)	Previous treatment continue	
Intervention (P3)	Drug not issued OS Folic acid course complete	

22-Aug-2023 Dr J Lynch Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	flu sxs 4 days and covid negative daily since. now cough with yellow sputum . using ventolin with short term relief ..coughing keeping awake . feels she has f;u but worrying about flare of COPD with sxs currently . cover agree with clarithromycin and wsg . inc fostair to3 puff bd during exac

21-Aug-2023 Ms Gillian Mccreadie Other

18-Aug-2023 Mr Reece Mcginlay Other

24-July-2023 Ms Hannah Godfree Other

21-July-2023 Dr Saif Khan Other

19-July-2023 Ms Michelle Connelly Other

26-Jun-2023 Mr Reece Mcginlay Other

23-Jun-2023 Mrs Pauline Imrie Surgery consultation

Free Text	*Location Type: Main Surgery*	
Intervention (P3)	Medication requested trazodone 150/50	
Intervention (P3)	Drug not issued OS Issued 22/6/23	

22-Jun-2023 Dr Saif Khan Surgery consultation

Free Text	*Location Type: Main Surgery*

21-Jun-2023 Ms Arlene Carson Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration (P3)	Did not attend - no reason

20-Jun-2023 Other

Administration (P3)	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.

31-May-2023 Other

Examination	Serum albumin SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	43 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	82 U/L
Examination	serum alanine aminotransferase level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	15 U/L
Examination	Serum bilirubin level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum< 3	
Examination	Serum chloride SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	99 mmol/L
Examination	Serum cholesterol SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	4.2 mmol/L
Examination	Serum creatinine SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	56 umol/L
Examination	Eosinophil count, 0 SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	0
Examination	Haemoglobin estimation SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	128 g/L
Examination	Serum HDL cholesterol level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	1.59 mmol/L
Examination	Serum LDL cholesterol level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	1.9 mmol/L

Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	34.1 pg	
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	327 g/L	
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	104.3 fL	
Examination	Monocyte count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	0.4	
Examination	Neutrophil count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	4.4	
Examination	Platelet count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	212	
Examination	Serum potassium SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	3.7 mmol/L	
Examination	Red blood cell (RBC) count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	3.75	
Examination	Serum sodium SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	138 mmol/L	
Examination	Serum triglycerides SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	1.5 mmol/L	
Examination	Serum TSH level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	0.53 mU/L	
Examination	Serum urea level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	4.5 mmol/L	
Examination	Total white blood count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	6.4	
Examination	Percentage lymphocytes SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	1.6	
Examination	Plasma glucose level SPECIMEN ID: 3057075488SPECIMEN TYPE: Flu ox	6 mmol/L	
Examination	Serum lipids Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 5Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:		
Examination	Haematocrit SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	0.391 L/L	
Examination	Basophil count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	0.1	
Examination	Red blood cell distribution width SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	13.2 %	
Examination	Differential whitecell count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA		
Examination	Total Cholesterol: HDL ratio SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	2.6	
Examination	Free T4 level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	16.9 pmol/L	
Examination	CA125 level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	11 kU/L	
Administration (P3)	Comment note		
Diagnosis	(Non Coded Event - Plasma glucose level) Specimen Id: 3057075488Specimen Type: Flu oxNumber of Test(s): 1Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Carbohydrate antigen 125 level) Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 2Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Thyroid hormone tests) Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 2Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Liver function test) Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 4Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Urea and electrolytes) Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 6Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag: Abnormal		
Diagnosis	(Non Coded Event - Full blood count - FBC) Specimen Id: 3057075488Specimen Type: EDTANumber of Test(s): 15Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag: Abnormal		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum> 59		
Examination	**Serum albumin**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum: Serum albumin SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	43 g/L	(No range available)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum: Serum alkaline phosphatase SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	82 U/L	(No range available)
Examination	**serum alanine aminotransferase level**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum: serum alanine aminotransferase level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	15 U/L	(No range available)
Examination	**Serum bilirubin level**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum< 3: Serum bilirubin level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum< 3		(No range available)

Examination	**Serum chloride**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum: Serum chloride SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	99 mmol/L	(No range available)
Examination	**Serum cholesterol**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum: Serum cholesterol SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	4.2 mmol/L	(No range available)
Examination	**Serum creatinine**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum: **Abnormal** Serum creatinine SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	56 umol/L	(No range available)
Examination	**Eosinophil count, 0**SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA: Eosinophil count, 0 SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	0	(No range available)
Examination	**Haemoglobin estimation**SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA: Haemoglobin estimation SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	128 g/L	(No range available)
Examination	**Serum HDL cholesterol level**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum: Serum HDL cholesterol level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	1.59 mmol/L	(No range available)
Examination	**Serum LDL cholesterol level**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum: Serum LDL cholesterol level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	1.9 mmol/L	(No range available)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA: **Abnormal** Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	34.1 pg	(No range available)
Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA: Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	327 g/L	(No range available)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA: **Abnormal** Mean corpuscular volume (MCV) SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	104.3 fL	(No range available)
Examination	**Monocyte count**SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA: Monocyte count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	0.4	(No range available)
Examination	**Neutrophil count**SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA: Neutrophil count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	4.4	(No range available)
Examination	**Platelet count**SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA: Platelet count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	212	(No range available)
Examination	**Serum potassium**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum: Serum potassium SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	3.7 mmol/L	(No range available)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA: **Abnormal** Red blood cell (RBC) count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	3.75	(No range available)
Examination	**Serum sodium**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum: Serum sodium SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	138 mmol/L	(No range available)
Examination	**Serum triglycerides**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum: Serum triglycerides SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	1.5 mmol/L	(No range available)
Examination	**Serum TSH level**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum: Serum TSH level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	0.53 mU/L	(No range available)
Examination	**Serum urea level**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum: Serum urea level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	4.5 mmol/L	(No range available)
Examination	**Total white blood count**SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA: Total white blood count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	6.4	(No range available)
Examination	**Percentage lymphocytes**SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA: Percentage lymphocytes SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	1.6	(No range available)
Examination	**Plasma glucose level**SPECIMEN ID: 3057075488SPECIMEN TYPE: Flu ox: Plasma glucose level SPECIMEN ID: 3057075488SPECIMEN TYPE: Flu ox	6 mmol/L	(No range available)
Examination	**Serum lipids**Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 5Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:: Serum lipids Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 5Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Haematocrit**SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA: Haematocrit SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	0.391 L/L	(No range available)
Examination	**Basophil count**SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA: Basophil count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	0.1	(No range available)
Examination	**Red blood cell distribution width**SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA: Red blood cell distribution width SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	13.2 %	(No range available)
Examination	**Differential whitecell count**SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA: Differential whitecell count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA		(No range available)
Examination	**Total Cholesterol: HDL ratio**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum: Total Cholesterol: HDL ratio SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	2.6	(No range available)

Examination	**Free T4 level**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum: Free T4 level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	16.9 pmol/L	(No range available)
Examination	**CA125 level**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum: CA125 level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	11 kU/L	(No range available)
Diagnosis	**(Non Coded Event - Plasma glucose level)**Specimen Id: 3057075488Specimen Type: Flu oxNumber of Test(s): 1Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Plasma glucose level) Specimen Id: 3057075488Specimen Type: Flu oxNumber of Test(s): 1Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Carbohydrate antigen 125 level)**Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 2Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Carbohydrate antigen 125 level) Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 2Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Thyroid hormone tests)**Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 2Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Thyroid hormone tests) Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 2Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Liver function test)**Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 4Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Liver function test) Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 4Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Urea and electrolytes)**Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 6Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag: Abnormal: (Non Coded Event - Urea and electrolytes) Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 6Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Diagnosis	**(Non Coded Event - Full blood count - FBC)**Specimen Id: 3057075488Specimen Type: EDTANumber of Test(s): 15Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag: Abnormal: (Non Coded Event - Full blood count - FBC) Specimen Id: 3057075488Specimen Type: EDTANumber of Test(s): 15Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum> 59: GFR calculated abbreviated MDRD SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum> 59		(No range available)

26-May-2023 Ms Caitie McNeill Other

25-May-2023 Other

Examination	Faecal occult blood test SPECIMEN ID: 3059169088SPECIMEN TYPE: Faeces< 7		
Examination	Urine creatinine SPECIMEN ID: 3057123028SPECIMEN TYPE: Urine	15.5 mmol/L	
Examination	Urine microalbumin SPECIMEN ID: 3057123028SPECIMEN TYPE: Urine	5 mg/L	
Examination	Urine microalbumin Specimen Id: 3057123028Specimen Type: UrineNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Urine albumin:creatinine ratio SPECIMEN ID: 3057123028SPECIMEN TYPE: Urine	0.3	
Diagnosis	(Non Coded Event - Faecal haemoglobin FIT) Specimen Id: 3059169088Specimen Type: FaecesNumber of Test(s): 1Lab comment: none|Reviewer comment: Abnormal/Normal Flag:		
Examination	**Faecal occult blood test**SPECIMEN ID: 3059169088SPECIMEN TYPE: Faeces< 7: Faecal occult blood test SPECIMEN ID: 3059169088SPECIMEN TYPE: Faeces< 7		(No range available)
Examination	**Urine creatinine**SPECIMEN ID: 3057123028SPECIMEN TYPE: Urine: Urine creatinine SPECIMEN ID: 3057123028SPECIMEN TYPE: Urine	15.5 mmol/L	(No range available)
Examination	**Urine microalbumin**SPECIMEN ID: 3057123028SPECIMEN TYPE: Urine: Urine microalbumin SPECIMEN ID: 3057123028SPECIMEN TYPE: Urine	5 mg/L	(No range available)
Examination	**Urine microalbumin**Specimen Id: 3057123028Specimen Type: UrineNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:: Urine microalbumin Specimen Id: 3057123028Specimen Type: UrineNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Urine albumin:creatinine ratio**SPECIMEN ID: 3057123028SPECIMEN TYPE: Urine: Urine albumin:creatinine ratio SPECIMEN ID: 3057123028SPECIMEN TYPE: Urine	0.3	(No range available)
Diagnosis	**(Non Coded Event - Faecal haemoglobin FIT)**Specimen Id: 3059169088Specimen Type: FaecesNumber of Test(s): 1Lab comment: none|Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Faecal haemoglobin FIT) Specimen Id: 3059169088Specimen Type: FaecesNumber of Test(s): 1Lab comment: none|Reviewer comment: Abnormal/Normal Flag:		(No range available)

23-May-2023 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	lost weight unintentionally 1 stone since march . currently 7 1/.2 stones. no localising sxs . bowels / urine / resp / gynae
Diagnosis (P3)	o/e abdo m/ no masses. chest clear . NO lymphadenopathy .
Diagnosis (P3)	check full blood screen incl Ca125 . u/a and QFIT / CXR and review pt

23-May-2023 Ms Caitie McNeill Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	q-fit handed out labelled correctly 15:04

12-May-2023 Dr J Lynch Other

09-May-2023 Dr L Henderson Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	wrong patient booked in. on beach in turkey.

27-Apr-2023 Mr Reece Mcginlay Other

17-Apr-2023 Dr Lynsey Baird Surgery consultation

Free Text	*Location Type: Main Surgery*

13-Apr-2023 Mr Reece Mcginlay Other

03-Apr-2023 Ms Alanna Foster Other

20-Mar-2023 Dr J Lynch Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	[X]Osteopenia
Diagnosis (P3)	discussed DEXa menopause mid 40s and never wanted HRT . vasomotor xs not problematic . emotional sxs yes . asked her to consider as the pros for future health likely ouitweigh the cons . menopause matters website directed . dietary calcium well suboptima l . ntakes a Vit D supplement .. levels good . start a CA Vit D combined . DEXA diaried 2 yrs
Diagnosis (P3)	lifestyle advice reinforced

13-Mar-2023 Dr Saif Khan Surgery consultation

Free Text	*Location Type: Main Surgery*	
Examination	Serum albumin SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	43 g/L
Examination	Corrected serum calcium level SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	2.46 mmol/L
Examination	Serum chloride SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	102 mmol/L
Examination	Serum creatinine SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	62 umol/L
Examination	Eosinophil count SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	0.1
Examination	Haemoglobin estimation SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	125 g/L
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	35.4 pg
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	326 g/L
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	108.5 fL
Examination	Monocyte count SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	0.3
Examination	Neutrophil count SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	2.9
Examination	Platelet count SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	242
Examination	Serum potassium SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	5 mmol/L
Examination	Red blood cell (RBC) count SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	3.53
Examination	Serum sodium SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	139 mmol/L

Examination	Serum TSH level SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	0.82 mU/L	
Examination	Serum urea level SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	2.9 mmol/L	
Examination	Total white blood count SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	4.5	
Examination	Percentage lymphocytes SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	1.2	
Examination	Erythrocyte sedimentation rate SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	9	
Examination	Haematocrit SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	0.383 L/L	
Examination	Basophil count SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	0	
Examination	Red blood cell distribution width SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	14.7 %	
Examination	Differential whitecell count SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA		
Examination	O/E - blood pressure reading P 72 no ankle oedema -	135 / 75 mm Hg	
Examination	Free T4 level SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	14.6 pmol/L	
Diagnosis (P3)	Puffy eyelids		
Diagnosis (P3)	also having urinary s/s - urgency and freq last few days - puffy lids since 3/7 - nil else- eyes are ok - no itchy - the puffyness improves as day progress -		
Diagnosis (P3)	get bloods and see WSG		
Examination (P3)	O/E - blood pressure reading baggy eye lids - nil else -		
Diagnosis	(Non Coded Event - Erythrocyte sedimentation rate) Specimen Id: 3037093042Specimen Type: EDTANumber of Test(s): 1Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Full blood count - FBC) Specimen Id: 3037093042Specimen Type: EDTANumber of Test(s): 15Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag: Abnormal		
Diagnosis	(Non Coded Event - Thyroid hormone tests) Specimen Id: 3037093042Specimen Type: SerumNumber of Test(s): 2Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Serum calcium) Specimen Id: 3037093042Specimen Type: SerumNumber of Test(s): 2Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Urea and electrolytes) Specimen Id: 3037093042Specimen Type: SerumNumber of Test(s): 6Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag:		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum> 59		
Examination	**Serum albumin**SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum: Serum albumin SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	43 g/L	(No range available)
Examination	**Corrected serum calcium level**SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum: Corrected serum calcium level SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	2.46 mmol/L	(No range available)
Examination	**Serum chloride**SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum: Serum chloride SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	102 mmol/L	(No range available)
Examination	**Serum creatinine**SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum: Serum creatinine SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	62 umol/L	(No range available)
Examination	**Eosinophil count**SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA: Eosinophil count SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	0.1	(No range available)
Examination	**Haemoglobin estimation**SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA: Haemoglobin estimation SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	125 g/L	(No range available)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA: **Abnormal** Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	35.4 pg	(No range available)
Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA: Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	326 g/L	(No range available)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA: **Abnormal** Mean corpuscular volume (MCV) SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	108.5 fL	(No range available)
Examination	**Monocyte count**SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA: Monocyte count SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	0.3	(No range available)

Examination	**Neutrophil count**SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA: Neutrophil count SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	2.9	(No range available)
Examination	**Platelet count**SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA: Platelet count SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	242	(No range available)
Examination	**Serum potassium**SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum: Serum potassium SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	5 mmol/L	(No range available)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA: **Abnormal** Red blood cell (RBC) count SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	3.53	(No range available)
Examination	**Serum sodium**SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum: Serum sodium SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	139 mmol/L	(No range available)
Examination	**Serum TSH level**SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum: Serum TSH level SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	0.82 mU/L	(No range available)
Examination	**Serum urea level**SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum: Serum urea level SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	2.9 mmol/L	(No range available)
Examination	**Total white blood count**SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA: Total white blood count SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	4.5	(No range available)
Examination	**Percentage lymphocytes**SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA: Percentage lymphocytes SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	1.2	(No range available)
Examination	**Erythrocyte sedimentation rate**SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA: Erythrocyte sedimentation rate SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	9	(No range available)
Examination	**Haematocrit**SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA: Haematocrit SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	0.383 L/L	(No range available)
Examination	**Basophil count**SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA: Basophil count SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	0	(No range available)
Examination	**Red blood cell distribution width**SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA: Red blood cell distribution width SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA	14.7 %	(No range available)
Examination	**Differential whitecell count**SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA: Differential whitecell count SPECIMEN ID: 3037093042SPECIMEN TYPE: EDTA		(No range available)
Examination	**Free T4 level**SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum: Free T4 level SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum	14.6 pmol/L	(No range available)
Diagnosis	**(Non Coded Event - Erythrocyte sedimentation rate)**Specimen Id: 3037093042Specimen Type: EDTANumber of Test(s): 1Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Erythrocyte sedimentation rate) Specimen Id: 3037093042Specimen Type: EDTANumber of Test(s): 1Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Full blood count - FBC)**Specimen Id: 3037093042Specimen Type: EDTANumber of Test(s): 15Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag: Abnormal: (Non Coded Event - Full blood count - FBC) Specimen Id: 3037093042Specimen Type: EDTANumber of Test(s): 15Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Diagnosis	**(Non Coded Event - Thyroid hormone tests)**Specimen Id: 3037093042Specimen Type: SerumNumber of Test(s): 2Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Thyroid hormone tests) Specimen Id: 3037093042Specimen Type: SerumNumber of Test(s): 2Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Serum calcium)**Specimen Id: 3037093042Specimen Type: SerumNumber of Test(s): 2Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Serum calcium) Specimen Id: 3037093042Specimen Type: SerumNumber of Test(s): 2Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Urea and electrolytes)**Specimen Id: 3037093042Specimen Type: SerumNumber of Test(s): 6Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Urea and electrolytes) Specimen Id: 3037093042Specimen Type: SerumNumber of Test(s): 6Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum> 59: GFR calculated abbreviated MDRD SPECIMEN ID: 3037093042SPECIMEN TYPE: Serum> 59		(No range available)

06-Mar-2023 Ms Caitie McNeill Other

01-Mar-2023 Ms Maria Habib Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	DNA follow up F2F appointment today. pcmhwn ***** Habib

28-Feb-2023 Dr Staff Unknown Member of Staff Other

Administration (P3)	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.

27-Feb-2023 Dr J Lynch Administration

Free Text	*Location Type: Telephone*
Diagnosis (P1)	[X]Osteopenia
Diagnosis (P3)	dietary calcium low . advice

22-Feb-2023 Dr Staff Unknown Member of Staff Other

Administration (P3)	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.

15-Feb-2023 Ms Maria Habib Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Face to Face encounter with Lorraine today, first contact would normally be telephone triage. Lorraine discussed previously being booked in for TC appt with PCMHWN however has had to reschedule on a few ocassions since Nov 22. Discussed feeling overwhelmed regarding current situations, impacting her MH. Advised that she has recently broke her back, still waiting for physio to get back in contact with her. Discussed Cancer of the mouth? Awaiting results on Friday and feels most anxiety around this at present. Discussed other injuries she has had over the last 3 years, lost her ***** and her ***** is unwell. Feels like she cannot cope and is overwhelmed by it all. States that she has a small gym at home that helps clear her mind, feels she cannot utilise this to full extent due to recent injury. Advsied that she 'shuts herself away' when she feels everything is too much. At home alone, so now txts her ***** a reassuring message when she feels she needs time alone. States she ***** 3 years ago, denies thoughts of suicide/SH, no plans or intent, did state on occasion she can have feelings that she ***** and dealing with everything. Visits ***** and cares for her when she is able, feels limit at present due to injury - states she still feels like she has not dealt with the death of her *****, emotional/tearful during visit today. States she would feel benefit from speaking to someone about how she is feeling, feels ready to do this. Signposted to CRUSE and Living life. Discussed anxiety management, coping strategies - Lorraine states she loves to ***** and uses this to shut her mind off. Discussed mindfulness and relaxation, states she cannot sleep at night so keen to try techniques to alos aid a better sleep along side medication. Discussed reading resources on wellbeing Glasgow and looking at CalmDistress course and Sleepio. Plan: CRUSE, Living Life, Wellbeing G, Sleepio and CalmDsitress. Follow up F2F to discuss same on the 1/3/23 @1515hrs. pcmhwn ***** Habib

08-Feb-2023 Dr Lynsey Baird Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	8/2/23 scripyts re-printed

06-Feb-2023 Mrs Sarah Mcdade Other

30-Jan-2023 Dr J Lynch Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	Has weaned self off morphine . No occasional use of paracetamol/ diazepam . Feels anxiety is high .. shaky.. scared going out / doiing something again to harm body . HAs had DEXA and results are awaited .
Diagnosis (P3)	would like to try inc dose of trazodone . gaining confidence by gouing out more and tried today for first time alone. add morning dose 50m and CT 150mg nocte

24-Jan-2023 Mrs Pauline Imrie Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis	Discussed with patient
Diagnosis (P3)	IDL GRI 10/1/23 - Meds Rec complete, GP arranged bloods. Pain discussed 16/1/23. Folic acid commenced added to acutes not issued. Fostair dose reduced, called pt to discuss msg left. Fostair should be 2p bd and pt has supply of folic acid
Intervention (P3)	Medication reconciliation
Intervention (P3)	Post hospital dischrge med reconciliation with medical notes
Intervention (P3)	Medication commenced
Administration (P3)	Unsuccessful attempt to contact patient by telephone
Administration (P3)	No response to bowel cancer screening programme invitation Non-Responder

17-Jan-2023 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Intervention	8H77.: Refer to physiotherapist (SCI Gateway Referral) *Out Patient. Sender: Dr J *****; Reason: 8H77.: Refer to physiotherapist (SCI Gateway Referral)*
Diagnosis (P3)	see IDL . 6 weeks reeat FBC . NO other changes

16-Jan-2023 Dr J Lynch Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	Admitted GRI 2/1/23 until 10th . Ward 61... McGraw??
Diagnosis (P3)	2/1/23 .. injury lifting someone up and back snapped and couldn't move . T9 fracture diagnosed on xray and CT. Pain was severe and needed stronger analgesia .. oramorph and diazepan tid. paracetamol brufen and DHC.
Diagnosis (P3)	Had a text from QEUH and going for DEXA Wed 18th . afraid to twist and move around.. didn't have any advice from physio and afraid to do anything .
Diagnosis (P3)	using the oramorph and diaz in the morning and feels sorest in am. DHC and paracet/ brufen daytime
Diagnosis (P3)	refer for PT advice. re add zomorph 10mg bd and stop DHC. can use oramorph as breakthrough. contact GRI.

11-Jan-2023 Dr L Henderson Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	compund # spine. home needs analgesia.was on mst and oramorph.

09-Jan-2023 Ms Alanna Foster Other

03-Jan-2023 Dr J Lynch Other

Diagnosis (P1)	Closed fracture thoracic vertebra, wedge T9

23-Dec-2022 Ms Linda Hardie Other

20-Dec-2022 Ms Alanna Foster Other

Intervention (P3)	Excision of lesion of skin NEC Excision lesion left upper lip

14-Dec-2022 Mr Niall French Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	PCMHLN - DNA: Pt called to cancel appt.

12-Dec-2022 Ms Alanna Foster Other

08-Dec-2022 Dr J Lynch Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	recovered from covid . mood had felt better pre covid.. on the trazodone sleep had improved ... happy to CT this and to increase to 150mg initially .

30-Nov-2022 Dr Lynsey Baird Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration (P3)	Telephone encounter
Diagnosis (P3)	covid - talking normally - chest feeling tight - cough - recent abx - asking for steroids - script done - strong WSG

23-Nov-2022 Dr Staff Unknown Member of Staff Other

Administration (P3)	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.

16-Nov-2022 Mr Niall French Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	PCMHLN - DNA: Pt unable to take call as rushing to her ***** house, agreed f2f appt would be better due to struggling to take phone appt. Rearranged for 2 weeks time.

14-Nov-2022 Ms Alanna Foster Other

09-Nov-2022 Dr L Henderson Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	infective exac COPD. needsrescue abx- wants to act before needing steroids lft neg.

07-Nov-2022 Other

Examination	Serum vitamin B12 SPECIMEN ID: 2116901223SPECIMEN TYPE: Serum	
Examination	Serum folate SPECIMEN ID: 2116901223SPECIMEN TYPE: Serum	
Diagnosis	(Non Coded Event - B12/folate level) Specimen Id: 2116901223Specimen Type: SerumNumber of Test(s): 2Lab comment: previous larger red cells, not fasting|Reviewer comment: Abnormal/Normal Flag:	
Examination	**Serum vitamin B12**SPECIMEN ID: 2116901223SPECIMEN TYPE: Serum: Serum vitamin B12 SPECIMEN ID: 2116901223SPECIMEN TYPE: Serum	(No range available)
Examination	**Serum folate**SPECIMEN ID: 2116901223SPECIMEN TYPE: Serum: Serum folate SPECIMEN ID: 2116901223SPECIMEN TYPE: Serum	(No range available)
Diagnosis	**(Non Coded Event - B12/folate level)**Specimen Id: 2116901223Specimen Type: SerumNumber of Test(s): 2Lab comment: previous larger red cells, not fasting|Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - B12/folate level) Specimen Id: 2116901223Specimen Type: SerumNumber of Test(s): 2Lab comment: previous larger red cells, not fasting|Reviewer comment: Abnormal/Normal Flag:	(No range available)

04-Nov-2022 Dr J Lynch Administration

Free Text	*Location Type: Telephone*
Diagnosis (P3)	Bloods fine other than raised MCV ... steadily uuup over time . prev normal B12 2019 ,. recheck haematinics

02-Nov-2022 Mr Niall French Surgery consultation

Free Text	*Location Type: Main Surgery*	
Examination	Serum albumin SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	48 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	89 U/L
Examination	serum alanine aminotransferase level SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	11 U/L
Examination	Serum vitamin B12 SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	355 pg/mL
Examination	Serum bilirubin level SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	3 umol/L
Examination	Serum chloride SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	102 mmol/L
Examination	Serum creatinine SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	61 umol/L
Examination	Eosinophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.1

Examination	Eosinophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.1
Examination	Eosinophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.1
Examination	Serum ferritin SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	146 ng/mL
Examination	Serum ferritin Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Serum folate SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	4.13 ng/mL
Examination	Haemoglobin estimation SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	131 g/L
Examination	Haemoglobin estimation SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	131 g/L
Examination	Haemoglobin estimation SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	131 g/L
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	35.9 pg
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	35.9 pg
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	35.9 pg
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	326 g/L
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	326 g/L
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	326 g/L
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	110.1 fL
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	110.1 fL
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	110.1 fL
Examination	Monocyte count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.5
Examination	Monocyte count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.5
Examination	Monocyte count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.5
Examination	Neutrophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	3.1
Examination	Neutrophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	3.1
Examination	Neutrophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	3.1
Examination	Platelet count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	239
Examination	Platelet count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	239
Examination	Platelet count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	239
Examination	Serum potassium SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	4.9 mmol/L
Examination	Red blood cell (RBC) count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	3.65
Examination	Red blood cell (RBC) count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	3.65
Examination	Red blood cell (RBC) count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	3.65
Examination	Serum sodium SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	140 mmol/L
Examination	Serum TSH level SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	1.66 mU/L
Examination	Serum urea level SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	5.5 mmol/L
Examination	Total white blood count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	5.9
Examination	Total white blood count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	5.9
Examination	Total white blood count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	5.9
Examination	Percentage lymphocytes SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	2.2
Examination	Percentage lymphocytes SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	2.2
Examination	Percentage lymphocytes SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	2.2
Examination	Plasma glucose level SPECIMEN ID: 2116845457SPECIMEN TYPE: Flu ox	4.6 mmol/L
Examination	Plasma glucose level SPECIMEN ID: 2116845457SPECIMEN TYPE: Flu ox	4.6 mmol/L
Examination	Blood film microscopy SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	
Examination	Blood film microscopy SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	

Examination	Haematocrit SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.402 L/L	
Examination	Haematocrit SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.402 L/L	
Examination	Haematocrit SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.402 L/L	
Examination	Basophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0	
Examination	Basophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0	
Examination	Basophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0	
Examination	Red blood cell distribution width SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	14 %	
Examination	Red blood cell distribution width SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	14 %	
Examination	Red blood cell distribution width SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	14 %	
Examination	Differential whitecell count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA		
Examination	Differential whitecell count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA		
Examination	Differential whitecell count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA		
Examination	Free T4 level SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	13.4 pmol/L	
Diagnosis (P3)	PCMHLN - Pt could not take appt at time of call due to being in her ***** with ***** present, unsure when to rearrange without her calendar and will call surgery at a convenient time to rearrange.		
Diagnosis	(Non Coded Event - Full blood count - FBC) Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		
Diagnosis	(Non Coded Event - Plasma glucose level) Specimen Id: 2116845457Specimen Type: Flu oxNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Blood film) Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Full blood count - FBC) Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		
Diagnosis	(Non Coded Event - Plasma glucose level) Specimen Id: 2116845457Specimen Type: Flu oxNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Thyroid hormone tests) Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Liver function test) Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Urea and electrolytes) Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 6Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - B12/folate level) Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Blood film) Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Full blood count - FBC) Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum> 59		
Examination	**Serum albumin**SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum: Serum albumin SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	48 g/L	(No range available)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum: Serum alkaline phosphatase SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	89 U/L	(No range available)
Examination	**serum alanine aminotransferase level**SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum: serum alanine aminotransferase level SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	11 U/L	(No range available)
Examination	**Serum vitamin B12**SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum: Serum vitamin B12 SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	355 pg/mL	(No range available)

Examination	**Serum bilirubin level** SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum:		
	Serum bilirubin level SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	3 umol/L	(No range available)
Examination	**Serum chloride** SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum:		
	Serum chloride SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	102 mmol/L	(No range available)
Examination	**Serum creatinine** SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum:		
	Serum creatinine SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	61 umol/L	(No range available)
Examination	**Eosinophil count** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Eosinophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.1	(No range available)
Examination	**Eosinophil count** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Eosinophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.1	(No range available)
Examination	**Eosinophil count** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Eosinophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.1	(No range available)
Examination	**Serum ferritin** SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum:		
	Serum ferritin SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	146 ng/mL	(No range available)
Examination	**Serum ferritin** Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Serum ferritin Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Serum folate** SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum:		
	Serum folate SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	4.13 ng/mL	(No range available)
Examination	**Haemoglobin estimation** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Haemoglobin estimation SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	131 g/L	(No range available)
Examination	**Haemoglobin estimation** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Haemoglobin estimation SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	131 g/L	(No range available)
Examination	**Haemoglobin estimation** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Haemoglobin estimation SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	131 g/L	(No range available)
Examination	**Mean corpusc. haemoglobin(MCH)** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA: **Abnormal**		
	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	35.9 pg	(No range available)
Examination	**Mean corpusc. haemoglobin(MCH)** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA: **Abnormal**		
	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	35.9 pg	(No range available)
Examination	**Mean corpusc. haemoglobin(MCH)** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA: **Abnormal**		
	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	35.9 pg	(No range available)
Examination	**Mean corpusc. Hb. conc. (MCHC)** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	326 g/L	(No range available)
Examination	**Mean corpusc. Hb. conc. (MCHC)** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	326 g/L	(No range available)
Examination	**Mean corpusc. Hb. conc. (MCHC)** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	326 g/L	(No range available)
Examination	**Mean corpuscular volume (MCV)** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA: **Abnormal**		
	Mean corpuscular volume (MCV) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	110.1 fL	(No range available)
Examination	**Mean corpuscular volume (MCV)** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA: **Abnormal**		
	Mean corpuscular volume (MCV) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	110.1 fL	(No range available)
Examination	**Mean corpuscular volume (MCV)** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA: **Abnormal**		
	Mean corpuscular volume (MCV) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	110.1 fL	(No range available)
Examination	**Monocyte count** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Monocyte count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.5	(No range available)
Examination	**Monocyte count** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Monocyte count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.5	(No range available)
Examination	**Monocyte count** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Monocyte count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.5	(No range available)
Examination	**Neutrophil count** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Neutrophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	3.1	(No range available)
Examination	**Neutrophil count** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Neutrophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	3.1	(No range available)
Examination	**Neutrophil count** SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Neutrophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	3.1	(No range available)

Examination	**Platelet count**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Platelet count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	239	(No range available)
Examination	**Platelet count**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Platelet count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	239	(No range available)
Examination	**Platelet count**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Platelet count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	239	(No range available)
Examination	**Serum potassium**SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum:		
	Serum potassium SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	4.9 mmol/L	(No range available)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA: **Abnormal**		
	Red blood cell (RBC) count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	3.65	(No range available)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA: **Abnormal**		
	Red blood cell (RBC) count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	3.65	(No range available)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA: **Abnormal**		
	Red blood cell (RBC) count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	3.65	(No range available)
Examination	**Serum sodium**SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum:		
	Serum sodium SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	140 mmol/L	(No range available)
Examination	**Serum TSH level**SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum:		
	Serum TSH level SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	1.66 mU/L	(No range available)
Examination	**Serum urea level**SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum:		
	Serum urea level SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	5.5 mmol/L	(No range available)
Examination	**Total white blood count**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Total white blood count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	5.9	(No range available)
Examination	**Total white blood count**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Total white blood count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	5.9	(No range available)
Examination	**Total white blood count**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Total white blood count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	5.9	(No range available)
Examination	**Percentage lymphocytes**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Percentage lymphocytes SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	2.2	(No range available)
Examination	**Percentage lymphocytes**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Percentage lymphocytes SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	2.2	(No range available)
Examination	**Percentage lymphocytes**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Percentage lymphocytes SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	2.2	(No range available)
Examination	**Plasma glucose level**SPECIMEN ID: 2116845457SPECIMEN TYPE: Flu ox:		
	Plasma glucose level SPECIMEN ID: 2116845457SPECIMEN TYPE: Flu ox	4.6 mmol/L	(No range available)
Examination	**Plasma glucose level**SPECIMEN ID: 2116845457SPECIMEN TYPE: Flu ox:		
	Plasma glucose level SPECIMEN ID: 2116845457SPECIMEN TYPE: Flu ox	4.6 mmol/L	(No range available)
Examination	**Blood film microscopy**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Blood film microscopy SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA		(No range available)
Examination	**Blood film microscopy**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Blood film microscopy SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA		(No range available)
Examination	**Haematocrit**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Haematocrit SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.402 L/L	(No range available)
Examination	**Haematocrit**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Haematocrit SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.402 L/L	(No range available)
Examination	**Haematocrit**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Haematocrit SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0.402 L/L	(No range available)
Examination	**Basophil count**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Basophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0	(No range available)
Examination	**Basophil count**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Basophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0	(No range available)
Examination	**Basophil count**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Basophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	0	(No range available)
Examination	**Red blood cell distribution width**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Red blood cell distribution width SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	14 %	(No range available)
Examination	**Red blood cell distribution width**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Red blood cell distribution width SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	14 %	(No range available)
Examination	**Red blood cell distribution width**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA:		
	Red blood cell distribution width SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	14 %	(No range available)

Examination	**Differential whitecell count**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA: Differential whitecell count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	(No range available)
Examination	**Differential whitecell count**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA: Differential whitecell count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	(No range available)
Examination	**Differential whitecell count**SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA: Differential whitecell count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA	(No range available)
Examination	**Free T4 level**SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum: Free T4 level SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum	13.4 pmol/L (No range available)
Diagnosis	**(Non Coded Event - Full blood count - FBC)**Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: (Non Coded Event - Full blood count - FBC) Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	(No range available)
Diagnosis	**(Non Coded Event - Plasma glucose level)**Specimen Id: 2116845457Specimen Type: Flu oxNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Plasma glucose level) Specimen Id: 2116845457Specimen Type: Flu oxNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - Blood film)**Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Blood film) Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - Full blood count - FBC)**Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: (Non Coded Event - Full blood count - FBC) Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	(No range available)
Diagnosis	**(Non Coded Event - Plasma glucose level)**Specimen Id: 2116845457Specimen Type: Flu oxNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Plasma glucose level) Specimen Id: 2116845457Specimen Type: Flu oxNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - Thyroid hormone tests)**Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Thyroid hormone tests) Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - Liver function test)**Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Liver function test) Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - Urea and electrolytes)**Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 6Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Urea and electrolytes) Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 6Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - B12/folate level)**Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - B12/folate level) Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - Blood film)**Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Blood film) Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - Full blood count - FBC)**Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: (Non Coded Event - Full blood count - FBC) Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum> 59: GFR calculated abbreviated MDRD SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum> 59	(No range available)

28-Oct-2022 Dr J Lynch Other

Intervention	EMISSPR160: Plastic surgery referral (SCI Gateway Referral) *Out Patient. Sender: Dr J *****; Reason: EMISSPR160: Plastic surgery referral (SCI Gateway Referral)*

27-Oct-2022 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*

27-Oct-2022 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	[X]Depression NOS
Diagnosis (P3)	REally struggling with low mood anxiety insomnia and feeling unable to stop her head activity . ***** recent illness has taken its toll and although ***** in 4x daily she still calls her in regularly and isnt grateful so feels una ppreciated as well as over wrought . NOt looking after self well . HAs let appearance go . House not attended to as usual . no alcohol of concern - occasional glass of wine to try to relax but doesn't help . Feels ' whats the point ' of being here . Previous ***** event but no active planning .
Diagnosis (P3)	***** died before ***** illness . still grieving
Diagnosis (P3)	on sertraline 150mg . propanalol he;lped a bit with the anxiety . INsomnia is frustrating ++
Diagnosis (P3)	discussed supportive input - feels would benefoit from that . refer to ***** , CPN inhouse .next week . switch over to trazodone with ***** taper and allow a small supply of diazepam for this transition . check bloods FBC U+E LFT TFT GLuc as looks really pale and worn out
Diagnosis (P3)	refer to Plastics

25-Oct-2022 Dr L Henderson Other

17-Oct-2022 Ms Caitie McNeill Other

30-Sept-2022 Mrs Pauline Imrie Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Urgent
Intervention (P3)	Medication requested
Intervention (P3)	Previous treatment continue

22-Sept-2022 Ms Caitie McNeill Other

16-Sept-2022 Ms Caitie McNeill Other

22-Aug-2022 Dr J Lynch Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	***** in hospital with new ? cancer . Insomnia / off food. . Tired but head racing all the time .feels exhausted. no appetite. no reflux / pain just no interest . weight a little down . Anxiety levels high too . ON sertraline 150mg ? is this working but discussed difficult to judge when has these intercurrent stresses. try night sedation and addition of propranaolol ... isnt asthmatic .. COPD . 2 weeks supply initially and can issue further

08-Aug-2022 Ms Caitie McNeill Other

25-July-2022 Mrs Rhona Nichol Other

15-July-2022 Dr Alastair Campbell Telephone Consultation

Free Text	*Location Type: Telephone Consultation*
Diagnosis (P3)	message = "LFT neg. Bad cough keeping off sleep. OCM not helped.Mobile"
Diagnosis (P3)	(P) age 54 - COPD .... cough ++ & insomnia .. myalgia .. feels thraot is closing at times --> will see F2F ----> unable to attend surgery --> I will visit (Dr A *****) Flat 42

15-July-2022 Dr Alastair Campbell Home Visit

Free Text	*Location Type: Home visit*
Diagnosis (P3)	Chronic obstructive pulmonary disease
Diagnosis (P3)	Not unwell looking but mild fever in bed - ***** present
Diagnosis (P3)	Good colour ... dry throat - no ostruction .. no C or J or SOB or LN's .. no RD .. some scattered creps bilaterally with good AE - no wheeze .. T37.1 HR100 RR-16 sats 96-97%
Diagnosis (P3)	Imp - Infective eCOPD - change Doxycycline to Clarithro-Rx - does not require steroids - she agrees - WSG & c/w PCM/Fluids ... happy with plan

27-Jun-2022 Ms Caitie McNeill Other

27-May-2022 Mrs Pauline Imrie Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Called to review no answer
Intervention (P3)	Medication requested
Intervention (P3)	Previous treatment continue
Administration (P3)	Unsuccessful attempt to contact patient by telephone

26-May-2022 Dr L Henderson Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	infective exac astma/ copd.feels she needs rescue pack-lft neg.

24-May-2022 Dr Saif Khan Other

29-Apr-2022 Ms Caitie McNeill Other

11-Apr-2022 Dr J Lynch Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	feel a little improvement on 150mg and wishes to continue with this - reluctant to switch. has had a flare of sticky cough and feels req antibiotic for her COPD . taking freely .. no markers to suggest steroid needed .
Diagnosis (P3)	review 1/12

08-Apr-2022 Dr Saif Khan Other

04-Apr-2022 Mrs Rhona Nichol Other

30-Mar-2022 Dr Saif Khan Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	[X]Depression NOS
Diagnosis (P3)	TASK- asking for 8/52 line given
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 30-Mar-2022 - 30-Mar-2022)

14-Mar-2022 Dr J Lynch Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	3-4/10 mood . regardless of time of day. NO motivation at all. HAs managed to go to see ***** but feels more upset after visits as ***** isnt there ... sets her back . Not ready for any type of counselling ... little change o n the sertrlaine which has worked well for her in the past ... dscussed change of agent vs increasing dose. Really reluctant to switch ... agree then 150mg but if no uplift then will change ? to venlafaxine

07-Mar-2022 Mrs Rhona Nichol Other

11-Feb-2022 Dr J Lynch Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	no change . No appetite . a bit more since starting on the sertraline . stillnot sleeping./ ***** is supervising and trying to encourage her to eat
Diagnosis (P3)	agree inc dose of sertraline . nitraz as pulse . cocodamol for handpain

08-Feb-2022 Ms Linda Hardie Other

28-Jan-2022 Scott Robertson Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	COPD review 2/12/21 -PI
Intervention (P3)	Medication requested
Intervention (P3)	Previous treatment continue
Intervention (P3)	Prescription by supplementary prescriber

27-Jan-2022 Dr Staff Unknown Member of Staff Other

Administration (P3)	SMS text received from patient Type: Appointment Reminder Status: Reply Received Message: See MJog for ***** Response Details.

21-Jan-2022 Dr J Lynch Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	[X]Depression NOS
Diagnosis (P3)	***** died last june . covid in october . broken wrist last month . mood lower consistently . staying home . sleep disturbed and worse since surgery for her wrist fracture- had really bleak thoughts not wantig to be here , just as low as in the past when on antidepressants but has been really reluctant to restart Rx . tends to keep feelings to self and not share . Family aware she is struggling and reluctantly accepting practical help at the moment since her wrist # surgery wouldn't do anything to ***** . Family are her rescue . NOw willing to accept Rx ... not mirtazepine as weight gain was bad wit that in 2019. start sertrliine . short pulse of night sedation to cover initiation . speak 3 weeks or sos .
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 21-Jan-2022 - 21-Jan-2022)
Administration	eMED3 (2010) duplicate issued, not fit for work Fit Note (Diagnosis: FitNote_32bf6abf-a50e-4597-acf7-8031a45478dc.pdf; Duration 21-Jan-2022 - 21-Jan-2022)

20-Jan-2022 Dr Staff Unknown Member of Staff Other

Administration (P3)	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.

19-Jan-2022 Ms Patricia Meikle Other

10-Jan-2022 Dr L Henderson Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	fell on wrist # wrist. virtual clinic phoning today, needs sstronger analgesia..

07-Jan-2022 Ms Linda Hardie Other

Administration (P3)	Seen in accident and emergency department
Diagnosis (P1)	Closed fracture of radius and ulna, lower end (Left)

23-Dec-2021 Dr J Lynch Administration

Free Text	*Location Type: Telephone*
Diagnosis (P3)	should be seen next time
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 23-Dec-2021 - 23-Dec-2021)

20-Dec-2021 Mrs Sarah Mcdade Other

17-Dec-2021 Dr J Lynch Other

Free Text	*Location Type: Third Party*		
Diagnosis (P3)	Chronic obstructive pulmonary disease		
Diagnosis (P3)	awoke to day with start of COPD flare . cough and small amount green sputum and tightness in chest . inhaler only partially reliweved. No fever / covid sxs and reciognises if gets to sxs early , can prevent more severe flare of the COPD. agree start Rx now and wsg to be reassessed		

16-Dec-2021 Dr Staff Unknown Member of Staff Other

Administration (P3)	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.		

13-Dec-2021 Ms Caitie McNeill Other

09-Dec-2021 Dr Staff Unknown Member of Staff Other

Administration (P3)	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.		

03-Dec-2021 Mara Fraser Surgery consultation

Free Text	*Location Type: Main Surgery*		
Diagnosis (P3)	next visit may have to increase fostair symt dependant, ? refer pul rehab		

02-Dec-2021 Mara Fraser Surgery consultation

Free Text	*Location Type: Main Surgery*		
Diagnosis	Inhaler technique - poor		
Examination	O/E - pulse rate 76 beats/minute attended for copd r/v. pt advised has went for laser therapy to stop smoking , hasn't has a cigarette in oveer 1 week. pt advised now has emphysema. arosols dscussed. x3 steroid/ abx in 2 months. discussed with pt change of inhaler to a mpdi as on 2 different types of inhalers. agreed to try . uses aerochamber at present for saba. o/e chest appears clear no crepes/ wheeze or congestion noted at this time , bilateral air entary good. r/v 1m for inhaler technique , CAT score / management plan today cat score 20, Measure: 76, Measure Units: beats/minute	76 bpm	
Examination	Peak exp. flow rate: PEFR/PFR, 230 L/min <c>	230 L/min	
Examination	O/E - blood pressure reading	126 / 60 mm Hg	
Examination	O/E - respiratory rate 12 /min <c>	12 /min	
Diagnosis	Airways obstructn irreversible <c>	0	
Diagnosis (P3)	Chronic obstructive pulmonary disease		
Symptom (P3)	MRC Breathlessness Scale: grade 4		
Diagnosis (P3)	COPD self-management plan given		
Diagnosis (P3)	Chronic obstructive pulmonary disease annual review		
Examination (P3)	Body Mass Index, 22.77 , Measure: 22.77		
Symptom	Stopped smoking	0 / / cigarettes / cigars / tobacco	
Symptom	Ex smoker	0 / / cigarettes / cigars / tobacco	
Symptom	Ex-cigarette smoker	0 / / cigarettes / cigars / tobacco	
Examination	Oxygen saturation at periphery, 95 % <c>	95 %	
Examination	O/E - weight, 54 Kg , Measure: 54, Measure Units: Kg	54 Kg	
Examination	Body Mass Index , Measure: 54, Measure Units: Kg	22.77	
Examination	O/E - height, 154 cm , Measure: 154, Measure Units: cm	1.54 m	
Intervention	Seasonal influenza vaccin given by other healthcare provider		
Examination	**Peak exp. flow rate: PEFR/PFR, 230 L/min**<c>:		
	Peak exp. flow rate: PEFR/PFR, 230 L/min <c>	230 L/min	(No range available)
Examination	**O/E - respiratory rate 12 /min**<c>:		
	O/E - respiratory rate 12 /min <c>	12 /min	(Range: 12 - 20)
Diagnosis	**Airways obstructn irreversible**<c>:		
	Airways obstructn irreversible <c>	0	(No range available)
Examination	**Oxygen saturation at periphery, 95 %**<c>:		
	Oxygen saturation at periphery, 95 % <c>	95 %	(No range available)

01-Dec-2021 Dr Staff Unknown Member of Staff Other

23-Nov-2021	Intervention	Administration of first inactivated seasonal influenza vacc *3079181A/ FLUQIVC/IM/Left Arm//FLU - Flucelvax Tetra (QIVc) (Fernhill Community Centre Covid Clinic)*

01-Dec-2021 Dr Staff Unknown Member of Staff Other

23-Nov-2021	Intervention	Administration of first dose of SARS-CoV-2 vaccine *FH4751/ PF/IM/Right Arm//C-19 Booster Pfizer (Fernhill Community Centre Covid Clinic)*

01-Dec-2021 Dr Staff Unknown Member of Staff Other

23-Nov-2021	Diagnosis (P3)	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Right Arm) C-19 Booster Pfizer (A McClymont) FH4751/ PF/IM/Right Arm//C-19 Booster Pfizer (A McClymont)

29-Nov-2021 Mara Fraser Other

25-Nov-2021 Dr J Lynch Administration

	Free Text	*Location Type: Telephone*
	Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 25-Nov-2021 - 25-Nov-2021)

25-Nov-2021 Dr Staff Unknown Member of Staff Other

	Administration (P3)	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.

15-Nov-2021 Ms Michelle Connelly Other

11-Nov-2021 Dr L Henderson Other

	Free Text	*Location Type: Third Party*
	Diagnosis (P3)	still very chesty post covid, has copd. very mucousy clear then green. cxr nil sinister- will try doxy with mucolytic and book for copd review.

09-Nov-2021 Dr Saif Khan Surgery consultation

	Free Text	*Location Type: Main Surgery*
	Diagnosis (P3)	Post-COVID symptoms
	Diagnosis (P3)	asking for further ine TASK
	Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 09-Nov-2021 - 09-Nov-2021)

01-Nov-2021 Other

Examination	Serum albumin SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum	46 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum	82 U/L
Examination	serum alanine aminotransferase level SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum	13 U/L
Examination	Serum bilirubin level SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum< 3	
Examination	Serum chloride SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum	99 mmol/L
Examination	Serum creatinine SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum	67 umol/L
Examination	Eosinophil count SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	0.1
Examination	Haemoglobin estimation SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	145 g/L
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	35.3 pg
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	336 g/L
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	105.1 fL
Examination	Monocyte count SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	0.3
Examination	Neutrophil count SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	4.6
Examination	Platelet count SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	294
Examination	Serum potassium SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum	4.2 mmol/L

Examination	Red blood cell (RBC) count SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	4.11	
Examination	Serum sodium SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum	138 mmol/L	
Examination	Serum urea level SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum	6.8 mmol/L	
Examination	Total white blood count SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	7.1	
Examination	Percentage lymphocytes SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	2.1	
Examination	Plasma glucose level SPECIMEN ID: 1116043654SPECIMEN TYPE: Flu ox	5.1 mmol/L	
Examination	Erythrocyte sedimentation rate SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	35	
Examination	Haematocrit SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	0.432 L/L	
Examination	Basophil count SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	0	
Examination	Red blood cell distribution width SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	13.4 %	
Examination	Differential whitecell count SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA		
Diagnosis	(Non Coded Event - Plasma glucose level) Specimen Id: 1116043654Specimen Type: Flu oxNumber of Test(s): 1Lab comment: none given|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Liver function test) Specimen Id: 1116043654Specimen Type: SerumNumber of Test(s): 4Lab comment: none given|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Urea and electrolytes) Specimen Id: 1116043654Specimen Type: SerumNumber of Test(s): 6Lab comment: none given|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Erythrocyte sedimentation rate) Specimen Id: 1116043654Specimen Type: EDTANumber of Test(s): 1Lab comment: none given|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Full blood count - FBC) Specimen Id: 1116043654Specimen Type: EDTANumber of Test(s): 15Lab comment: none given|Reviewer comment: Abnormal/Normal Flag: Abnormal		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum> 59		
Examination	**Serum albumin**SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum: Serum albumin SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum	46 g/L	(No range available)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum: Serum alkaline phosphatase SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum	82 U/L	(No range available)
Examination	**serum alanine aminotransferase level**SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum: serum alanine aminotransferase level SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum	13 U/L	(No range available)
Examination	**Serum bilirubin level**SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum< 3: Serum bilirubin level SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum< 3		(No range available)
Examination	**Serum chloride**SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum: Serum chloride SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum	99 mmol/L	(No range available)
Examination	**Serum creatinine**SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum: Serum creatinine SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum	67 umol/L	(No range available)
Examination	**Eosinophil count**SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA: Eosinophil count SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	0.1	(No range available)
Examination	**Haemoglobin estimation**SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA: Haemoglobin estimation SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	145 g/L	(No range available)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA: **Abnormal** Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	35.3 pg	(No range available)
Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA: Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	336 g/L	(No range available)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA: **Abnormal** Mean corpuscular volume (MCV) SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	105.1 fL	(No range available)
Examination	**Monocyte count**SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA: Monocyte count SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	0.3	(No range available)
Examination	**Neutrophil count**SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA: Neutrophil count SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	4.6	(No range available)
Examination	**Platelet count**SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA: Platelet count SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	294	(No range available)

Examination	**Serum potassium**SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum: Serum potassium SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum	4.2 mmol/L	(No range available)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA: Red blood cell (RBC) count SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	4.11	(No range available)
Examination	**Serum sodium**SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum: Serum sodium SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum	138 mmol/L	(No range available)
Examination	**Serum urea level**SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum: Serum urea level SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum	6.8 mmol/L	(No range available)
Examination	**Total white blood count**SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA: Total white blood count SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	7.1	(No range available)
Examination	**Percentage lymphocytes**SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA: Percentage lymphocytes SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	2.1	(No range available)
Examination	**Plasma glucose level**SPECIMEN ID: 1116043654SPECIMEN TYPE: Flu ox: Plasma glucose level SPECIMEN ID: 1116043654SPECIMEN TYPE: Flu ox	5.1 mmol/L	(No range available)
Examination	**Erythrocyte sedimentation rate**SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA: Erythrocyte sedimentation rate SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	35	(No range available)
Examination	**Haematocrit**SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA: Haematocrit SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	0.432 L/L	(No range available)
Examination	**Basophil count**SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA: Basophil count SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	0	(No range available)
Examination	**Red blood cell distribution width**SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA: Red blood cell distribution width SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA	13.4 %	(No range available)
Examination	**Differential whitecell count**SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA: Differential whitecell count SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA		(No range available)
Diagnosis	**(Non Coded Event - Plasma glucose level)**Specimen Id: 1116043654Specimen Type: Flu oxNumber of Test(s): 1Lab comment: none given|Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Plasma glucose level) Specimen Id: 1116043654Specimen Type: Flu oxNumber of Test(s): 1Lab comment: none given|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Liver function test)**Specimen Id: 1116043654Specimen Type: SerumNumber of Test(s): 4Lab comment: none given|Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Liver function test) Specimen Id: 1116043654Specimen Type: SerumNumber of Test(s): 4Lab comment: none given|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Urea and electrolytes)**Specimen Id: 1116043654Specimen Type: SerumNumber of Test(s): 6Lab comment: none given|Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Urea and electrolytes) Specimen Id: 1116043654Specimen Type: SerumNumber of Test(s): 6Lab comment: none given|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Erythrocyte sedimentation rate)**Specimen Id: 1116043654Specimen Type: EDTANumber of Test(s): 1Lab comment: none given|Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Erythrocyte sedimentation rate) Specimen Id: 1116043654Specimen Type: EDTANumber of Test(s): 1Lab comment: none given|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Full blood count - FBC)**Specimen Id: 1116043654Specimen Type: EDTANumber of Test(s): 15Lab comment: none given|Reviewer comment: Abnormal/Normal Flag: Abnormal: (Non Coded Event - Full blood count - FBC) Specimen Id: 1116043654Specimen Type: EDTANumber of Test(s): 15Lab comment: none given|Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum> 59: GFR calculated abbreviated MDRD SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum> 59		(No range available)

29-Oct-2021 Dr L Henderson Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	another course steroids and not feeling any better. had covid 11/10., cough 6 weeks before covid, run down, conjunctivitis.has had cxr, await result
Diagnosis (P3)	stopping smoking..fbc esr ues lfts rbg.

27-Oct-2021 Dr Lynsey Baird Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration (P3)	Telephone encounter
Diagnosis (P3)	XR department phoned re CXR - pt told them she does not need it done - contacted pt to discussed - ongoing cough - smoker - voice hoarse - advised does need an XR - pt understands - says can attend next week when feels better hopefully - tried to contact XR department again to advise but no answer at 1655 - will pass task back to ***** to f/u tomorrow
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 27-Oct-2021 - 27-Oct-2021)

25-Oct-2021 Dr Saif Khan Telephone Consultation

Free Text	*Location Type: Telephone Consultation*
Intervention	8H...: Referral for further care (SCI Gateway Referral) *Covid-19. Sender: Dr ***** *****; Reason: 8H...: Referral for further care (SCI Gateway Referral)*
Diagnosis (P3)	Acute COVID-19 infection
Diagnosis (P3)	Acute laryngitis now- still coughing - has got eye infection with greeen gunk coming out of eyes too - voice gone - 7/52 now with covid +ve 11/10/21 - needs seen by covid team - has had 2 course of abx+steroid course - going nowhere with her mx
Diagnosis (P3)	Ref to covid centre

22-Oct-2021 Ms Michelle Connelly Other

Administration (P3)	Cervical smear defaulter Exclusion From SCCRS Until 22/07/2025. Reason: Defaulter

19-Oct-2021 Dr Saif Khan Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Acute COVID-19 infection
Diagnosis (P3)	recent dg but cough with greean spit has been going >6/52 - no blods- asthma no worse- also has green nasal discharge - has ahd 2 curse of abx- smoker for over 30 years - get cxr and sputum culture - now rosening of breathing - no haemoptysis
Diagnosis (P3)	WSG

18-Oct-2021 Mrs Kirsty Moffat Other

12-Oct-2021 Mrs Kirsty Moffat Other

Diagnosis (P3)	Coronavirus infection

11-Oct-2021 Dr Saif Khan Other

Diagnosis (P1)	Acute COVID-19 infection

28-Sept-2021 Dr L Henderson Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	not any better. daily lfts for work pcr neg. no wheeze.
Diagnosis (P3)	going on holiday. to majorca.

20-Sept-2021 Mrs Kirsty Moffat Other

03-Sept-2021 Dr L Henderson Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	cold last week and chesty pcr neg. needs abx- now productive with green spit- asthmatic.

26-Aug-2021 Ms Patricia Meikle Other

23-Aug-2021 Ms Jade Campbell Other

10-Aug-2021 Dr Staff Unknown Member of Staff Other

Administration (P3) SMS text received from patient Type: Appointment Reminder Status: Reply Received Message: cancel.
Administration (P3) SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Miss Moffat, this is confirmation of your appointment at 09:40 on Tue, 17 of Aug at Overtoun Medical Practice. If unable to attend please reply CANCEL.

10-Aug-2021 Dr Staff Unknown Member of Staff Other

Administration (P3) SMS text received from patient Type: Appointment Reminder Status: Reply Received Message: cancel.

10-Aug-2021 Dr Staff Unknown Member of Staff Other

Administration (P3) SMS text received from patient Type: Appointment Reminder Status: Reply Received Message: cancel.

02-Aug-2021 Voice Zconnect Other

Administration (P3) SMS text message sent to patient 07754572626: An appointment has been booked for you:On: 17/08/2021 09:40With: ***** FraserTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

26-July-2021 Mrs Sarah Mcdade Other

28-Jun-2021 Mrs Sarah Mcdade Other

28-May-2021 Mr Michael McCaughley Other

13-May-2021 Dr Staff Unknown Member of Staff Other

12-May-2021 Intervention Administration of second dose of SARS-CoV-2 vacc *PV46688/ AZ/IM/LUA//C-19 (By H *****)*

30-Apr-2021 Mrs Kirsty Moffat Other

21-Apr-2021 Ms Linda Hardie Other

Examination Mammograph DNA
Examination **Mammograph DNA**:
Mammograph DNA (No range available)

01-Apr-2021 Ms Linda Carson Other

18-Mar-2021 Dr L Henderson Other

Free Text *Location Type: Third Party*
Diagnosis (P3) struggling with rib pain and sleep. rx done

17-Mar-2021 Dr L Henderson Administration

Free Text *Location Type: Telephone*
Diagnosis (P3) see ooh, contusion thorax. needs relef

16-Mar-2021 Ms Linda Hardie Other

Administration (P3) Seen in accident and emergency department

08-Mar-2021 Mrs Kirsty Moffat Other

02-Mar-2021 Dr Staff Unknown Member of Staff Other

27-Feb-2021 Intervention Administration of first dose of SARS-CoV-2 vaccine *PV46669/ AZ/IM/LUA//C-19 (By S Kholeif)*

08-Feb-2021 Ms Michelle Connelly Other

24-Jan-2021 Ms Linda Hardie Other

Administration (P3) No response to bowel cancer screening programme invitation Non-Responder

22-Jan-2021 Dr J Lynch Other

Free Text	*Location Type: Third Party*
Diagnosis	Adverse reaction to Naproxen *abdominal pain and nausea*
Diagnosis (P3)	nausea and crampy pain since started naproxen . No vomiting . advised to stop amd has some omeprazole at home so take that fro next 72 hrs. call; sos
Diagnosis	Adverse reaction to Naproxen abdominal pain and nausea

21-Jan-2021 Dr J Lynch Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	chest pain ..went to hospital last night. thought had blood clot ?. discharged. still has pain right side anterioir through to back and movement. no analgesia given. Frightening and confusing experience there. cant tolerate codeine . give NSAID and try DHC as well . Furloughed so no line needed

20-Jan-2021 Ms Linda Hardie Other

Administration (P3)	Seen in accident and emergency department

11-Jan-2021 Mrs Kirsty Moffat Other

16-Dec-2020 Dr L Henderson Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	chest infection coming, usual paatern, positive not covid.sx.hallmark.
Administration (P3)	SMS text message sent to patient 07754572626

14-Dec-2020 Ms Linda Carson Other

16-Nov-2020 Mrs Sarah Mcdade Other

05-Nov-2020 Mara Fraser Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	DNA for cervial smear screening

20-Oct-2020 Ms Patricia Meikle Other

24-Sept-2020 Mrs Kirsty Moffat Other

Examination	2019-nCoV (novel coronavirus) RNA not detected	
Examination	**2019-nCoV (novel coronavirus) RNA not detected**: 2019-nCoV (novel coronavirus) RNA not detected	(No range available)

22-Sept-2020 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07552561698

21-Sept-2020 Mrs Kirsty Moffat Other

04-Sept-2020 Ms Michelle Connelly Other

09-July-2020 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07552561698

08-July-2020 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07552561698

01-Jun-2020 Dr J Lynch Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	anxiety high . not working and furlowed untikl end of june . appetite high on mirtazepine and has gained weight . Had initially helped on mirtaz but gone backwards. would like to switch agent . sertralne had beenn effective before.. cut mirtaz to 15mg 1 week then dovetail sertraline 50mg

27-Apr-2020 Mrs Charlotte Zgibbons Surgery consultation

Free Text	*Location Type: Main Surgery*
Intervention (P3)	Medication requested mirtazapine 30mg
Intervention (P3)	Previous treatment continue as per entry 17/03/20 further note added to prescription to make appointment for telephone review

02-Apr-2020 Dr L Henderson Administration

Free Text	*Location Type: Telephone*
Administration (P3)	Send key information summary (KIS) upload
Administration (P3)	Consent for key information summary upload as per covid protocol
Intervention (P3)	Has anticipatory *****

17-Mar-2020 Mrs Charlotte Zgibbons Surgery consultation

Free Text	*Location Type: Main Surgery*
Intervention (P3)	Medication requested mirtazapine
Intervention (P3)	Previous treatment continue reviewed 18/02/20 - requires phone review before next prescription due note added to prescription

16-Mar-2020 Ms Michelle Connelly Other

28-Feb-2020 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration (P3)	SMS text message sent to patient 07552561698: An appointment has been booked for you:On: 28/02/2020 11:10With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.
Administration (P3)	SMS text message sent to patient 07552561698: Please remember to attend your appointment:On: 28/02/2020 11:10With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.
Diagnosis (P3)	2 days cough and green sputum . achy . miserable. COPD flares if infection settles in
Diagnosis (P3)	o/e T37,.4 P80 chest actually clear . throat clear
Diagnosis (P3)	***** admitted with ***** .
Diagnosis (P3)	start AB .

25-Feb-2020 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07552561698
Administration (P3)	SMS text message sent to patient 07552561698

18-Feb-2020 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	good result on 30mg dose . mood brighter. sleep remains variable but shift working contributes. CT 30mg and see 1/12
Diagnosis (P3)	Restless legs at night . needs to move about and get out of bed.
Diagnosis (P3)	check bloods for iron deficiency- FBC Ferritin U+E Gluc

17-Feb-2020 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07552561698: Please remember to attend your appointment:On: 18/02/2020 10:10With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

21-Jan-2020 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	[X]Depression NOS
Diagnosis (P3)	improvement in 3rd month of mirtazepine . Most days functioning but still has days when stays in bed, working and promoted. Gor ***** to help withcare of ***** . 6-8/10 and would like to increase dose to 30mg .
Diagnosis (P3)	stimulated appetite++
Diagnosis (P3)	see 4 weeks
Administration (P3)	SMS text message sent to patient 07552561698: An appointment has been booked for you:On: 18/02/2020 10:10With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

20-Jan-2020 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07552561698: Please remember to attend your appointment:On: 21/01/2020 09:20With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

09-Jan-2020 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07552561698: An appointment has been booked for you:On: 21/01/2020 09:20With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.
Symptom (P1)	Dry eyes

26-Dec-2019 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07552561698: Please remember to attend your appointment:On: 27/12/2019 09:00With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.
Administration (P3)	Appointment cancelled by service 2019/12/27 09:00 with Dr *****

09-Dec-2019 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07552561698: An appointment has been booked for you:On: 27/12/2019 09:00With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

03-Dec-2019 Mrs Charlotte Zgibbons Surgery consultation

Free Text	*Location Type: Main Surgery*
Intervention (P3)	Medication requested mirtazapine
Intervention (P3)	Previous treatment continue commenced 06/11/19 requires appointment for review - note added to prescription

02-Dec-2019 Dr L Henderson Other

Intervention	Medication review done

12-Nov-2019 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07552561698: Please remember to attend your appointment:On: 13/11/2019 09:30With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

06-Nov-2019 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	[X]Depression NOS
Diagnosis (P3)	has felt mood declining and this week unable to go to work .. withdrawing ... tearful easily .not motivated to ***** / eat / wash . ***** again there . distracts by going out walking usually . friend supporting her and checking in on her daily . insomnia.
Diagnosis (P3)	Had appt at eastvale today and they cancelled as worker ill - schedulaed 4 weeks hence .
Diagnosis (P3)	definite downturn .- discussed and start mirtazepine - aid sleep also . see 1 week and do weekly dispense. WSG and ***** intervntion explained

06-Nov-2019 Mrs Kirsty Moffat Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Eastvale cancelled app .. rscheduled til end of november - px feels she is not coping and service she was referred to doesn't deal with emergency cases so referred back to GP to be seen today
Administration (P3)	SMS text message sent to patient 07552561698: An appointment has been booked for you:On: 13/11/2019 09:30With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

09-Oct-2019 Ms Michelle Connelly Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis	Consent given for seasonal influenza vaccination , Measure: 0
Intervention	Seasonal influenza vaccination *Batch No XXXXXXXX Exp 00/13*

20-Sept-2019 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07552561698

16-Sept-2019 Dr Amy Proctor Surgery consultation

Free Text	*Location Type: Main Surgery*
Intervention	8H43.: Dermatological referral (SCI Gateway Referral) *Out Patient. Sender: Dr ***** Proctor; Reason: 8H43.: Dermatological referral (SCI Gateway Referral)*
Diagnosis (P3)	Requesting referral to Dermatology - history of alopecia and has been reading about Ruxolitnib. Note has recently noticed some new hair growth and has stopped being able to wear fix bonded weave and now wearing wig instead. Causing significant impact on her mental health - can fly off in the wind and only gets one prescription a year by the end of which most of the hair has fallen out the wig.
Diagnosis (P3)	Refer Derm.
Diagnosis (P3)	8H43.: Dermatological referral (SCI Gateway Referral)

10-Sept-2019 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Took ***** of sertraline and admitted . saw liason psychiatry . was situational ... distressed with hwer alopecia and need now to wea wig rather than piece she had before . relationship has split as a result . stresscaring for ***** with no support from *****. working in pub and feels that is a positive . insomnia .. always been a poor sleeper but worse at present . caffeine and sleep hygeine discussed
Diagnosis (P3)	plan- will self refer gateway. not for medication . short pulse of ***** to tryto reste and try meditation at night . headspace app

09-Sept-2019 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07552561698: Please remember to attend your appointment:On: 10/09/2019 09:50With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

03-Sept-2019 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07552561698: An appointment has been booked for you:On: 10/09/2019 09:50With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

29-Aug-2019 Dr J Lynch Administration

Free Text	*Location Type: Telephone*
Diagnosis (P3)	see IDL ... admitted ater *****... no ongoing intent but should have review if more medication req

26-Aug-2019 Ms Linda Hardie Other

24-July-2019 Mara Fraser Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	tried to call pt home phone rang out. re COPD r/v due

12-July-2019 Mara Fraser Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	cervical smear result - neg- recall 12 m	

26-Jun-2019 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	cough and chest feeling tight 3 days . green sputum ./	
Diagnosis (P3)	o/e T36.7 P80 chest clear cover early exac of COPD	
Diagnosis (P3)	explained macrocytosis and folate low . diet good for vegetables . - surprised. replace 4/12 then recheck FBC folate	

24-Jun-2019 Dr J Lynch Administration

Free Text	*Location Type: Telephone*	
Diagnosis (P3)	low folate and MCV 106... replace 4/12 and recheck FBC Folate then	

18-Jun-2019 Ms Michelle Connelly Surgery consultation

Free Text	*Location Type: Main Surgery*		
Examination	Serum vitamin B12 SPECIMEN ID: 9063295913SPECIMEN TYPE: Serum	286 pg/mL	
Examination	Serum folate SPECIMEN ID: 9063295913SPECIMEN TYPE: Serum	2.7 ng/mL	
Diagnosis (P3)	b12 / folate to lab as requested.		
Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 26/06/2019 10:40With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.		
Diagnosis	(Non Coded Event - B12/folate level) Specimen Id: 9063295913Specimen Type: SerumNumber of Test(s): 2Lab comment: ? low b12 \F\ folate, not fasting|Reviewer comment: Abnormal/Normal Flag: Abnormal		
Examination	**Serum vitamin B12**SPECIMEN ID: 9063295913SPECIMEN TYPE: Serum: Serum vitamin B12 SPECIMEN ID: 9063295913SPECIMEN TYPE: Serum	286 pg/mL	(No range available)
Examination	**Serum folate** SPECIMEN ID: 9063295913SPECIMEN TYPE: Serum: **Abnormal** Serum folate SPECIMEN ID: 9063295913SPECIMEN TYPE: Serum	2.7 ng/mL	(No range available)
Diagnosis	**(Non Coded Event - B12/folate level)**Specimen Id: 9063295913Specimen Type: SerumNumber of Test(s): 2Lab comment: ? low b12 \F\ folate, not fasting|Reviewer comment: Abnormal/Normal Flag: Abnormal: (Non Coded Event - B12/folate level) Specimen Id: 9063295913Specimen Type: SerumNumber of Test(s): 2Lab comment: ? low b12 \F\ folate, not fasting|Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)

13-Jun-2019 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	macrocytosis . check B12 folate LFT	

10-Jun-2019 Other

Examination	Eosinophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0.1
Examination	Eosinophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0.1
Examination	Haemoglobin estimation SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	12.4 g/dL
Examination	Haemoglobin estimation SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	12.4 g/dL
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	34.2 pg
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	34.2 pg
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	32 g/dL
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	32 g/dL
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	106.9 fL
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	106.9 fL
Examination	Monocyte count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0.3
Examination	Monocyte count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0.3

Examination	Neutrophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	3.3	
Examination	Neutrophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	3.3	
Examination	Platelet count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	230	
Examination	Platelet count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	230	
Examination	Red blood cell (RBC) count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	3.63	
Examination	Red blood cell (RBC) count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	3.63	
Examination	Total white blood count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	5.6	
Examination	Total white blood count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	5.6	
Examination	Percentage lymphocytes SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	1.8	
Examination	Percentage lymphocytes SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	1.8	
Examination	Erythrocyte sedimentation rate SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	11	
Examination	Plasma C reactive protein SPECIMEN ID: 9063267535SPECIMEN TYPE: Serum< 6		
Examination	Rheumatoid factor SPECIMEN ID: 9063267535SPECIMEN TYPE: Serum< 10		
Examination	Haematocrit SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0.388 L/L	
Examination	Haematocrit SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0.388 L/L	
Examination	Basophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0	
Examination	Basophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0	
Examination	Red blood cell distribution width SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	13.8 %	
Examination	Red blood cell distribution width SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	13.8 %	
Examination	Differential whitecell count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA		
Examination	Differential whitecell count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA		
Examination	Urate level SPECIMEN ID: 9063267535SPECIMEN TYPE: Serum	243 umol/L	
Administration (P3)	Comment note		
Diagnosis	(Non Coded Event - Full blood count - FBC) Specimen Id: 9063267535Specimen Type: EDTANumber of Test(s): 15Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag: Abnormal		
Diagnosis	(Non Coded Event - Rheumatoid factor) Specimen Id: 9063267535Specimen Type: SerumNumber of Test(s): 1Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Erythrocyte sedimentation rate) Specimen Id: 9063267535Specimen Type: EDTANumber of Test(s): 1Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Full blood count - FBC) Specimen Id: 9063267535Specimen Type: EDTANumber of Test(s): 15Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag: Abnormal		
Diagnosis	(Non Coded Event - Urate level) Specimen Id: 9063267535Specimen Type: SerumNumber of Test(s): 2Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Plasma C reactive protein) Specimen Id: 9063267535Specimen Type: SerumNumber of Test(s): 1Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag:		
Examination	**Eosinophil count**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA: Eosinophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0.1	(No range available)
Examination	**Eosinophil count**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA: Eosinophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0.1	(No range available)
Examination	**Haemoglobin estimation**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA: Haemoglobin estimation SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	12.4 g/dL	(No range available)
Examination	**Haemoglobin estimation**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA: Haemoglobin estimation SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	12.4 g/dL	(No range available)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA: **Abnormal** Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	34.2 pg	(No range available)

Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA: **Abnormal**		
	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	34.2 pg	(No range available)
Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	32 g/dL	(No range available)
Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	32 g/dL	(No range available)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA: **Abnormal**		
	Mean corpuscular volume (MCV) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	106.9 fL	(No range available)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA: **Abnormal**		
	Mean corpuscular volume (MCV) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	106.9 fL	(No range available)
Examination	**Monocyte count**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Monocyte count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0.3	(No range available)
Examination	**Monocyte count**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Monocyte count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0.3	(No range available)
Examination	**Neutrophil count**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Neutrophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	3.3	(No range available)
Examination	**Neutrophil count**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Neutrophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	3.3	(No range available)
Examination	**Platelet count**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Platelet count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	230	(No range available)
Examination	**Platelet count**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Platelet count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	230	(No range available)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA: **Abnormal**		
	Red blood cell (RBC) count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	3.63	(No range available)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA: **Abnormal**		
	Red blood cell (RBC) count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	3.63	(No range available)
Examination	**Total white blood count**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Total white blood count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	5.6	(No range available)
Examination	**Total white blood count**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Total white blood count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	5.6	(No range available)
Examination	**Percentage lymphocytes**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Percentage lymphocytes SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	1.8	(No range available)
Examination	**Percentage lymphocytes**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Percentage lymphocytes SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	1.8	(No range available)
Examination	**Erythrocyte sedimentation rate**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Erythrocyte sedimentation rate SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	11	(No range available)
Examination	**Plasma C reactive protein**SPECIMEN ID: 9063267535SPECIMEN TYPE: Serum< 6:		
	Plasma C reactive protein SPECIMEN ID: 9063267535SPECIMEN TYPE: Serum< 6		(No range available)
Examination	**Rheumatoid factor**SPECIMEN ID: 9063267535SPECIMEN TYPE: Serum< 10:		
	Rheumatoid factor SPECIMEN ID: 9063267535SPECIMEN TYPE: Serum< 10		(No range available)
Examination	**Haematocrit**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Haematocrit SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0.388 L/L	(No range available)
Examination	**Haematocrit**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Haematocrit SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0.388 L/L	(No range available)
Examination	**Basophil count**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Basophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0	(No range available)
Examination	**Basophil count**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Basophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0	(No range available)
Examination	**Red blood cell distribution width**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Red blood cell distribution width SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	13.8 %	(No range available)
Examination	**Red blood cell distribution width**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Red blood cell distribution width SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	13.8 %	(No range available)
Examination	**Differential whitecell count**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Differential whitecell count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA		(No range available)
Examination	**Differential whitecell count**SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA:		
	Differential whitecell count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA		(No range available)
Examination	**Urate level**SPECIMEN ID: 9063267535SPECIMEN TYPE: Serum:		
	Urate level SPECIMEN ID: 9063267535SPECIMEN TYPE: Serum	243 umol/L	(No range available)

Diagnosis	**(Non Coded Event - Full blood count - FBC)**Specimen Id: 9063267535Specimen Type: EDTANumber of Test(s): 15Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag: Abnormal:		
	(Non Coded Event - Full blood count - FBC) Specimen Id: 9063267535Specimen Type: EDTANumber of Test(s): 15Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Diagnosis	**(Non Coded Event - Rheumatoid factor)**Specimen Id: 9063267535Specimen Type: SerumNumber of Test(s): 1Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag::		
	(Non Coded Event - Rheumatoid factor) Specimen Id: 9063267535Specimen Type: SerumNumber of Test(s): 1Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Erythrocyte sedimentation rate)**Specimen Id: 9063267535Specimen Type: EDTANumber of Test(s): 1Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag::		
	(Non Coded Event - Erythrocyte sedimentation rate) Specimen Id: 9063267535Specimen Type: EDTANumber of Test(s): 1Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Full blood count - FBC)**Specimen Id: 9063267535Specimen Type: EDTANumber of Test(s): 15Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag: Abnormal:		
	(Non Coded Event - Full blood count - FBC) Specimen Id: 9063267535Specimen Type: EDTANumber of Test(s): 15Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Diagnosis	**(Non Coded Event - Urate level)**Specimen Id: 9063267535Specimen Type: SerumNumber of Test(s): 2Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag::		
	(Non Coded Event - Urate level) Specimen Id: 9063267535Specimen Type: SerumNumber of Test(s): 2Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Plasma C reactive protein)**Specimen Id: 9063267535Specimen Type: SerumNumber of Test(s): 1Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag::		
	(Non Coded Event - Plasma C reactive protein) Specimen Id: 9063267535Specimen Type: SerumNumber of Test(s): 1Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag:		(No range available)

07-Jun-2019 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	Bilateral medial knee pain . PIP DIP joints also painful . ***** has OA..... Constant . Disturbs during the night . Feels caese when stops . Stiff after sitting . Walking a lot in work and feels better on the mpve but sore at the end of the day	
Diagnosis (P3)	o/e FROM knees and no effusion . Hands =.. small joints ok	
Diagnosis (P3)	check FBC ESR CRP RH factor and urate . Xray knees and can review using brufen od .. CT meantime	
Examination	Cervical smear: negative 12 months -	
Diagnosis	Cervical Cytology Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: 12 months - Reviewer comment: Abnormal/Normal Flag:	

07-Jun-2019 Mara Fraser Surgery consultation

Free Text	*Location Type: Main Surgery*		
Symptom	FH: CVA/stroke		
Symptom	FH: Ischaemic heart dis. <60		
Examination	Cervical smear-no inflammation <c>	0	
Examination	O/E - pulse rate 74 beats/minute Attended for cervical smear. SPO2 98% on air. Braest examination advise given, Measure: 74, Measure Units: beats/minute	74 bpm	
Examination	O/E - blood pressure reading	108 / 60 mm Hg	
Intervention (P3)	Cervical smear taken		
Examination (P3)	Body Mass Index, 22.77 , Measure: 22.77		
Diagnosis (P3)	Ideal Weight, 54.55 Kg , Measure: 54.55, Measure Units: Kg		
Symptom	Cigarette smoker, 15 Cigarettes/day , Measure: 15, Measure Units: Cigarettes/day	15 / / cigarettes / cigars / tobacco	
Symptom	Alcohol consumption, 2 units/week , Measure: 2, Measure Units: units/week	2 units per week	
Examination	O/E - weight, 54 Kg , Measure: 54, Measure Units: Kg	54 Kg	
Examination	Body Mass Index , Measure: 54, Measure Units: Kg	22.77	
Examination	O/E - height, 154 cm , Measure: 154, Measure Units: cm	1.54 m	
Examination	**Cervical smear-no inflammation**<c>: Cervical smear-no inflammation <c>	0	(No range available)

24-May-2019 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 07/06/2019 10:10With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

06-Mar-2019 Ms Patricia Meikle Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	2nd DNA Letter sent re missed appt with Dr ***** on 05/04/2019. *****

04-Mar-2019 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: Please remember to attend your appointment:On: 05/03/2019 15:50With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

21-Feb-2019 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 05/03/2019 15:50With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

07-Nov-2018 Dr Lynsey Baird Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Patient reviewed
Diagnosis (P3)	cough ongoing - ches ae all zones - some scattered wheeze but not extensive - gets anxious when she cough - suggested pressing on with current treatment and trying to optimise hydration in the meantime

05-Nov-2018 E Boud Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 05/11/2018 10:45With: ***** BoudTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.
Administration (P3)	SMS text message sent to patient 07904213975: Please remember to attend your appointment:On: 05/11/2018 10:45With: ***** BoudTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.
Diagnosis (P3)	hesty cough chest tight review sos

01-Nov-2018 Dr J Lynch Other

12-Oct-2018 E Boud Surgery consultation

Free Text	*Location Type: Main Surgery*
Intervention	Seasonal influenza vaccination *Batch No R04X Expiry 05/19*

11-Oct-2018 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 12/10/2018 12:35With: ***** BoudTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.
Administration (P3)	SMS text message sent to patient 07904213975: Please remember to attend your appointment:On: 12/10/2018 12:35With: ***** BoudTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

09-Oct-2018 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 09/10/2018 10:10With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.
Administration (P3)	SMS text message sent to patient 07904213975: Please remember to attend your appointment:On: 09/10/2018 10:10With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.
Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 12/10/2018 12:38With: ***** BoudTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.
Diagnosis (P3)	down and insomnia . new job. Boss and friend ***** 2 weeks ago , ***** found dead yesterday morning . cant dleep . Panic feelings during the night . discussion
Diagnosis (P3)	1 week of night sedation and issue line
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 09-Oct-2018 - 09-Oct-2018)

17-Sept-2018 Dr J Lynch Other

17-Aug-2018 Dr Saif Khan Other

16-Aug-2018 Dr J Lynch Administration

Free Text	*Location Type: Telephone*
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 16-Aug-2018 - 16-Aug-2018)

10-Aug-2018 Ms Patricia Meikle Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	1st DNA Letter sent re missed appt with Dr ***** on 10/08/18. *****

09-Aug-2018 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: Please remember to attend your appointment:On: 10/08/2018 09:20With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

01-Aug-2018 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 10/08/2018 09:20With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

01-July-2018 Ms Linda Hardie Other

Administration (P3)	No response to bowel cancer screening programme invitation Non-Responder

15-Jun-2018 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 15/06/2018 14:20With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.
Administration (P3)	SMS text message sent to patient 07904213975: Please remember to attend your appointment:On: 15/06/2018 14:20With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.
Diagnosis (P3)	***** now diagnosed cancer and supportin him. feels back down again after some resopite of feeling improvement . issue line and medication
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 15-Jun-2018 - 15-Jun-2018)

31-May-2018 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975

18-May-2018 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975

14-May-2018 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Progress with mental health ,,, nearly there. May try for work next month as feeling better .
Diagnosis (P3)	Foot progressing - no A+E slipso chase with new VIC
Intervention	Medication review done
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 14-May-2018 - 14-May-2018)

13-May-2018 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: Please remember to attend your appointment:On: 14/05/2018 09:10With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

10-May-2018 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 14/05/2018 09:10With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

04-May-2018 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975

12-Apr-2018 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 12/04/2018 10:00With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.
Administration (P3)	SMS text message sent to patient 07904213975: Please remember to attend your appointment:On: 12/04/2018 10:00With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.
Diagnosis (P3)	L foot and R hand injury Friday . fracas with ***** but didn't involve the ***** . in walking boot and crutch .. ? bone broken in foot . no A+E slip yet .
Diagnosis (P3)	Had been progressing well on the sertraline but sleep remains poor . CT na d line issued
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 12-Apr-2018 - 12-Apr-2018)

07-Apr-2018 Ms Linda Hardie Other

Administration (P3)	Seen in accident and emergency department

16-Mar-2018 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975

13-Mar-2018 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	good progress on 100mg dose . insomnia recent . try short burst of night sedation 1 week . thinking about jobs but feels not quite ready yet .. extend line 1/12
Diagnosis (P3)	Paronuchia index finger
Administration (P3)	SMS text message sent to patient 07904213975
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 13-Mar-2018 - 13-Mar-2018)

12-Mar-2018 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: Please remember to attend your appointment:On: 13/03/2018 09:10With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.
Administration (P3)	Cervical smear - suspend recall Exclusion From SCCRS Until 12/09/2018. Reason: At Colposcopy

07-Mar-2018 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 13/03/2018 09:10With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

08-Feb-2018 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	LOW NO MOTIVATION AND STRUGGLING TO PUSH ON . hAs TO LOOK FOR WORK . ***** supporting her. Financially difficult on benefits but feels not fit to look for a job. Increase sertraline . ibugel for medial knee aching on chanh=ging position. line issued and see 3 weeks
Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 08/03/2018 10:10With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 08-Feb-2018 - 08-Feb-2018)

07-Feb-2018 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: Please remember to attend your appointment:On: 08/02/2018 10:10With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

31-Jan-2018 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 08/02/2018 10:10With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

11-Jan-2018 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	flu between xmas and NY. persistent thick sputum and paroxysms of coughing
Diagnosis (P3)	T36.7 chest clear
Diagnosis (P3)	treat LRTI .feels anterioir congestion
Diagnosis (P3)	Mood slightly better but as has been ophysically unwell finds difficult to judge . slight tremor . CT 50mg and extend line
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 11-Jan-2018 - 11-Jan-2018)

10-Jan-2018 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: Please remember to attend your appointment:On: 11/01/2018 10:10With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

05-Jan-2018 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 11/01/2018 10:10With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

28-Dec-2017 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 08/01/2018 10:10With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

12-Dec-2017 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975

08-Dec-2017 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975

07-Dec-2017 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: Please remember to attend your appointment:On: 08/12/2017 09:08With: ***** BoudTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

04-Dec-2017 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 08/12/2017 09:08With: ***** BoudTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.
Diagnosis (P3)	[X] Reactive depression NOS
Diagnosis (P3)	reactive depressive sxs 5 weeks . sacked from job / ***** died and brough back low mood , negative thinking same as after ***** died. not improving . cant cope with the insomnia and lowness. tearfulness. no suicidal feelings
Diagnosis (P3)	agrees to restart SSRI as before were effective and 1 week of night sedation andline issued. see for review
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 04-Dec-2017 - 04-Dec-2017)

03-Dec-2017 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: Please remember to attend your appointment:On: 04/12/2017 09:50With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.	

22-Nov-2017 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 04/12/2017 09:50With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.	

21-Nov-2017 E Boud Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	chesty cough delay flu vaccine trial o f relvar anf salbutamol cx smear to lab	
Examination	Cerv.smear: mild dyskaryosis -	
Diagnosis	Cervical Cytology Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: - Reviewer comment: Abnormal/Normal Flag:	

20-Nov-2017 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 21/11/2017 15:15With: ***** BoudTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.	
Administration (P3)	SMS text message sent to patient 07904213975: Please remember to attend your appointment:On: 21/11/2017 15:15With: ***** BoudTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.	

01-Nov-2017 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975	

21-Sept-2017 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975	

20-Sept-2017 Voice Zconnect Other

Administration (P3)	SMS text message sent to patient 07904213975	

12-Jun-2017 E Boud Surgery consultation

Free Text	*Location Type: Main Surgery*	
Symptom	Aerobic exercise 2 times/week	
Examination	O/E - blood pressure reading	106 / 70 mm Hg
Intervention (P3)	Cervical smear taken	
Diagnosis (P3)	Chronic obstructive pulmonary disease annual review	
Administration (P3)	Patient "recall" admin. NOS	
Examination (P3)	Body Mass Index, 22.77 , Measure: 22.77	
Symptom	Never smoked tobacco	0 / / cigarettes / cigars / tobacco
Symptom	Cigarette smoker, 10 Cigarettes/day , Measure: 10, Measure Units: Cigarettes/day	10 / / cigarettes / cigars / tobacco
Examination	O/E - weight, 54 Kg , Measure: 54, Measure Units: Kg	54 Kg
Examination	Body Mass Index , Measure: 54, Measure Units: Kg	22.77

12-Jun-2017 E Boud Surgery consultation

Free Text	*Location Type: Main Surgery*	
Examination	High vaginal swab taken Specimen Id: 170352360Specimen Type: High Vaginal Swab;Number of Test(s): 2Lab comment: Group B streptococcus is part of the normal faecal ***** but is| implicated in urinary tract and neonatal infections. It is NOT| associated with vaginal discharge.| If patient currently pregnant or within 48 Hrs of delivery please| notify relevant obstetrician / neonatologist.|Reviewer comment: Abnormal/Normal Flag:	
Intervention	Smoking cessation advice	
Diagnosis	Advice about weight	
Diagnosis	Health ed. - diet	
Intervention	Pt gi writ adv benef phy activ	
Intervention	Physic activit opp signposted	
Symptom	Diet poor	
Symptom	GPPAQ physical act ind: active	

Examination	Chlamydia trachomatis polymerase chain reaction Specimen Id: 170321277Specimen Type: High Vaginal Swab;Number of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Neisseria gonorrhoeae polymerase chain reaction SPECIMEN ID: 170321277SPECIMEN TYPE: High Vaginal Swab;Negative	
Examination	Chlamydia trachomatis polymerase chain reaction SPECIMEN ID: 170321277SPECIMEN TYPE: High Vaginal Swab;Negative	
Examination	General well - being schedule 4 , Measure: 4	
Examination	General anxie dis 2 scale 2 , Measure: 2	
Examination	Microbiology test SPECIMEN ID: 170352360SPECIMEN TYPE: High Vaginal Swab;	
Examination	Sample culture SPECIMEN ID: 170352360SPECIMEN TYPE: High Vaginal Swab;	
Examination	Gram stain microscopy SPECIMEN ID: 170352360SPECIMEN TYPE:	0
Examination	Gram stain microscopy SPECIMEN ID: 170352360SPECIMEN TYPE:	0
Administration (P3)	SMS text message sent to patient 07904213975: An appointment has been booked for you:On: 12/06/2017 14:15With: ***** BoudTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.	
Symptom (P3)	MRC Breathless Scale: grade 1	
Administration (P3)	Chron dis mngt ***** rev compltd	
Diagnosis (P3)	COPD annual review	
Administration (P3)	Healthy lifestyle program stat	
Diagnosis (P3)	Goal identification	
Diagnosis (P3)	Numb COPD exacer in past year 0	
Examination (P3)	BMI 22.8 kg/m2 , Measure: 22.8, Measure Units: kg/m2	
Diagnosis (P3)	Depression screen using quest 2 , Measure: 2	
Administration (P3)	Alcohol screen - FAST completd 0	
Examination	Cerv.smear: mild dyskaryosis 6 months -	
Diagnosis	Cervical Cytology Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: 6 months - Reviewer comment: Abnormal/Normal Flag:	
Diagnosis	(Non Coded Event - Gram stain microscopy) Specimen Id: 170352360Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Diagnosis	(Non Coded Event - Gram stain microscopy) Specimen Id: 170352360Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Symptom	Current smoker	0 / 0 / 0 cigarettes / cigars / tobacco
Symptom	Cigarette smoker	0 / / cigarettes / cigars / tobacco
Symptom	Cigarette consumption 10 , Measure: 10	10 / / cigarettes / cigars / tobacco
Symptom	Alcohol intake within rec limt	units per week
Symptom	Alcohol units per week 2 , Measure: 2	2 units per week
Examination	Weight 54 Kg , Measure: 54, Measure Units: Kg	54 Kg
Examination	Body Mass Index , Measure: 54, Measure Units: Kg	22.8
Examination	**High vaginal swab taken**Specimen Id: 170352360Specimen Type: High Vaginal Swab;Number of Test(s): 2Lab comment: Group B streptococcus is part of the normal faecal ***** but is| implicated in urinary tract and neonatal infections. It is NOT| associated with vaginal discharge.| If patient currently pregnant or within 48 Hrs of delivery please| notify relevant obstetrician / neonatologist.|Reviewer comment: Abnormal/Normal Flag::	
	High vaginal swab taken Specimen Id: 170352360Specimen Type: High Vaginal Swab;Number of Test(s): 2Lab comment: Group B streptococcus is part of the normal faecal ***** but is| implicated in urinary tract and neonatal infections. It is NOT| associated with vaginal discharge.| If patient currently pregnant or within 48 Hrs of delivery please| notify relevant obstetrician / neonatologist.|Reviewer comment: Abnormal/Normal Flag:	(No range available)
Examination	**Chlamydia trachomatis polymerase chain reaction**Specimen Id: 170321277Specimen Type: High Vaginal Swab;Number of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag::	
	Chlamydia trachomatis polymerase chain reaction Specimen Id: 170321277Specimen Type: High Vaginal Swab;Number of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Examination	**Neisseria gonorrhoeae polymerase chain reaction**SPECIMEN ID: 170321277SPECIMEN TYPE: High Vaginal Swab;Negative:	
	Neisseria gonorrhoeae polymerase chain reaction SPECIMEN ID: 170321277SPECIMEN TYPE: High Vaginal Swab;Negative	(No range available)

Examination	**Chlamydia trachomatis polymerase chain reaction**SPECIMEN ID: 170321277SPECIMEN TYPE: High Vaginal Swab;Negative:	
	Chlamydia trachomatis polymerase chain reaction SPECIMEN ID: 170321277SPECIMEN TYPE: High Vaginal Swab;Negative	(No range available)
Examination	**Microbiology test**SPECIMEN ID: 170352360SPECIMEN TYPE: High Vaginal Swab;:	
	Microbiology test SPECIMEN ID: 170352360SPECIMEN TYPE: High Vaginal Swab;	(No range available)
Examination	**Sample culture**SPECIMEN ID: 170352360SPECIMEN TYPE: High Vaginal Swab;:	
	Sample culture SPECIMEN ID: 170352360SPECIMEN TYPE: High Vaginal Swab;	(No range available)
Examination	**Gram stain microscopy**SPECIMEN ID: 170352360SPECIMEN TYPE::	
	Gram stain microscopy SPECIMEN ID: 0 170352360SPECIMEN TYPE:	(No range available)
Examination	**Gram stain microscopy**SPECIMEN ID: 170352360SPECIMEN TYPE::	
	Gram stain microscopy SPECIMEN ID: 0 170352360SPECIMEN TYPE:	(No range available)
Diagnosis	**(Non Coded Event - Gram stain microscopy)**Specimen Id: 170352360Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::	
	(Non Coded Event - Gram stain microscopy) Specimen Id: 170352360Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - Gram stain microscopy)**Specimen Id: 170352360Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::	
	(Non Coded Event - Gram stain microscopy) Specimen Id: 170352360Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)

19-May-2017 Admin Admin Other

Administration (P3)	SMS text message sent to patient 07904213975: Overtoun Medical Practice will be closed on Monday 29th May for Public Holiday & will re-open on Tuesday 30th at 8am. If you require medication for 29th, please ensure request is with us by Wednesday 24th May.Out of Hours Service will not be affected by this Holiday.

02-May-2017 Admin Admin Other

Administration (P3)	SMS text message sent to patient 07904213975: Dear Patient - Our records show that you are due your Annual Health Review with the Nurse at Overtoun Medical Practice. Please telephone 0141 531 6010 to make an appointment, thank you.

27-Apr-2017 Admin Admin Other

Administration (P3)	SMS text message sent to patient 07904213975: Dear patient - Please note that Overtoun Medical Practice will be closed on Monday 1st May for Public Holiday. The Practice will re-open on Tuesday 2nd May at 8am. NHS24 and Emergency Services will remain open.

20-Apr-2017 Dr J Lynch Administration

Free Text	*Location Type: Telephone*
Administration	eMED3 (2010) new statement issued, may be fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 20-Apr-2017 - 20-Apr-2017)

18-Apr-2017 Dr J Lynch Other

13-Apr-2017 Dr L Henderson Administration

Free Text	*Location Type: Telephone*
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 13-Apr-2017 - 13-Apr-2017)

06-Apr-2017 Admin Admin Other

Administration (P3)	SMS text message sent to patient 07904213975: Please note that Overtoun Medical Practice will be closed on Friday 14th and Monday 17th April, re-opening on Tuesday 18th April. Any prescriptions left with the Practice after Wednesday 12th will not be ready for collection unil Tuesday 18th. Thank you

21-Mar-2017 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	was doing better ... 2 bereavements in last 2 weeks . Shattered. cant switch off at night . insomnias . agree to short course of night sedation and extend line
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 21-Mar-2017 - 21-Mar-2017)

10-Mar-2017 Admin Admin Other

Administration (P3) SMS text message sent to patient 07904213975: Overtoun Medical Practice are having essential IT upgrade on 16th & 17th March. We will have limited emergency GP appointments only. Patient Access will also be down & prescription collection will resume on Tuesday 21st March. Nurse appointments will run as normal.Thank you

16-Feb-2017 Ms Linda Hardie Other

Administration (P3) Cervical smear defaulter Exclusion From SCCRS Until 16/05/2019. Reason: Defaulter

15-Feb-2017 Admin Admin Other

Administration (P3) SMS text message sent to patient 07904213975: Dear Patient, our brand new website is now live! Please visit www.overtounmedicalpractice.co.uk to have a look at the exciting new features which you may find useful!

14-Feb-2017 Admin Admin Other

Administration (P3) SMS text message sent to patient 07904213975: Overtoun Medical Practice are pleased to announce that our new website is now live which offers some exciting new features. Please visit www.overtounmedicalpractice.co.uk to find out more!

10-Feb-2017 Dr L Henderson Other

08-Feb-2017 Dr J Lynch Administration

Free Text *Location Type: Telephone*
Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 08-Feb-2017 - 08-Feb-2017)
Administration eMED3 (2010) duplicate issued, not fit for work Fit Note (Diagnosis: FitNote_2ac30f12-a253-4f37-9df0-2e92d31022c6.pdf; Duration 08-Feb-2017 - 08-Feb-2017)

11-Jan-2017 E Boud Administration

Free Text *Location Type: Telephone*
Diagnosis (P3) +ve for chlamidia rx issued advised re contact

05-Jan-2017 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Examination	Chlamydia trachomatis polymerase chain reaction Specimen Id: 170311185Specimen Type: Urine;Number of Test(s): 2Lab comment: ***** notification forms an essential component of management of Chlamydia| infection (SIGN guidleine 42). Advice available for health professionals| and/or patients from Health Advisers, Department of Genitourinary Medicine| on 0300 3030251. Standard therapy is Azythromycin 1gm stat.|Reviewer comment: Abnormal/Normal Flag:
Examination	Neisseria gonorrhoeae polymerase chain reaction SPECIMEN ID: 170311185SPECIMEN TYPE: Urine;Negative
Examination	Chlamydia trachomatis polymerase chain reaction SPECIMEN ID: 170311185SPECIMEN TYPE: Urine;POSITIVE
Diagnosis (P3)	had UPSI 3 weeks ago .. concerned re STI so check urine PCR. Post menopausal
Diagnosis (P3)	mood better on sertraline but still no t ready to work
Diagnosis (P3)	COPD good . hasn't had need for inhalers .. cough settled and breathing good. remove spiriva from repeat . leave n the other 2
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 05-Jan-2017 - 05-Jan-2017)
Examination	**Chlamydia trachomatis polymerase chain reaction**Specimen Id: 170311185Specimen Type: Urine;Number of Test(s): 2Lab comment: ***** notification forms an essential component of management of Chlamydia| infection (SIGN guidleine 42). Advice available for health professionals| and/or patients from Health Advisers, Department of Genitourinary Medicine| on 0300 3030251. Standard therapy is Azythromycin 1gm stat.|Reviewer comment: Abnormal/Normal Flag:: Chlamydia trachomatis polymerase chain reaction (No range available) Specimen Id: 170311185Specimen Type: Urine;Number of Test(s): 2Lab comment: ***** notification forms an essential component of management of Chlamydia| infection (SIGN guidleine 42). Advice available for health professionals| and/or patients from Health Advisers, Department of Genitourinary Medicine| on 0300 3030251. Standard therapy is Azythromycin 1gm stat.|Reviewer comment: Abnormal/Normal Flag:
Examination	**Neisseria gonorrhoeae polymerase chain reaction**SPECIMEN ID: 170311185SPECIMEN TYPE: Urine;Negative: Neisseria gonorrhoeae polymerase chain reaction (No range available) SPECIMEN ID: 170311185SPECIMEN TYPE: Urine;Negative
Examination	**Chlamydia trachomatis polymerase chain reaction**SPECIMEN ID: 170311185SPECIMEN TYPE: Urine;POSITIVE: Chlamydia trachomatis polymerase chain reaction (No range available) SPECIMEN ID: 170311185SPECIMEN TYPE: Urine;POSITIVE

22-Dec-2016 Admin Admin Other

Administration (P3)	SMS text message sent to patient 07729137354: Overtoun Medical Practice would like to wish all of our patients and their loved ones a very Merry Christmas and a Happy and Healthy New Year. From all of the staff at Overtoun.

19-Dec-2016 Admin Admin Other

Administration (P3)	SMS text message sent to patient 07729137354: A reminder that Overtoun Medical Practice will be closed 26th and 27th December then 2nd & 3rd January. Please ensure you have ordered your medication in of plenty time and that you have ordered enough to last over the festive period. Thank you

15-Dec-2016 Admin Admin Other

Administration (P3)	SMS text message sent to patient 07729137354: Dear Patient, We are keen for you to attend your annual health review with the Practice Nurse at Overtoun Medical Practice. Please can you call 0141 531 6025 to make your appointment. Thank you
Administration (P3)	SMS text message sent to patient 07729137354: A reminder that Overtoun Medical Practice will be closed 26th and 27th December then 2nd & 3rd January. Please ensure you have ordered your medication in of plenty time and that you have ordered enough to last over the festive period. Thank you

02-Dec-2016 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 02-Dec-2016 - 02-Dec-2016)

01-Dec-2016 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	stopped medication as was feeling better and mads ran out . agai flare of anxiety asnd low mood . Left job . in new falt but no furniture. more down. discussed and restart treatment and line for benefits initially
Diagnosis (P3)	COPD. 1 week cough with green sputum . T37 chest clear . treat as early exacerbation prevention
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 01-Dec-2016 - 01-Dec-2016)
Administration	eMED3 (2010) duplicate issued, not fit for work Fit Note (Diagnosis: FitNote_3a1a0457-2fe4-4226-b538-c297bba194a2.pdf; Duration 01-Dec-2016 - 01-Dec-2016)

30-Nov-2016 Admin Admin Other

Administration (P3)	SMS text message sent to patient 07729137354: An appointment has been booked for you:On: 07/12/2016 10:40With: Dr LynchTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

29-Nov-2016 Admin Admin Other

Administration (P3)	SMS text message sent to patient 07729137354: PUBLIC HOLIDAYS 2016 - Overtoun Medical Practice will be closed Monday 26th and Tuesday 27th December and will re-open on Wednesday 28th December. Appointments will be mainly on the day emergencies. Please ensure your repeat prescriptions are handed in on time. Thankyou.

17-Nov-2016 E Boud Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration (P3)	Flu vaccination administration
Intervention	Seasonal influenza vaccination *Seqirus 164001A exp 04/17*

16-Nov-2016 Admin Admin Other

Administration (P3)	SMS text message sent to patient 07729137354: Please remember to attend your appointment:On: 17/11/2016 09:50With: ***** BoudTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

14-Nov-2016 Admin Admin Other

Administration (P3)	SMS text message sent to patient 07729137354: An appointment has been booked for you:On: 17/11/2016 09:50With: ***** BoudTo cancel, please reply with CANCEL as the FIRST word in the text to 07860035293.

05-Oct-2016 Admin Admin Other

Administration (P3)	SMS text message sent to patient 07729137354: Flu Vaccination clinics have been arranged at Overtoun Medical Practice on 13th, 14th, 25th and 26th October. If you have not already booked in and you meet the criteria, please telephone 01415316010 to make an appointment for your flu vaccine. Thank you.

13-Sept-2016 Ms Patricia Meikle Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	2nd DNA Letter sent for Dr *****. *****

30-Aug-2016 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration (P3)	SMS text message sent to patient 07729137354: Flu Vaccination clinics have been arranged at Overtoun Medical Practice on 13th, 14th, 25th and 26th October. Please telephone 01415316025 to make an appointment for your flu vaccine. Thank you.
Diagnosis (P3)	no side effects or good effects yet . remains distressed at situation and ***** staying with ***** and ***** with whom her relationship isnt great . Blew up at work and walked out ... now needing to sign on .. cant cope with that at the moment
Diagnosis (P3)	issue line . inc sertraline to 100mg . weight down to 52 kg ... still in healthy BMI range but appetite gone and eating little . adv re small and often . see again 2 weeks
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 30-Aug-2016 - 30-Aug-2016)

21-July-2016 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Anxiety with depression
Diagnosis (P3)	not coping well .still no house. mood plummeted . tearful . feeling 'whats the point' thoughts but no active suicidal planning. no pleasure in life but helping going to work as acts a s a distraction .
Diagnosis (P3)	discussed and will start SSRI . refer self to gateway and review 4 weeks

08-Jun-2016 Other

Examination	Serum albumin SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	45 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	55 U/L
Examination	serum alanine aminotransferase level SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	11 U/L
Examination	Serum bilirubin level SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	5 umol/L
Examination	Serum chloride SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	102 mmol/L
Examination	Serum creatinine SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	70 umol/L
Examination	Eosinophil count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	0.1
Examination	Serum gamma-glutamyl transferase level Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Serum gamma-glutamyl transferase level SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	15 U/L
Examination	Haemoglobin estimation SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	12.6 g/dL
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	**34.8 pg**
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	34.5 g/dL
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	**100.8 fL**
Examination	Monocyte count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	0.3
Examination	Neutrophil count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	2.3
Examination	Platelet count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	207
Examination	Serum potassium SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	4.1 mmol/L
Examination	Nucleated red blood cell count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	0.01
Examination	Red blood cell (RBC) count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	**3.62**
Examination	Serum sodium SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	140 mmol/L
Examination	Serum TSH level SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	1.7 mU/L
Examination	Serum urea level SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	4.2 mmol/L
Examination	Total white blood count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	4.5
Examination	Lymphocyte count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	1.8
Examination	Plasma glucose level SPECIMEN ID: 163576970SPECIMEN TYPE: Plasma;	4.5 mmol/L

Examination	Full blood count - FBC Specimen Id: 163576970Specimen Type: Whole blood;Number of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		
Examination	Liver function test Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Thyroid hormone tests Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Urea and electrolytes Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 7Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Plasma fasting glucose level Specimen Id: 163576970Specimen Type: Plasma;Number of Test(s): 2Lab comment: Reference Range quoted for Glucose is based on a non-fasting sample.|Reviewer comment: Abnormal/Normal Flag:		
Examination	Plasma C reactive protein Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Plasma C reactive protein SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;<6		
Examination	Haematocrit SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	**0.365 L/L**	
Examination	Basophil count, 0 SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	0	
Examination	Red blood cell distribution width SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	13.1 %	
Examination	Serum bicarbonate SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	23 mmol/L	
Examination	Free T4 level SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	14.9 pmol/L	
Examination	Fasting blood test due SPECIMEN ID: 163576970SPECIMEN TYPE: Plasma;No		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;>59		
Examination	**Serum albumin**SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;: Serum albumin SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	45 g/L	(Range: 35 - 50)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;: Serum alkaline phosphatase SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	55 U/L	(Range: 30 - 130)
Examination	**serum alanine aminotransferase level**SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;: serum alanine aminotransferase level SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	11 U/L	(Range: 5 - 55)
Examination	**Serum bilirubin level**SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;: Serum bilirubin level SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	5 umol/L	(No range available)
Examination	**Serum chloride**SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;: Serum chloride SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	102 mmol/L	(Range: 95 - 108)
Examination	**Serum creatinine**SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;: Serum creatinine SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	70 umol/L	(Range: 60 - 100)
Examination	**Eosinophil count**SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;: Eosinophil count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	0.1	(No range available)
Examination	**Serum gamma-glutamyl transferase level**Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Serum gamma-glutamyl transferase level Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Serum gamma-glutamyl transferase level**SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;: Serum gamma-glutamyl transferase level SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	15 U/L	(No range available)
Examination	**Haemoglobin estimation**SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;: Haemoglobin estimation SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	12.6 g/dL	(Range: 11.5 - 16.5)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;: **Abnormal** Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	**34.8 pg**	**(Range: 27 - 32)**
Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;: Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	34.5 g/dL	(Range: 32 - 36)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;: **Abnormal** Mean corpuscular volume (MCV) SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	**100.8 fL**	**(Range: 80 - 100)**
Examination	**Monocyte count**SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;: Monocyte count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	0.3	(Range: 0.2 - 0.8)

Examination	**Neutrophil count**SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;: Neutrophil count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	2.3	(Range: 2 - 7.5)
Examination	**Platelet count**SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;: Platelet count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	207	(Range: 140 - 450)
Examination	**Serum potassium**SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;: Serum potassium SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	4.1 mmol/L	(Range: 3.5 - 5.3)
Examination	**Nucleated red blood cell count**SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;: Nucleated red blood cell count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	0.01	(No range available)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;: **Abnormal** Red blood cell (RBC) count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	**3.62**	**(Range: 3.9 - 5.6)**
Examination	**Serum sodium**SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;: Serum sodium SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	140 mmol/L	(Range: 133 - 146)
Examination	**Serum TSH level**SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;: Serum TSH level SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	1.7 mU/L	(Range: 0.2 - 5)
Examination	**Serum urea level**SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;: Serum urea level SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	4.2 mmol/L	(Range: 2.5 - 7.8)
Examination	**Total white blood count**SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;: Total white blood count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	4.5	(Range: 4 - 11)
Examination	**Lymphocyte count**SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;: Lymphocyte count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	1.8	(Range: 1 - 4)
Examination	**Plasma glucose level**SPECIMEN ID: 163576970SPECIMEN TYPE: Plasma;: Plasma glucose level SPECIMEN ID: 163576970SPECIMEN TYPE: Plasma;	4.5 mmol/L	(Range: 3 - 8)
Examination	**Full blood count - FBC**Specimen Id: 163576970Specimen Type: Whole blood;Number of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal** Full blood count - FBC Specimen Id: 163576970Specimen Type: Whole blood;Number of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Examination	**Liver function test**Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:: Liver function test Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Thyroid hormone tests**Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:: Thyroid hormone tests Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Urea and electrolytes**Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 7Lab comment: Reviewer comment: Abnormal/Normal Flag:: Urea and electrolytes Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 7Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Plasma fasting glucose level**Specimen Id: 163576970Specimen Type: Plasma;Number of Test(s): 2Lab comment: Reference Range quoted for Glucose is based on a non-fasting sample.|Reviewer comment: Abnormal/Normal Flag:: Plasma fasting glucose level Specimen Id: 163576970Specimen Type: Plasma;Number of Test(s): 2Lab comment: Reference Range quoted for Glucose is based on a non-fasting sample.|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Plasma C reactive protein**Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Plasma C reactive protein Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Plasma C reactive protein**SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;<6: Plasma C reactive protein SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;<6		(No range available)
Examination	**Haematocrit**SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;: **Abnormal** Haematocrit SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	**0.365 L/L**	**(Range: 0.37 - 0.47)**
Examination	**Basophil count, 0**SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;: Basophil count, 0 SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	0	(No range available)
Examination	**Red blood cell distribution width**SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;: Red blood cell distribution width SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	13.1 %	(Range: 11 - 16)
Examination	**Serum bicarbonate**SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;: Serum bicarbonate SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	23 mmol/L	(Range: 22 - 29)
Examination	**Free T4 level**SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;: Free T4 level SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	14.9 pmol/L	(Range: 9 - 21)

Examination	**Fasting blood test due** SPECIMEN ID: 163576970 SPECIMEN TYPE: Plasma;No: Fasting blood test due SPECIMEN ID: 163576970 SPECIMEN TYPE: Plasma;No	(No range available)
Examination	**GFR calculated abbreviated MDRD** SPECIMEN ID: 163576970 SPECIMEN TYPE: Serum;>59: GFR calculated abbreviated MDRD SPECIMEN ID: 163576970 SPECIMEN TYPE: Serum;>59	(No range available)

07-Jun-2016 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Examination	O/E - weight 55 Kg . feels has continued to lose weight in clothes size but scales down 1 kg/ personal stress... separated from ***** of 17 yrs.. *****... cant sleep intermittent anxiety . All GI sx had previously have settle d. appetite good and eating well . check general screening bloods and try short course of night sedation, Measure: 55, Measure Units: Kg 55 Kg
Examination	Body Mass Index . feels has continued to lose weight in clothes size but scales down 1 kg/ personal stress... separated from ***** of 17 yrs.. *****... cant sleep intermittent anxiety . All GI sx had previously have settle d. appetite good and eating well . check general screening bloods and try short course of night sedation, Measure: 55, Measure Units: Kg

27-May-2016 E Boud Administration

Free Text	*Location Type: Telephone*
Diagnosis (P3)	urinary frequency dysuria rx issued

21-Mar-2016 Dr J Lynch Administration

Free Text	*Location Type: Telephone*
Diagnosis (P3)	HP pos

17-Mar-2016 E Boud Surgery consultation

Free Text	*Location Type: Main Surgery*	
Examination	Serum albumin SPECIMEN ID: 163338538 SPECIMEN TYPE: Serum;	46 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: 163338538 SPECIMEN TYPE: Serum;	64 U/L
Examination	serum alanine aminotransferase level SPECIMEN ID: 163338538 SPECIMEN TYPE: Serum;	8 U/L
Examination	Serum bilirubin level SPECIMEN ID: 163338538 SPECIMEN TYPE: Serum;	3 umol/L
Examination	Eosinophil count SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;	0.1
Examination	Serum gamma-glutamyl transferase level Specimen Id: 163338538 Specimen Type: Serum;Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Serum gamma-glutamyl transferase level SPECIMEN ID: 163338538 SPECIMEN TYPE: Serum;	14 U/L
Examination	Haemoglobin estimation SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;	13.1 g/dL
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;	**34.1 pg**
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;	33.4 g/dL
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;	**102.1 fL**
Examination	Monocyte count SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;	0.6
Examination	Neutrophil count SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;	5.7
Examination	Platelet count SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;	246
Examination	Red blood cell (RBC) count SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;	**3.84**
Examination	Total white blood count SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;	9
Examination	Lymphocyte count SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;	2.6
Examination	Full blood count - FBC Specimen Id: 163338538 Specimen Type: Whole blood;Number of Test(s): 14 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	
Examination	Liver function test Specimen Id: 163338538 Specimen Type: Serum;Number of Test(s): 4 Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Plasma C reactive protein Specimen Id: 163338538 Specimen Type: Serum;Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:	

Examination	Plasma C reactive protein SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;	6 mg/L	
Examination	Rheumatoid factor Specimen Id: 163338538Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Rheumatoid factor SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;<10.0		
Examination	Haematocrit SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;	0.392 L/L	
Examination	Basophil count, 0 SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;	0	
Examination	Red blood cell distribution width SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;	13.2 %	
Diagnosis (P3)	bloods to lab		
Examination	**Serum albumin**SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;:		
	Serum albumin SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;	46 g/L	(Range: 35 - 50)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;:		
	Serum alkaline phosphatase SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;	64 U/L	(Range: 30 - 130)
Examination	**serum alanine aminotransferase level**SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;:		
	serum alanine aminotransferase level SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;	8 U/L	(Range: 5 - 55)
Examination	**Serum bilirubin level**SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;:		
	Serum bilirubin level SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;	3 umol/L	(No range available)
Examination	**Eosinophil count**SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;:		
	Eosinophil count SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;	0.1	(No range available)
Examination	**Serum gamma-glutamyl transferase level**Specimen Id: 163338538Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Serum gamma-glutamyl transferase level Specimen Id: 163338538Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Serum gamma-glutamyl transferase level**SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;:		
	Serum gamma-glutamyl transferase level SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;	14 U/L	(No range available)
Examination	**Haemoglobin estimation**SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;:		
	Haemoglobin estimation SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;	13.1 g/dL	(Range: 11.5 - 16.5)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;: **Abnormal**		
	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;	**34.1 pg**	**(Range: 27 - 32)**
Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;:		
	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;	33.4 g/dL	(Range: 32 - 36)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;: **Abnormal**		
	Mean corpuscular volume (MCV) SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;	**102.1 fL**	**(Range: 80 - 100)**
Examination	**Monocyte count**SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;:		
	Monocyte count SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;	0.6	(Range: 0.2 - 0.8)
Examination	**Neutrophil count**SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;:		
	Neutrophil count SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;	5.7	(Range: 2 - 7.5)
Examination	**Platelet count**SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;:		
	Platelet count SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;	246	(Range: 140 - 450)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;: **Abnormal**		
	Red blood cell (RBC) count SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;	**3.84**	**(Range: 3.9 - 5.6)**
Examination	**Total white blood count**SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;:		
	Total white blood count SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;	9	(Range: 4 - 11)
Examination	**Lymphocyte count**SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;:		
	Lymphocyte count SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;	2.6	(Range: 1 - 4)
Examination	**Full blood count - FBC**Specimen Id: 163338538Specimen Type: Whole blood;Number of Test(s): 14Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**		
	Full blood count - FBC Specimen Id: 163338538Specimen Type: Whole blood;Number of Test(s): 14Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Examination	**Liver function test**Specimen Id: 163338538Specimen Type: Serum;Number of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Liver function test Specimen Id: 163338538Specimen Type: Serum;Number of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

Examination	**Plasma C reactive protein**Specimen Id: 163338538Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Plasma C reactive protein Specimen Id: 163338538Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Plasma C reactive protein**SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;:		
	Plasma C reactive protein SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;	6 mg/L	(No range available)
Examination	**Rheumatoid factor**Specimen Id: 163338538Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Rheumatoid factor Specimen Id: 163338538Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Rheumatoid factor**SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;<10.0:		
	Rheumatoid factor SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;<10.0		(No range available)
Examination	**Haematocrit**SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;:		
	Haematocrit SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;	0.392 L/L	(Range: 0.37 - 0.47)
Examination	**Basophil count, 0**SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;:		
	Basophil count, 0 SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;	0	(No range available)
Examination	**Red blood cell distribution width**SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;:		
	Red blood cell distribution width SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;	13.2 %	(Range: 11 - 16)

15-Mar-2016 Other

Examination	Helicobacter pylori antigen test Specimen Id: 160093994Specimen Type: Faeces;Number of Test(s): 1Lab comment: Result indicates current active Helicobacter pylori infection.|Reviewer comment: Abnormal/Normal Flag:		
Examination	Helicobacter pylori antigen test SPECIMEN ID: 160093994SPECIMEN TYPE: Faeces;POSITIVE		
Examination	**Helicobacter pylori antigen test**Specimen Id: 160093994Specimen Type: Faeces;Number of Test(s): 1Lab comment: Result indicates current active Helicobacter pylori infection.|Reviewer comment: Abnormal/Normal Flag::		
	Helicobacter pylori antigen test Specimen Id: 160093994Specimen Type: Faeces;Number of Test(s): 1Lab comment: Result indicates current active Helicobacter pylori infection.|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Helicobacter pylori antigen test**SPECIMEN ID: 160093994SPECIMEN TYPE: Faeces;POSITIVE:		
	Helicobacter pylori antigen test SPECIMEN ID: 160093994SPECIMEN TYPE: Faeces;POSITIVE		(No range available)

14-Mar-2016 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	5/12 niggling epigastric pain . coming and going but 2 weeks constant and disturbing sleep . temporarily eases with food. Nausea sometimes. appetite fair. ? lost weight . Bowels fine . feels tight around lower ribs	
Diagnosis (P3)	? PU . check bloods and HP stool . start PPI and review . 2) also joints knees L elbow more pauinful and has attended Rheum in the past	
Examination	O/E - weight 56 Kg abdomen tender epigastrium . no pallor, Measure: 56, Measure Units: Kg	56 Kg
Examination	Body Mass Index abdomen tender epigastrium . no pallor, Measure: 56, Measure Units: Kg	

11-Mar-2016 Ms Patricia Meikle Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	1st DNA letter sent for Dr *****. *****

13-Nov-2015 Ms Michelle Connelly Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis	Consent given for seasonal influenza vaccination (GMS), Measure: 0	
Examination	O/E - blood pressure reading	122 / 76 mm Hg
Symptom	Current smoker	0 / 0 / 0 cigarettes / cigars / tobacco
Intervention	Seasonal influenza vaccination *Agrippal Batch: 151902 Expires: 04/16 (GMS)*	

12-Jun-2015 Ms Denise Philbin Other

22-May-2015 Dr L Henderson Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	chest infection since benedorm and diarhoea.diarhoea settled, now residual cramps. and nausea.	
Diagnosis (P3)	chest clear, abdo - epigastric tenderness, nil acute- ? gastritis	
Diagnosis (P3)	rv if not settling	

11-Feb-2015 E Boud Surgery consultation

Free Text	*Location Type: Main Surgery*	
Examination (P3)	BMI 24.2 kg/m2 , Measure: 24.2, Measure Units: kg/m2	
Examination	Weight 57.5 kg , Measure: 57.5, Measure Units: kg	57.5 Kg
Examination	Body Mass Index , Measure: 57.5, Measure Units: kg	24.2

09-Feb-2015 E Boud Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	copd review not using inhalers a lot	
Diagnosis (P3)	c/o cracks and white discharge side of mouth worse in am rx issued	

09-Feb-2015 E Boud Surgery consultation

Free Text	*Location Type: Main Surgery*	
Intervention	Smoking cessation advice	
Intervention	Smoking cessation advice	
Symptom	Diet poor	
Symptom	GPPAQ physical act ind: active	
Diagnosis	Inhaler technique - good	
Intervention	Referl to stop-smoking clinic *. Sender: E Boud; Reason: Referl to stop-smoking clinic*	
Examination	General well - being schedule 4 , Measure: 4	
Examination	General anxie dis 2 scale 2 , Measure: 2	
Symptom (P3)	MRC Breathless Scale: grade 2	
Administration (P3)	Chron dis mngt ***** rev compltd	
Diagnosis (P3)	COPD annual review	
Symptom (P3)	In paid employment	
Administration (P3)	Healthy lifestyle program stat	
Diagnosis (P3)	Goal identification	
Diagnosis (P3)	Numb COPD exacer in past year 1 , Measure: 1	
Diagnosis (P3)	Depression screen using quest 2 , Measure: 2	
Administration (P3)	Alcohol screen - FAST completd 0	
Symptom (P3)	Thinking about stop smoking 2 , Measure: 2	
Symptom	Current smoker	0 / 0 / 0 cigarettes / cigars / tobacco
Symptom	Cigarette smoker	0 / / cigarettes / cigars / tobacco
Symptom	Cigarette consumption 20 , Measure: 20	20 / / cigarettes / cigars / tobacco
Symptom	Alcohol intake within rec limt	units per week
Symptom	Alcohol units per week 1 , Measure: 1	1 units per week

08-Jan-2015 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	1 week epigastric pain spreading round both sides to back.constant ache and flares and settles with differing severity. Appetite reduced and eats small amt and feels full . no reflux. Bowels and urine fine . has lost 1/2 stone in a week . Split with ppartner and ***** friend - diet hasn't been good . No xs alcohol	
Diagnosis (P3)	Check FBC CRP LFT amylase. start high dose PPI and review	
Examination	O/E - weight 57.5 Kg abdo tender epigastrium / no liver palp . no renal angle tenderness. chest clear, Measure: 57.5, Measure Units: Kg	57.5 Kg
Examination	Body Mass Index abdo tender epigastrium / no liver palp . no renal angle tenderness. chest clear, Measure: 57.5, Measure Units: Kg	

29-Dec-2014 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	2 weeks recurrence of r lat and medial epicondylitis. no trigger. injection at Rheum was effective march 14. try NSAID and tubigrip 2) sx of UTI 4 days . no complications .	

18-Dec-2014 Dr L Henderson Other

10-Dec-2014 Ms Patricia Meikle Other

Administration (P3)	Third patient "recall"	

02-Dec-2014 Ms Patricia Meikle Other

07-Nov-2014 Ms Patricia Meikle Other

Administration (P3)	Second patient "recall"	

16-Oct-2014 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis	Consent given for seasonal influenza vaccination (GMS), Measure: 0	
Examination	O/E - blood pressure reading	145 / 89 mm Hg
Examination (P3)	O/E - BP reading little change on new HRT but will persist.	
Intervention	Seasonal influenza vaccination *Split Virion - Batch: L8207-1 Expires: 05-2015 (GMS)*	

08-Oct-2014 Ms Patricia Meikle Other

Administration (P3)	Initial patient "recall"	

28-Aug-2014 Dr J Lynch Other

11-Aug-2014 Dr J Lynch Other

Intervention	8H...: Referral for further care (SCI Gateway Referral) *Out Patient. Sender: Dr J *****; Reason: 8H...: Referral for further care (SCI Gateway Referral)*	

05-Aug-2014 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*	
Examination	O/E - blood pressure reading	118 / 78 mm Hg
Examination (P3)	O/E - BP reading for renewal of HRT.low libido . too young for livial . try alternative progestogen - cyclo progynova	
Diagnosis (P3)	rerefer derm as needs new wig. alopecia	

08-May-2014 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	RTI . chest clear but sputum thick and sticky. . treat ") has diagnosed sjogrens synd by rheumatology . dry mouth xs++ .try artificial saliva	

23-Apr-2014 E Boud Surgery consultation

Free Text	*Location Type: Main Surgery*	
Examination	O/E - blood pressure reading	100 / 70 mm Hg
Examination (P3)	O/E - BP reading	

23-Mar-2014 Ms Linda Hardie Other

Diagnosis (P1)	Sjogren - Larsson syndrome	

13-Feb-2014 E Boud Surgery consultation

Free Text	*Location Type: Main Surgery*	
Examination	O/E - blood pressure reading	100 / 80 mm Hg
Examination (P3)	O/E - BP reading	

30-Dec-2013 Dr J Lynch Administration

Free Text	*Location Type: Telephone*
Intervention	8H...: Referral for further care (SCI Gateway Referral) *Out Patient. Sender: Dr J *****; Reason: 8H...: Referral for further care (SCI Gateway Referral)*
Diagnosis (P3)	sx of LUTI . treat empirically as per protocol

23-Dec-2013 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	positive *****. still very symptomatic. arms worst, elbows specifically. affecting QOL . No rashes/ resp sx - asthma and uses inhalers PRN. Refer GRI rheumatology
Diagnosis (P3)	c/o loss of libido. ? should improve with addition of HRT ? men clinic referrel if not better

16-Dec-2013 Dr L Henderson Other

Intervention	Medication review done

05-Nov-2013 Other

Examination	Rheumatoid factor SPECIMEN ID: 134099244SPECIMEN 11.4 TYPE: Serum;
Examination	Rheumatoid factor SPECIMEN ID: 134099244SPECIMEN 11.4 TYPE: Serum;
Examination	Anti nuclear factor titre SPECIMEN ID: 134099244SPECIMEN TYPE: 1/160 Speckled
Examination	Anti-nuclear antibody level SPECIMEN ID: 134099244SPECIMEN TYPE: Positive
Examination	*****-1 antibody level SPECIMEN ID: 134099244SPECIMEN TYPE: Negative
Examination	Scl 70 antibody level SPECIMEN ID: 134099244SPECIMEN TYPE: Negative
Examination	La antibody level SPECIMEN ID: 134099244SPECIMEN TYPE: Negative
Examination	Ro antibody level SPECIMEN ID: 134099244SPECIMEN TYPE: Positive
Examination	RNP antibody level SPECIMEN ID: 134099244SPECIMEN TYPE: Negative
Examination	Sm antibody level SPECIMEN ID: 134099244SPECIMEN TYPE: Negative
Administration (P3)	***** Conclusion
Examination	ENA antibody screening test SPECIMEN ID: 134099244SPECIMEN TYPE: Positive
Diagnosis	(Non Coded Event - Rheumatoid factor) Specimen Id: 134099244Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:
Diagnosis	(Non Coded Event - Anti-nuclear antibody level) Specimen Id: 134099244Specimen Type: Number of Test(s): 10Lab comment: Reviewer comment: Abnormal/Normal Flag:
Diagnosis	(Non Coded Event - Rheumatoid factor) Specimen Id: 134099244Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:
Examination	**Rheumatoid factor**SPECIMEN ID: 134099244SPECIMEN TYPE: Serum;: Rheumatoid factor SPECIMEN ID: 134099244SPECIMEN 11.4 TYPE: Serum; (No range available)
Examination	**Rheumatoid factor**SPECIMEN ID: 134099244SPECIMEN TYPE: Serum;: Rheumatoid factor SPECIMEN ID: 134099244SPECIMEN 11.4 TYPE: Serum; (No range available)
Examination	**Anti nuclear factor titre**SPECIMEN ID: 134099244SPECIMEN TYPE: 1/160 Speckled: Anti nuclear factor titre SPECIMEN ID: 134099244SPECIMEN TYPE: 1/160 Speckled (No range available)
Examination	**Anti-nuclear antibody level**SPECIMEN ID: 134099244SPECIMEN TYPE: Positive: Anti-nuclear antibody level SPECIMEN ID: 134099244SPECIMEN TYPE: Positive (No range available)
Examination	*****-1 antibody level**SPECIMEN ID: 134099244SPECIMEN TYPE: Negative: *****-1 antibody level SPECIMEN ID: 134099244SPECIMEN TYPE: Negative (No range available)
Examination	**Scl 70 antibody level**SPECIMEN ID: 134099244SPECIMEN TYPE: Negative: Scl 70 antibody level SPECIMEN ID: 134099244SPECIMEN TYPE: Negative (No range available)
Examination	**La antibody level**SPECIMEN ID: 134099244SPECIMEN TYPE: Negative: La antibody level SPECIMEN ID: 134099244SPECIMEN TYPE: Negative (No range available)
Examination	**Ro antibody level**SPECIMEN ID: 134099244SPECIMEN TYPE: Positive: Ro antibody level SPECIMEN ID: 134099244SPECIMEN TYPE: Positive (No range available)
Examination	**RNP antibody level**SPECIMEN ID: 134099244SPECIMEN TYPE: Negative: RNP antibody level SPECIMEN ID: 134099244SPECIMEN TYPE: Negative (No range available)

Examination	**Sm antibody level**SPECIMEN ID: 134099244SPECIMEN TYPE: Negative: Sm antibody level SPECIMEN ID: 134099244SPECIMEN TYPE: Negative	(No range available)
Examination	**ENA antibody screening test**SPECIMEN ID: 134099244SPECIMEN TYPE: Positive: ENA antibody screening test SPECIMEN ID: 134099244SPECIMEN TYPE: Positive	(No range available)
Diagnosis	**(Non Coded Event - Rheumatoid factor)**Specimen Id: 134099244Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Rheumatoid factor) Specimen Id: 134099244Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - Anti-nuclear antibody level)**Specimen Id: 134099244Specimen Type: Number of Test(s): 10Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Anti-nuclear antibody level) Specimen Id: 134099244Specimen Type: Number of Test(s): 10Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - Rheumatoid factor)**Specimen Id: 134099244Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Rheumatoid factor) Specimen Id: 134099244Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)

04-Nov-2013 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Had COPD review and all bloods clear / c/o 2/12- poly arthralgia - fingers wrists elbows shoulders . stiff after sitting and in am for 20mins. Rarm worst . knees and ankles also . Managing ADLs but feels struggle
Diagnosis (P3)	off HRT and sweats and flushes bad. amenorrhoeic since march. no FH of rheumatic conditions
Diagnosis (P3)	Wishes to restart HRT- give stronger. ? joint sx could be related. screen for Rh factors. review Cant tolerate NSAIDS

25-Oct-2013 E Boud Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	copd review flu vaccine left arm c/o all over joint muscle pain and weakness bloods to lab review with gp

25-Oct-2013 E Boud Surgery consultation

Free Text	*Location Type: Main Surgery*	
Examination	Serum albumin SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	45 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	59 U/L
Examination	serum alanine aminotransferase level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	15 U/L
Examination	Serum bilirubin level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	6 umol/L
Examination	Serum chloride SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	103 mmol/L
Examination	Serum cholesterol SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	4.4 mmol/L
Examination	Serum creatinine SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	64 umol/L
Examination	Serum HDL cholesterol level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	**1.9 mmol/L**
Examination	Serum LDL cholesterol level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	2.3 mmol/L
Examination	Serum potassium SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	4 mmol/L
Examination	Serum sodium SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	141 mmol/L
Examination	Serum triglycerides SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	0.49 mmol/L
Examination	Serum TSH level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	1.52 mU/L
Examination	Serum urea level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	4 mmol/L
Examination	Plasma glucose level SPECIMEN ID: 133996270SPECIMEN TYPE: Plasma;	5 mmol/L
Examination	Urea and electrolytes Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 7Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Plasma fasting glucose level Specimen Id: 133996270Specimen Type: Plasma;Number of Test(s): 2Lab comment: Reference Range quoted for Glucose is based on a non-fasting sample.|Reviewer comment: Abnormal/Normal Flag:	
Intervention	Smoking cessation advice	
Intervention	Smoking cessation advice	
Examination	Plasma C reactive protein SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;<6	

Symptom	Healthy diet		
Symptom	GPPAQ physical act ind: active		
Diagnosis	Inhaler technique observed		
Examination	Serum bicarbonate SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	22 mmol/L	
Examination	Total Cholesterol: HDL ratio SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	2.3	
Examination	Free T4 level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	15.2 pmol/L	
Intervention	Referl to stop-smoking clinic *. Sender: E Boud; Reason: Referl to stop-smoking clinic*		
Examination	General well - being schedule 3 , Measure: 3		
Diagnosis (P3)	Numb COPD exacer in past year 0		
Administration (P3)	Alcohol screen - FAST completd 0		
Symptom (P3)	Thinking about stop smoking 1 , Measure: 1		
Diagnosis (P3)	COPD annual review		
Symptom (P3)	MRC Breathless Scale: grade 2		
Diagnosis (P3)	Depression screen using quest		
Symptom (P3)	In paid employment		
Administration (P3)	Healthy lifestyle program stat		
Administration (P3)	Attends stop smoking monitor.		
Diagnosis (P3)	Goal identification		
Diagnosis (P3)	Chronic obstructive pulmonary disease annual review		
Administration (P3)	Patient "recall" admin. NOS		
Diagnosis	(Non Coded Event - Thyroid hormone tests) Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Plasma C reactive protein) Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Liver function test) Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Serum lipids) Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 5Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		
Examination	Fasting blood test due SPECIMEN ID: 133996270SPECIMEN TYPE: Plasma;No		
Symptom	Cigarette smoker 15 , Measure: 15	15 / / cigarettes / cigars / tobacco	
Symptom	Current smoker	0 / 0 / 0 cigarettes / cigars / tobacco	
Symptom	Alcohol units per week 1 , Measure: 1	1 units per week	
Symptom	Alcohol intake within rec limt	units per week	
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;>59		
Intervention	Seasonal influenza vaccination *Batch No AFLUA809AF EXP07/14*		
Examination	**Serum albumin**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;: Serum albumin SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	45 g/L	(Range: 35 - 50)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;: Serum alkaline phosphatase SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	59 U/L	(Range: 30 - 130)
Examination	**serum alanine aminotransferase level**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;: serum alanine aminotransferase level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	15 U/L	(Range: 5 - 55)
Examination	**Serum bilirubin level**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;: Serum bilirubin level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	6 umol/L	(No range available)
Examination	**Serum chloride**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;: Serum chloride SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	103 mmol/L	(Range: 95 - 108)
Examination	**Serum cholesterol**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;: Serum cholesterol SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	4.4 mmol/L	(No range available)
Examination	**Serum creatinine**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;: Serum creatinine SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	64 umol/L	(Range: 60 - 100)
Examination	**Serum HDL cholesterol level**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;: **Abnormal** Serum HDL cholesterol level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	**1.9 mmol/L**	**(Range: 0.9 - 1.8)**

Examination	**Serum LDL cholesterol level**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;: Serum LDL cholesterol level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	2.3 mmol/L	(No range available)
Examination	**Serum potassium**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;: Serum potassium SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	4 mmol/L	(Range: 3.5 - 5.3)
Examination	**Serum sodium**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;: Serum sodium SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	141 mmol/L	(Range: 133 - 146)
Examination	**Serum triglycerides**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;: Serum triglycerides SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	0.49 mmol/L	(No range available)
Examination	**Serum TSH level**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;: Serum TSH level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	1.52 mU/L	(Range: 0.2 - 5)
Examination	**Serum urea level**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;: Serum urea level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	4 mmol/L	(Range: 2.5 - 7.8)
Examination	**Plasma glucose level**SPECIMEN ID: 133996270SPECIMEN TYPE: Plasma;: Plasma glucose level SPECIMEN ID: 133996270SPECIMEN TYPE: Plasma;	5 mmol/L	(Range: 3 - 8)
Examination	**Urea and electrolytes**Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 7Lab comment: Reviewer comment: Abnormal/Normal Flag:: Urea and electrolytes Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 7Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Plasma fasting glucose level**Specimen Id: 133996270Specimen Type: Plasma;Number of Test(s): 2Lab comment: Reference Range quoted for Glucose is based on a non-fasting sample.|Reviewer comment: Abnormal/Normal Flag:: Plasma fasting glucose level Specimen Id: 133996270Specimen Type: Plasma;Number of Test(s): 2Lab comment: Reference Range quoted for Glucose is based on a non-fasting sample.|Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Plasma C reactive protein**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;<6: Plasma C reactive protein SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;<6		(No range available)
Examination	**Serum bicarbonate**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;: Serum bicarbonate SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	22 mmol/L	(Range: 22 - 29)
Examination	**Total Cholesterol: HDL ratio**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;: Total Cholesterol: HDL ratio SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	2.3	(No range available)
Examination	**Free T4 level**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;: Free T4 level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	15.2 pmol/L	(Range: 9 - 21)
Diagnosis	**(Non Coded Event - Thyroid hormone tests)**Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Thyroid hormone tests) Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Plasma C reactive protein)**Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Plasma C reactive protein) Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Liver function test)**Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Liver function test) Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - Serum lipids)**Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 5Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: (Non Coded Event - Serum lipids) Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 5Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Examination	**Fasting blood test due**SPECIMEN ID: 133996270SPECIMEN TYPE: Plasma;No: Fasting blood test due SPECIMEN ID: 133996270SPECIMEN TYPE: Plasma;No		(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;>59: GFR calculated abbreviated MDRD SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;>59		(No range available)

16-Oct-2013 Ms Patricia Meikle Other

Administration Third patient "recall"
(P3)

04-Sept-2013 Ms Patricia Meikle Other

Administration Third patient "recall"
(P3)

11-July-2013 Ms Patricia Meikle Other

Administration (P3)	Second patient "recall"	

10-Jun-2013 Ms Patricia Meikle Other

Administration (P3)	Initial patient "recall"	

08-May-2013 E Boud Surgery consultation

Free Text	*Location Type: Main Surgery*	
Intervention	Smoking cessation advice	
Symptom	Aerobic exercise 1 time/week	
Symptom	FH: Ischaemic heart dis. <60	
Examination	O/E - blood pressure reading	110 / 70 mm Hg
Examination (P3)	Body Mass Index, 22.75 , Measure: 22.75	
Intervention (P3)	Cervical smear taken	
Examination	Cervical smear: negative Routine Recall -	
Diagnosis	Cervical Cytology Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: Routine Recall - Reviewer comment: Abnormal/Normal Flag:	
Symptom	Cigarette smoker, 20 cigarettes/day , Measure: 20, Measure Units: cigarettes/day	20 / / cigarettes / cigars / tobacco
Symptom	Alcohol consumption, 0 units/week , Measure: 0, Measure Units: units/week	0 units per week
Examination	O/E - weight, 53.95 Kg , Measure: 53.95, Measure Units: Kg	53.95 Kg
Examination	Body Mass Index , Measure: 53.95, Measure Units: Kg	22.75

26-Feb-2013 Dr J Lynch Surgery consultation

Free Text	*Location Type: Main Surgery*	
Examination	O/E - blood pressure reading . Breast exam nad. Due smear and smoking cessation advice	130 / 78 mm Hg
Examination (P3)	O/E - BP reading night sweats , daytime flushes 1 yr. periods less freq, LMP 3/12 before. menarche 14. ***** had premature menopause. still smoker . ***** had IHD ? <55yrs. discussed risks ad benefits. QOL poor at present and keen for trial .	
Administration	Scottish - ethnic category 2001 census	

14-Feb-2013 Ms Linda Carson Other

13-Feb-2013 Dr L Henderson Other

Intervention	Medication review done	

05-Feb-2013 Ms Heather Patterson Other

Symptom	Current smoker	0 / 0 / 0 cigarettes / cigars / tobacco

14-Nov-2012 Ms Michelle Connelly Other

Administration (P3)	Cervical smear defaulter Exclusion From SCCRS Until 14/02/2015. Reason: Defaulter	

19-Oct-2012 Ms Patricia Meikle Other

Administration (P3)	Chronic obstructive pulmonary disease monitoring 3rd letter	

14-Aug-2012 Ms Patricia Meikle Other

Administration (P3)	Chronic obstructive pulmonary disease monitoring 2nd letter	

19-Jun-2012 Ms Patricia Meikle Other

Administration (P3)	Chronic obstructive pulmonary disease monitoring 1st letter	

13-Jan-2012 E Boud Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	chesty cough green spit choking fits has increased inhasler use rx and advice given review prn	

27-Oct-2011 Ms Linda Carson Other

24-Oct-2011 E Boud Surgery consultation

	Free Text	*Location Type: Main Surgery*		
	Examination	O/E - blood pressure reading	110 / 70 mm Hg	
	Diagnosis (P3)	Influenza vaccination (Left arm) batch no 110101 exp4/12, Measure: 0		
	Administration (P3)	Influenza vacc.administrat.NOS		
	Symptom	Current smoker, 15 per day , Measure: 15, Measure Units: per day	15 / 0 / 0 cigarettes / cigars / tobacco	

01-Sept-2011 E Boud Other

	Free Text	*Location Type: Hospital Inpatient*		
	Examination	%pred.FEV1	72	
	Examination	Forced expired volume in 1 second Disease: SPICE COPD, priority=2		
	Symptom (P3)	MRC Breathlessness Scale: grade 2 Disease: SPICE COPD, priority=2		
15-Aug-2011	Examination (P3)	Negative reversibility test to salbutamol Disease: SPICE COPD, priority=2		
	Examination	**%pred.FEV1**:		
		%pred.FEV1	72	(No range available)
	Examination	**Forced expired volume in 1 second**Disease: SPICE COPD, priority=2:		
		Forced expired volume in 1 second Disease: SPICE COPD, priority=2		(No range available)

01-Sept-2011 E Boud Administration

	Free Text	*Location Type: Telephone*		
	Diagnosis	Inhaler technique - good : priority=2		
	Examination	General well - being schedule 4: priority=2		
	Examination	General well - being schedule , Measure: 4, Measure Units: Unknown		
	Diagnosis (P3)	spirometry confirms copd smoking cessation advice and trial of spiriva priority=2		
	Symptom (P3)	Wheeze absent : priority=2		
	Diagnosis (P3)	Number of COPD exacerbations in past year 1: priority=2		
	Intervention (P3)	Chronic obstructive pulmonary disease clini management plan : priority=2		
	Diagnosis (P3)	Number of COPD exacerbations in past year , Measure: 1, Measure Units: Unknown		
15-Aug-2011	Examination	FEV1 before bronchodilation	1.84	
15-Aug-2011	Examination	FEV1 before bronchodilation 1.84: priority=2		
15-Aug-2011	Examination	**FEV1 before bronchodilation**:		
		FEV1 before bronchodilation	1.84	(No range available)
15-Aug-2011	Examination	**FEV1 before bronchodilation**1.84: priority=2:		
		FEV1 before bronchodilation 1.84: priority=2		(No range available)

14-July-2011 Dr J Lynch Administration

Free Text	*Location Type: Telephone*	
Intervention	Referral for further care *(Referred To: Southern General Hospital, NHS. Referral Type: Out Patient. Speciality Type: Dermatology. Referral Nature: Not Specified. , Referral Reason: Clinic of Dr S ***** - recurrence of alopecia areata). Sender: Dr J *****; Reason: Referral for further care*	
Diagnosis (P3)	SCI Electronic Referral priority=2	

07-July-2011 E Boud Other

Free Text	*Location Type: Hospital Inpatient*		
Intervention	Smoking cessation advice Smoker$$ Status.clm - No Action Required		
Intervention	Referral for spirometry *(: priority=2). Sender: E Boud; Reason: Referral for spirometry*		
Symptom (P1)	MRC Breathlessness Scale: grade 3 :		
Administration (P3)	Interpreter not needed : priority=2		
Diagnosis (P3)	COPD annual review GMS COPD Recall.clm - Repeat after an Interval 12M		
Symptom	Current smoker : priority=2	0 / 0 / 0 cigarettes / cigars / tobacco	
Symptom	Cigarette smoker : priority=2	0 / / cigarettes / cigars / tobacco	
Intervention	Medication review done priority=2		
Intervention	Medication review		

07-July-2011 Dr J Lynch Other

Free Text	*Location Type: Hospital Inpatient*	
Diagnosis (P3)	6/12 recurrence of alopecia with loss on vertex and hairline but not totalis as before,Vitiligo on back.Rerefer Derm ? for injections2)R calf pain / cramp when walking .Still smoker .HAs had this before. o/e PPs strong.Skin good Try quinine priority=2	

07-July-2011 Dr J Lynch Administration

Free Text	*Location Type: Telephone*
Diagnosis (P3)	SCI Electronic Referral priority=2

10-May-2011 Ms Heather Patterson Administration

Free Text	*Location Type: Telephone*
Examination (P3)	Depression resolved Disease: SPICE Depression, non compliant resolved priority=2

10-Mar-2011 Dr J Lynch Other

Free Text	*Location Type: Hospital Inpatient*
Examination	HAD scale: depression score Disease: SPICE Depression, priority=2
Diagnosis (P3)	stressed++.Lost job and so has *****. insomnia. anxiety. taerful .feeling cant cope. worst has ever felt. Bleak about future. HADS .Dx depression - reactive. start cipramil20mg2) Feels urgency worse since starting vesicare. check MSU.? inc to 10mg priority=2
Diagnosis (P3)	[X]Depressive episode Disease: SPICE Depression, priority=2
Administration (P3)	1st Dep Assess Value text: 10 Mar 2011 00:00

17-Feb-2011 Dr L Henderson Administration

Free Text	*Location Type: Telephone*
Diagnosis (P3)	start vesicare 5mg- inc to 10mg if required. priority=2

09-Feb-2011 Ms Michelle Connelly Other

08-Feb-2011 E Boud Other

Free Text	*Location Type: Hospital Inpatient*
Diagnosis (P3)	urinary frequency dysuria urinalysis =ve blood protein rx issued has urology appointment thursday priority=2

17-Dec-2010 Ms Denise Philbin Administration

Free Text	*Location Type: Telephone*	
Intervention	Smoking cessation advice Disease: SPICE Smoking, priority=2	
Symptom	Ex smoker Disease: SPICE Smoking, priority=2	0 / / cigarettes / cigars / tobacco

24-Nov-2010 Ms Heather Patterson Administration

Free Text	*Location Type: Telephone*	
Intervention	Smoking cessation advice Disease: SPICE Smoking, priority=2	
Symptom	Current smoker Disease: SPICE Smoking, priority=2	0 / 0 / 0 cigarettes / cigars / tobacco

24-Nov-2010 Dr J Lynch Other

Free Text	*Location Type: Hospital Inpatient*
Diagnosis (P3)	VE=mild anterior wall laxity.PV retroverted uterus.No masses. Discussed and would like referrel?TVT.FLU vaccine given priority=2

24-Nov-2010 E Boud Other

Free Text	*Location Type: Hospital Inpatient*
Diagnosis	Influenza vacc consent given Recorded through Combined Vaccination priority=2
Diagnosis (P3)	Influenza vaccination Injection Site: Left Arm priority=2Batch Number: g9827-1Expiry date: 31/05/2011Manufacturer: Sanofi Pasteur MSDProduct Name: Inactivated influenza vaccine

19-Nov-2010 Dr J Lynch Other

Free Text	*Location Type: Hospital Inpatient*
Diagnosis (P3)	stress incontinence 2yrs with coughing.2 pregnancies with first forceps deliveryperiods irreg with vasomotor sx and ***** had an early menopause.Sx not troublesome at present . Needs exam and ? pelvic PT.2) Alopecia returning.Was total before and has wig. priority=2

18-Nov-2010 Ms Denise Philbin Administration

	Free Text	*Location Type: Telephone*
12-Nov-2009	Intervention	Smoking cessation advice Disease: SPICE Smoking, priority=2

16-Nov-2010 user2 Other

09-Nov-2010 Dr J Lynch Other

Free Text	*Location Type: Hospital Inpatient*
Diagnosis (P3)	x) increasing cough with thick white sputum.Tight.little relief from inhalers. o/e P80 RR normal .Scattered wheeze.Anxious .also having stress incontinence++ with coughing.HAsnt slept. Rx nebulise.Amox and 5days of prednisolone priority=2

27-Apr-2010 Dr L Henderson Administration

Free Text	*Location Type: Telephone*
Intervention	Referral for further care *(Referred To: ***** Infirmary, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Not Specified. , Referral Reason: Polymenorrhagia). Sender: Dr L *****; Reason: Referral for further care*
Diagnosis (P3)	SCI Electronic Referral priority=2

23-Apr-2010 Dr L Henderson Other

Free Text	*Location Type: Hospital Inpatient*
Diagnosis (P3)	ve nad and cx intact- refer gyne- polymenorraghia. priority=2

15-Apr-2010 Dr L Henderson Administration

Free Text	*Location Type: Telephone*	
Examination	Eosinophil count Eosinophils priority=2 End Date: 16/04/2010	
Examination	Eosinophil count	0.1
Examination	Serum FSH level FSH - Received 16/04/2010 priority=2 End Date: 16/04/2010	
Examination	Serum FSH level FSH priority=2 End Date: 16/04/2010	
Examination	Serum FSH level	28.8 IU/L
Examination	Haemoglobin estimation Haemoglobin priority=2 End Date: 16/04/2010	
Examination	Haemoglobin estimation	12.4 g/dL
Examination	Serum LH level LH - Received 16/04/2010 priority=2 End Date: 16/04/2010	
Examination	Serum LH level LH priority=2 End Date: 16/04/2010	
Examination	Serum LH level	7.8 IU/L
Examination	Mean corpusc. haemoglobin(MCH) MCH priority=2 End Date: 16/04/2010	
Examination	Mean corpusc. haemoglobin(MCH)	33.9 pg
Examination	Mean corpusc. Hb. conc. (MCHC) MCHC priority=2 End Date: 16/04/2010	
Examination	Mean corpusc. Hb. conc. (MCHC)	33.6 g/dL
Examination	Mean corpuscular volume (MCV) MCV priority=2 End Date: 16/04/2010	
Examination	Mean corpuscular volume (MCV)	100.8 fL
Examination	Monocyte count Monocytes priority=2 End Date: 16/04/2010	
Examination	Monocyte count	0.3
Examination	Neutrophil count Neutrophils priority=2 End Date: 16/04/2010	
Examination	Neutrophil count	2.3
Examination	Platelet count Platelets priority=2 End Date: 16/04/2010	
Examination	Platelet count	232
Examination	Red blood cell (RBC) count Red Cell Count priority=2 End Date: 16/04/2010	
Examination	Red blood cell (RBC) count	3.66
Examination	Serum / plasma proteins Lymphocytes priority=2 End Date: 16/04/2010	
Examination	Total white cell count White Blood Count priority=2 End Date: 16/04/2010	
Examination	White Blood Count	4.1
Examination	Lymphocyte count	1.4
Examination	Coagulation/bleeding tests Coagulation Screen - Received 16/04/2010 priority=2 End Date: 16/04/2010	
Examination	APTT priority=2 End Date: 16/04/2010	
Examination	APTT	26
Examination	Full blood count - FBC FBC - Received 16/04/2010 priority=2 End Date: 16/04/2010	
Examination	Haematocrit priority=2 End Date: 16/04/2010	
Examination	Haematocrit	0.369 L/L
Examination	Basophil count Basophils priority=2 End Date: 16/04/2010	

Examination	Basophil count	0	
Examination	Prothrombin time PT priority=2 End Date: 16/04/2010		
Examination	Prothrombin time	10	
Examination	Activated partial thromboplastin time ratio APTT Ratio priority=2 End Date: 16/04/2010		
Examination	Activated partial thromboplastin time ratio	1	
Examination	Fibrinogen level Fibrinogen priority=2 End Date: 16/04/2010		
Examination	Fibrinogen level	3.1 g/L	
Diagnosis (P3)	RR Abnormal Status LO		
Diagnosis (P3)	RR Abnormal Status LO		
Diagnosis (P3)	RR Abnormal Status HI		
Diagnosis (P3)	RR Abnormal Status HI		
Examination	**Eosinophil count**Eosinophils priority=2 End Date: 16/04/2010:		
	Eosinophil count Eosinophils priority=2 End Date: 16/04/2010		(No range available)
Examination	**Eosinophil count**:		
	Eosinophil count	0.1	(No range available)
Examination	**Serum FSH level**FSH - Received 16/04/2010 priority=2 End Date: 16/04/2010:		
	Serum FSH level FSH - Received 16/04/2010 priority=2 End Date: 16/04/2010		(No range available)
Examination	**Serum FSH level**FSH priority=2 End Date: 16/04/2010:		
	Serum FSH level FSH priority=2 End Date: 16/04/2010		(No range available)
Examination	**Serum FSH level**:		
	Serum FSH level	28.8 IU/L	(No range available)
Examination	**Haemoglobin estimation**Haemoglobin priority=2 End Date: 16/04/2010:		
	Haemoglobin estimation Haemoglobin priority=2 End Date: 16/04/2010		(No range available)
Examination	**Haemoglobin estimation**:		
	Haemoglobin estimation	12.4 g/dL	(No range available)
Examination	**Serum LH level**LH - Received 16/04/2010 priority=2 End Date: 16/04/2010:		
	Serum LH level LH - Received 16/04/2010 priority=2 End Date: 16/04/2010		(No range available)
Examination	**Serum LH level**LH priority=2 End Date: 16/04/2010:		
	Serum LH level LH priority=2 End Date: 16/04/2010		(No range available)
Examination	**Serum LH level**:		
	Serum LH level	7.8 IU/L	(No range available)
Examination	**Mean corpusc. haemoglobin(MCH)**MCH priority=2 End Date: 16/04/2010:		
	Mean corpusc. haemoglobin(MCH) MCH priority=2 End Date: 16/04/2010		(No range available)
Examination	**Mean corpusc. haemoglobin(MCH)**:		
	Mean corpusc. haemoglobin(MCH)	33.9 pg	(No range available)
Examination	**Mean corpusc. Hb. conc. (MCHC)**MCHC priority=2 End Date: 16/04/2010:		
	Mean corpusc. Hb. conc. (MCHC) MCHC priority=2 End Date: 16/04/2010		(No range available)
Examination	**Mean corpusc. Hb. conc. (MCHC)**:		
	Mean corpusc. Hb. conc. (MCHC)	33.6 g/dL	(No range available)
Examination	**Mean corpuscular volume (MCV)**MCV priority=2 End Date: 16/04/2010:		
	Mean corpuscular volume (MCV) MCV priority=2 End Date: 16/04/2010		(No range available)
Examination	**Mean corpuscular volume (MCV)**:		
	Mean corpuscular volume (MCV)	100.8 fL	(No range available)
Examination	**Monocyte count**Monocytes priority=2 End Date: 16/04/2010:		
	Monocyte count Monocytes priority=2 End Date: 16/04/2010		(No range available)
Examination	**Monocyte count**:		
	Monocyte count	0.3	(No range available)
Examination	**Neutrophil count**Neutrophils priority=2 End Date: 16/04/2010:		
	Neutrophil count Neutrophils priority=2 End Date: 16/04/2010		(No range available)
Examination	**Neutrophil count**:		
	Neutrophil count	2.3	(No range available)
Examination	**Platelet count**Platelets priority=2 End Date: 16/04/2010:		
	Platelet count Platelets priority=2 End Date: 16/04/2010		(No range available)
Examination	**Platelet count**:		
	Platelet count	232	(No range available)
Examination	**Red blood cell (RBC) count**Red Cell Count priority=2 End Date: 16/04/2010:		
	Red blood cell (RBC) count Red Cell Count priority=2 End Date: 16/04/2010		(No range available)
Examination	**Red blood cell (RBC) count**:		
	Red blood cell (RBC) count	3.66	(No range available)
Examination	**Serum / plasma proteins**Lymphocytes priority=2 End Date: 16/04/2010:		
	Serum / plasma proteins Lymphocytes priority=2 End Date: 16/04/2010		(No range available)
Examination	**Total white cell count**White Blood Count priority=2 End Date: 16/04/2010:		
	Total white cell count White Blood Count priority=2 End Date: 16/04/2010		(No range available)
Examination	**White Blood Count**:		
	White Blood Count	4.1	(No range available)
Examination	**Lymphocyte count**:		
	Lymphocyte count	1.4	(No range available)

	Examination	**Coagulation/bleeding tests**Coagulation Screen - Received 16/04/2010 priority=2 End Date: 16/04/2010:		
		Coagulation/bleeding tests Coagulation Screen - Received 16/04/2010 priority=2 End Date: 16/04/2010		(No range available)
	Examination	**APTT**priority=2 End Date: 16/04/2010:		
		APTT priority=2 End Date: 16/04/2010		(No range available)
	Examination	**APTT**:		
		APTT	26	(No range available)
	Examination	**Full blood count - FBC**FBC - Received 16/04/2010 priority=2 End Date: 16/04/2010:		
		Full blood count - FBC FBC - Received 16/04/2010 priority=2 End Date: 16/04/2010		(No range available)
	Examination	**Haematocrit**priority=2 End Date: 16/04/2010:		
		Haematocrit priority=2 End Date: 16/04/2010		(No range available)
	Examination	**Haematocrit**:		
		Haematocrit	0.369 L/L	(No range available)
	Examination	**Basophil count**Basophils priority=2 End Date: 16/04/2010:		
		Basophil count Basophils priority=2 End Date: 16/04/2010		(No range available)
	Examination	**Basophil count**:		
		Basophil count	0	(No range available)
	Examination	**Prothrombin time**PT priority=2 End Date: 16/04/2010:		
		Prothrombin time PT priority=2 End Date: 16/04/2010		(No range available)
	Examination	**Prothrombin time**:		
		Prothrombin time	10	(No range available)
	Examination	**Activated partial thromboplastin time ratio**APTT Ratio priority=2 End Date: 16/04/2010:		
		Activated partial thromboplastin time ratio APTT Ratio priority=2 End Date: 16/04/2010		(No range available)
	Examination	**Activated partial thromboplastin time ratio**:		
		Activated partial thromboplastin time ratio	1	(No range available)
	Examination	**Fibrinogen level**Fibrinogen priority=2 End Date: 16/04/2010:		
		Fibrinogen level Fibrinogen priority=2 End Date: 16/04/2010		(No range available)
	Examination	**Fibrinogen level**:		
		Fibrinogen level	3.1 g/L	(No range available)

14-Apr-2010 Dr L Henderson Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	polymenorrhagia-prev 19 day cycles, now 14-15 days, no imb, 1x pcb- flow inc clots, cramps- chek fbcfsh aclotting- needs pv.sore throat green spit and cough- chest clear, throat nad.c 1/42 rti. priority=2

15-Mar-2010 Dr D Reid Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	Discussed UVB therapy. priority=2

15-Mar-2010 E Boud Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis	Inhaler technique - good Disease: SPICE COPD, priority=2
	Examination	Forced expired volume in 1 second Disease: SPICE COPD, priority=2
	Diagnosis (P3)	stopped 04/01 priority=2
	Symptom (P3)	MRC Breathlessness Scale: grade 1 Disease: SPICE COPD, priority=2
	Diagnosis (P3)	COPD annual review GMS COPD Recall.clm - Repeat after an Interval 12M
	Intervention	Medication review
	Administration	White Scottish Disease: Ethnicity, priority=2
	Examination	**Forced expired volume in 1 second**Disease: SPICE COPD, priority=2:
		Forced expired volume in 1 second Disease: SPICE COPD, priority=2 (No range available)

12-Feb-2010 Dr L Henderson Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	6/52 ho lower leg pain, coming up from ankle into le- o/e no swelling, no deep calf tenderness, tender ant/ lat aspect leg- ? tendonitis. priority=2

08-Jan-2010 E Boud Administration

	Free Text	*Location Type: Telephone*
16-Nov-2009	Symptom (P3)	MRC Breathlessness Scale: grade 2 Disease: SPICE COPD, priority=2

29-Dec-2009 Dr L Henderson Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	chesty cold- asthmatic- stepped up inhalers- chest clear. priority=2

14-Dec-2009 Dr Carolyn MacDonald Other

Free Text	*Location Type: Third Party*
Diagnosis (P3)	recent migraines not helped by paracetamol...nil else...Rx co-dydramol, and make appt for BP and review. priority=2

16-Nov-2009 E Boud Other

Free Text	*Location Type: Hospital Inpatient*
Diagnosis	Consent given for pandemic influenza vaccination Recorded through Combined Vaccination priority=2
Diagnosis (P3)	Vaccination given - Pandemic Influenza - First Dose priority=2
Intervention	PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given *Site: Left Arm priority=2Batch Number: A81CA067AExpiry date: 01/07/2011Manufacturer: GlaxoSmithKlineProduct Name: Pandemrix*

12-Nov-2009 E Boud Other

Free Text	*Location Type: Hospital Inpatient*
Diagnosis (P3)	flu vaccine right arm h1n1 vaccine left arm priority=2

12-Nov-2009 E Boud Other

Free Text	*Location Type: Hospital Inpatient*
Diagnosis	Influenza vacc consent given Recorded through Combined Vaccination priority=2
Diagnosis (P3)	Influenza vaccination Batch Number: 095301 Expiry Date: 5/2010 priority=2Batch Number: 095301Expiry date: 31/05/2010Manufacturer: Unknown ManufacturerProduct Name: Unknown Influenza Vaccination
Diagnosis (P3)	Influenza Vaccination priority=2

12-Nov-2009 user3 Administration

Free Text	*Location Type: Telephone*	
Intervention	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2	
Administration (P3)	Interpreter not needed Disease: Ethnicity, priority=2	
Symptom	Current smoker Disease: SPICE Basic Health Values, priority=2	0 / 0 / 0 cigarettes / cigars / tobacco
Administration	White Scottish Disease: Ethnicity, priority=2	

22-Oct-2009 Dr L Henderson Other

23-Sept-2009 Dr D Reid Other

Free Text	*Location Type: Hospital Inpatient*
Diagnosis (P3)	Vitiligo progressing - face/trunk/limbs. Letter to Dr *****.Also LRTI priority=2

30-Jun-2009 Dr D Reid Other

Free Text	*Location Type: Hospital Inpatient*
Diagnosis (P3)	Requests veil camouflage cream for vitiligo priority=2
Intervention	Medication review priority=2

17-Jun-2009 Ms Linda Carson Other

16-Jun-2009 Dr D Reid Other

Free Text	*Location Type: Hospital Inpatient*
Diagnosis (P3)	Dithranol, now 1%. Perceives minor hair re-growth. Scattered patches of vitiligo on chest and shoulders. priority=2

26-May-2009 Ms Linda Carson Other

13-May-2009 Dr J Lynch Other

Free Text	*Location Type: Hospital Inpatient*
Diagnosis (P3)	Has been on LA naltrwxone from private script Alt Health clinic as treatment for alopecia.3/52. 4/7 migraine headache -severe- BP130/78.afebrila and no meningism. Rx codydramol priority=2

13-May-2009 user2 Administration

Free Text	*Location Type: Telephone*		
Intervention	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2		
Symptom	Current smoker Disease: SPICE Basic Health Values, priority=2	0 / 0 / 0 cigarettes / cigars / tobacco	
Symptom	Alcohol intake within recommended sensible limits Disease: SPICE Basic Health Values, priority=2	units per week	
Administration	White Scottish priority=2		

12-May-2009 Dr D Reid Other

Free Text	*Location Type: Third Party*		
Diagnosis (P3)	Message left 10.34. priority=2		

11-May-2009 Dr J Lynch Administration

Free Text	*Location Type: Telephone*		
Diagnosis (P3)	Per Derm- start at low strength dithrocream and inc as need - see letter priority=2		

26-Feb-2009 user2 Administration

Free Text	*Location Type: Telephone*		
Diagnosis (P3)	Alopecia priority=2		

26-Feb-2009 E Boud Other

Free Text	*Location Type: Hospital Inpatient*		
Diagnosis (P3)	Imp 15/02 cx smear to lab leukoplakia on cervix priority=2		
Examination	Cervical smear: negative Cervical Screening$$.clm - Repeat after an Interval 36Mln GP care		

13-Feb-2009 E Boud Other

	Free Text	*Location Type: Hospital Inpatient*	
21-Jan-2009	Examination	Cervical smear:inadequate spec Cervical Screening$$.clm - Repeat ImmediatelyIn GP care	

20-Jan-2009 E Boud Other

Free Text	*Location Type: Hospital Inpatient*		
Intervention	Smoking cessation advice Disease: SPICE COPD, priority=2		
Diagnosis	Inhaler technique - good Disease: SPICE COPD, priority=2		
Examination	%pred.FEV1	68	
Examination	Forced expired volume in 1 second Disease: SPICE COPD, priority=2		
Diagnosis (P3)	Screened - no result yet Cervical Screening$$.clm - Enter Result when AvailableIn GP care		
Diagnosis (P3)	COPD annual review GMS COPD Recall.clm - Repeat after an Interval 12M		
Symptom	Current smoker Disease: SPICE COPD, priority=2	0 / 0 / 0 cigarettes / cigars / tobacco	
Examination	**%pred.FEV1**: %pred.FEV1	68	(No range available)
Examination	**Forced expired volume in 1 second**Disease: SPICE COPD, priority=2: Forced expired volume in 1 second Disease: SPICE COPD, priority=2		(No range available)

08-Dec-2008 Dr D Reid Other

Free Text	*Location Type: Hospital Inpatient*		
Diagnosis (P3)	Urticarial rash on chest. Also. fell on L hip, residual pain and sciatica. priority=2		

01-Dec-2008 E Boud Other

07-Nov-2008 E Boud Other

28-Oct-2008 user2 Administration

Free Text	*Location Type: Telephone*		
Intervention	Medication review		

23-Oct-2008 Ms Michelle Connelly Administration

Free Text	*Location Type: Telephone*		
Diagnosis (P3)	Alopecia priority=2		

07-Oct-2008 Ms Michelle Connelly Administration

	Free Text	*Location Type: Telephone*
	Diagnosis (P3)	Influenza vaccination Batch Number: p18 Expiry Date: 6/2009 priority=2Batch Number: p18Expiry date: 30/06/2009Manufacturer: Unknown ManufacturerProduct Name: Unknown Influenza Vaccination

03-Oct-2008 Dr D Reid Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	No word from dermatology, alopecia worsening.Chase up. priority=2

03-Oct-2008 E Boud Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	cx smear flu vaccine given priority=2
	Examination	Cervical smear:inadequate spec Cervical Screening$$.clm - Repeat ImmediatelyIn GP care

11-Sept-2008 Dr D Reid Other

	Free Text	*Location Type: Hospital Inpatient*
	Intervention	Referral for further care *(Referred To: ***** Infirmary, NHS. Referral Type: Out Patient. Speciality Type: Dermatology. Referral Nature: Not Specified. , Referral Reason: Alopecia). Sender: Dr D *****; Reason: Referral for further care*
	Diagnosis (P3)	SCI Electronic Referral priority=2

09-Sept-2008 Dr D Reid Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	Alopecia progressing, large areas on scalp now.Refer Derm.Increase strength of topical steroid as interim measure. priority=2

18-Aug-2008 Dr J Lynch Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	2 further patches of alopecia .Try Betnovate SA alt days priority=2

12-Aug-2008 E Boud Administration

	Free Text	*Location Type: Telephone*
	Administration (P3)	Notes summary on computer priority=2
23-Mar-1999	Intervention	Booster polio vaccination *Polio Immunis.$$.clm - Repeat after an Interval 120MIn GP care*
23-Mar-1999	Intervention	Booster tetanus vaccination *Tetanus Immunis.$$.clm - Repeat after an Interval 120MIn GP care*

16-July-2008 Dr J Lynch Other

	Free Text	*Location Type: Third Party*
	Diagnosis (P3)	Phoned pt - no reply. 10.30 - sx of dysuria and frequency. To hand in u/a and if pos for trimethoprim priority=2

04-July-2008 Dr J Lynch Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	patch of alopecia withearly signs of regrowth. Advice priority=2

11-Jun-2008 Dr L Henderson Other

20-May-2008 Ms Isabel Weir Administration

	Free Text	*Location Type: Telephone*		
	Examination	Serum TSH level	0.5	
	Examination	Serum TSH level	0.5	
	Examination	Thyroid function test Disease: SPICE Lab Results, priority=2		
	Examination	Free T4 level	17.9	
16-May-2008	Examination	Serum FSH level 7.6 IU/l priority=2		
16-May-2008	Examination	Serum TSH level	0.5	
	Examination	**Serum TSH level**:		
		Serum TSH level	0.5	(No range available)
	Examination	**Serum TSH level**:		
		Serum TSH level	0.5	(No range available)
	Examination	**Thyroid function test**Disease: SPICE Lab Results, priority=2:		
		Thyroid function test Disease: SPICE Lab Results, priority=2		(No range available)
	Examination	**Free T4 level**:		
		Free T4 level	17.9	(No range available)
16-May-2008	Examination	**Serum FSH level**7.6 IU/l priority=2:		
		Serum FSH level 7.6 IU/l priority=2		(No range available)
16-May-2008	Examination	**Serum TSH level**:		
		Serum TSH level	0.5	(No range available)

12-May-2008 Dr L Henderson Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	stopping smoking.period late-sterilised- 38 days- keep diary- tft fsh. priority=2

28-Apr-2008 E Boud Other

	Free Text	*Location Type: Third Party*
	Diagnosis (P3)	feeling down amd not sleeping with zyban advised to stop coming to group re champix priority=2

16-Apr-2008 Ms Linda Carson Other

14-Apr-2008 Dr J Lynch Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	Wishes to try zyban for smoking cessn as had limited benefit with NRT. On 30/day at present. Rx Zyban and f/u with *****.Also LRTI.chest clear. Rx amoxicillin priority=2

14-Mar-2008 Dr J Lynch Other

	Diagnosis (P1)	Alopecia areata

17-Jan-2008 Ms Linda Carson Other

02-Nov-2007 E Boud Other

	Free Text	*Location Type: Hospital Inpatient*		
	Diagnosis	Inhaler technique - good Disease: SPICE COPD, priority=2		
	Examination	%pred.FEV1	67	
	Examination	%pred.FEV1	67	
	Examination	Forced expired volume in 1 second Disease: SPICE COPD, priority=2		
	Diagnosis (P3)	COPD annual review GMS COPD Recall.clm - Repeat after an Interval 12M		
	Symptom	Ex smoker Disease: SPICE COPD, priority=2	0 / / cigarettes / cigars / tobacco	
	Examination	**%pred.FEV1**:		
		%pred.FEV1	67	(No range available)
	Examination	**%pred.FEV1**:		
		%pred.FEV1	67	(No range available)
	Examination	**Forced expired volume in 1 second**Disease: SPICE COPD, priority=2:		
		Forced expired volume in 1 second Disease: SPICE COPD, priority=2		(No range available)

02-Nov-2007 E Boud Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	Influenza vaccination Batch Number: 163031A Expiry Date: 6/2008 priority=2Batch Number: 163031AExpiry date: 30/06/2008Manufacturer: Unknown ManufacturerProduct Name: Unknown Influenza Vaccination
	Diagnosis (P3)	Influenza Vaccination priority=2

02-Nov-2007 E Boud Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	Pneumococcal Vaccination priority=2
	Intervention	Pneumococcal vaccination *Batch Number: ND60010 Expiry Date: 7/2008 priority=2Batch Number: ND60010Expiry date: 31/07/2008Manufacturer: Sanofi Pasteur MSDProduct Name: Pneumovax II*

23-Oct-2007 Ms Michelle Connelly Other

19-Oct-2007 user2 Other

17-Sept-2007 E Boud Administration

	Free Text	*Location Type: Telephone*		
	Examination	%pred.FEV1	76	
07-Sept-2007	Diagnosis	Inhaler technique - good Disease: SPICE COPD, priority=2		
26-July-2006	Examination	Forced expired volume in 1 second Disease: SPICE COPD, priority=2		
26-July-2006	Diagnosis (P1)	Chronic obstructive pulmonary disease		
26-July-2006	Diagnosis (P3)	COPD annual review GMS COPD Recall.clm - Repeat after an Interval 12M		
26-July-2006	Examination	Spirometry Disease: SPICE COPD,		
	Examination	**%pred.FEV1**:		
		%pred.FEV1	76	(No range available)
26-July-2006	Examination	**Forced expired volume in 1 second**Disease: SPICE COPD, priority=2:		
		Forced expired volume in 1 second Disease: SPICE COPD, priority=2		(No range available)
26-July-2006	Examination	**Spirometry**Disease: SPICE COPD,:		
		Spirometry Disease: SPICE COPD,		(No range available)

07-Sept-2007 E Boud Other

	Free Text	*Location Type: Hospital Inpatient*	
	Intervention	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2	
	Symptom	No family history diabetes Disease: SPICE Basic Health Values, priority=2	
	Examination	Cx. smear: repeat 12 months Cervical Screening$$.clm - Repeat after an Interval 12M In GP care	
	Examination	O/E - blood pressure reading	110 / 60 mm Hg
	Examination	O/E - blood pressure reading	110 / 60 mm Hg
	Examination (P3)	Body mass index 20-24 - normal Disease: SPICE Basic Health Values, priority=2	
	Symptom	Current smoker Disease: SPICE Basic Health Values, priority=2	0 / 0 / 0 cigarettes / cigars / tobacco
	Symptom	Alcohol intake within recommended sensible limits Disease: SPICE Basic Health Values, priority=2	units per week
	Examination	O/E - weight , Measure: 57.5	57.5 Kg
	Examination	Body Mass Index , Measure: 57.5	
	Examination	O/E - weight , Measure: 57.5	57.5 Kg
	Examination	Body Mass Index , Measure: 57.5	
	Examination	**Cx. smear: repeat 12 months**Cervical Screening$$.clm - Repeat after an Interval 12M In GP care:	
		Cx. smear: repeat 12 months Cervical Screening$$.clm - Repeat after an Interval 12M In GP care	(No range available)

23-July-2007 user1 Other

13-Jun-2007 user1 Other

12-Mar-2007 user1 Other

19-Feb-2007 Dr J Lynch Other

	Free Text	*Location Type: Hospital Inpatient*		
13-Feb-2007	Examination	Serum TSH level 0.54:mU/l priority=2		
13-Feb-2007	Examination	Serum TSH level	15.2 pmol/L	
13-Feb-2007	Examination	Serum TSH level	0.54 mU/L	
13-Feb-2007	Examination	Plasma fasting glucose level 4.9:mmol/L priority=2		
13-Feb-2007	Examination	Plasma fasting glucose level	4.9 mmol/L	
13-Feb-2007	Examination	Free T4 level @306.00 15.2:pmol/l priority=2		
13-Feb-2007	Examination	**Serum TSH level**0.54:mU/l priority=2:		
		Serum TSH level 0.54:mU/l priority=2		(No range available)
13-Feb-2007	Examination	**Serum TSH level**:		
		Serum TSH level	15.2 pmol/L	(No range available)
13-Feb-2007	Examination	**Serum TSH level**:		
		Serum TSH level	0.54 mU/L	(No range available)
13-Feb-2007	Examination	**Plasma fasting glucose level**4.9:mmol/L priority=2:		
		Plasma fasting glucose level 4.9:mmol/L priority=2		(No range available)
13-Feb-2007	Examination	**Plasma fasting glucose level**:		
		Plasma fasting glucose level	4.9 mmol/L	(No range available)
13-Feb-2007	Examination	**Free T4 level**@306.00 15.2:pmol/l priority=2:		
		Free T4 level @306.00 15.2:pmol/l priority=2		(No range available)

16-Feb-2007 Dr J Lynch Other

	Free Text	*Location Type: Hospital Inpatient*		
13-Feb-2007	Examination	Serum ferritin 53 ng/ml priority=2		
13-Feb-2007	Examination	**Serum ferritin**53 ng/ml priority=2:		
		Serum ferritin 53 ng/ml priority=2		(No range available)

15-Feb-2007 Dr J Lynch Other

	Free Text	*Location Type: Hospital Inpatient*		
13-Feb-2007	Examination	Haemoglobin normal 12.5:g/dl priority=2		
13-Feb-2007	Examination	Haemoglobin normal	12.5 g/dL	
13-Feb-2007	Examination	Platelet count normal 211:10*9/l priority=2		
13-Feb-2007	Examination	Platelet count normal	211 10*9/L	
13-Feb-2007	Examination	White cell count normal 4.0:10*9/l priority=2		
13-Feb-2007	Examination	White cell count normal	4 10*9/L	
13-Feb-2007	Examination	ESR normal 11:mm/hr priority=2		
13-Feb-2007	Examination	ESR normal	11	
13-Feb-2007	Examination	Plasma C reactive protein @642.00 3:mg/l priority=2		
13-Feb-2007	Examination	Plasma C reactive protein	3 mg/L	
13-Feb-2007	Examination	Rheumatoid factor negative priority=2		
13-Feb-2007	Examination	**Haemoglobin normal**12.5:g/dl priority=2:		
		Haemoglobin normal 12.5:g/dl priority=2		(No range available)
13-Feb-2007	Examination	**Haemoglobin normal**:		
		Haemoglobin normal	12.5 g/dL	(No range available)
13-Feb-2007	Examination	**Platelet count normal**211:10*9/l priority=2:		
		Platelet count normal 211:10*9/l priority=2		(No range available)
13-Feb-2007	Examination	**Platelet count normal**:		
		Platelet count normal	211 10*9/L	(No range available)
13-Feb-2007	Examination	**White cell count normal**4.0:10*9/l priority=2:		
		White cell count normal 4.0:10*9/l priority=2		(No range available)
13-Feb-2007	Examination	**White cell count normal**:		
		White cell count normal	4 10*9/L	(No range available)
13-Feb-2007	Examination	**ESR normal**11:mm/hr priority=2:		
		ESR normal 11:mm/hr priority=2		(No range available)
13-Feb-2007	Examination	**ESR normal**:		
		ESR normal	11	(No range available)
13-Feb-2007	Examination	**Plasma C reactive protein**@642.00 3:mg/l priority=2:		
		Plasma C reactive protein @642.00 3:mg/l priority=2		(No range available)
13-Feb-2007	Examination	**Plasma C reactive protein**:		
		Plasma C reactive protein	3 mg/L	(No range available)
13-Feb-2007	Examination	**Rheumatoid factor**negative priority=2:		
		Rheumatoid factor negative priority=2		(No range available)

09-Feb-2007 user1 Other

14-Dec-2006 Dr D Reid Other

07-Sept-2006 user1 Other

01-Sept-2006 user1 Administration

	Free Text	*Location Type: Telephone*
	Intervention	Medication review

26-July-2006 E Boud Other

14-July-2006 Dr J Lynch Other

	Free Text	*Location Type: Hospital Inpatient*		
	Intervention	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2		
	Symptom	Current smoker Disease: SPICE Basic Health Values, priority=2	0 / 0 / 0 cigarettes / cigars / tobacco	

02-Aug-2005 user2 Other

13-July-2005 Dr L Henderson Other

28-Jun-2005 user2 Other

29-Nov-2004 Dr J Lynch Other

	Free Text	*Location Type: Hospital Inpatient*		
24-Nov-2004	Examination	Chlamydia trachomatis polymerase chain reaction negative priority=2		
24-Nov-2004	Examination	**Chlamydia trachomatis polymerase chain reaction**negative priority=2: Chlamydia trachomatis polymerase chain reaction negative priority=2		(No range available)

24-Nov-2004 Dr J Lynch Other

	Free Text	*Location Type: Hospital Inpatient*		
	Symptom	Ex smoker Disease: SPICE Basic Health Values, priority=2	0 / / cigarettes / cigars / tobacco	

17-Nov-2004 Ms Isabel Weir Other

06-Oct-2004 Ms Isabel Weir Other

14-Sept-2004 Ms Linda Hardie Administration

	Free Text	*Location Type: Telephone*		
	Examination	Serum TSH level	0.93	
	Examination	**Serum TSH level**: Serum TSH level	0.93	(No range available)

14-Sept-2004 E Boud Other

	Free Text	*Location Type: Hospital Inpatient*		
	Intervention	Smoking cessation advice priority=2		
	Examination	O/E - blood pressure reading	100 / 60 mm Hg	
	Examination (P3)	O/E - BP reading normal B P Screening$$.clm - Repeat after an Interval 60M		
	Symptom	Moderate smoker - 10-19 cigs/d Smoker$$ Status.clm - Repeat after an Interval 12M	0 / / cigarettes / cigars / tobacco	

07-May-2004 Dr J Lynch Other

	Free Text	*Location Type: Hospital Inpatient*
27-Jan-2004	Intervention	Referral for further care *(Referred To: ***** Infirmary, NHS. Referral Type: Speciality Type: Breast Clinic. Referral Nature:). Sender: Dr D *****; Reason: Referral for further care*

20-Apr-2004 Ms Isabel Weir Other

27-Jan-2004 Ms Isabel Weir Other

03-Dec-2003 Dr J Lynch Other

	Free Text	*Location Type: Hospital Inpatient*	
	Examination	O/E - weight , Measure: 58.5	58.5 Kg
	Examination	Body Mass Index , Measure: 58.5	

15-Aug-2003 Ms Isabel Weir Other

09-Apr-2003 Dr J Lynch Other

	Free Text	*Location Type: Hospital Inpatient*	
	Examination	Cx. smear: repeat 12 months Cervical Screening$$.clm - Repeat after an Interval 12M Out with GP care	
	Examination	**Cx. smear: repeat 12 months**Cervical Screening$$.clm - Repeat after an Interval 12M Out with GP care: Cx. smear: repeat 12 months Cervical Screening$$.clm - Repeat after an Interval 12M Out with GP care	(No range available)

15-Jan-2003 Ms Isabel Weir Other

05-Sept-2002 Ms Isabel Weir Other

17-Apr-2002 Ms Isabel Weir Other

25-Mar-2002 Dr J Lynch Other

Free Text Examination — *Location Type: Hospital Inpatient*
Cervical smear:inadequate spec Cervical Screening$$.clm - Repeat after an Interval 3MOut with GP care

21-Sept-2001 UnknownUser Administration

Free Text Examination — *Location Type: Telephone*
***** I - mild dyskaryosis priority=2

21-May-2001 Dr J Lynch Other

Free Text Examination — *Location Type: Hospital Inpatient*
Cerv.smear: borderline changes Cervical Screening$$.clm - Repeat after an Interval 6MOut with GP care

13-Mar-2001 Ms Isabel Weir Other

04-Dec-2000 Ms Isabel Weir Other

04-Oct-2000 UnknownUser Administration

Free Text Intervention — *Location Type: Telephone*
Referral for further care *(Referred To: Southern General Hospital, NHS. Referral Type: Speciality Type: Gynaecology. Referral Nature:). Sender: Dr J *****; Reason: Referral for further care*

29-Sept-2000 Ms Isabel Weir Other

21-Sept-2000 Ms Isabel Weir Other

Medications (inc. issues)

Acute

29-July-2026 Mirtazapine 45mg tablets
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

21-July-2026 Salbutamol 100micrograms/dose inhaler CFC free
2 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

21-May-2026 Luforbec 100micrograms/dose / 6micrograms/dose inhaler (L...
1 dose - TWO PUFFS TWICE A DAY Notes for dispenser: Switched from Fostairs

09-Feb-2026 Clinitas Carbomer Eye Gel 0.2 %
10 gram - APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED

09-Feb-2026 Saliveze Spray 50 ml
1 spray - TO BE USED AS DIRECTED

Repeat

21-May-2026 Luforbec 100micrograms/dose / 6micrograms/dose inhaler (L...
1 dose - TWO PUFFS TWICE A DAY Notes for dispenser: Switched from Fostairs

20-May-2026 Proxor 100micrograms/dose / 6micrograms/dose inhaler (Gen...
120 dose - TWO PUFFS TO BE INHALED TWICE A DAY Notes for dispenser: New NHSL formulary bioequivalent inhaler replacing Luforbec/Fostairs

09-Dec-2024 Stexerol-D3 1,000unit tablets (Kyowa Kirin International ...
30 tablet - 1 CAP MANE

03-Sept-2021 Saliveze mouth spray (Wyvern Medical Ltd)
50 ml - TO BE USED AS DIRECTED

09-Jan-2020 Clinitas Carbomer 0.2% eye gel (Altacor Ltd)
10 gram - APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED

21-Nov-2017 Salbutamol 100micrograms/dose inhaler CFC free
2 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

Past

30-Jun-2026 Mirtazapine 45mg tablets Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

22-Jun-2026 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

02-Jun-2026 Mirtazapine 45mg tablets Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

02-Jun-2026 Mirtazapine 45mg tablets Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

22-May-2026 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

01-May-2026 Mirtazapine 45mg tablets Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

27-Apr-2026 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

09-Apr-2026 Mirtazapine 45mg tablets Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

30-Mar-2026 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

16-Mar-2026 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

02-Mar-2026 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
2 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

23-Feb-2026 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

18-Feb-2026 Zopiclone Tablets 7.5 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN AT NIGHT

18-Feb-2026 Ibuprofen Tablets 400 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

10-Feb-2026 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

09-Feb-2026 Luforbec Inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)
1 inhaler - TWO PUFFS TWICE A DAY Notes for dispenser: Switched from Fostairs

03-Feb-2026 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

13-Jan-2026 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

13-Jan-2026 Saliveze Spray 50 ml Acute Medication (Past)
1 spray - TO BE USED AS DIRECTED

06-Jan-2026 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

15-Dec-2025 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

09-Dec-2025 Clinitas Carbomer Eye Gel 0.2 % Acute Medication (Past)
10 gram - APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED

09-Dec-2025 Luforbec Inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)
1 inhaler - TWO PUFFS TWICE A DAY Notes for dispenser: Switched from Fostairs

09-Dec-2025 Saliveze Spray 50 ml Acute Medication (Past)
1 spray - TO BE USED AS DIRECTED

08-Dec-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

18-Nov-2025 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

11-Nov-2025 Ibuprofen Tablets 400 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

10-Nov-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

07-Nov-2025 Clinitas Carbomer Eye Gel 0.2 % Acute Medication (Past)
10 gram - APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED

07-Nov-2025 Saliveze Spray 50 ml Acute Medication (Past)
1 spray - TO BE USED AS DIRECTED

21-Oct-2025 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

13-Oct-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

03-Oct-2025 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - ONE- TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

03-Oct-2025 Ibuprofen Tablets 400 mg Acute Medication (Past)
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

03-Oct-2025 Lactulose Solution 3.1-3.7 g/5 ml Acute Medication (Past)
300 ml - 10ML BD

23-Sept-2025 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

15-Sept-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

25-Aug-2025 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

19-Aug-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

07-Aug-2025 Luforbec Inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)
1 inhaler - TWO PUFFS TWICE A DAY Notes for dispenser: Switched from Fostairs

07-Aug-2025 Saliveze Spray 50 ml Acute Medication (Past)
1 spray - TO BE USED AS DIRECTED

29-July-2025 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

17-July-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

02-July-2025 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

23-Jun-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

06-Jun-2025 Trimethoprim Tablets 200 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN TWICE A DAY

04-Jun-2025 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

27-May-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

08-May-2025 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

28-Apr-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

11-Apr-2025 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

31-Mar-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

07-Mar-2025 Saliveze Spray 50 ml Acute Medication (Past)
1 spray - TO BE USED AS DIRECTED

04-Mar-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

03-Mar-2025 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

11-Feb-2025 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

03-Feb-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

13-Jan-2025 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

06-Jan-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

17-Dec-2024 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

09-Dec-2024 Stexerol-D3 Tablets 1,000 units Acute Medication (Past)
30 tablet - 1 CAP MANE

09-Dec-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

19-Nov-2024 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

11-Nov-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

31-Oct-2024 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

14-Oct-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

04-Oct-2024 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

16-Sept-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

11-Sept-2024 Folic Acid Tablets 5 mg Acute Medication (Past)
112 tablet - ONE TO BE TAKEN EACH DAY

09-Sept-2024 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT DISPENSE WEEKLY

09-Sept-2024 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 tablet - 1 Tab At night

19-Aug-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

05-Aug-2024 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

22-July-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

26-Jun-2024 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

25-Jun-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

24-May-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

15-May-2024 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

30-Apr-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

18-Apr-2024 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

04-Apr-2024 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

28-Mar-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

05-Mar-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

29-Feb-2024 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

22-Feb-2024 Theical-D3 Chewable tablets 1 gram + 880 units Acute Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY

22-Feb-2024 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - 1 CAP MANE

22-Feb-2024 Trazodone Hydrochloride Tablets 150 mg Acute Medication (Past)
28 tablet - 1 Tab At night

12-Feb-2024 Luforbec Inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)
1 inhaler - TWO PUFFS TWICE A DAY Notes for dispenser: Switched from Fostairs

05-Feb-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

08-Jan-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

21-Dec-2023 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - 1 CAP MANE

21-Dec-2023 Trazodone Hydrochloride Tablets 150 mg Acute Medication (Past)
28 tablet - 1 Tab At night

11-Dec-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

24-Nov-2023 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - 1 CAP MANE

24-Nov-2023 Trazodone Hydrochloride Tablets 150 mg Acute Medication (Past)
28 tablet - 1 Tab At night

13-Nov-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

26-Oct-2023 Saliveze Spray 50 ml Acute Medication (Past)
1 spray - TO BE USED AS DIRECTED

26-Oct-2023 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - 1 CAP MANE

26-Oct-2023 Trazodone Hydrochloride Tablets 150 mg Acute Medication (Past)
28 tablet - 1 Tab At night

16-Oct-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

04-Oct-2023 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - 1 CAP MANE

04-Oct-2023 Trazodone Hydrochloride Tablets 150 mg Acute Medication (Past)
28 tablet - 1 Tab At night

19-Sept-2023 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dos Acute Medication (Past)
1 inhaler - TWO PUFFS TWICE A DAY

18-Sept-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

22-Aug-2023 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - 1 CAP MANE

22-Aug-2023 Trazodone Hydrochloride Tablets 150 mg Acute Medication (Past)
28 tablet - 1 Tab At night

22-Aug-2023 Clarithromycin Tablets 500 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS

22-Aug-2023 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dos Acute Medication (Past)
1 inhaler - TWO PUFFS TWICE A DAY

21-Aug-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

18-Aug-2023 Clinitas Carbomer Eye Gel 0.2 % Acute Medication (Past)
10 gram - APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED

24-July-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

21-July-2023 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - 1 CAP MANE

21-July-2023 Trazodone Hydrochloride Tablets 150 mg Acute Medication (Past)
28 tablet - 1 Tab At night

19-July-2023 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dos Acute Medication (Past)
1 inhaler - TWO PUFFS TWICE A DAY

26-Jun-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

22-Jun-2023 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - 1 CAP MANE

22-Jun-2023 Trazodone Hydrochloride Tablets 150 mg Acute Medication (Past)
28 tablet - 1 Tab At night

31-May-2023 Clinitas Carbomer Eye Gel 0.2 % Acute Medication (Past)
10 gram - APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED

31-May-2023 Theical-D3 Chewable tablets 1 gram + 880 units Acute Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY

26-May-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

12-May-2023 Folic Acid Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

12-May-2023 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - 1 CAP MANE

12-May-2023 Trazodone Hydrochloride Tablets 150 mg Acute Medication (Past)
28 tablet - 1 Tab At night

27-Apr-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

17-Apr-2023 Folic Acid Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

17-Apr-2023 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - 1 CAP MANE

17-Apr-2023 Trazodone Hydrochloride Tablets 150 mg Acute Medication (Past)
28 tablet - 1 Tab At night

13-Apr-2023 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dos Acute Medication (Past)
1 inhaler - TWO PUFFS TWICE A DAY

03-Apr-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

20-Mar-2023 Theical-D3 Chewable tablets 1 gram + 880 units Acute Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY

20-Mar-2023 TheiCal-D3 1000mg/880unit chewable tablets (Stirling Angl... Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY

13-Mar-2023 Folic Acid Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

13-Mar-2023 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - 1 CAP MANE

13-Mar-2023 Trazodone Hydrochloride Tablets 150 mg Acute Medication (Past)
28 tablet - 1 Tab At night

13-Mar-2023 Trimethoprim Tablets 200 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN TWICE A DAY

06-Mar-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

08-Feb-2023 Folic Acid Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

08-Feb-2023 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - 1 CAP MANE

08-Feb-2023 Trazodone Hydrochloride Tablets 150 mg Acute Medication (Past)
28 tablet - 1 Tab At night

08-Feb-2023 Folic Acid Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

08-Feb-2023 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - 1 CAP MANE

08-Feb-2023 Trazodone Hydrochloride Tablets 150 mg Acute Medication (Past)
28 tablet - 1 Tab At night

06-Feb-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

30-Jan-2023 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - 1 CAP MANE

16-Jan-2023 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED FOR SPASM

16-Jan-2023 Ibuprofen Tablets 400 mg Acute Medication (Past)
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY

16-Jan-2023 Zomorph M/R capsules 10 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN TWICE A DAY

11-Jan-2023 Morphine Sulfate Oral solution 10 mg/5 ml Acute Medication (Past)
200 ml - 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.

11-Jan-2023 Trazodone Hydrochloride Tablets 150 mg Acute Medication (Past)
28 tablet - 1 Tab At night

09-Jan-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

23-Dec-2022 Clinitas Carbomer Eye Gel 0.2 % Acute Medication (Past)
10 gram - APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED

23-Dec-2022 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dos Acute Medication (Past)
1 inhaler - TWO PUFFS TWICE A DAY

23-Dec-2022 Saliveze Spray 50 ml Acute Medication (Past)
1 spray - TO BE USED AS DIRECTED

12-Dec-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

08-Dec-2022 Trazodone Hydrochloride Tablets 150 mg Acute Medication (Past)
28 tablet - 1 Tab At night

30-Nov-2022 Prednisolone Tablets 5 mg Acute Medication (Past)
40 tablet - EIGHT TO BE TAKEN IN THE MORNING

14-Nov-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

09-Nov-2022 Clarithromycin Tablets 500 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS

27-Oct-2022 Diazepam Tablets 2 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

27-Oct-2022 Trazodone Hydrochloride Capsules 100 mg Acute Medication (Past)
28 capsule - 1 CAPS AT NIGHT

27-Oct-2022 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
7 capsule - 1 Cap At night

25-Oct-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

25-Oct-2022 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

25-Oct-2022 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

17-Oct-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

30-Sept-2022 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

30-Sept-2022 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

22-Sept-2022 Clinitas Carbomer Eye Gel 0.2 % Acute Medication (Past)
10 gram - APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED

22-Sept-2022 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dos Acute Medication (Past)
1 inhaler - TWO PUFFS TWICE A DAY

22-Sept-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

16-Sept-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

22-Aug-2022 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY

22-Aug-2022 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

22-Aug-2022 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

22-Aug-2022 Zopiclone Tablets 7.5 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

22-Aug-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

08-Aug-2022 Clinitas Carbomer Eye Gel 0.2 % Acute Medication (Past)
10 gram - APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED

08-Aug-2022 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dos Acute Medication (Past)
1 inhaler - TWO PUFFS TWICE A DAY

25-July-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

15-July-2022 Saliveze Spray 50 ml Acute Medication (Past)
1 spray - TO BE USED AS DIRECTED

15-July-2022 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

15-July-2022 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

15-July-2022 Clarithromycin Tablets 500 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN TWICE A DAY FOR CHEST

27-Jun-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

27-May-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

27-May-2022 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

27-May-2022 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

26-May-2022 Clarithromycin Tablets 500 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS

26-May-2022 Prednisolone Tablets 5 mg Acute Medication (Past)
40 tablet - EIGHT TO BE TAKEN IN THE MORNING

26-May-2022 Nitrazepam Tablets 5 mg Acute Medication (Past)
7 tablet - 1 Tab At night

24-May-2022 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

29-Apr-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

11-Apr-2022 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

11-Apr-2022 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

11-Apr-2022 Clarithromycin Tablets 500 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS

08-Apr-2022 Clinitas Carbomer Eye Gel 0.2 % Acute Medication (Past)
10 gram - APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED

08-Apr-2022 Saliveze Spray 50 ml Acute Medication (Past)
1 spray - TO BE USED AS DIRECTED

08-Apr-2022 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dos Acute Medication (Past)
1 inhaler - TWO PUFFS TWICE A DAY

08-Apr-2022 Luforbec 100micrograms/dose / 6micrograms/dose inhaler (L... Repeat Medication (Past)
1 inhaler - TWO PUFFS TWICE A DAY Notes for dispenser: Switched from Fostairs

04-Apr-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

14-Mar-2022 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

14-Mar-2022 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

07-Mar-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

11-Feb-2022 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

11-Feb-2022 Co-Codamol 30/500 Tablets Acute Medication (Past)
120 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

11-Feb-2022 Nitrazepam Tablets 5 mg Acute Medication (Past)
10 tablet - 1 Tab At night

08-Feb-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

28-Jan-2022 Clinitas Carbomer Eye Gel 0.2 % Acute Medication (Past)
10 gram - APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED

28-Jan-2022 Saliveze Spray 50 ml Acute Medication (Past)
1 spray - TO BE USED AS DIRECTED

28-Jan-2022 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dos Acute Medication (Past)
1 inhaler - TWO PUFFS TWICE A DAY

21-Jan-2022 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

21-Jan-2022 Zopiclone Tablets 7.5 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

19-Jan-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

10-Jan-2022 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

20-Dec-2021 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dos Acute Medication (Past)
1 inhaler - TWO PUFFS TWICE A DAY

17-Dec-2021 Clarithromycin Tablets 500 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS

17-Dec-2021 Prednisolone Tablets 5 mg Acute Medication (Past)
40 tablet - EIGHT TO BE TAKEN IN THE MORNING

13-Dec-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

02-Dec-2021 Clinitas Carbomer Eye Gel 0.2 % Acute Medication (Past)
10 gram - APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED

02-Dec-2021 Saliveze Spray 50 ml Acute Medication (Past)
1 spray - TO BE USED AS DIRECTED

02-Dec-2021 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dos Acute Medication (Past)
1 inhaler - TWO PUFFS TWICE A DAY

29-Nov-2021 Aerochamber Plus Flow-Vu Anti-Static Spacer device Acute Medication (Past)
1 device - TO BE USED AS DIRECTED

29-Nov-2021 Peak Flow Meter (Standard Range) Meter Acute Medication (Past)
1 device - TO BE USED AS DIRECTED

15-Nov-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

11-Nov-2021 Carbocisteine Capsules 375 mg Acute Medication (Past)
168 capsule - TWO TO BE TAKEN THREE TIMES A DAY

11-Nov-2021 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - 2 STAT THEN 1OD

29-Oct-2021 Chloramphenicol Eye drops 0.5 % Acute Medication (Past)
10 ml - Apply 4 times daily

29-Oct-2021 Codeine Phosphate Linctus 15 mg/5 ml Acute Medication (Past)
200 ml - 10ML NOCTE

18-Oct-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

28-Sept-2021 Clarithromycin Tablets 500 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS

28-Sept-2021 Prednisolone Tablets 5 mg Acute Medication (Past)
40 tablet - EIGHT TO BE TAKEN IN THE MORNING

20-Sept-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

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

03-Sept-2021 Saliveze Spray 50 ml Acute Medication (Past)
1 spray - TO BE USED AS DIRECTED

03-Sept-2021 Clinitas Carbomer Eye Gel 0.2 % Acute Medication (Past)
10 gram - APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED

26-Aug-2021 Clinitas Carbomer Eye Gel 0.2 % Acute Medication (Past)
10 gram - APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED

23-Aug-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

26-July-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

28-Jun-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

28-May-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

30-Apr-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

01-Apr-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

18-Mar-2021 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN AT NIGHT

18-Mar-2021 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
60 capsule - 1-2 CAPS UP TO 4X A DAY

17-Mar-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

08-Mar-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

08-Feb-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

21-Jan-2021 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

21-Jan-2021 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY

11-Jan-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

16-Dec-2020 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE THREE TIMES DAILY

14-Dec-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

16-Nov-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

20-Oct-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

21-Sept-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

04-Sept-2020 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 mi Acute Medication (Past)
1 dose - ONE PUFF TO BE INHALED TWICE A DAY

04-Sept-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

01-Jun-2020 Mirtazapine Tablets 15 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN AT NIGHT

01-Jun-2020 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

27-Apr-2020 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

17-Mar-2020 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

16-Mar-2020 Clinitas Carbomer Eye Gel 0.2 % Acute Medication (Past)
10 gram - APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED

16-Mar-2020 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 mi Acute Medication (Past)
1 dose - ONE PUFF TO BE INHALED TWICE A DAY

16-Mar-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

28-Feb-2020 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE THREE TIMES DAILY

18-Feb-2020 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

21-Jan-2020 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

09-Jan-2020 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT DISP WEEKLY

03-Dec-2019 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT DISP WEEKLY

06-Nov-2019 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT DISP WEEKLY

10-Sept-2019 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN AT NIGHT

26-Jun-2019 Clarithromycin Tablets 500 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS

24-Jun-2019 Folic Acid Tablets 5 mg Acute Medication (Past)
112 tablet - ONE TO BE TAKEN EACH DAY

05-Nov-2018 Clarithromycin Tablets 500 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS

05-Nov-2018 Prednisolone Tablets 5 mg Acute Medication (Past)
40 tablet - EIGHT TO BE TAKEN IN THE MORNING

05-Nov-2018 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

05-Nov-2018 Aerochamber Plus Spacer device child (yellow) with mask Acute Medication (Past)
1 device - USE AS DIRECTED

01-Nov-2018 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

09-Oct-2018 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 mi Acute Medication (Past)
1 dose - ONE PUFF TO BE INHALED TWICE A DAY

09-Oct-2018 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

09-Oct-2018 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

09-Oct-2018 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN AT NIGHT

17-Sept-2018 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

17-Aug-2018 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

15-Jun-2018 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

14-May-2018 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

14-May-2018 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 mi Acute Medication (Past)
1 dose - ONE PUFF TO BE INHALED TWICE A DAY

12-Apr-2018 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

12-Apr-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

13-Mar-2018 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN AT NIGHT

13-Mar-2018 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE DAILY

07-Mar-2018 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

08-Feb-2018 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

08-Feb-2018 Ibuprofen Gel 5 % Acute Medication (Past)
50 Gram(s) - APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY

11-Jan-2018 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY

11-Jan-2018 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 mi Acute Medication (Past)
1 dose - ONE PUFF TO BE INHALED TWICE A DAY

11-Jan-2018 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

11-Jan-2018 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

04-Dec-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

04-Dec-2017 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN AT NIGHT

21-Nov-2017 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY

21-Nov-2017 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 mi Acute Medication (Past)
1 dose - ONE PUFF TO BE INHALED TWICE A DAY

21-Nov-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

21-Nov-2017 Fostair NEXThaler 100micrograms/dose / 6micrograms/dose d... Repeat Medication (Past)
1 dose - ONE PUFF TO BE INHALED TWICE A DAY

12-Jun-2017 Metronidazole Tablets 400 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS

12-Jun-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

18-Apr-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

21-Mar-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

21-Mar-2017 Zopiclone Tablets 7.5 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

10-Feb-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

11-Jan-2017 Azithromycin Capsules 250 mg Acute Medication (Past)
4 capsule - FOUR TO BE TAKEN AS A SINGLE DOSE 1 HOUR BEFORE OR 2 HOURS AFTER FOOD

05-Jan-2017 Budesonide Dry Powder Inhaler 200 micrograms/actuation Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

05-Jan-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

01-Dec-2016 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

01-Dec-2016 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY

30-Aug-2016 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

21-July-2016 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

07-Jun-2016 Zopiclone Tablets 7.5 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

27-May-2016 Trimethoprim Tablets 200 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN TWICE A DAY FOR 3 DAYS

21-Mar-2016 Amoxicillin Capsules 500 mg Acute Medication (Past)
28 capsule - TWO TO BE TAKEN TWICE A DAY

21-Mar-2016 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY

14-Mar-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - 2 Caps In the morning

12-Jun-2015 Budesonide Dry Powder Inhaler 200 micrograms/actuation Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

12-Jun-2015 Terbutaline Sulfate Breath-Actuated Dry Powder Inhaler 500 Acute Medication (Past)
1 INHAL - 1 Puff Take as required

12-Jun-2015 Tiotropium Dry powder capsules for inhalation 18 microgram Acute Medication (Past)
28 CAPS - 1 Cap Daily

22-May-2015 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY

22-May-2015 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

09-Feb-2015 Miconazole Oral gel Sugar Free 24 mg/ml (20 mg/gram) Acute Medication (Past)
15 gram - 2ML BD

08-Jan-2015 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - TWO TO BE TAKEN EACH MORNING

29-Dec-2014 Trimethoprim Tablets 200 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN TWICE A DAY

29-Dec-2014 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY

18-Dec-2014 Glandosane (Lemon Flavour) Aerosol spray Acute Medication (Past)
1 spray - TO BE USED WHEN REQUIRED

02-Dec-2014 Budesonide Dry Powder Inhaler 200 micrograms/actuation Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

02-Dec-2014 Terbutaline Sulfate Breath-Actuated Dry Powder Inhaler 500 Acute Medication (Past)
1 INHAL - 1 Puff Take as required

16-Oct-2014 Cyclo-Progynova 2 Mg Tablets Acute Medication (Past)
168 tablet - 1 Tab Daily

16-Oct-2014 Glandosane (Peppermint Flavour) Aerosol spray Acute Medication (Past)
1 aerosol - TO BE USED WHEN REQUIRED

28-Aug-2014 Glandosane (Peppermint Flavour) Aerosol spray Acute Medication (Past)
1 aerosol - TO BE USED WHEN REQUIRED

05-Aug-2014 Cyclo-Progynova 2 Mg Tablets Acute Medication (Past)
84 tablet - 1 Tab Daily

08-May-2014 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY

08-May-2014 Glandosane (Peppermint Flavour) Aerosol spray Acute Medication (Past)
1 aerosol - TO BE USED WHEN REQUIRED

23-Apr-2014 Elleste Duet 2 Mg Tablets Acute Medication (Past)
84 tablet - ONE TO BE TAKEN EACH DAY

13-Feb-2014 Elleste Duet 2 Mg Tablets Acute Medication (Past)
84 tablet - ONE TO BE TAKEN EACH DAY

30-Dec-2013 Trimethoprim Tablets 200 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN TWICE A DAY

23-Dec-2013 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)

16-Dec-2013 Budesonide Dry Powder Inhaler 200 micrograms/actuation Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

04-Nov-2013 Elleste Duet 2 Mg Tablets Acute Medication (Past)
84 tablet - ONE TO BE TAKEN EACH DAY

08-May-2013 Nicorette Inhalator Inhalation cartridge with mouthpiece 1 Acute Medication (Past)
4 cartridge - AS DIRECTED

26-Feb-2013 Elleste Duet 1 Mg Tablets Acute Medication (Past)
84 tablet - ONE TO BE TAKEN EACH DAY

14-Feb-2013 Budesonide Dry Powder Inhaler 200 micrograms/actuation Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

14-Feb-2013 Terbutaline Sulphate Breath-Actuated Dry Powder Inhaler 50 Acute Medication (Past)
1 INHAL - 1 Puff Take as required

13-Feb-2013 Tiotropium Dry powder capsules for inhalation 18 microgram Acute Medication (Past)
28 CAPS - 1 Cap Daily

13-Jan-2012 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPS - 1 Cap 3 times daily

13-Jan-2012 Budesonide Dry Powder Inhaler 200 micrograms/actuation Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

13-Jan-2012 Terbutaline Sulphate Breath-Actuated Dry Powder Inhaler 50 Acute Medication (Past)
1 INHAL - 1 Puff Take as required

13-Jan-2012 Tiotropium Dry powder capsules for inhalation 18 microgram Acute Medication (Past)
28 CAPS - 1 Cap Daily

27-Oct-2011 Budesonide Dry Powder Inhaler 200 micrograms/actuation Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

27-Oct-2011 Terbutaline Sulphate Breath-Actuated Dry Powder Inhaler 50 Acute Medication (Past)
1 INHAL - 1 Puff Take as required

24-Oct-2011 Tiotropium Dry powder capsules for inhalation 18 microgram Acute Medication (Past)
28 CAPS - 1 Cap Daily

01-Sept-2011 Tiotropium bromide 18microgram inhalation powder capsules... Repeat Medication (Past)
28 CAPS - 1 Cap Daily

01-Sept-2011 Tiotropium bromide 18microgram inhalation powder capsules Repeat Medication (Past)
28 CAPS - 1 Cap Daily

01-Sept-2011 Tiotropium Inhalation Powder + Inhaler CAPS 18MICROGRAMS Acute Medication (Past)
28 CAPS - 1 Cap Daily

01-Sept-2011 Tiotropium Refill CAPS 18MICROGRAMS Acute Medication (Past)
28 CAPS - 1 Cap Daily

07-July-2011 Budesonide 200micrograms/dose dry powder inhaler Repeat Medication (Past)
1 INHAL - 2 Puffs morning and night

07-July-2011 Terbutaline 500micrograms/dose dry powder inhaler Repeat Medication (Past)
1 INHAL - 1 Puff Take as required

07-July-2011 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

07-July-2011 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

07-July-2011 Quinine Sulphate TABS 300MG Acute Medication (Past)
28 TABS - 1 Tab Daily

10-Mar-2011 Citalopram TABS 20MG Acute Medication (Past)
28 TABS - 1 Tab In the morning

17-Feb-2011 Solifenacin Succinate TABS 5MG Acute Medication (Past)
30 TABS - 1 Tab Daily

09-Feb-2011 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

09-Feb-2011 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

08-Feb-2011 Trimethoprim TABS 200MG Acute Medication (Past)
6 TABS - 1 Tab Twice daily

16-Nov-2010 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

16-Nov-2010 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

09-Nov-2010 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

09-Nov-2010 Prednisolone TABS 5MG Acute Medication (Past)
30 TABS - 6tabs Daily

09-Nov-2010 Amoxicillin CAPS 500MG Acute Medication (Past)
15 CAPS - 1 Cap 3 times daily

14-Apr-2010 Amoxicillin CAPS 250MG Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

12-Feb-2010 Tacrolimus 0.1%ointment Repeat Medication (Past)
60 OINT - Apply sparingly At night Notes for dispenser: apply to affected areas

12-Feb-2010 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

12-Feb-2010 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

12-Feb-2010 Tacrolimus OINT 0.1% Acute Medication (Past)
60 OINT - Apply sparingly At night Notes for dispenser: apply to affected areas

12-Feb-2010 Lodine Sr TABS 600MG Acute Medication (Past)
30 TABS - 1 Tab In the morning

12-Feb-2010 Omeprazole CAPS 20MG Acute Medication (Past)
28 CAPS - 1 Cap In the morning

29-Dec-2009 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

29-Dec-2009 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

29-Dec-2009 Amoxicillin CAPS 500MG Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

14-Dec-2009 Co-Dydramol 10mg/500mg TABS Acute Medication (Past)
42 TABS - 2 Tabs 3 times daily

22-Oct-2009 Tacrolimus OINT 0.1% Acute Medication (Past)
60 OINT - Apply sparingly At night Notes for dispenser: apply to affected areas

23-Sept-2009 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

23-Sept-2009 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

23-Sept-2009 Ciprofloxacin TABS 250MG Acute Medication (Past)
14 TABS - 1 Tab Twice daily

30-Jun-2009 Veil Cover CREAM Acute Medication (Past)
44 CREAM -

17-Jun-2009 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

17-Jun-2009 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

16-Jun-2009 Dithranol CREAM 1% Acute Medication (Past)
50 CREAM - Apply sparingly

26-May-2009 Dithranol CREAM 0.5% Acute Medication (Past)
50 CREAM - Apply sparingly As directed

13-May-2009 Co-Dydramol 10mg/500mg TABS Acute Medication (Past)
42 TABS - 2 Tabs 3 times daily

13-May-2009 Dithranol CREAM 0.25% Acute Medication (Past)
50 CREAM - Apply Daily

11-May-2009 Dithranol CREAM 0.25% Acute Medication (Past)
-1 INVALID - DELETED: Wrong patient – Apply Daily

08-Dec-2008 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

08-Dec-2008 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

08-Dec-2008 Co-Dydramol 10mg/500mg TABS Acute Medication (Past)
42 TABS - 2 Tabs 3 times daily

08-Dec-2008 Cetirizine Hydrochloride TABS 10MG Acute Medication (Past)
14 TABS - 1 Tab Daily

01-Dec-2008 Nicorette 15mg/16 Hours PATCH Acute Medication (Past)
4 xop dispense weekly - Apply Daily

07-Nov-2008 Varenicline Tartrate Initiation Pack 11 X 0.5mg 14 X 1mg TA Acute Medication (Past)
1 TABS - 1 Tab As directed

23-Oct-2008 Tacrolimus OINT 0.1% Acute Medication (Past)
30 OINT - Apply As directed

09-Sept-2008 Fludroxycortide Cream 0.0125 % Acute Medication (Past)
60 gram - Apply sparingly 3 times daily

18-Aug-2008 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

18-Aug-2008 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

18-Aug-2008 Betamethasone Valerate Scalp APPL 0.1% Acute Medication (Past)
100 APPL - Apply alt days

16-July-2008 Trimethoprim TABS 200MG Acute Medication (Past)
10 TABS - 1 Tab Twice daily

11-Jun-2008 Varenicline Tartrate Continuation Pack TABS 0.5MG Acute Medication (Past)
56 TABS - 1 Tab morning and night

12-May-2008 Champix Continuation Pack TABS 1MG Acute Medication (Past)
56 TABS - 1 Tab Twice daily

28-Apr-2008 Champix Initiation Pack 11 X 0.5mg 14 X 1mg TABS Acute Medication (Past)
1 TABS - 1 Tab As directed

16-Apr-2008 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

16-Apr-2008 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

14-Apr-2008 Amoxicillin CAPS 500MG Acute Medication (Past)
-1 INVALID - DELETED: Wrong patient – 1 Cap 3 times daily

14-Apr-2008 Amoxicillin CAPS 500MG Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

14-Apr-2008 Zyban TABS 150MG Acute Medication (Past)
60 TABS - 1 Tab Daily

17-Jan-2008 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

17-Jan-2008 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

02-Nov-2007 Niquitin 14mg/24 Hours Step Two Clear PATCH Acute Medication (Past)
4 xop - Apply Daily

23-Oct-2007 Trimethoprim TABS 200MG Acute Medication (Past)
6 TABS - 1 Tab Twice daily

19-Oct-2007 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

19-Oct-2007 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

07-Sept-2007 Nicorette Inhalator Inhalation Cartridge Plus Mouthpiece Ref Acute Medication (Past)
8 xop dispense weekly - 6-12 Daily

23-July-2007 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

23-July-2007 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

13-Jun-2007 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

13-Jun-2007 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

12-Mar-2007 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

12-Mar-2007 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

09-Feb-2007 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

09-Feb-2007 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

09-Feb-2007 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

14-Dec-2006 Ciprofloxacin TABS 250MG Acute Medication (Past)
14 TABS - 1 Tab Twice daily

07-Sept-2006 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

07-Sept-2006 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

26-July-2006 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff Take as required

26-July-2006 Budesonide 100 Dose Dry Powder Breath Actuated INHAL 200MCG/ Acute Medication (Past)
1 INHAL - 2 Puffs morning and night

14-July-2006 Amoxicillin CAPS 250MG Acute Medication (Past)
-1 INVALID - DELETED: Wrong patient – 1 Cap 3 times daily

14-July-2006 Terbutaline Sulphate 100 Dose Dry Powder INHAL 500MCG/DOSE Acute Medication (Past)
1 INHAL - 1 Puff 4 times daily

14-July-2006 Erythromycin Ec CAPS 250MG Acute Medication (Past)
28 CAPS - 1 Cap 4 times daily

02-Aug-2005 Cefalexin TABS 250MG Acute Medication (Past)
21 TABS - 1 Tab tid

13-July-2005 Clarithromycin TABS 250MG Acute Medication (Past)
14 TABS - 1 Tab Twice daily

28-Jun-2005 Trimethoprim TABS 200MG Acute Medication (Past)
-1 INVALID - DELETED: Wrong patient – 1 Tab Twice daily

24-Nov-2004 Metronidazole TABS 200MG Acute Medication (Past)
21 TABS - 1 Tab 3 times daily

24-Nov-2004 Co-Amoxiclav 500mg/125mg TABS Acute Medication (Past)
21 TABS - 1 Tab 3 times daily

17-Nov-2004 Niquitin 14mg/24 Hours Step Two PATCH Acute Medication (Past)
28 PATCH - Daily

06-Oct-2004 Clarithromycin TABS 250MG Acute Medication (Past)
14 TABS - 1 Tab Twice daily

06-Oct-2004 Niquitin 14mg/24 Hours Step Two PATCH Acute Medication (Past)
28 PATCH - Daily

20-Apr-2004 Niquitin 21mg/24 Hours Step One Clear PATCH Acute Medication (Past)
14 PATCH - Apply Daily

27-Jan-2004 Rofecoxib TABS 25MG Acute Medication (Past)
28 TABS - 1 Tab Daily

15-Aug-2003 Clarithromycin TABS 250MG Acute Medication (Past)
14 TABS - 1 Tab Twice daily

15-Jan-2003 Pulmicort Turbohaler 200 Dose Dry Powder INHAL 100MCG/DOSE Acute Medication (Past)
1 INHAL - 2 Puffs Twice daily

05-Sept-2002 Trimethoprim TABS 200MG Acute Medication (Past)
10 TABS - 1 Tab Twice daily

05-Sept-2002 Dexarhinaspray Duo 110 Dose Cfc Free Pump Action Nasal 10ml Acute Medication (Past)
1 SPRAY - 3 times daily

17-Apr-2002 Sertraline TABS 50MG Acute Medication (Past)
28 TABS - 1 Tab Daily

13-Mar-2001 zyban tab 150mg Acute Medication (Past)
60 INVAL - 1 tab 3 days 1 tab bd As directed

04-Dec-2000 Citalopram TABS 10MG Acute Medication (Past)
35 TABS - 1 Tab Daily

29-Sept-2000 Cefalexin TABS 500MG Acute Medication (Past)
21 TABS - 1 Tab 3 times daily

21-Sept-2000 Clotrimazole Vaginal TABS 500MG Acute Medication (Past)
1 TABS - 1 Tab As directed

Allergies

22-Jan-2021 Dr J Lynch
Adverse reaction to Naproxen
abdominal pain and nausea
RCT001
Episodicity -

Vaccinations

02-Dec-2021 Mara Fraser
Seasonal influenza vaccin given by other healthcare provider
Intervention
FLUSOHP

23-Nov-2021
Administration of first inactivated seasonal influenza vacc
3079181A/ FLUQIVC/IM/Left Arm//FLU - Flucelvax Tetra (QIVc) (Fernhill Community Centre Covid Clinic)
Intervention
FLU

23-Nov-2021
Administration of first dose of SARS-CoV-2 vaccine
FH4751/ PF/IM/Right Arm//C-19 Booster Pfizer (Fernhill Community Centre Covid Clinic)
Intervention
COVOTHER

12-May-2021
Administration of second dose of SARS-CoV-2 vacc
*PV46688/ AZ/IM/LUA//C-19 (By H *****)*
Intervention
COVOTHER

27-Feb-2021
Administration of first dose of SARS-CoV-2 vaccine
PV46669/ AZ/IM/LUA//C-19 (By S Kholeif)
Intervention
COVOTHER

09-Oct-2019 Ms Michelle Connelly
Seasonal influenza vaccination
Batch No XXXXXXXX Exp 00/13
Intervention
FLU

12-Oct-2018 E Boud
Seasonal influenza vaccination
Batch No R04X Expiry 05/19
Intervention
FLU

17-Nov-2016 E Boud
Seasonal influenza vaccination
Seqirus 164001A exp 04/17
Intervention
FLU

13-Nov-2015 Ms Michelle Connelly
Seasonal influenza vaccination
Agrippal Batch: 151902 Expires: 04/16 (GMS)
Intervention
FLU

16-Oct-2014 Dr J Lynch
Seasonal influenza vaccination
Split Virion - Batch: L8207-1 Expires: 05-2015 (GMS)
Intervention
FLU

25-Oct-2013 E Boud
Seasonal influenza vaccination
Batch No AFLUA809AF EXP07/14
Intervention
FLU

16-Nov-2009 user3
PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given
Site: Left Arm priority=2Batch Number: A81CA067AExpiry date: 01/07/2011Manufacturer: GlaxoSmithKlineProduct Name: Pandemrix
Intervention
PFLUGSK

02-Nov-2007 Ms Michelle Connelly
Pneumococcal vaccination
Batch Number: ND60010 Expiry Date: 7/2008 priority=2Batch Number: ND60010Expiry date: 31/07/2008Manufacturer: Sanofi Pasteur MSDProduct Name: Pneumovax II
Intervention
PNEUMOCOC

23-Mar-1999 E Boud
Booster polio vaccination
Polio Immunis.$$.clm - Repeat after an Interval 120MIn GP care
Intervention
POLIO

23-Mar-1999 E Boud
Booster tetanus vaccination
Tetanus Immunis.$$.clm - Repeat after an Interval 120MIn GP care
Intervention
TETANUS

Referrals

18-Feb-2026 Dr J Lynch
8H77.: Refer to physiotherapist (SCI Gateway Referral)
*Out Patient. Sender: Dr J *****; Reason: 8H77.: Refer to physiotherapist (SCI Gateway Referral)*

14-Jan-2026 Dr L Henderson
8H...: Referral for further care (SCI Gateway Referral)
*Out Patient. Sender: Dr L *****; Reason: 8H...: Referral for further care (SCI Gateway Referral)*

14-Jan-2026 Dr L Henderson
8H...: Referral for further care (SCI Gateway Referral)
*Out Patient. Sender: Dr L *****; Reason: 8H...: Referral for further care (SCI Gateway Referral)*

12-Nov-2025 Dr J Lynch
8H43.: Dermatological referral (SCI Gateway Referral)
*Out Patient. Sender: Dr J *****; Reason: 8H43.: Dermatological referral (SCI Gateway Referral)*

06-Aug-2025 Dr J Lynch
8H59.: Referred to plastic surgeon (SCI Gateway Referral)
*Out Patient. Sender: Dr J *****; Reason: 8H59.: Referred to plastic surgeon (SCI Gateway Referral)*

29-Feb-2024 Dr J Lynch
8H49.: Psychiatric referral (SCI Gateway Referral)
*Out Patient. Sender: Dr J *****; Reason: 8H49.: Psychiatric referral (SCI Gateway Referral)*

11-Oct-2023 Dr Lynsey Baird
8H...: Referral for further care (SCI Gateway Referral)
Out Patient. Sender: Dr Lynsey Baird; Reason: 8H...: Referral for further care (SCI Gateway Referral)

13-Sept-2023 Dr Lynsey Baird
8H...: Referral for further care (SCI Gateway Referral)
Out Patient. Sender: Dr Lynsey Baird; Reason: 8H...: Referral for further care (SCI Gateway Referral)

17-Jan-2023 Dr J Lynch
8H77.: Refer to physiotherapist (SCI Gateway Referral)
*Out Patient. Sender: Dr J *****; Reason: 8H77.: Refer to physiotherapist (SCI Gateway Referral)*

28-Oct-2022 Dr J Lynch
EMISSPR160: Plastic surgery referral (SCI Gateway Referral)
*Out Patient. Sender: Dr J *****; Reason: EMISSPR160: Plastic surgery referral (SCI Gateway Referral)*

25-Oct-2021 Dr Saif Khan
8H...: Referral for further care (SCI Gateway Referral)
*Covid-19. Sender: Dr ***** *****; Reason: 8H...: Referral for further care (SCI Gateway Referral)*

16-Sept-2019 Dr Amy Proctor
8H43.: Dermatological referral (SCI Gateway Referral)
*Out Patient. Sender: Dr ***** Proctor; Reason: 8H43.: Dermatological referral (SCI Gateway Referral)*

09-Feb-2015 E Boud
Referl to stop-smoking clinic
. Sender: E Boud; Reason: Referl to stop-smoking clinic

11-Aug-2014 Dr J Lynch
8H...: Referral for further care (SCI Gateway Referral)
*Out Patient. Sender: Dr J *****; Reason: 8H...: Referral for further care (SCI Gateway Referral)*

30-Dec-2013 Dr J Lynch
8H...: Referral for further care (SCI Gateway Referral)
*Out Patient. Sender: Dr J *****; Reason: 8H...: Referral for further care (SCI Gateway Referral)*

25-Oct-2013 E Boud
Referl to stop-smoking clinic
. Sender: E Boud; Reason: Referl to stop-smoking clinic

14-July-2011 Dr J Lynch
Referral for further care
*(Referred To: Southern General Hospital, NHS. Referral Type: Out Patient. Speciality Type: Dermatology. Referral Nature: Not Specified. , Referral Reason: Clinic of Dr S ***** - recurrence of alopecia areata). Sender: Dr J *****; Reason: Referral for further care*

07-July-2011 E Boud
Referral for spirometry
(: priority=2). Sender: E Boud; Reason: Referral for spirometry

27-Apr-2010 Dr L Henderson
Referral for further care
*(Referred To: ***** Infirmary, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Not Specified. , Referral Reason: Polymenorrhagia). Sender: Dr L *****; Reason: Referral for further care*

11-Sept-2008 Dr D Reid
Referral for further care
*(Referred To: ***** Infirmary, NHS. Referral Type: Out Patient. Speciality Type: Dermatology. Referral Nature: Not Specified. , Referral Reason: Alopecia). Sender: Dr D *****; Reason: Referral for further care*

27-Jan-2004 Dr D Reid
Referral for further care
*(Referred To: ***** Infirmary, NHS. Referral Type: Speciality Type: Breast Clinic. Referral Nature:). Sender: Dr D *****; Reason: Referral for further care*

04-Oct-2000 Dr J Lynch
Referral for further care
*(Referred To: Southern General Hospital, NHS. Referral Type: Speciality Type: Gynaecology. Referral Nature:). Sender: Dr J *****; Reason: Referral for further care*

Test Requests

This section is empty.

Test Results

09-Sept-2024
Result: Serum albumin*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum albumin SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 44 g/L (Range: 35 - 50)

09-Sept-2024
Result: Serum albumin*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum albumin SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 44 g/L (Range: 35 - 50)

09-Sept-2024
Result: Serum albumin*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum albumin SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 44 g/L (Range: 35 - 50)

09-Sept-2024
Result: Serum albumin*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum albumin SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 44 g/L (Range: 35 - 50)

09-Sept-2024
Result: Serum alkaline phosphatase*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum alkaline phosphatase SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 96 U/L (Range: 30 - 130)

09-Sept-2024
Result: Serum alkaline phosphatase*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum alkaline phosphatase SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 96 U/L (Range: 30 - 130)

09-Sept-2024
Result: serum alanine aminotransferase level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
serum alanine aminotransferase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 15 U/L (Range: 5 - 55)

09-Sept-2024
Result: serum alanine aminotransferase level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
serum alanine aminotransferase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 15 U/L (Range: 5 - 55)

09-Sept-2024
Result: Serum vitamin B12*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum vitamin B12 SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 269 pg/mL (Range: 197 - 771)

09-Sept-2024
Result: Serum bilirubin level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum bilirubin level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 3 umol/L (No range available)

09-Sept-2024
Result: Serum bilirubin level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum bilirubin level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 3 umol/L (No range available)

09-Sept-2024
Result: Corrected serum calcium level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Corrected serum calcium level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 2.35 mmol/L (Range: 2.2 - 2.6)

09-Sept-2024
Result: Corrected serum calcium level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Corrected serum calcium level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 2.35 mmol/L (Range: 2.2 - 2.6)

09-Sept-2024
Result: Serum chloride*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum chloride SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 102 mmol/L (Range: 95 - 108)

09-Sept-2024
Result: Serum chloride*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum chloride SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 102 mmol/L (Range: 95 - 108)

09-Sept-2024
Result: Serum creatinine*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum creatinine SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 65 umol/L (Range: 60 - 110)

09-Sept-2024
Result: Serum creatinine*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum creatinine SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 65 umol/L (Range: 60 - 110)

09-Sept-2024
Result: Eosinophil count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Eosinophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 0.1 (No range available)

09-Sept-2024
Result: Eosinophil count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Eosinophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 0.1 (No range available)

09-Sept-2024
Result: Eosinophil count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Eosinophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 0.1 (No range available)

09-Sept-2024 **Result:** Serum folate*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum* Abnormal			
	Serum folate SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	**2.27 ng/mL**	**(Range: 3.9 - 26.8)**
09-Sept-2024 **Result:** Serum gamma-glutamyl transferase level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*			
	Serum gamma-glutamyl transferase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	19 U/L	(No range available)
09-Sept-2024 **Result:** Haemoglobin estimation*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*			
	Haemoglobin estimation SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	130 g/L	(Range: 115 - 165)
09-Sept-2024 **Result:** Haemoglobin estimation*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*			
	Haemoglobin estimation SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	130 g/L	(Range: 115 - 165)
09-Sept-2024 **Result:** Haemoglobin estimation*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*			
	Haemoglobin estimation SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	130 g/L	(Range: 115 - 165)
09-Sept-2024 **Result:** Serum lactate dehydrogenase level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*			
	Serum lactate dehydrogenase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	203 U/L	(No range available)
09-Sept-2024 **Result:** Serum lactate dehydrogenase level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*			
	Serum lactate dehydrogenase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum	203 U/L	(No range available)
09-Sept-2024 **Result:** Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA* Abnormal			
	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	**35.4 pg**	**(Range: 27 - 32)**
09-Sept-2024 **Result:** Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA* Abnormal			
	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	**35.4 pg**	**(Range: 27 - 32)**
09-Sept-2024 **Result:** Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA* Abnormal			
	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	**35.4 pg**	**(Range: 27 - 32)**
09-Sept-2024 **Result:** Mean corpusc. Hb. conc. (MCHC)*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*			
	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	332 g/L	(Range: 320 - 360)
09-Sept-2024 **Result:** Mean corpusc. Hb. conc. (MCHC)*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*			
	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	332 g/L	(Range: 320 - 360)
09-Sept-2024 **Result:** Mean corpusc. Hb. conc. (MCHC)*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*			
	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	332 g/L	(Range: 320 - 360)
09-Sept-2024 **Result:** Mean corpuscular volume (MCV)*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA* Abnormal			
	Mean corpuscular volume (MCV) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	**106.5 fL**	**(Range: 80 - 100)**
09-Sept-2024 **Result:** Mean corpuscular volume (MCV)*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA* Abnormal			
	Mean corpuscular volume (MCV) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	**106.5 fL**	**(Range: 80 - 100)**
09-Sept-2024 **Result:** Mean corpuscular volume (MCV)*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA* Abnormal			
	Mean corpuscular volume (MCV) SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	**106.5 fL**	**(Range: 80 - 100)**
09-Sept-2024 **Result:** Monocyte count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*			
	Monocyte count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA	0.3	(Range: 0.2 - 0.8)

09-Sept-2024
Result: Monocyte count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Monocyte count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 0.3 (Range: 0.2 - 0.8)

09-Sept-2024
Result: Monocyte count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Monocyte count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 0.3 (Range: 0.2 - 0.8)

09-Sept-2024
Result: Neutrophil count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Neutrophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 3.4 (Range: 2 - 7.5)

09-Sept-2024
Result: Neutrophil count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Neutrophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 3.4 (Range: 2 - 7.5)

09-Sept-2024
Result: Neutrophil count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Neutrophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 3.4 (Range: 2 - 7.5)

09-Sept-2024
Result: Platelet count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Platelet count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 230 (Range: 140 - 450)

09-Sept-2024
Result: Platelet count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Platelet count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 230 (Range: 140 - 450)

09-Sept-2024
Result: Platelet count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Platelet count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 230 (Range: 140 - 450)

09-Sept-2024
Result: Serum potassium*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum potassium SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 4.2 mmol/L (Range: 3.5 - 5.3)

09-Sept-2024
Result: Serum potassium*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum potassium SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 4.2 mmol/L (Range: 3.5 - 5.3)

09-Sept-2024
Result: Red blood cell (RBC) count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Abnormal
Red blood cell (RBC) count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA **3.67** **(Range: 3.9 - 5.6)**

09-Sept-2024
Result: Red blood cell (RBC) count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Abnormal
Red blood cell (RBC) count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA **3.67** **(Range: 3.9 - 5.6)**

09-Sept-2024
Result: Red blood cell (RBC) count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Abnormal
Red blood cell (RBC) count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA **3.67** **(Range: 3.9 - 5.6)**

09-Sept-2024
Result: Serum sodium*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum sodium SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 139 mmol/L (Range: 133 - 146)

09-Sept-2024
Result: Serum sodium*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum sodium SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 139 mmol/L (Range: 133 - 146)

09-Sept-2024
Result: Serum TSH level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum TSH level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 1.81 mU/L (Range: 0.27 - 4.2)

09-Sept-2024
Result: Serum urea level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum urea level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 3.6 mmol/L (Range: 2.5 - 7.8)

09-Sept-2024
Result: Serum urea level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Serum urea level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 3.6 mmol/L (Range: 2.5 - 7.8)

09-Sept-2024
Result: Total white blood count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Total white blood count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 5.1 (Range: 4 - 11)

09-Sept-2024
Result: Total white blood count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Total white blood count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 5.1 (Range: 4 - 11)

09-Sept-2024
Result: Total white blood count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Total white blood count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 5.1 (Range: 4 - 11)

09-Sept-2024
Result: Percentage lymphocytes*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Percentage lymphocytes SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 1.3 (Range: 1 - 4)

09-Sept-2024
Result: Percentage lymphocytes*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Percentage lymphocytes SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 1.3 (Range: 1 - 4)

09-Sept-2024
Result: Percentage lymphocytes*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Percentage lymphocytes SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 1.3 (Range: 1 - 4)

09-Sept-2024
Result: Plasma glucose level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Flu ox*
Abnormal
Plasma glucose level SPECIMEN ID: 4097649250SPECIMEN TYPE: Flu ox **6.3 mmol/L** **(Range: 3 - 6)**

09-Sept-2024
Result: Plasma glucose level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Flu ox*
Abnormal
Plasma glucose level SPECIMEN ID: 4097649250SPECIMEN TYPE: Flu ox **6.3 mmol/L** **(Range: 3 - 6)**

09-Sept-2024
Result: Plasma glucose level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Flu ox*
Abnormal
Plasma glucose level SPECIMEN ID: 4097649250SPECIMEN TYPE: Flu ox **6.3 mmol/L** **(Range: 3 - 6)**

09-Sept-2024
Result: Serum amylase level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Abnormal
Serum amylase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum **145 U/L** **(No range available)**

09-Sept-2024
Result: Serum amylase level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Abnormal
Serum amylase level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum **145 U/L** **(No range available)**

09-Sept-2024
Result: Haemoglobin A1c level - IFCC standardised*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Haemoglobin A1c level - IFCC standardised SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 36 mmol/mol (Range: 20 - 42)

09-Sept-2024
Result: Haemoglobin A1c level - IFCC standardised*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Haemoglobin A1c level - IFCC standardised SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 36 mmol/mol (Range: 20 - 42)

09-Sept-2024
Result: Haemoglobin A1c level - IFCC standardised*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Haemoglobin A1c level - IFCC standardised SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 36 mmol/mol (Range: 20 - 42)

09-Sept-2024
Result: Haematocrit*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Haematocrit SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 0.391 L/L (Range: 0.37 - 0.47)

09-Sept-2024
Result: Haematocrit*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Haematocrit SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 0.391 L/L (Range: 0.37 - 0.47)

09-Sept-2024
Result: Haematocrit*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Haematocrit SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 0.391 L/L (Range: 0.37 - 0.47)

09-Sept-2024
Result: Basophil count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Basophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 0 (No range available)

09-Sept-2024
Result: Basophil count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Basophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 0 (No range available)

09-Sept-2024
Result: Basophil count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Basophil count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 0 (No range available)

09-Sept-2024
Result: Red blood cell distribution width*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Red blood cell distribution width SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 13.4 % (Range: 11 - 16)

09-Sept-2024
Result: Red blood cell distribution width*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Red blood cell distribution width SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 13.4 % (Range: 11 - 16)

09-Sept-2024
Result: Red blood cell distribution width*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Red blood cell distribution width SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA 13.4 % (Range: 11 - 16)

09-Sept-2024
Result: Differential whitecell count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Differential whitecell count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA (No range available)

09-Sept-2024
Result: Differential whitecell count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Differential whitecell count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA (No range available)

09-Sept-2024
Result: Differential whitecell count*SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA*
Differential whitecell count SPECIMEN ID: 4097649250SPECIMEN TYPE: EDTA (No range available)

09-Sept-2024
Result: Free T4 level*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum*
Free T4 level SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum 17.7 pmol/L (Range: 12 - 22)

09-Sept-2024
Result: (Non Coded Event - Plasma glucose level)*Specimen Id: 4097649250Specimen Type: Flu oxNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Plasma glucose level) Specimen Id: 4097649250Specimen Type: Flu oxNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal (No range available)

09-Sept-2024
Result: (Non Coded Event - Haemoglobin A1c level - IFCC standardised)*Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:*
(Non Coded Event - Haemoglobin A1c level - IFCC standardised) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

09-Sept-2024
Result: (Non Coded Event - Full blood count - FBC)*Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 15Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Full blood count - FBC) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 15Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: Abnormal (No range available)

09-Sept-2024
Result: (Non Coded Event - Plasma glucose level)*Specimen Id: 4097649250Specimen Type: Flu oxNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Plasma glucose level) Specimen Id: 4097649250Specimen Type: Flu oxNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal (No range available)

09-Sept-2024
Result: (Non Coded Event - Serum calcium)*Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 2Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:*
(Non Coded Event - Serum calcium) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 2Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

09-Sept-2024
Result: (Non Coded Event - Serum amylase level)*Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Serum amylase level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal (No range available)

09-Sept-2024
Result: (Non Coded Event - Serum total lactate dehydrogenase level)*Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:*
(Non Coded Event - Serum total lactate dehydrogenase level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

09-Sept-2024
Result: (Non Coded Event - Liver function test)*Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 4Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:*
(Non Coded Event - Liver function test) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 4Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

09-Sept-2024

Result: (Non Coded Event - Urea and electrolytes)*Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 6Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:*
(Non Coded Event - Urea and electrolytes) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 6Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

09-Sept-2024

Result: (Non Coded Event - Haemoglobin A1c level - IFCC standardised)*Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:*
(Non Coded Event - Haemoglobin A1c level - IFCC standardised) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

09-Sept-2024

Result: (Non Coded Event - Full blood count - FBC)*Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 15Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Full blood count - FBC) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 15Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: Abnormal (No range available)

09-Sept-2024

Result: (Non Coded Event - Plasma glucose level)*Specimen Id: 4097649250Specimen Type: Flu oxNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Plasma glucose level) Specimen Id: 4097649250Specimen Type: Flu oxNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal (No range available)

09-Sept-2024

Result: (Non Coded Event - Thyroid hormone tests)*Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 2Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:*
(Non Coded Event - Thyroid hormone tests) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 2Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

09-Sept-2024

Result: (Non Coded Event - Serum calcium)*Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 2Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:*
(Non Coded Event - Serum calcium) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 2Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

09-Sept-2024

Result: (Non Coded Event - Serum amylase level)*Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Serum amylase level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: high (SK)Abnormal/Normal Flag: Abnormal (No range available)

09-Sept-2024

Result: (Non Coded Event - Serum gamma-glutamyl transferase level)*Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:*
(Non Coded Event - Serum gamma-glutamyl transferase level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

09-Sept-2024

Result: (Non Coded Event - Serum total lactate dehydrogenase level)*Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:*
(Non Coded Event - Serum total lactate dehydrogenase level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

09-Sept-2024

Result: (Non Coded Event - Liver function test)*Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 4Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:*
(Non Coded Event - Liver function test) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 4Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

09-Sept-2024

Result: (Non Coded Event - Urea and electrolytes)*Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 6Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:*
(Non Coded Event - Urea and electrolytes) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 6Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

09-Sept-2024

Result: (Non Coded Event - B12/folate level)*Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 3Lab comment: od|Reviewer comment: Prescription done (SK)Abnormal/Normal Flag: Abnormal*
(Non Coded Event - B12/folate level) Specimen Id: 4097649250Specimen Type: SerumNumber of Test(s): 3Lab comment: od|Reviewer comment: Prescription done (SK)Abnormal/Normal Flag: Abnormal (No range available)

09-Sept-2024
Result: (Non Coded Event - Haemoglobin A1c level - IFCC standardised)*Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag:*
(Non Coded Event - Haemoglobin A1c level - IFCC standardised) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 1Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: (No range available)

09-Sept-2024
Result: (Non Coded Event - Full blood count - FBC)*Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 15Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Full blood count - FBC) Specimen Id: 4097649250Specimen Type: EDTANumber of Test(s): 15Lab comment: od|Reviewer comment: Normal (SK)Abnormal/Normal Flag: Abnormal (No range available)

09-Sept-2024
Result: GFR calculated abbreviated MDRD*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum> 59*
GFR calculated abbreviated MDRD SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum> 59 (No range available)

09-Sept-2024
Result: GFR calculated abbreviated MDRD*SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum> 59*
GFR calculated abbreviated MDRD SPECIMEN ID: 4097649250SPECIMEN TYPE: Serum> 59 (No range available)

15-Nov-2023 Ms Alanna Foster
Result: CT (computed tomography) of chest and abdomen*normal*
CT (computed tomography) of chest and abdomen normal (No range available)

24-Oct-2023 Ms Alanna Foster
Result: Standard chest X-ray
Standard chest X-ray (No range available)

12-Oct-2023
Result: Serum albumin*SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum*
Serum albumin SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum 45 g/L (No range available)

12-Oct-2023
Result: Serum alkaline phosphatase*SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum*
Serum alkaline phosphatase SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum 82 U/L (No range available)

12-Oct-2023
Result: serum alanine aminotransferase level*SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum*
serum alanine aminotransferase level SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum 13 U/L (No range available)

12-Oct-2023
Result: Serum bilirubin level*SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum< 3*
Serum bilirubin level SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum< 3 (No range available)

12-Oct-2023
Result: Serum chloride*SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum*
Serum chloride SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum 102 mmol/L (No range available)

12-Oct-2023
Result: Serum creatinine*SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum*
Serum creatinine SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum 63 umol/L (No range available)

12-Oct-2023
Result: Eosinophil count*SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA*
Eosinophil count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA 0.1 (No range available)

12-Oct-2023
Result: Haemoglobin estimation*SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA*
Haemoglobin estimation SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA 135 g/L (No range available)

12-Oct-2023
Result: Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA*
Abnormal
Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA 35.2 pg (No range available)

12-Oct-2023
Result: Mean corpusc. Hb. conc. (MCHC)*SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA*
Abnormal
Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA 318 g/L (No range available)

12-Oct-2023
Result: Mean corpuscular volume (MCV)*SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA*
Abnormal
Mean corpuscular volume (MCV) SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA 110.7 fL (No range available)

12-Oct-2023
Result: Monocyte count*SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA*

Monocyte count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	0.5	(No range available)

12-Oct-2023
Result: Neutrophil count*SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA*

Neutrophil count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	3	(No range available)

12-Oct-2023
Result: Platelet count*SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA*

Platelet count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	282	(No range available)

12-Oct-2023
Result: Serum potassium*SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum*

Serum potassium SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	4.6 mmol/L	(No range available)

12-Oct-2023
Result: Red blood cell (RBC) count*SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA*
Abnormal

Red blood cell (RBC) count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	3.84	(No range available)

12-Oct-2023
Result: Serum sodium*SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum*

Serum sodium SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	142 mmol/L	(No range available)

12-Oct-2023
Result: Serum TSH level*SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum*

Serum TSH level SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	1.37 mU/L	(No range available)

12-Oct-2023
Result: Serum urea level*SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum*

Serum urea level SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	4.2 mmol/L	(No range available)

12-Oct-2023
Result: Total white blood count*SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA*

Total white blood count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	5.9	(No range available)

12-Oct-2023
Result: Percentage lymphocytes*SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA*

Percentage lymphocytes SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	2.3	(No range available)

12-Oct-2023
Result: Haemoglobin A1c level - IFCC standardised*SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA*

Haemoglobin A1c level - IFCC standardised SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	39 mmol/mol	(No range available)

12-Oct-2023
Result: Blood film microscopy*SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA*

Blood film microscopy SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA		(No range available)

12-Oct-2023
Result: Haematocrit*SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA*

Haematocrit SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	0.425 L/L	(No range available)

12-Oct-2023
Result: Basophil count*SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA*

Basophil count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	0	(No range available)

12-Oct-2023
Result: Red blood cell distribution width*SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA*

Red blood cell distribution width SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA	13.8 %	(No range available)

12-Oct-2023
Result: Differential whitecell count*SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA*

Differential whitecell count SPECIMEN ID: 3107380338SPECIMEN TYPE: EDTA		(No range available)

12-Oct-2023
Result: Free T4 level*SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum*

Free T4 level SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum	15.9 pmol/L	(No range available)

12-Oct-2023
Result: (Non Coded Event - Thyroid hormone tests)*Specimen Id: 3107380338Specimen Type: SerumNumber of Test(s): 2Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag:*

(Non Coded Event - Thyroid hormone tests) Specimen Id: 3107380338Specimen Type: SerumNumber of Test(s): 2Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag:		(No range available)

12-Oct-2023
Result: (Non Coded Event - Liver function test)*Specimen Id: 3107380338Specimen Type: SerumNumber of Test(s): 4Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag:*

(Non Coded Event - Liver function test) Specimen Id: 3107380338Specimen Type: SerumNumber of Test(s): 4Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag:		(No range available)

12-Oct-2023
Result: (Non Coded Event - Urea and electrolytes)*Specimen Id: 3107380338Specimen Type: SerumNumber of Test(s): 6Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Urea and electrolytes) Specimen Id: 3107380338Specimen Type: SerumNumber of Test(s): 6Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag: (No range available)

12-Oct-2023
Result: (Non Coded Event - Blood film)*Specimen Id: 3107380338Specimen Type: EDTANumber of Test(s): 1Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Blood film) Specimen Id: 3107380338Specimen Type: EDTANumber of Test(s): 1Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag: (No range available)

12-Oct-2023
Result: (Non Coded Event - Haemoglobin A1c level - IFCC standardised)*Specimen Id: 3107380338Specimen Type: EDTANumber of Test(s): 1Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Haemoglobin A1c level - IFCC standardised) Specimen Id: 3107380338Specimen Type: EDTANumber of Test(s): 1Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag: (No range available)

12-Oct-2023
Result: (Non Coded Event - Full blood count - FBC)*Specimen Id: 3107380338Specimen Type: EDTANumber of Test(s): 15Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Full blood count - FBC) Specimen Id: 3107380338Specimen Type: EDTANumber of Test(s): 15Lab comment: weight loss|Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

12-Oct-2023
Result: GFR calculated abbreviated MDRD*SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum> 59*
GFR calculated abbreviated MDRD SPECIMEN ID: 3107380338SPECIMEN TYPE: Serum> 59 (No range available)

31-May-2023
Result: Serum albumin*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum*
Serum albumin SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum 43 g/L (No range available)

31-May-2023
Result: Serum alkaline phosphatase*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum*
Serum alkaline phosphatase SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum 82 U/L (No range available)

31-May-2023
Result: serum alanine aminotransferase level*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum*
serum alanine aminotransferase level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum 15 U/L (No range available)

31-May-2023
Result: Serum bilirubin level*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum< 3*
Serum bilirubin level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum< 3 (No range available)

31-May-2023
Result: Serum chloride*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum*
Serum chloride SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum 99 mmol/L (No range available)

31-May-2023
Result: Serum cholesterol*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum*
Serum cholesterol SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum 4.2 mmol/L (No range available)

31-May-2023
Result: Serum creatinine*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum*
Abnormal
Serum creatinine SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum 56 umol/L (No range available)

31-May-2023
Result: Eosinophil count, 0*SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA*
Eosinophil count, 0 SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA 0 (No range available)

31-May-2023
Result: Haemoglobin estimation*SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA*
Haemoglobin estimation SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA 128 g/L (No range available)

31-May-2023
Result: Serum HDL cholesterol level*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum*
Serum HDL cholesterol level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum 1.59 mmol/L (No range available)

31-May-2023
Result: Serum LDL cholesterol level*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum*
Serum LDL cholesterol level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum 1.9 mmol/L (No range available)

31-May-2023
Result: Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA*
Abnormal

Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	34.1 pg	(No range available)

31-May-2023
Result: Mean corpusc. Hb. conc. (MCHC)*SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA*

Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	327 g/L	(No range available)

31-May-2023
Result: Mean corpuscular volume (MCV)*SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA*
Abnormal

Mean corpuscular volume (MCV) SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	104.3 fL	(No range available)

31-May-2023
Result: Monocyte count*SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA*

Monocyte count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	0.4	(No range available)

31-May-2023
Result: Neutrophil count*SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA*

Neutrophil count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	4.4	(No range available)

31-May-2023
Result: Platelet count*SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA*

Platelet count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	212	(No range available)

31-May-2023
Result: Serum potassium*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum*

Serum potassium SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	3.7 mmol/L	(No range available)

31-May-2023
Result: Red blood cell (RBC) count*SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA*
Abnormal

Red blood cell (RBC) count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	3.75	(No range available)

31-May-2023
Result: Serum sodium*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum*

Serum sodium SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	138 mmol/L	(No range available)

31-May-2023
Result: Serum triglycerides*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum*

Serum triglycerides SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	1.5 mmol/L	(No range available)

31-May-2023
Result: Serum TSH level*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum*

Serum TSH level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	0.53 mU/L	(No range available)

31-May-2023
Result: Serum urea level*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum*

Serum urea level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum	4.5 mmol/L	(No range available)

31-May-2023
Result: Total white blood count*SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA*

Total white blood count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	6.4	(No range available)

31-May-2023
Result: Percentage lymphocytes*SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA*

Percentage lymphocytes SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	1.6	(No range available)

31-May-2023
Result: Plasma glucose level*SPECIMEN ID: 3057075488SPECIMEN TYPE: Flu ox*

Plasma glucose level SPECIMEN ID: 3057075488SPECIMEN TYPE: Flu ox	6 mmol/L	(No range available)

31-May-2023
Result: Serum lipids*Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 5Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:*

Serum lipids Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 5Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:		(No range available)

31-May-2023
Result: Haematocrit*SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA*

Haematocrit SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	0.391 L/L	(No range available)

31-May-2023
Result: Basophil count*SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA*

Basophil count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	0.1	(No range available)

31-May-2023
Result: Red blood cell distribution width*SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA*

Red blood cell distribution width SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA	13.2 %	(No range available)

31-May-2023
Result: Differential whitecell count*SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA*
Differential whitecell count SPECIMEN ID: 3057075488SPECIMEN TYPE: EDTA (No range available)

31-May-2023
Result: Total Cholesterol: HDL ratio*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum*
Total Cholesterol: HDL ratio SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum 2.6 (No range available)

31-May-2023
Result: Free T4 level*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum*
Free T4 level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum 16.9 pmol/L (No range available)

31-May-2023
Result: CA125 level*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum*
CA125 level SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum 11 kU/L (No range available)

31-May-2023
Result: (Non Coded Event - Plasma glucose level)*Specimen Id: 3057075488Specimen Type: Flu oxNumber of Test(s): 1Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Plasma glucose level) Specimen Id: 3057075488Specimen Type: Flu oxNumber of Test(s): 1Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag: (No range available)

31-May-2023
Result: (Non Coded Event - Carbohydrate antigen 125 level)*Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 2Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Carbohydrate antigen 125 level) Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 2Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag: (No range available)

31-May-2023
Result: (Non Coded Event - Thyroid hormone tests)*Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 2Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Thyroid hormone tests) Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 2Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag: (No range available)

31-May-2023
Result: (Non Coded Event - Liver function test)*Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 4Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Liver function test) Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 4Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag: (No range available)

31-May-2023
Result: (Non Coded Event - Urea and electrolytes)*Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 6Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Urea and electrolytes) Specimen Id: 3057075488Specimen Type: SerumNumber of Test(s): 6Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

31-May-2023
Result: (Non Coded Event - Full blood count - FBC)*Specimen Id: 3057075488Specimen Type: EDTANumber of Test(s): 15Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Full blood count - FBC) Specimen Id: 3057075488Specimen Type: EDTANumber of Test(s): 15Lab comment: NCD|Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

31-May-2023
Result: GFR calculated abbreviated MDRD*SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum> 59*
GFR calculated abbreviated MDRD SPECIMEN ID: 3057075488SPECIMEN TYPE: Serum> 59 (No range available)

25-May-2023
Result: Faecal occult blood test*SPECIMEN ID: 3059169088SPECIMEN TYPE: Faeces< 7*
Faecal occult blood test SPECIMEN ID: 3059169088SPECIMEN TYPE: Faeces< 7 (No range available)

25-May-2023
Result: Urine creatinine*SPECIMEN ID: 3057123028SPECIMEN TYPE: Urine*
Urine creatinine SPECIMEN ID: 3057123028SPECIMEN TYPE: Urine 15.5 mmol/L (No range available)

25-May-2023
Result: Urine microalbumin*SPECIMEN ID: 3057123028SPECIMEN TYPE: Urine*
Urine microalbumin SPECIMEN ID: 3057123028SPECIMEN TYPE: Urine 5 mg/L (No range available)

25-May-2023
Result: Urine microalbumin*Specimen Id: 3057123028Specimen Type: UrineNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Urine microalbumin Specimen Id: 3057123028Specimen Type: UrineNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

25-May-2023
Result: Urine albumin:creatinine ratio *SPECIMEN ID: 3057123028 SPECIMEN TYPE: Urine*

Urine albumin:creatinine ratio SPECIMEN ID: 3057123028 SPECIMEN TYPE: Urine	0.3	(No range available)

25-May-2023
Result: (Non Coded Event - Faecal haemoglobin FIT) *Specimen Id: 3059169088 Specimen Type: Faeces Number of Test(s): 1 Lab comment: none|Reviewer comment: Abnormal/Normal Flag:*

(Non Coded Event - Faecal haemoglobin FIT) Specimen Id: 3059169088 Specimen Type: Faeces Number of Test(s): 1 Lab comment: none|Reviewer comment: Abnormal/Normal Flag:		(No range available)

13-Mar-2023
Result: Serum albumin *SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum*

Serum albumin SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum	43 g/L	(No range available)

13-Mar-2023
Result: Corrected serum calcium level *SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum*

Corrected serum calcium level SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum	2.46 mmol/L	(No range available)

13-Mar-2023
Result: Serum chloride *SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum*

Serum chloride SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum	102 mmol/L	(No range available)

13-Mar-2023
Result: Serum creatinine *SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum*

Serum creatinine SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum	62 umol/L	(No range available)

13-Mar-2023
Result: Eosinophil count *SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA*

Eosinophil count SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA	0.1	(No range available)

13-Mar-2023
Result: Haemoglobin estimation *SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA*

Haemoglobin estimation SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA	125 g/L	(No range available)

13-Mar-2023
Result: Mean corpusc. haemoglobin(MCH) *SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA*
Abnormal

Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA	35.4 pg	(No range available)

13-Mar-2023
Result: Mean corpusc. Hb. conc. (MCHC) *SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA*

Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA	326 g/L	(No range available)

13-Mar-2023
Result: Mean corpuscular volume (MCV) *SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA*
Abnormal

Mean corpuscular volume (MCV) SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA	108.5 fL	(No range available)

13-Mar-2023
Result: Monocyte count *SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA*

Monocyte count SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA	0.3	(No range available)

13-Mar-2023
Result: Neutrophil count *SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA*

Neutrophil count SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA	2.9	(No range available)

13-Mar-2023
Result: Platelet count *SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA*

Platelet count SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA	242	(No range available)

13-Mar-2023
Result: Serum potassium *SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum*

Serum potassium SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum	5 mmol/L	(No range available)

13-Mar-2023
Result: Red blood cell (RBC) count *SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA*
Abnormal

Red blood cell (RBC) count SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA	3.53	(No range available)

13-Mar-2023
Result: Serum sodium *SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum*

Serum sodium SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum	139 mmol/L	(No range available)

13-Mar-2023
Result: Serum TSH level *SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum*

Serum TSH level SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum	0.82 mU/L	(No range available)

13-Mar-2023
Result: Serum urea level *SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum*
Serum urea level SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum 2.9 mmol/L (No range available)

13-Mar-2023
Result: Total white blood count *SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA*
Total white blood count SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA 4.5 (No range available)

13-Mar-2023
Result: Percentage lymphocytes *SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA*
Percentage lymphocytes SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA 1.2 (No range available)

13-Mar-2023
Result: Erythrocyte sedimentation rate *SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA*
Erythrocyte sedimentation rate SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA 9 (No range available)

13-Mar-2023
Result: Haematocrit *SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA*
Haematocrit SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA 0.383 L/L (No range available)

13-Mar-2023
Result: Basophil count *SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA*
Basophil count SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA 0 (No range available)

13-Mar-2023
Result: Red blood cell distribution width *SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA*
Red blood cell distribution width SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA 14.7 % (No range available)

13-Mar-2023
Result: Differential whitecell count *SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA*
Differential whitecell count SPECIMEN ID: 3037093042 SPECIMEN TYPE: EDTA (No range available)

13-Mar-2023
Result: Free T4 level *SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum*
Free T4 level SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum 14.6 pmol/L (No range available)

13-Mar-2023
Result: (Non Coded Event - Erythrocyte sedimentation rate) *Specimen Id: 3037093042 Specimen Type: EDTA Number of Test(s): 1 Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Erythrocyte sedimentation rate) Specimen Id: 3037093042 Specimen Type: EDTA Number of Test(s): 1 Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag: (No range available)

13-Mar-2023
Result: (Non Coded Event - Full blood count - FBC) *Specimen Id: 3037093042 Specimen Type: EDTA Number of Test(s): 15 Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Full blood count - FBC) Specimen Id: 3037093042 Specimen Type: EDTA Number of Test(s): 15 Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

13-Mar-2023
Result: (Non Coded Event - Thyroid hormone tests) *Specimen Id: 3037093042 Specimen Type: Serum Number of Test(s): 2 Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Thyroid hormone tests) Specimen Id: 3037093042 Specimen Type: Serum Number of Test(s): 2 Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag: (No range available)

13-Mar-2023
Result: (Non Coded Event - Serum calcium) *Specimen Id: 3037093042 Specimen Type: Serum Number of Test(s): 2 Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Serum calcium) Specimen Id: 3037093042 Specimen Type: Serum Number of Test(s): 2 Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag: (No range available)

13-Mar-2023
Result: (Non Coded Event - Urea and electrolytes) *Specimen Id: 3037093042 Specimen Type: Serum Number of Test(s): 6 Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Urea and electrolytes) Specimen Id: 3037093042 Specimen Type: Serum Number of Test(s): 6 Lab comment: follow up on mild neutropenia hospital admission|Reviewer comment: Abnormal/Normal Flag: (No range available)

13-Mar-2023
Result: GFR calculated abbreviated MDRD *SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum > 59*
GFR calculated abbreviated MDRD SPECIMEN ID: 3037093042 SPECIMEN TYPE: Serum > 59 (No range available)

07-Nov-2022
Result: Serum vitamin B12 *SPECIMEN ID: 2116901223 SPECIMEN TYPE: Serum*
Serum vitamin B12 SPECIMEN ID: 2116901223 SPECIMEN TYPE: Serum (No range available)

07-Nov-2022
Result: Serum folate*SPECIMEN ID: 2116901223SPECIMEN TYPE: Serum*
Serum folate SPECIMEN ID: 2116901223SPECIMEN TYPE: Serum (No range available)

07-Nov-2022
Result: (Non Coded Event - B12/folate level)*Specimen Id: 2116901223Specimen Type: SerumNumber of Test(s): 2Lab comment: previous larger red cells, not fasting|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - B12/folate level) Specimen Id: 2116901223Specimen Type: SerumNumber of Test(s): 2Lab comment: previous larger red cells, not fasting|Reviewer comment: Abnormal/Normal Flag: (No range available)

02-Nov-2022
Result: Serum albumin*SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum*
Serum albumin SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum 48 g/L (No range available)

02-Nov-2022
Result: Serum alkaline phosphatase*SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum*
Serum alkaline phosphatase SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum 89 U/L (No range available)

02-Nov-2022
Result: serum alanine aminotransferase level*SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum*
serum alanine aminotransferase level SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum 11 U/L (No range available)

02-Nov-2022
Result: Serum vitamin B12*SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum*
Serum vitamin B12 SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum 355 pg/mL (No range available)

02-Nov-2022
Result: Serum bilirubin level*SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum*
Serum bilirubin level SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum 3 umol/L (No range available)

02-Nov-2022
Result: Serum chloride*SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum*
Serum chloride SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum 102 mmol/L (No range available)

02-Nov-2022
Result: Serum creatinine*SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum*
Serum creatinine SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum 61 umol/L (No range available)

02-Nov-2022
Result: Eosinophil count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Eosinophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA 0.1 (No range available)

02-Nov-2022
Result: Eosinophil count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Eosinophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA 0.1 (No range available)

02-Nov-2022
Result: Eosinophil count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Eosinophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA 0.1 (No range available)

02-Nov-2022
Result: Serum ferritin*SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum*
Serum ferritin SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum 146 ng/mL (No range available)

02-Nov-2022
Result: Serum ferritin*Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Serum ferritin Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

02-Nov-2022
Result: Serum folate*SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum*
Serum folate SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum 4.13 ng/mL (No range available)

02-Nov-2022
Result: Haemoglobin estimation*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Haemoglobin estimation SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA 131 g/L (No range available)

02-Nov-2022
Result: Haemoglobin estimation*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Haemoglobin estimation SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA 131 g/L (No range available)

02-Nov-2022
Result: Haemoglobin estimation*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Haemoglobin estimation SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA 131 g/L (No range available)

02-Nov-2022
Result: Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Abnormal
Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA 35.9 pg (No range available)

02-Nov-2022
Result: Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Abnormal
Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 35.9 pg | (No range available)

02-Nov-2022
Result: Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Abnormal
Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 35.9 pg | (No range available)

02-Nov-2022
Result: Mean corpusc. Hb. conc. (MCHC)*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 326 g/L | (No range available)

02-Nov-2022
Result: Mean corpusc. Hb. conc. (MCHC)*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 326 g/L | (No range available)

02-Nov-2022
Result: Mean corpusc. Hb. conc. (MCHC)*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 326 g/L | (No range available)

02-Nov-2022
Result: Mean corpuscular volume (MCV)*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Abnormal
Mean corpuscular volume (MCV) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 110.1 fL | (No range available)

02-Nov-2022
Result: Mean corpuscular volume (MCV)*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Abnormal
Mean corpuscular volume (MCV) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 110.1 fL | (No range available)

02-Nov-2022
Result: Mean corpuscular volume (MCV)*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Abnormal
Mean corpuscular volume (MCV) SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 110.1 fL | (No range available)

02-Nov-2022
Result: Monocyte count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Monocyte count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 0.5 | (No range available)

02-Nov-2022
Result: Monocyte count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Monocyte count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 0.5 | (No range available)

02-Nov-2022
Result: Monocyte count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Monocyte count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 0.5 | (No range available)

02-Nov-2022
Result: Neutrophil count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Neutrophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 3.1 | (No range available)

02-Nov-2022
Result: Neutrophil count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Neutrophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 3.1 | (No range available)

02-Nov-2022
Result: Neutrophil count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Neutrophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 3.1 | (No range available)

02-Nov-2022
Result: Platelet count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Platelet count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 239 | (No range available)

02-Nov-2022
Result: Platelet count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Platelet count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 239 | (No range available)

02-Nov-2022
Result: Platelet count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Platelet count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 239 | (No range available)

02-Nov-2022
Result: Serum potassium*SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum*
Serum potassium SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum | 4.9 mmol/L | (No range available)

02-Nov-2022
Result: Red blood cell (RBC) count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Abnormal
Red blood cell (RBC) count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 3.65 | (No range available)

02-Nov-2022
Result: Red blood cell (RBC) count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Abnormal
Red blood cell (RBC) count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 3.65 | (No range available)

02-Nov-2022
Result: Red blood cell (RBC) count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Abnormal
Red blood cell (RBC) count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 3.65 | (No range available)

02-Nov-2022
Result: Serum sodium*SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum*
Serum sodium SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum | 140 mmol/L | (No range available)

02-Nov-2022
Result: Serum TSH level*SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum*
Serum TSH level SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum | 1.66 mU/L | (No range available)

02-Nov-2022
Result: Serum urea level*SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum*
Serum urea level SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum | 5.5 mmol/L | (No range available)

02-Nov-2022
Result: Total white blood count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Total white blood count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 5.9 | (No range available)

02-Nov-2022
Result: Total white blood count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Total white blood count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 5.9 | (No range available)

02-Nov-2022
Result: Total white blood count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Total white blood count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 5.9 | (No range available)

02-Nov-2022
Result: Percentage lymphocytes*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Percentage lymphocytes SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 2.2 | (No range available)

02-Nov-2022
Result: Percentage lymphocytes*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Percentage lymphocytes SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 2.2 | (No range available)

02-Nov-2022
Result: Percentage lymphocytes*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Percentage lymphocytes SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 2.2 | (No range available)

02-Nov-2022
Result: Plasma glucose level*SPECIMEN ID: 2116845457SPECIMEN TYPE: Flu ox*
Plasma glucose level SPECIMEN ID: 2116845457SPECIMEN TYPE: Flu ox | 4.6 mmol/L | (No range available)

02-Nov-2022
Result: Plasma glucose level*SPECIMEN ID: 2116845457SPECIMEN TYPE: Flu ox*
Plasma glucose level SPECIMEN ID: 2116845457SPECIMEN TYPE: Flu ox | 4.6 mmol/L | (No range available)

02-Nov-2022
Result: Blood film microscopy*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Blood film microscopy SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | | (No range available)

02-Nov-2022
Result: Blood film microscopy*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Blood film microscopy SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | | (No range available)

02-Nov-2022
Result: Haematocrit*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Haematocrit SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 0.402 L/L | (No range available)

02-Nov-2022
Result: Haematocrit*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Haematocrit SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 0.402 L/L | (No range available)

02-Nov-2022
Result: Haematocrit*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Haematocrit SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 0.402 L/L | (No range available)

02-Nov-2022
Result: Basophil count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Basophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA | 0 | (No range available)

02-Nov-2022
Result: Basophil count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Basophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA 0 (No range available)

02-Nov-2022
Result: Basophil count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Basophil count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA 0 (No range available)

02-Nov-2022
Result: Red blood cell distribution width*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Red blood cell distribution width SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA 14 % (No range available)

02-Nov-2022
Result: Red blood cell distribution width*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Red blood cell distribution width SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA 14 % (No range available)

02-Nov-2022
Result: Red blood cell distribution width*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Red blood cell distribution width SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA 14 % (No range available)

02-Nov-2022
Result: Differential whitecell count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Differential whitecell count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA (No range available)

02-Nov-2022
Result: Differential whitecell count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Differential whitecell count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA (No range available)

02-Nov-2022
Result: Differential whitecell count*SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA*
Differential whitecell count SPECIMEN ID: 2116845457SPECIMEN TYPE: EDTA (No range available)

02-Nov-2022
Result: Free T4 level*SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum*
Free T4 level SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum 13.4 pmol/L (No range available)

02-Nov-2022
Result: (Non Coded Event - Full blood count - FBC)*Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Full blood count - FBC) Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

02-Nov-2022
Result: (Non Coded Event - Plasma glucose level)*Specimen Id: 2116845457Specimen Type: Flu oxNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Plasma glucose level) Specimen Id: 2116845457Specimen Type: Flu oxNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

02-Nov-2022
Result: (Non Coded Event - Blood film)*Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Blood film) Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

02-Nov-2022
Result: (Non Coded Event - Full blood count - FBC)*Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Full blood count - FBC) Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

02-Nov-2022
Result: (Non Coded Event - Plasma glucose level)*Specimen Id: 2116845457Specimen Type: Flu oxNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Plasma glucose level) Specimen Id: 2116845457Specimen Type: Flu oxNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

02-Nov-2022
Result: (Non Coded Event - Thyroid hormone tests)*Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Thyroid hormone tests) Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

02-Nov-2022
Result: (Non Coded Event - Liver function test)*Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Liver function test) Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

02-Nov-2022
Result: (Non Coded Event - Urea and electrolytes)*Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 6Lab comment: Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Urea and electrolytes) Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 6Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

02-Nov-2022
Result: (Non Coded Event - B12/folate level)*Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - B12/folate level) Specimen Id: 2116845457Specimen Type: SerumNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

02-Nov-2022
Result: (Non Coded Event - Blood film)*Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Blood film) Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

02-Nov-2022
Result: (Non Coded Event - Full blood count - FBC)*Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Full blood count - FBC) Specimen Id: 2116845457Specimen Type: EDTANumber of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

02-Nov-2022
Result: GFR calculated abbreviated MDRD*SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum> 59*
GFR calculated abbreviated MDRD SPECIMEN ID: 2116845457SPECIMEN TYPE: Serum> 59 (No range available)

02-Dec-2021 Mara Fraser
Result: Peak exp. flow rate: PEFR/PFR, 230 L/min<c>
Peak exp. flow rate: PEFR/PFR, 230 L/min <c> 230 L/min (No range available)

02-Dec-2021 Mara Fraser
Result: O/E - respiratory rate 12 /min<c>
O/E - respiratory rate 12 /min <c> 12 /min (Range: 12 - 20)

02-Dec-2021 Mara Fraser
Result: Airways obstructn irreversible<c>
Airways obstructn irreversible <c> 0 (No range available)

02-Dec-2021 Mara Fraser
Result: Oxygen saturation at periphery, 95 %<c>
Oxygen saturation at periphery, 95 % <c> 95 % (No range available)

01-Nov-2021
Result: Serum albumin*SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum*
Serum albumin SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum 46 g/L (No range available)

01-Nov-2021
Result: Serum alkaline phosphatase*SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum*
Serum alkaline phosphatase SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum 82 U/L (No range available)

01-Nov-2021
Result: serum alanine aminotransferase level*SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum*
serum alanine aminotransferase level SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum 13 U/L (No range available)

01-Nov-2021
Result: Serum bilirubin level*SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum< 3*
Serum bilirubin level SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum< 3 (No range available)

01-Nov-2021
Result: Serum chloride*SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum*
Serum chloride SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum 99 mmol/L (No range available)

01-Nov-2021
Result: Serum creatinine*SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum*
Serum creatinine SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum 67 umol/L (No range available)

01-Nov-2021
Result: Eosinophil count*SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA*
Eosinophil count SPECIMEN ID: 1116043654SPECIMEN TYPE: EDTA 0.1 (No range available)

01-Nov-2021
Result: Haemoglobin estimation *SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA*

Haemoglobin estimation SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA	145 g/L	(No range available)

01-Nov-2021
Result: Mean corpusc. haemoglobin(MCH) *SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA*
Abnormal

Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA	35.3 pg	(No range available)

01-Nov-2021
Result: Mean corpusc. Hb. conc. (MCHC) *SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA*

Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA	336 g/L	(No range available)

01-Nov-2021
Result: Mean corpuscular volume (MCV) *SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA*
Abnormal

Mean corpuscular volume (MCV) SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA	105.1 fL	(No range available)

01-Nov-2021
Result: Monocyte count *SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA*

Monocyte count SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA	0.3	(No range available)

01-Nov-2021
Result: Neutrophil count *SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA*

Neutrophil count SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA	4.6	(No range available)

01-Nov-2021
Result: Platelet count *SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA*

Platelet count SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA	294	(No range available)

01-Nov-2021
Result: Serum potassium *SPECIMEN ID: 1116043654 SPECIMEN TYPE: Serum*

Serum potassium SPECIMEN ID: 1116043654 SPECIMEN TYPE: Serum	4.2 mmol/L	(No range available)

01-Nov-2021
Result: Red blood cell (RBC) count *SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA*

Red blood cell (RBC) count SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA	4.11	(No range available)

01-Nov-2021
Result: Serum sodium *SPECIMEN ID: 1116043654 SPECIMEN TYPE: Serum*

Serum sodium SPECIMEN ID: 1116043654 SPECIMEN TYPE: Serum	138 mmol/L	(No range available)

01-Nov-2021
Result: Serum urea level *SPECIMEN ID: 1116043654 SPECIMEN TYPE: Serum*

Serum urea level SPECIMEN ID: 1116043654 SPECIMEN TYPE: Serum	6.8 mmol/L	(No range available)

01-Nov-2021
Result: Total white blood count *SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA*

Total white blood count SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA	7.1	(No range available)

01-Nov-2021
Result: Percentage lymphocytes *SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA*

Percentage lymphocytes SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA	2.1	(No range available)

01-Nov-2021
Result: Plasma glucose level *SPECIMEN ID: 1116043654 SPECIMEN TYPE: Flu ox*

Plasma glucose level SPECIMEN ID: 1116043654 SPECIMEN TYPE: Flu ox	5.1 mmol/L	(No range available)

01-Nov-2021
Result: Erythrocyte sedimentation rate *SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA*

Erythrocyte sedimentation rate SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA	35	(No range available)

01-Nov-2021
Result: Haematocrit *SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA*

Haematocrit SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA	0.432 L/L	(No range available)

01-Nov-2021
Result: Basophil count *SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA*

Basophil count SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA	0	(No range available)

01-Nov-2021
Result: Red blood cell distribution width *SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA*

Red blood cell distribution width SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA	13.4 %	(No range available)

01-Nov-2021
Result: Differential whitecell count *SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA*

Differential whitecell count SPECIMEN ID: 1116043654 SPECIMEN TYPE: EDTA		(No range available)

01-Nov-2021
Result: (Non Coded Event - Plasma glucose level)*Specimen Id: 1116043654Specimen Type: Flu oxNumber of Test(s): 1Lab comment: none given|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Plasma glucose level) Specimen Id: 1116043654Specimen Type: Flu oxNumber of Test(s): 1Lab comment: none given|Reviewer comment: Abnormal/Normal Flag: (No range available)

01-Nov-2021
Result: (Non Coded Event - Liver function test)*Specimen Id: 1116043654Specimen Type: SerumNumber of Test(s): 4Lab comment: none given|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Liver function test) Specimen Id: 1116043654Specimen Type: SerumNumber of Test(s): 4Lab comment: none given|Reviewer comment: Abnormal/Normal Flag: (No range available)

01-Nov-2021
Result: (Non Coded Event - Urea and electrolytes)*Specimen Id: 1116043654Specimen Type: SerumNumber of Test(s): 6Lab comment: none given|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Urea and electrolytes) Specimen Id: 1116043654Specimen Type: SerumNumber of Test(s): 6Lab comment: none given|Reviewer comment: Abnormal/Normal Flag: (No range available)

01-Nov-2021
Result: (Non Coded Event - Erythrocyte sedimentation rate)*Specimen Id: 1116043654Specimen Type: EDTANumber of Test(s): 1Lab comment: none given|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Erythrocyte sedimentation rate) Specimen Id: 1116043654Specimen Type: EDTANumber of Test(s): 1Lab comment: none given|Reviewer comment: Abnormal/Normal Flag: (No range available)

01-Nov-2021
Result: (Non Coded Event - Full blood count - FBC)*Specimen Id: 1116043654Specimen Type: EDTANumber of Test(s): 15Lab comment: none given|Reviewer comment: Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Full blood count - FBC) Specimen Id: 1116043654Specimen Type: EDTANumber of Test(s): 15Lab comment: none given|Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

01-Nov-2021
Result: GFR calculated abbreviated MDRD*SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum> 59*
GFR calculated abbreviated MDRD SPECIMEN ID: 1116043654SPECIMEN TYPE: Serum> 59 (No range available)

21-Apr-2021 Ms Linda Hardie
Result: Mammograph DNA
Mammograph DNA (No range available)

24-Sept-2020 Mrs Kirsty Moffat
Result: 2019-nCoV (novel coronavirus) RNA not detected
2019-nCoV (novel coronavirus) RNA not detected (No range available)

18-Jun-2019
Result: Serum vitamin B12*SPECIMEN ID: 9063295913SPECIMEN TYPE: Serum*
Serum vitamin B12 SPECIMEN ID: 9063295913SPECIMEN TYPE: Serum 286 pg/mL (No range available)

18-Jun-2019
Result: Serum folate*SPECIMEN ID: 9063295913SPECIMEN TYPE: Serum*
Abnormal
Serum folate SPECIMEN ID: 9063295913SPECIMEN TYPE: Serum 2.7 ng/mL (No range available)

18-Jun-2019
Result: (Non Coded Event - B12/folate level)*Specimen Id: 9063295913Specimen Type: SerumNumber of Test(s): 2Lab comment: ? low b12 \F\ folate, not fasting|Reviewer comment: Abnormal/Normal Flag: Abnormal*
(Non Coded Event - B12/folate level) Specimen Id: 9063295913Specimen Type: SerumNumber of Test(s): 2Lab comment: ? low b12 \F\ folate, not fasting|Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

10-Jun-2019
Result: Eosinophil count*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Eosinophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA 0.1 (No range available)

10-Jun-2019
Result: Eosinophil count*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Eosinophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA 0.1 (No range available)

10-Jun-2019
Result: Haemoglobin estimation*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Haemoglobin estimation SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA 12.4 g/dL (No range available)

10-Jun-2019
Result: Haemoglobin estimation*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Haemoglobin estimation SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA 12.4 g/dL (No range available)

10-Jun-2019
Result: Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Abnormal
Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA 34.2 pg (No range available)

10-Jun-2019
Result: Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Abnormal

Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	34.2 pg	(No range available)

10-Jun-2019
Result: Mean corpusc. Hb. conc. (MCHC)*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*

Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	32 g/dL	(No range available)

10-Jun-2019
Result: Mean corpusc. Hb. conc. (MCHC)*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*

Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	32 g/dL	(No range available)

10-Jun-2019
Result: Mean corpuscular volume (MCV)*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Abnormal

Mean corpuscular volume (MCV) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	106.9 fL	(No range available)

10-Jun-2019
Result: Mean corpuscular volume (MCV)*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Abnormal

Mean corpuscular volume (MCV) SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	106.9 fL	(No range available)

10-Jun-2019
Result: Monocyte count*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*

Monocyte count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0.3	(No range available)

10-Jun-2019
Result: Monocyte count*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*

Monocyte count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	0.3	(No range available)

10-Jun-2019
Result: Neutrophil count*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*

Neutrophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	3.3	(No range available)

10-Jun-2019
Result: Neutrophil count*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*

Neutrophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	3.3	(No range available)

10-Jun-2019
Result: Platelet count*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*

Platelet count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	230	(No range available)

10-Jun-2019
Result: Platelet count*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*

Platelet count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	230	(No range available)

10-Jun-2019
Result: Red blood cell (RBC) count*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Abnormal

Red blood cell (RBC) count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	3.63	(No range available)

10-Jun-2019
Result: Red blood cell (RBC) count*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Abnormal

Red blood cell (RBC) count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	3.63	(No range available)

10-Jun-2019
Result: Total white blood count*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*

Total white blood count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	5.6	(No range available)

10-Jun-2019
Result: Total white blood count*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*

Total white blood count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	5.6	(No range available)

10-Jun-2019
Result: Percentage lymphocytes*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*

Percentage lymphocytes SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	1.8	(No range available)

10-Jun-2019
Result: Percentage lymphocytes*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*

Percentage lymphocytes SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	1.8	(No range available)

10-Jun-2019
Result: Erythrocyte sedimentation rate*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*

Erythrocyte sedimentation rate SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA	11	(No range available)

10-Jun-2019
Result: Plasma C reactive protein*SPECIMEN ID: 9063267535SPECIMEN TYPE: Serum< 6*
Plasma C reactive protein SPECIMEN ID: 9063267535SPECIMEN TYPE: Serum< 6 (No range available)

10-Jun-2019
Result: Rheumatoid factor*SPECIMEN ID: 9063267535SPECIMEN TYPE: Serum< 10*
Rheumatoid factor SPECIMEN ID: 9063267535SPECIMEN TYPE: Serum< 10 (No range available)

10-Jun-2019
Result: Haematocrit*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Haematocrit SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA 0.388 L/L (No range available)

10-Jun-2019
Result: Haematocrit*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Haematocrit SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA 0.388 L/L (No range available)

10-Jun-2019
Result: Basophil count*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Basophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA 0 (No range available)

10-Jun-2019
Result: Basophil count*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Basophil count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA 0 (No range available)

10-Jun-2019
Result: Red blood cell distribution width*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Red blood cell distribution width SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA 13.8 % (No range available)

10-Jun-2019
Result: Red blood cell distribution width*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Red blood cell distribution width SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA 13.8 % (No range available)

10-Jun-2019
Result: Differential whitecell count*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Differential whitecell count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA (No range available)

10-Jun-2019
Result: Differential whitecell count*SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA*
Differential whitecell count SPECIMEN ID: 9063267535SPECIMEN TYPE: EDTA (No range available)

10-Jun-2019
Result: Urate level*SPECIMEN ID: 9063267535SPECIMEN TYPE: Serum*
Urate level SPECIMEN ID: 9063267535SPECIMEN TYPE: Serum 243 umol/L (No range available)

10-Jun-2019
Result: (Non Coded Event - Full blood count - FBC)*Specimen Id: 9063267535Specimen Type: EDTANumber of Test(s): 15Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Full blood count - FBC) Specimen Id: 9063267535Specimen Type: EDTANumber of Test(s): 15Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

10-Jun-2019
Result: (Non Coded Event - Rheumatoid factor)*Specimen Id: 9063267535Specimen Type: SerumNumber of Test(s): 1Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Rheumatoid factor) Specimen Id: 9063267535Specimen Type: SerumNumber of Test(s): 1Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag: (No range available)

10-Jun-2019
Result: (Non Coded Event - Erythrocyte sedimentation rate)*Specimen Id: 9063267535Specimen Type: EDTANumber of Test(s): 1Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Erythrocyte sedimentation rate) Specimen Id: 9063267535Specimen Type: EDTANumber of Test(s): 1Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag: (No range available)

10-Jun-2019
Result: (Non Coded Event - Full blood count - FBC)*Specimen Id: 9063267535Specimen Type: EDTANumber of Test(s): 15Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Full blood count - FBC) Specimen Id: 9063267535Specimen Type: EDTANumber of Test(s): 15Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

10-Jun-2019
Result: (Non Coded Event - Urate level)*Specimen Id: 9063267535Specimen Type: SerumNumber of Test(s): 2Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Urate level) Specimen Id: 9063267535Specimen Type: SerumNumber of Test(s): 2Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag: (No range available)

10-Jun-2019
Result: (Non Coded Event - Plasma C reactive protein)*Specimen Id: 9063267535Specimen Type: SerumNumber of Test(s): 1Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag:*

(Non Coded Event - Plasma C reactive protein) Specimen Id: 9063267535Specimen Type: SerumNumber of Test(s): 1Lab comment: Joint pain.|Reviewer comment: Abnormal/Normal Flag:		(No range available)

07-Jun-2019 Mara Fraser
Result: Cervical smear-no inflammation<c>

Cervical smear-no inflammation <c>	0	(No range available)

12-Jun-2017
Result: High vaginal swab taken*Specimen Id: 170352360Specimen Type: High Vaginal Swab;Number of Test(s): 2Lab comment: Group B streptococcus is part of the normal faecal ***** but is| implicated in urinary tract and neonatal infections. It is NOT| associated with vaginal discharge.| If patient currently pregnant or within 48 Hrs of delivery please| notify relevant obstetrician / neonatologist.|Reviewer comment: Abnormal/Normal Flag:*

High vaginal swab taken Specimen Id: 170352360Specimen Type: High Vaginal Swab;Number of Test(s): 2Lab comment: Group B streptococcus is part of the normal faecal ***** but is| implicated in urinary tract and neonatal infections. It is NOT| associated with vaginal discharge.| If patient currently pregnant or within 48 Hrs of delivery please| notify relevant obstetrician / neonatologist.|Reviewer comment: Abnormal/Normal Flag:		(No range available)

12-Jun-2017
Result: Chlamydia trachomatis polymerase chain reaction*Specimen Id: 170321277Specimen Type: High Vaginal Swab;Number of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Chlamydia trachomatis polymerase chain reaction Specimen Id: 170321277Specimen Type: High Vaginal Swab;Number of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

12-Jun-2017
Result: Neisseria gonorrhoeae polymerase chain reaction*SPECIMEN ID: 170321277SPECIMEN TYPE: High Vaginal Swab;Negative*

Neisseria gonorrhoeae polymerase chain reaction SPECIMEN ID: 170321277SPECIMEN TYPE: High Vaginal Swab;Negative		(No range available)

12-Jun-2017
Result: Chlamydia trachomatis polymerase chain reaction*SPECIMEN ID: 170321277SPECIMEN TYPE: High Vaginal Swab;Negative*

Chlamydia trachomatis polymerase chain reaction SPECIMEN ID: 170321277SPECIMEN TYPE: High Vaginal Swab;Negative		(No range available)

12-Jun-2017
Result: Microbiology test*SPECIMEN ID: 170352360SPECIMEN TYPE: High Vaginal Swab;*

Microbiology test SPECIMEN ID: 170352360SPECIMEN TYPE: High Vaginal Swab;		(No range available)

12-Jun-2017
Result: Sample culture*SPECIMEN ID: 170352360SPECIMEN TYPE: High Vaginal Swab;*

Sample culture SPECIMEN ID: 170352360SPECIMEN TYPE: High Vaginal Swab;		(No range available)

12-Jun-2017
Result: Gram stain microscopy*SPECIMEN ID: 170352360SPECIMEN TYPE:*

Gram stain microscopy SPECIMEN ID: 170352360SPECIMEN TYPE:	0	(No range available)

12-Jun-2017
Result: Gram stain microscopy*SPECIMEN ID: 170352360SPECIMEN TYPE:*

Gram stain microscopy SPECIMEN ID: 170352360SPECIMEN TYPE:	0	(No range available)

12-Jun-2017
Result: (Non Coded Event - Gram stain microscopy)*Specimen Id: 170352360Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*

(Non Coded Event - Gram stain microscopy) Specimen Id: 170352360Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

12-Jun-2017
Result: (Non Coded Event - Gram stain microscopy)*Specimen Id: 170352360Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*

(Non Coded Event - Gram stain microscopy) Specimen Id: 170352360Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

05-Jan-2017
Result: Chlamydia trachomatis polymerase chain reaction*Specimen Id: 170311185Specimen Type: Urine;Number of Test(s): 2Lab comment: ***** notification forms an essential component of management of Chlamydia| infection (SIGN guidleine 42). Advice available for health professionals| and/or patients from Health Advisers, Department of Genitourinary Medicine| on 0300 3030251. Standard therapy is Azythromycin 1gm stat.|Reviewer comment: Abnormal/Normal Flag:*

Chlamydia trachomatis polymerase chain reaction Specimen Id: 170311185Specimen Type: Urine;Number of Test(s): 2Lab comment: ***** notification forms an essential component of management of Chlamydia| infection (SIGN guidleine 42). Advice available for health professionals| and/or patients from Health Advisers, Department of Genitourinary Medicine| on 0300 3030251. Standard therapy is Azythromycin 1gm stat.|Reviewer comment: Abnormal/Normal Flag:		(No range available)

05-Jan-2017
Result: Neisseria gonorrhoeae polymerase chain reaction *SPECIMEN ID: 170311185SPECIMEN TYPE: Urine;Negative*

Neisseria gonorrhoeae polymerase chain reaction SPECIMEN ID: 170311185SPECIMEN TYPE: Urine;Negative		(No range available)

05-Jan-2017
Result: Chlamydia trachomatis polymerase chain reaction *SPECIMEN ID: 170311185SPECIMEN TYPE: Urine;POSITIVE*

Chlamydia trachomatis polymerase chain reaction SPECIMEN ID: 170311185SPECIMEN TYPE: Urine;POSITIVE		(No range available)

08-Jun-2016
Result: Serum albumin *SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;*

Serum albumin SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	45 g/L	(Range: 35 - 50)

08-Jun-2016
Result: Serum alkaline phosphatase *SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;*

Serum alkaline phosphatase SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	55 U/L	(Range: 30 - 130)

08-Jun-2016
Result: serum alanine aminotransferase level *SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;*

serum alanine aminotransferase level SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	11 U/L	(Range: 5 - 55)

08-Jun-2016
Result: Serum bilirubin level *SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;*

Serum bilirubin level SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	5 umol/L	(No range available)

08-Jun-2016
Result: Serum chloride *SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;*

Serum chloride SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	102 mmol/L	(Range: 95 - 108)

08-Jun-2016
Result: Serum creatinine *SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;*

Serum creatinine SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	70 umol/L	(Range: 60 - 100)

08-Jun-2016
Result: Eosinophil count *SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;*

Eosinophil count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	0.1	(No range available)

08-Jun-2016
Result: Serum gamma-glutamyl transferase level *Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Serum gamma-glutamyl transferase level Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

08-Jun-2016
Result: Serum gamma-glutamyl transferase level *SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;*

Serum gamma-glutamyl transferase level SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;	15 U/L	(No range available)

08-Jun-2016
Result: Haemoglobin estimation *SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;*

Haemoglobin estimation SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	12.6 g/dL	(Range: 11.5 - 16.5)

08-Jun-2016
Result: Mean corpusc. haemoglobin(MCH) *SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;* Abnormal

Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	**34.8 pg**	**(Range: 27 - 32)**

08-Jun-2016
Result: Mean corpusc. Hb. conc. (MCHC) *SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;*

Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	34.5 g/dL	(Range: 32 - 36)

08-Jun-2016
Result: Mean corpuscular volume (MCV) *SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;* Abnormal

Mean corpuscular volume (MCV) SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	**100.8 fL**	**(Range: 80 - 100)**

08-Jun-2016
Result: Monocyte count *SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;*

Monocyte count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	0.3	(Range: 0.2 - 0.8)

08-Jun-2016
Result: Neutrophil count *SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;*

Neutrophil count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	2.3	(Range: 2 - 7.5)

08-Jun-2016
Result: Platelet count *SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;*

Platelet count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;	207	(Range: 140 - 450)

08-Jun-2016
Result: Serum potassium*SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;*
Serum potassium SPECIMEN ID: 163576970SPECIMEN TYPE: Serum; 4.1 mmol/L (Range: 3.5 - 5.3)

08-Jun-2016
Result: Nucleated red blood cell count*SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;*
Nucleated red blood cell count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood; 0.01 (No range available)

08-Jun-2016
Result: Red blood cell (RBC) count*SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;*
Abnormal
Red blood cell (RBC) count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood; **3.62** **(Range: 3.9 - 5.6)**

08-Jun-2016
Result: Serum sodium*SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;*
Serum sodium SPECIMEN ID: 163576970SPECIMEN TYPE: Serum; 140 mmol/L (Range: 133 - 146)

08-Jun-2016
Result: Serum TSH level*SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;*
Serum TSH level SPECIMEN ID: 163576970SPECIMEN TYPE: Serum; 1.7 mU/L (Range: 0.2 - 5)

08-Jun-2016
Result: Serum urea level*SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;*
Serum urea level SPECIMEN ID: 163576970SPECIMEN TYPE: Serum; 4.2 mmol/L (Range: 2.5 - 7.8)

08-Jun-2016
Result: Total white blood count*SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;*
Total white blood count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood; 4.5 (Range: 4 - 11)

08-Jun-2016
Result: Lymphocyte count*SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood;*
Lymphocyte count SPECIMEN ID: 163576970SPECIMEN TYPE: Whole blood; 1.8 (Range: 1 - 4)

08-Jun-2016
Result: Plasma glucose level*SPECIMEN ID: 163576970SPECIMEN TYPE: Plasma;*
Plasma glucose level SPECIMEN ID: 163576970SPECIMEN TYPE: Plasma; 4.5 mmol/L (Range: 3 - 8)

08-Jun-2016
Result: Full blood count - FBC*Specimen Id: 163576970Specimen Type: Whole blood;Number of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Full blood count - FBC Specimen Id: 163576970Specimen Type: Whole blood;Number of Test(s): 15Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

08-Jun-2016
Result: Liver function test*Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Liver function test Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

08-Jun-2016
Result: Thyroid hormone tests*Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Thyroid hormone tests Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

08-Jun-2016
Result: Urea and electrolytes*Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 7Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Urea and electrolytes Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 7Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

08-Jun-2016
Result: Plasma fasting glucose level*Specimen Id: 163576970Specimen Type: Plasma;Number of Test(s): 2Lab comment: Reference Range quoted for Glucose is based on a non-fasting sample.|Reviewer comment: Abnormal/Normal Flag:*
Plasma fasting glucose level Specimen Id: 163576970Specimen Type: Plasma;Number of Test(s): 2Lab comment: Reference Range quoted for Glucose is based on a non-fasting sample.|Reviewer comment: Abnormal/Normal Flag: (No range available)

08-Jun-2016
Result: Plasma C reactive protein*Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Plasma C reactive protein Specimen Id: 163576970Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

08-Jun-2016
Result: Plasma C reactive protein*SPECIMEN ID: 163576970SPECIMEN TYPE: Serum;<6*
Plasma C reactive protein SPECIMEN ID: 163576970SPECIMEN TYPE: Serum; <6 (No range available)

08-Jun-2016
Result: Haematocrit *SPECIMEN ID: 163576970 SPECIMEN TYPE: Whole blood;*
Abnormal

Haematocrit SPECIMEN ID: 163576970 SPECIMEN TYPE: Whole blood;	**0.365 L/L**	**(Range: 0.37 - 0.47)**

08-Jun-2016
Result: Basophil count, 0 *SPECIMEN ID: 163576970 SPECIMEN TYPE: Whole blood;*

Basophil count, 0 SPECIMEN ID: 163576970 SPECIMEN TYPE: Whole blood;	0	(No range available)

08-Jun-2016
Result: Red blood cell distribution width *SPECIMEN ID: 163576970 SPECIMEN TYPE: Whole blood;*

Red blood cell distribution width SPECIMEN ID: 163576970 SPECIMEN TYPE: Whole blood;	13.1 %	(Range: 11 - 16)

08-Jun-2016
Result: Serum bicarbonate *SPECIMEN ID: 163576970 SPECIMEN TYPE: Serum;*

Serum bicarbonate SPECIMEN ID: 163576970 SPECIMEN TYPE: Serum;	23 mmol/L	(Range: 22 - 29)

08-Jun-2016
Result: Free T4 level *SPECIMEN ID: 163576970 SPECIMEN TYPE: Serum;*

Free T4 level SPECIMEN ID: 163576970 SPECIMEN TYPE: Serum;	14.9 pmol/L	(Range: 9 - 21)

08-Jun-2016
Result: Fasting blood test due *SPECIMEN ID: 163576970 SPECIMEN TYPE: Plasma;No*

Fasting blood test due SPECIMEN ID: 163576970 SPECIMEN TYPE: Plasma;No		(No range available)

08-Jun-2016
Result: GFR calculated abbreviated MDRD *SPECIMEN ID: 163576970 SPECIMEN TYPE: Serum;>59*

GFR calculated abbreviated MDRD SPECIMEN ID: 163576970 SPECIMEN TYPE: Serum;>59		(No range available)

17-Mar-2016
Result: Serum albumin *SPECIMEN ID: 163338538 SPECIMEN TYPE: Serum;*

Serum albumin SPECIMEN ID: 163338538 SPECIMEN TYPE: Serum;	46 g/L	(Range: 35 - 50)

17-Mar-2016
Result: Serum alkaline phosphatase *SPECIMEN ID: 163338538 SPECIMEN TYPE: Serum;*

Serum alkaline phosphatase SPECIMEN ID: 163338538 SPECIMEN TYPE: Serum;	64 U/L	(Range: 30 - 130)

17-Mar-2016
Result: serum alanine aminotransferase level *SPECIMEN ID: 163338538 SPECIMEN TYPE: Serum;*

serum alanine aminotransferase level SPECIMEN ID: 163338538 SPECIMEN TYPE: Serum;	8 U/L	(Range: 5 - 55)

17-Mar-2016
Result: Serum bilirubin level *SPECIMEN ID: 163338538 SPECIMEN TYPE: Serum;*

Serum bilirubin level SPECIMEN ID: 163338538 SPECIMEN TYPE: Serum;	3 umol/L	(No range available)

17-Mar-2016
Result: Eosinophil count *SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;*

Eosinophil count SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;	0.1	(No range available)

17-Mar-2016
Result: Serum gamma-glutamyl transferase level *Specimen Id: 163338538 Specimen Type: Serum;Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Serum gamma-glutamyl transferase level Specimen Id: 163338538 Specimen Type: Serum;Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

17-Mar-2016
Result: Serum gamma-glutamyl transferase level *SPECIMEN ID: 163338538 SPECIMEN TYPE: Serum;*

Serum gamma-glutamyl transferase level SPECIMEN ID: 163338538 SPECIMEN TYPE: Serum;	14 U/L	(No range available)

17-Mar-2016
Result: Haemoglobin estimation *SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;*

Haemoglobin estimation SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;	13.1 g/dL	(Range: 11.5 - 16.5)

17-Mar-2016
Result: Mean corpusc. haemoglobin(MCH) *SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;*
Abnormal

Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;	**34.1 pg**	**(Range: 27 - 32)**

17-Mar-2016
Result: Mean corpusc. Hb. conc. (MCHC) *SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;*

Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;	33.4 g/dL	(Range: 32 - 36)

17-Mar-2016
Result: Mean corpuscular volume (MCV) *SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;*
Abnormal

Mean corpuscular volume (MCV) SPECIMEN ID: 163338538 SPECIMEN TYPE: Whole blood;	**102.1 fL**	**(Range: 80 - 100)**

17-Mar-2016
Result: Monocyte count*SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;*
Monocyte count SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood; 0.6 (Range: 0.2 - 0.8)

17-Mar-2016
Result: Neutrophil count*SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;*
Neutrophil count SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood; 5.7 (Range: 2 - 7.5)

17-Mar-2016
Result: Platelet count*SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;*
Platelet count SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood; 246 (Range: 140 - 450)

17-Mar-2016
Result: Red blood cell (RBC) count*SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;*
Abnormal
Red blood cell (RBC) count SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood; **3.84** **(Range: 3.9 - 5.6)**

17-Mar-2016
Result: Total white blood count*SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;*
Total white blood count SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood; 9 (Range: 4 - 11)

17-Mar-2016
Result: Lymphocyte count*SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;*
Lymphocyte count SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood; 2.6 (Range: 1 - 4)

17-Mar-2016
Result: Full blood count - FBC*Specimen Id: 163338538Specimen Type: Whole blood;Number of Test(s): 14Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Full blood count - FBC Specimen Id: 163338538Specimen Type: Whole blood;Number of Test(s): 14Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

17-Mar-2016
Result: Liver function test*Specimen Id: 163338538Specimen Type: Serum;Number of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Liver function test Specimen Id: 163338538Specimen Type: Serum;Number of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

17-Mar-2016
Result: Plasma C reactive protein*Specimen Id: 163338538Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Plasma C reactive protein Specimen Id: 163338538Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

17-Mar-2016
Result: Plasma C reactive protein*SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;*
Plasma C reactive protein SPECIMEN ID: 163338538SPECIMEN TYPE: Serum; 6 mg/L (No range available)

17-Mar-2016
Result: Rheumatoid factor*Specimen Id: 163338538Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Rheumatoid factor Specimen Id: 163338538Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

17-Mar-2016
Result: Rheumatoid factor*SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;<10.0*
Rheumatoid factor SPECIMEN ID: 163338538SPECIMEN TYPE: Serum;<10.0 (No range available)

17-Mar-2016
Result: Haematocrit*SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;*
Haematocrit SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood; 0.392 L/L (Range: 0.37 - 0.47)

17-Mar-2016
Result: Basophil count, 0*SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;*
Basophil count, 0 SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood; 0 (No range available)

17-Mar-2016
Result: Red blood cell distribution width*SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood;*
Red blood cell distribution width SPECIMEN ID: 163338538SPECIMEN TYPE: Whole blood; 13.2 % (Range: 11 - 16)

15-Mar-2016
Result: Helicobacter pylori antigen test*Specimen Id: 160093994Specimen Type: Faeces;Number of Test(s): 1Lab comment: Result indicates current active Helicobacter pylori infection.|Reviewer comment: Abnormal/Normal Flag:*
Helicobacter pylori antigen test Specimen Id: 160093994Specimen Type: Faeces;Number of Test(s): 1Lab comment: Result indicates current active Helicobacter pylori infection.|Reviewer comment: Abnormal/Normal Flag: (No range available)

15-Mar-2016
Result: Helicobacter pylori antigen test*SPECIMEN ID: 160093994SPECIMEN TYPE: Faeces;POSITIVE*
Helicobacter pylori antigen test SPECIMEN ID: 160093994SPECIMEN TYPE: Faeces;POSITIVE (No range available)

05-Nov-2013
Result: Rheumatoid factor *SPECIMEN ID: 134099244 SPECIMEN TYPE: Serum;*
Rheumatoid factor SPECIMEN ID: 134099244 SPECIMEN TYPE: Serum; 11.4 (No range available)

05-Nov-2013
Result: Rheumatoid factor *SPECIMEN ID: 134099244 SPECIMEN TYPE: Serum;*
Rheumatoid factor SPECIMEN ID: 134099244 SPECIMEN TYPE: Serum; 11.4 (No range available)

05-Nov-2013
Result: Anti nuclear factor titre *SPECIMEN ID: 134099244 SPECIMEN TYPE: 1/160 Speckled*
Anti nuclear factor titre SPECIMEN ID: 134099244 SPECIMEN TYPE: 1/160 Speckled (No range available)

05-Nov-2013
Result: Anti-nuclear antibody level *SPECIMEN ID: 134099244 SPECIMEN TYPE: Positive*
Anti-nuclear antibody level SPECIMEN ID: 134099244 SPECIMEN TYPE: Positive (No range available)

05-Nov-2013
Result: *****-1 antibody level *SPECIMEN ID: 134099244 SPECIMEN TYPE: Negative*
*****-1 antibody level SPECIMEN ID: 134099244 SPECIMEN TYPE: Negative (No range available)

05-Nov-2013
Result: Scl 70 antibody level *SPECIMEN ID: 134099244 SPECIMEN TYPE: Negative*
Scl 70 antibody level SPECIMEN ID: 134099244 SPECIMEN TYPE: Negative (No range available)

05-Nov-2013
Result: La antibody level *SPECIMEN ID: 134099244 SPECIMEN TYPE: Negative*
La antibody level SPECIMEN ID: 134099244 SPECIMEN TYPE: Negative (No range available)

05-Nov-2013
Result: Ro antibody level *SPECIMEN ID: 134099244 SPECIMEN TYPE: Positive*
Ro antibody level SPECIMEN ID: 134099244 SPECIMEN TYPE: Positive (No range available)

05-Nov-2013
Result: RNP antibody level *SPECIMEN ID: 134099244 SPECIMEN TYPE: Negative*
RNP antibody level SPECIMEN ID: 134099244 SPECIMEN TYPE: Negative (No range available)

05-Nov-2013
Result: Sm antibody level *SPECIMEN ID: 134099244 SPECIMEN TYPE: Negative*
Sm antibody level SPECIMEN ID: 134099244 SPECIMEN TYPE: Negative (No range available)

05-Nov-2013
Result: ENA antibody screening test *SPECIMEN ID: 134099244 SPECIMEN TYPE: Positive*
ENA antibody screening test SPECIMEN ID: 134099244 SPECIMEN TYPE: Positive (No range available)

05-Nov-2013
Result: (Non Coded Event - Rheumatoid factor) *Specimen Id: 134099244 Specimen Type: Serum;Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Rheumatoid factor) Specimen Id: 134099244 Specimen Type: Serum;Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

05-Nov-2013
Result: (Non Coded Event - Anti-nuclear antibody level) *Specimen Id: 134099244 Specimen Type: Number of Test(s): 10 Lab comment: Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Anti-nuclear antibody level) Specimen Id: 134099244 Specimen Type: Number of Test(s): 10 Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

05-Nov-2013
Result: (Non Coded Event - Rheumatoid factor) *Specimen Id: 134099244 Specimen Type: Serum;Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Rheumatoid factor) Specimen Id: 134099244 Specimen Type: Serum;Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

25-Oct-2013
Result: Serum albumin *SPECIMEN ID: 133996270 SPECIMEN TYPE: Serum;*
Serum albumin SPECIMEN ID: 133996270 SPECIMEN TYPE: Serum; 45 g/L (Range: 35 - 50)

25-Oct-2013
Result: Serum alkaline phosphatase *SPECIMEN ID: 133996270 SPECIMEN TYPE: Serum;*
Serum alkaline phosphatase SPECIMEN ID: 133996270 SPECIMEN TYPE: Serum; 59 U/L (Range: 30 - 130)

25-Oct-2013
Result: serum alanine aminotransferase level *SPECIMEN ID: 133996270 SPECIMEN TYPE: Serum;*
serum alanine aminotransferase level SPECIMEN ID: 133996270 SPECIMEN TYPE: Serum; 15 U/L (Range: 5 - 55)

25-Oct-2013
Result: Serum bilirubin level *SPECIMEN ID: 133996270 SPECIMEN TYPE: Serum;*
Serum bilirubin level SPECIMEN ID: 133996270 SPECIMEN TYPE: Serum; 6 umol/L (No range available)

25-Oct-2013
Result: Serum chloride *SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;*

Serum chloride SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	103 mmol/L	(Range: 95 - 108)

25-Oct-2013
Result: Serum cholesterol *SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;*

Serum cholesterol SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	4.4 mmol/L	(No range available)

25-Oct-2013
Result: Serum creatinine *SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;*

Serum creatinine SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	64 umol/L	(Range: 60 - 100)

25-Oct-2013
Result: Serum HDL cholesterol level *SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;*
Abnormal

Serum HDL cholesterol level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	**1.9 mmol/L**	**(Range: 0.9 - 1.8)**

25-Oct-2013
Result: Serum LDL cholesterol level *SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;*

Serum LDL cholesterol level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	2.3 mmol/L	(No range available)

25-Oct-2013
Result: Serum potassium *SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;*

Serum potassium SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	4 mmol/L	(Range: 3.5 - 5.3)

25-Oct-2013
Result: Serum sodium *SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;*

Serum sodium SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	141 mmol/L	(Range: 133 - 146)

25-Oct-2013
Result: Serum triglycerides *SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;*

Serum triglycerides SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	0.49 mmol/L	(No range available)

25-Oct-2013
Result: Serum TSH level *SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;*

Serum TSH level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	1.52 mU/L	(Range: 0.2 - 5)

25-Oct-2013
Result: Serum urea level *SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;*

Serum urea level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	4 mmol/L	(Range: 2.5 - 7.8)

25-Oct-2013
Result: Plasma glucose level *SPECIMEN ID: 133996270SPECIMEN TYPE: Plasma;*

Plasma glucose level SPECIMEN ID: 133996270SPECIMEN TYPE: Plasma;	5 mmol/L	(Range: 3 - 8)

25-Oct-2013
Result: Urea and electrolytes *Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 7Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Urea and electrolytes Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 7Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)

25-Oct-2013
Result: Plasma fasting glucose level *Specimen Id: 133996270Specimen Type: Plasma;Number of Test(s): 2Lab comment: Reference Range quoted for Glucose is based on a non-fasting sample.|Reviewer comment: Abnormal/Normal Flag:*

Plasma fasting glucose level Specimen Id: 133996270Specimen Type: Plasma;Number of Test(s): 2Lab comment: Reference Range quoted for Glucose is based on a non-fasting sample.|Reviewer comment: Abnormal/Normal Flag:	(No range available)

25-Oct-2013
Result: Plasma C reactive protein *SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;<6*

Plasma C reactive protein SPECIMEN ID: 133996270SPECIMEN TYPE: Serum; <6	(No range available)

25-Oct-2013
Result: Serum bicarbonate *SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;*

Serum bicarbonate SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	22 mmol/L	(Range: 22 - 29)

25-Oct-2013
Result: Total Cholesterol: HDL ratio *SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;*

Total Cholesterol: HDL ratio SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	2.3	(No range available)

25-Oct-2013
Result: Free T4 level *SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;*

Free T4 level SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;	15.2 pmol/L	(Range: 9 - 21)

25-Oct-2013
Result: (Non Coded Event - Thyroid hormone tests) *Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:*

(Non Coded Event - Thyroid hormone tests) Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)

25-Oct-2013
Result: (Non Coded Event - Plasma C reactive protein)*Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Plasma C reactive protein) Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

25-Oct-2013
Result: (Non Coded Event - Liver function test)*Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Liver function test) Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

25-Oct-2013
Result: (Non Coded Event - Serum lipids)*Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 5Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Serum lipids) Specimen Id: 133996270Specimen Type: Serum;Number of Test(s): 5Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

25-Oct-2013
Result: Fasting blood test due*SPECIMEN ID: 133996270SPECIMEN TYPE: Plasma;No*
Fasting blood test due SPECIMEN ID: 133996270SPECIMEN TYPE: Plasma;No (No range available)

25-Oct-2013
Result: GFR calculated abbreviated MDRD*SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;>59*
GFR calculated abbreviated MDRD SPECIMEN ID: 133996270SPECIMEN TYPE: Serum;>59 (No range available)

01-Sept-2011 E Boud
Result: %pred.FEV1
%pred.FEV1 72 (No range available)

01-Sept-2011 E Boud
Result: Forced expired volume in 1 second*Disease: SPICE COPD, priority=2*
Forced expired volume in 1 second Disease: SPICE COPD, priority=2 (No range available)

15-Aug-2011 E Boud
Result: FEV1 before bronchodilation
FEV1 before bronchodilation 1.84 (No range available)

15-Aug-2011 E Boud
Result: FEV1 before bronchodilation*1.84: priority=2*
FEV1 before bronchodilation 1.84: priority=2 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Eosinophil count*Eosinophils priority=2
End Date: 16/04/2010*
Eosinophil count Eosinophils priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Eosinophil count
Eosinophil count 0.1 (No range available)

15-Apr-2010 Ms Linda Hardie
Result: Serum FSH level*FSH - Received 16/04/2010 priority=2
End Date: 16/04/2010*
Serum FSH level FSH - Received 16/04/2010 priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Linda Hardie
Result: Serum FSH level*FSH priority=2
End Date: 16/04/2010*
Serum FSH level FSH priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Linda Hardie
Result: Serum FSH level
Serum FSH level 28.8 IU/L (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Haemoglobin estimation*Haemoglobin priority=2
End Date: 16/04/2010*
Haemoglobin estimation Haemoglobin priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Haemoglobin estimation
Haemoglobin estimation 12.4 g/dL (No range available)

15-Apr-2010 Ms Linda Hardie
Result: Serum LH level*LH - Received 16/04/2010 priority=2
End Date: 16/04/2010*
Serum LH level LH - Received 16/04/2010 priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Linda Hardie
Result: Serum LH level*LH priority=2
End Date: 16/04/2010*
Serum LH level LH priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Linda Hardie
Result: Serum LH level
Serum LH level 7.8 IU/L (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Mean corpusc. haemoglobin(MCH)*MCH priority=2
End Date: 16/04/2010*
Mean corpusc. haemoglobin(MCH) MCH priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Mean corpusc. haemoglobin(MCH)
Mean corpusc. haemoglobin(MCH) 33.9 pg (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Mean corpusc. Hb. conc. (MCHC)*MCHC priority=2
End Date: 16/04/2010*
Mean corpusc. Hb. conc. (MCHC) MCHC priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Mean corpusc. Hb. conc. (MCHC)
Mean corpusc. Hb. conc. (MCHC) 33.6 g/dL (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Mean corpuscular volume (MCV)*MCV priority=2
End Date: 16/04/2010*
Mean corpuscular volume (MCV) MCV priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Mean corpuscular volume (MCV)
Mean corpuscular volume (MCV) 100.8 fL (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Monocyte count*Monocytes priority=2
End Date: 16/04/2010*
Monocyte count Monocytes priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Monocyte count
Monocyte count 0.3 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Neutrophil count*Neutrophils priority=2
End Date: 16/04/2010*
Neutrophil count Neutrophils priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Neutrophil count
Neutrophil count 2.3 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Platelet count*Platelets priority=2
End Date: 16/04/2010*
Platelet count Platelets priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Platelet count
Platelet count 232 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Red blood cell (RBC) count*Red Cell Count priority=2
End Date: 16/04/2010*
Red blood cell (RBC) count Red Cell Count priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Red blood cell (RBC) count
Red blood cell (RBC) count 3.66 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Serum / plasma proteins*Lymphocytes priority=2
End Date: 16/04/2010*
Serum / plasma proteins Lymphocytes priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Total white cell count*White Blood Count priority=2
End Date: 16/04/2010*
Total white cell count White Blood Count priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: White Blood Count
White Blood Count 4.1 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Lymphocyte count
Lymphocyte count 1.4 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Coagulation/bleeding tests*Coagulation Screen - Received 16/04/2010 priority=2
End Date: 16/04/2010*
Coagulation/bleeding tests Coagulation Screen - Received 16/04/2010 priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: APTT*priority=2
End Date: 16/04/2010*
APTT priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: APTT
APTT 26 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Full blood count - FBC*FBC - Received 16/04/2010 priority=2
End Date: 16/04/2010*
Full blood count - FBC FBC - Received 16/04/2010 priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Haematocrit*priority=2
End Date: 16/04/2010*
Haematocrit priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Haematocrit
Haematocrit 0.369 L/L (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Basophil count*Basophils priority=2
End Date: 16/04/2010*
Basophil count Basophils priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Basophil count
Basophil count 0 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Prothrombin time*PT priority=2
End Date: 16/04/2010*
Prothrombin time PT priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Prothrombin time
Prothrombin time 10 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Activated partial thromboplastin time ratio*APTT Ratio priority=2
End Date: 16/04/2010*
Activated partial thromboplastin time ratio APTT Ratio priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Activated partial thromboplastin time ratio
Activated partial thromboplastin time ratio 1 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Fibrinogen level*Fibrinogen priority=2
End Date: 16/04/2010*
Fibrinogen level Fibrinogen priority=2
End Date: 16/04/2010 (No range available)

15-Apr-2010 Ms Heather Patterson
Result: Fibrinogen level
Fibrinogen level 3.1 g/L (No range available)

15-Mar-2010 E Boud
Result: Forced expired volume in 1 second*Disease: SPICE COPD, priority=2*
Forced expired volume in 1 second Disease: SPICE COPD, priority=2 (No range available)

20-Jan-2009 E Boud
Result: %pred.FEV1
%pred.FEV1 68 (No range available)

20-Jan-2009 E Boud
Result: Forced expired volume in 1 second*Disease: SPICE COPD, priority=2*
Forced expired volume in 1 second Disease: SPICE COPD, priority=2 (No range available)

20-May-2008 Ms Isabel Weir
Result: Serum TSH level
Serum TSH level 0.5 (No range available)

20-May-2008 Ms Isabel Weir
Result: Serum TSH level
Serum TSH level 0.5 (No range available)

20-May-2008 Ms Isabel Weir
Result: Thyroid function test*Disease: SPICE Lab Results, priority=2*
Thyroid function test Disease: SPICE Lab Results, priority=2 (No range available)

20-May-2008 Ms Isabel Weir
Result: Free T4 level
Free T4 level 17.9 (No range available)

16-May-2008 Ms Isabel Weir
Result: Serum FSH level*7.6 IU/l priority=2*
Serum FSH level 7.6 IU/l priority=2 (No range available)

16-May-2008 Ms Isabel Weir
Result: Serum TSH level
Serum TSH level 0.5 (No range available)

02-Nov-2007 E Boud
Result: %pred.FEV1
%pred.FEV1 67 (No range available)

02-Nov-2007 E Boud
Result: %pred.FEV1

%pred.FEV1	67	(No range available)

02-Nov-2007 E Boud
Result: Forced expired volume in 1 second*Disease: SPICE COPD, priority=2*

Forced expired volume in 1 second Disease: SPICE COPD, priority=2		(No range available)

17-Sept-2007 E Boud
Result: %pred.FEV1

%pred.FEV1	76	(No range available)

26-July-2006 E Boud
Result: Forced expired volume in 1 second*Disease: SPICE COPD, priority=2*

Forced expired volume in 1 second Disease: SPICE COPD, priority=2		(No range available)

26-July-2006 E Boud
Result: Spirometry*Disease: SPICE COPD,*

Spirometry Disease: SPICE COPD,		(No range available)

07-Sept-2007 E Boud
Result: Cx. smear: repeat 12 months*Cervical Screening$$.clm - Repeat after an Interval 12M
In GP care*

Cx. smear: repeat 12 months Cervical Screening$$.clm - Repeat after an Interval 12M In GP care		(No range available)

13-Feb-2007 Ms Isabel Weir
Result: Serum TSH level*0.54:mU/l priority=2*

Serum TSH level 0.54:mU/l priority=2		(No range available)

13-Feb-2007 Ms Isabel Weir
Result: Serum TSH level

Serum TSH level	15.2 pmol/L	(No range available)

13-Feb-2007 Ms Isabel Weir
Result: Serum TSH level

Serum TSH level	0.54 mU/L	(No range available)

13-Feb-2007 Ms Isabel Weir
Result: Plasma fasting glucose level*4.9:mmol/L priority=2*

Plasma fasting glucose level 4.9:mmol/L priority=2		(No range available)

13-Feb-2007 Ms Isabel Weir
Result: Plasma fasting glucose level

Plasma fasting glucose level	4.9 mmol/L	(No range available)

13-Feb-2007 Ms Isabel Weir
Result: Free T4 level*@306.00 15.2:pmol/l priority=2*

Free T4 level @306.00 15.2:pmol/l priority=2		(No range available)

13-Feb-2007 Ms Isabel Weir
Result: Serum ferritin*53 ng/ml priority=2*

Serum ferritin 53 ng/ml priority=2		(No range available)

13-Feb-2007 Ms Isabel Weir
Result: Haemoglobin normal*12.5:g/dl priority=2*

Haemoglobin normal 12.5:g/dl priority=2		(No range available)

13-Feb-2007 Ms Isabel Weir
Result: Haemoglobin normal

Haemoglobin normal	12.5 g/dL	(No range available)

13-Feb-2007 Ms Isabel Weir
Result: Platelet count normal*211:10*9/l priority=2*

Platelet count normal 211:10*9/l priority=2		(No range available)

13-Feb-2007 Ms Isabel Weir
Result: Platelet count normal

Platelet count normal	211 10*9/L	(No range available)

13-Feb-2007 Ms Isabel Weir
Result: White cell count normal*4.0:10*9/l priority=2*

White cell count normal 4.0:10*9/l priority=2		(No range available)

13-Feb-2007 Ms Isabel Weir
Result: White cell count normal

White cell count normal	4 10*9/L	(No range available)

13-Feb-2007 Ms Isabel Weir
Result: ESR normal*11:mm/hr priority=2*

ESR normal 11:mm/hr priority=2		(No range available)

13-Feb-2007 Ms Isabel Weir
Result: ESR normal

ESR normal	11	(No range available)

13-Feb-2007 Ms Isabel Weir
Result: Plasma C reactive protein*@642.00 3:mg/l priority=2*

Plasma C reactive protein @642.00 3:mg/l priority=2		(No range available)

13-Feb-2007 Ms Isabel Weir
Result: Plasma C reactive protein

Plasma C reactive protein	3 mg/L	(No range available)

13-Feb-2007 Ms Isabel Weir
Result: Rheumatoid factor*negative priority=2*

Rheumatoid factor negative priority=2		(No range available)

24-Nov-2004 Ms Isabel Weir
Result: Chlamydia trachomatis polymerase chain reaction*negative priority=2*

Chlamydia trachomatis polymerase chain reaction negative priority=2		(No range available)

14-Sept-2004 Ms Linda Hardie
Result: Serum TSH level

Serum TSH level	0.93	(No range available)

09-Apr-2003 E Boud
Result: Cx. smear: repeat 12 months*Cervical Screening$$.clm - Repeat after an Interval 12M
Out with GP care*

Cx. smear: repeat 12 months Cervical Screening$$.clm - Repeat after an Interval 12M Out with GP care	(No range available)

Other Items

This section is empty.

Attachments

Scanned Document
07-Aug-2026 SARAH.MCDADE
Additional: Scanned Document

Filename: Lorraine Moffat FULL.pdf
Extension: .tif
Pages:

NHS Confidential: Personal data about a patient

NHS Lanarkshire
www.nhslanarkshire.org.uk
MSK Physiotherapy
sDeptinfo
sAdddeptinfo
sPrefPhoneNo

Central Health Centre
North Carbrain Road
Cumbernauld
G67 1BJ

Dr J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Date Typed: 06/07/2026
Ref: 102120744
Letter Ref: DM
CHI Barcode: *0204686547*

Dear Dr [redacted]
Date: 06/07/2026
Enquiries: 01698 687442

Patient Name: Lorraine Moffat
Patient date of birth: 02/04/1968
Patient Address: Flat 44, 3 Greenhill Court, Rutherglen, Glasgow, G73 2DH

Presenting Complaint
CLBP
Hip deconditioning
Outcome

- ☐ Symptom free
- ☐ Reduction in symptoms
- ☐ Minimal improvement
- ☐ No benefit

- ☐ Failed to Opt in
- ☐ Failed to attend initial assessment
- ☒ Failed to complete treatment

- ☒ Treated and discharged with advice
- ☐ Triaged and discharged with advice
- ☐ Treated – open appointment, no further treatment sought
- ☐ Triaged – open appointment, no further treatment sought
- ☐ Referred to GP / consultant / other
- ☐ Equipment supplied
- ☐ Met agreed goals

Additional Information
Pt failed to attend return appointment, if no contact is made within 5 working days the patient will be discharged from the physiotherapy service.

If you require any further details of this patient's condition, treatment programme or response to treatment, please email MSKHUB@lanarkshire.scot.nhs.uk including the patient's CHI number.

Kind regards,

Daniel Mullen
Physiotherapist

Authorised on 06/07/2026 13:44:44 by [redacted] Mullen.

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NHS
SCOTLAND

PRIVATE AND CONFIDENTIAL
Scottish Ambulance Service
National Headquarters
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel - 0131 314 0000

Date : 05 Jul 2026
CHI Number : 0204686547

Dear Doctor, (Practice Code - 60139)

LORRAINE MOFFAT, 02/04/68 , OUTSIDE IN CAR PARK GREENHILL COURT RUTHERGLEN GLASGOW

LORRAINE MOFFAT, was attended by ambulance crew on 05 Jul 2026 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.gpepr2@nhs.scot , stating the Incident number CR013420783.

Yours sincerely,

Scottish Ambulance Service

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TerraPACE REPORT			
Time	01:20	Date	05/07/2026
PATIENT AND INCIDENT DETAILS			
Incident number		CR013420783	
Incident Location		OUTSIDE IN CAR PARK GREENHILL COURT RUTHERGLEN GLASGOW	
Name		LORRAINE MOFFAT	
CHI Number		0204686547	
Date of Birth		1968-04-02	
Additional Comments and Observations		999 call to 58 y/o female ?DIB Hxpc- Pt was drinking with a friend in the evening and reports choking on a curry between 21:30-22:00. Pt states she managed to dislodge food with her own fingers but since has had difficulty in swallowing. Pt states every time she swallows it's making her cough up a white frothy sputum. O/e- Pt was o/s and distressed o/a. Pt had increased resps, stated she couldn't breath and was unable to swallow. Pt had also wet herself in panic. Crew able to assist pt into ambulance for assessment. Pt was alert and orientated- no obvious [redacted] noted to back of throat (no food visible, no redness, no swelling). Pt able to talk in full sentences, sats normal. Upper resp wheeze of auscultation- salbutamol given to help relieve airway. Pt was continually coughing up white sputum. All other obs NIL acute findings. Plan- Crew suggested pt travel to QEUH for further assessment [redacted] to throat by fingers or food still lodged. Whilst waiting on it [redacted] pt coughed up 2x pieces of [redacted]. Pt states she felt instantaneous relief and was now able to swallow. Pt daughter arrived and pt decided she no longer wanted to convey. Crew explained to pt although food is now dislodged there may be trauma to throat. Pt still denied conveyance. [redacted] agreed to stay with pt this evening and keep an eye on her. Worsening advice given.	
Additional Comments: Presenting Complaint		Choking	
PATIENT ASSESSMENT			
AVPU		Alert	
Circulation			
Pulse Rate	108	**BP**	137/101
Cap Refill	<=2 Secs	**ECG Rhythm**	
Rhythm	Reg	**Arm**	Right
Central/Peripheral	Central	**ECG**	3 Lead
IV(L)		**IV(R)**	
IO(L)		**IO(R)**	

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Observations														
Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF
00:39	108	22	137/101	97	<=2 Secs	15	Alert		37		Sinus Tachy			

Drugs							
Time	Drug	Dosage	Units	Route	Drug Expiry Date	Pain Before	Pain After
00:32	Salbutamol Neb	5	mg	NEB	12/2027		
00:32	Oxygen	6	ltrs	IPPV			

HISTORY	
AMPLE	
Allergies	
Last Eaten	>4 Hours Ago
Events Prior	chocked at approx 21:30-22:00 on curry- removed from throat and struggled to swallow after
MEDICAL	
[redacted]	
OBSTETRICS/GYNAE	
OTHER	

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Acute Services Division

Diagnostics Directorate

Nuclear Medicine Department
Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF

NHS Greater Glasgow and Clyde

Dr Janis [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Tel: 0141 452 3659
Date: 01-Jun-2026
CHI No: 0204686547
Hosp Ref: G405H
Page No: **Page 1 of 1**

Dear Doctor,

We would like to inform you that the patient below has failed to arrive for a radiology appointment.

Patient: Ms Lorraine Moffat
Date of birth: 02-Apr-1968
CHI No: 0204686547
Patient Address:
FLAT 44
3 GREENHILL COURT
GLASGOW

G73 2DH
Patient GP: Dr Janis [redacted] Practice: New [redacted] Hospital
Referrer: Dr Janis [redacted] Source: Overtoun Medical Practice

For: **a Bone Density Scan**, at: **1:50 pm**
For: **a Bone Density Scan**, at: **1:50 pm**

All on: **Friday 29 May 2026**
All at: **Queen [redacted] University Hospital, Nuclear Medicine Department**

Please [redacted] that in some cases DNAs are due to incorrect patient address details on the request form.
We are concerned that your patient still requires their examination.
If this is the case, could you please confirm this and re-request in the normal manner.

We have notified your patient of this DNA.

Yours sincerely

Diagnostics Administrator

Diagnostic Imaging **Page 1 of 1** E-40177643

New [redacted] Hospital: Diagnostic Imaging Report

Patient	LORRAINE MOFFAT	**Address**	FLAT 44, 3 GREENHILL COURT, GLASGOW, G73 2DH
DOB	02/04/1968	**CHI No.**	0204686547
Ref. Source	Overtoun Medical Practice	**Practice Code**	60139
Referrer	Dr Janis [redacted]	**Exam Date**	24/04/2026 10:39

Report Summary

Clinical History: See scanned document

XR Chest

24/04/2026, 11:19, XR Chest
CHEST:
Clinical History:
Severe left lower costal chest pain anteriorly. No [redacted] Smoker.
Findings:
No acute lung disease. The lung fields are clear.
Heart is not enlarged.
Normal mediastinal outline.
No acute rib cage abnormality.
No interval change compared to the examination in May 2023
Reported by Dr [redacted] D'Souza, Axon Diagnostics Radiologist, GMC 3262711
If you are a clinician and have a query on this report, please email
clinicalqueries@axondiagnostics.com

Last verified by: AXON (AXON Reporting)
Reported by: AXON (AXON Reporting)

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NHS Greater Glasgow and Clyde

Diagnostic Imaging Request Form

Hospital: New victoria.

* The Ionising Radiation (Medical Exposure) Regulations 2000 IR(ME)R require you to complete all this information accurately.
Shaded Areas are for imaging department use. Incomplete/ illegible forms may be returned. Please [redacted] overleaf prior to completic

[redacted]no CHI:
[redacted] 0204686547 02/04/1968 F
MOFFAT, LORRAINE
44,3 Greenhill Co,G73 2DH
2394360
Dr J Lynch, 3493207
Overtoun Medical Pra, G73 2PQ 60139
24/04/2026 09:17. Practice:

Referring Consultant/GP:

Ward/Clinic/Practice:
Dr J Lynch L33096
Overtoun Medical Practice
Phone (day and evening) Centre
130 Stonelaw Road
Rutherglen G73 2PQ

Appointments:

Investigation(s) requested:

CXR

Please complete for all outpatients
Is this a New Diagnosis? ☐
Is this a Planned Procedure? ☐
Result required by MDT/Clinic on:
Date:
Tracked patient? YES ☐ NO ☐

Clinical summary (to include indication and purpose of examination/intervention under IR(ME)R 2000*):
What is the clinical question? **(Please PRINT boldly in black ink)**

(L) Severe lower costal pain anteriorly.
No falls /trauma. Smoker.
chest clear
Tender tt lower 2 ribs anteriorly & costal margin.
?cause

Please indicate any previous surgery or history of malignancy?

IR(ME)R justification: YES ☐ NO ☐ Initials:
Date received:
Preparation:
Fast: Full bladder: Laxative:
Oral contrast: No prep:
Urgency: Initials:
Examination protocol

TO BE COMPLETED BY REFERRING CLINICIAN

Safety information required for all patients requiring IV or IA contrast medium CT/MRI/DSA/IVU/ Intervention

For contrast studies a recent eGFR is **mandatory.**
(See note 4 overleaf).

Current eGFR: Date of result:

OR

This patient has no risk factors and can proceed to contrast medium without eGFR. [redacted]

Is your patient diabetic? .... Yes ☐ No ☐
If so, does your patient take **metformin?** (see note 5 overleaf) .... Yes ☐ No ☐
Has your patient had a contrast medium injection before? .... Yes ☐ No ☐
Does your patient have a known contrast medium allergy? .... Yes ☐ No ☐
Does your patient have severe or multiple allergies? .... Yes ☐ No ☐
Does your patient have asthma? .... Yes ☐ No ☐
For interventions a coagulation screen is required in certain scenarios – see overleaf for details.
For any interventions (see note 7 overleaf):
Is your patient on anticoagulants? .... Yes ☐ No ☐ Current INR/coagulation score: ....

Additional information for MRI patients

Please indicate if patient has any of the following:

	Yes	No
A cardiac pacemaker?	☐	☐
Surgery in the last 8 weeks?	☐	☐
Aneurysm clipped/treated?	☐	☐
Metal fragments in eyes?	☐	☐
Previous cranial surgery?	☐	☐
Any metal in the body?	☐	☐
Claustrophobia?	☐	☐

Pregnancy Rule	AT RISK	Transport GP/Out-patients	Transport/In-patients
Observe: ☐ Ignore: ☐	MRSA: ☐ C Diff: ☐ Specify:	Walking with assistance (suitable for hospital car) ☐ Uses own wheelchair ☐ Stretcher ☐ Escort required (must have medical need) ☐	Trolley: ☐ Chair: ☐ Oxygen: ☐ Drip: ☐

Referrer's declaration: (NB: This form is a legal document under Ionising Radiation Medical Exposure Regulations 2000)

- **I certify that the correct patient details have been given**
- **I have taken into account the possibility of pregnancy**
- **I have given sufficient information for the request to be justified according to IR(ME)R 2000**
- **I know of no contraindication to performing the examination or intervention I have requested**

Referrer's signature:	Name:	Designation:	Phone/Pager:	Date:
[signature]	LYNCH	GP		24/4/26

MIS 177119

97044

NHS
SCOTLAND

PRIVATE AND CONFIDENTIAL
Scottish Ambulance Service
National Headquarters
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel - 0131 314 0000

Date : 22 Feb 2026
CHI Number : 0204686547

Dear Doctor, (Practice Code - 60139)

Lorraine Moffat, 02/04/68 , FLAT 44 3 GREENHILL COURT RUTHERGLEN GLASGOW

Lorraine Moffat, was attended by ambulance crew on 22 Feb 2026 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.gpepr2@nhs.scot , stating the Incident number CR012977908.

Yours sincerely,

Scottish Ambulance Service

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TerraPACE REPORT			
Time	09:26	Date	22/02/2026
PATIENT AND INCIDENT DETAILS			
Incident number		CR012977908	
Name		Lorraine Moffat	
CHI Number		0204686547	
Date of Birth		1968-04-02	
Additional Comments and Observations		Pt does not wish to attend ED and crew agree this does not seem like the appropriate course of action presently, no red flags, worsened chronic issue and already seen by GP. Crew contacted ACC for AP callback incase further meds were required (FNC not available at this time), spoke to AP, no prescribers available today and pt does have own dihydrocodeine though she does not like taking it due to side effects. Advice for now is to continue with own pain medication as prescribed and to keep moving as much as possible, should pain worsen despite this advised to contact NHS24 today for F2F assessment or to contact own GP tomorrow. Pt and [redacted] informed of red flags to be aware of and to contact 999 should they arise. Pt now feeling much improved and walking about flat well, she is happy with this current course of action, daughter staying with her for next few hours also. WSG.	
Additional Comments: Presenting Complaint		Back pain	
PATIENT ASSESSMENT			
AVPU		Alert	
Circulation			
Pulse Rate	62	**BP**	127/71
Cap Refill	<=2 Secs	**ECG Rhythm**	
Rhythm	[redacted]	**Arm**	Left
Central/Peripheral		**ECG**	3 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
08:20	62	22	127/71	100	<=2 Secs	15	Alert		36.5	6.9	Sinus Rhythm	4	4	
08:40	65	20	127/70	98	<=2 Secs	15	Alert							

Drugs

Time	Drug	Dosage	Units	Route	Drug Expiry Date	Pain Before	Pain After
08:20	Entonox		PRN	INH			

HISTORY	
AMPLE	
Allergies	
Medication	stexerol, ibuprofen, mirtazapine, zopiclone, luforbec, salbutamol, dihydrocodeine, lactulose
Last Eaten	>4 Hours Ago
Events Prior	Pt unable to get out of bed this am due to back pain, 999 contacted
MEDICAL	
[redacted]	
OBSTETRICS/GYNAE	
OTHER	

OVERTOUN MEDICAL PRACTICE
RUTHERGLEN PRIMARY CARE CENTRE
TEL: 0141 531 6010 Email: OMP@nhs.scot

DR J [redacted] MB Ch B, DRCOG, MRCGP
DR [redacted] MB Ch B, DRCOG, DFFP, MRCGP
Dr [redacted] MRCGP FRCS
Practice Nurse: Nurse A [redacted]

130 Stonelaw Road
Rutherglen
GLASGOW

Our Ref: JL/SMCD

20th February 2026

Lorraine Moffat
Flat 44, 3 Greenhill Court
Rutherglen
G73 2DH

Dear Lorraine

After your appointment, I spoke with our Practice Community Psychiatric Nurse regarding other resources, which might be helpful to you as we discussed. I appreciated the difficulties around the Moira [redacted] Foundation that you explained.

There is an association called "Talk Now" which is support for survivors of [redacted] including [redacted] Their website address is www.talknow.org.uk and phone number in Lanarkshire 0800 042 0019.

There is also a centre called the Manda Centre in [redacted] which helps support people dealing with [redacted] loss and personal [redacted] and it's telephone number is 01698 329724.

Glasgow and Clyde [redacted] also support survivors of childhood [redacted] and they have an email contact which is info@rapecrisiscentre-glasgow.co.uk

I hope there is something in there which will be helpful to you

Best Wishes,

Yours sincerely,

Dr J [redacted]
MB Ch B, DRCOG, MRCGP

In partnership with GCU Glasgow Caledonian University

University for the Common Good [redacted] and Life Sciences

NHS Lanarkshire

CONFIDENTIAL
Dr L [redacted]
Overtoun Medical Practice
Rutherglen Primary Care Centre
130 Stonelaw Road
Rutherglen
GLASGOW
G73 2PQ

Eastvale Resource Centre
130a Stonelaw Road
Rutherglen
G73 2PQ

Tel: 01698 754101

Date: 26 January 2026
Ref: LMcl/MDT/JT/9b0g
CHI: 020 468 6547

Dear Dr [redacted]

RE: LORRAINE MOFFAT, FLAT 44, 3 GREENHILL COURT, RUTHERGLEN, G73 2DH
CHI: 020 468 6547

Thank you for referring the above individual to the Eastvale Community Mental Health Team / Camglen Psychological Therapies Team. The referral was discussed at our weekly multi-disciplinary / allocations meeting and we would recommend the following resources.

Future Pathways is a free support service in Scotland for individuals who have experienced [redacted] or [redacted] while in care as children, offering tailored assistance to help them achieve their personal goals.

💻: www.future-pathways.co.uk
☎: **0808 164 2005.** Calls are free & lines are open Monday to Friday, 10am - 4pm.
✉: registration@future-pathways.co.uk

Individuals can also access the **NHS Lanarkshire Psychological Services Mindmatters website**: www.lanarkshiremindmatters.scot.nhs.uk, which offers a range of helpful online resources including access to free online programmes to assist with anxiety, low mood, and sleep (e.g. **Calm Distress, Daylight, Sleepio**, and **SilverCloud**).

We hope that these resources are helpful. The above individual will not be allocated to adult mental health services at Eastvale Resource Centre at this time.

Yours sincerely

On behalf of the Camglen Multi-disciplinary Adult Mental Health Allocations Team meeting

NHS Confidential: Personal data about a patient

*If in distress, please consider phoning Samaritans on **116 123** or Breathing space on **0800 83 85 87** or Text SHOUT to **85258**.*

Cc: Miss Lorraine Moffat
Flat 44
3 Greenhill Court
Rutherglen
GLASGOW
G73 2DH

Health&Social Care
North Lanarkshire

North Lanarkshire Council

NHS Confidential: Personal data about a patient

www.nhslanarkshire.org.uk
Community Addiction Recovery Service (CAReS)
0141 584 2515

caressouthlanarkshireadmin@lanarkshire.scot.nhs.uk

Cambuslang Gate
Lower Ground Floor
27 Main Street
G72 7EX

NHS Lanarkshire

Dr LM [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Date Dictated: 16/01/2026
Date Typed: 16/01/2026
Ref: 101982987
Letter Ref: PA/IC
CHI Barcode: *0204686547*

Dear Dr [redacted]

Patient Name: Lorraine Moffat
Patient date of birth: 02/04/1968
Patient Address: Flat 44, 3 Greenhill Court, Rutherglen, Glasgow, G73 2DH

Thank you for your referral to the Community Addiction Recovery Service for the above named patient.

Based on the information provided, unfortunately they don't meet the criteria for our service at the moment as there is no evidence of dependency on either alcohol or [redacted]

Below is a link to South Lanarkshire Alcohol and Drug Partnership's local services directory, which outlines a range of support options available in your area:

https://www.southlanarkshireadp.scot.nhs.uk/local-services/

In the meantime, should the individual currently wish to explore face to face opportunities for psychosocial intervention and/or peer support then they should be encouraged to contact:

The Beacons - 01698 755926

Healthy Valleys – 07859 062831

Esteem Clydesdale - 01555 729033

Should circumstances change, or you require any further information, then please do not hesitate to contact us on the above number.

Yours sincerely

Poppy Arkless
Nursing Team Leader

Authorised on 16/01/2026 15:34:41 by Typist Irene [redacted] not verified by Consultant.

Moffat Lorraine CHI: 0204686547

Clinical letter - GP; Clinical

NHS
Greater Glasgow and Clyde

Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF
0141 211 4000
Canniesburn plastic surgery

Dr. J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 17/10/2025
Reference: JM/MC
Dictated Date: 17/10/2025
Transcribed Date: 17/10/2025

Dear Dr. Janis [redacted] ,

Lorraine Moffat; D.O.B: 02/04/1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

You recently referred this patient to the Plastic Surgery Department.

In accordance with the National Referral Protocol (2025), this referral has been assessed by the referral MDT. Decision is NRP MDT October 2025 Outcome- Unfortunately nothing for plastics to offer.

Yours sincerely,

PLASTIC SURGERY

MDT Vetting Panel

Electronically Signed: ,

cc.

NHS Confidential: Personal data [redacted] patient

Moffat Lorraine CHI: 0204686547

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen [redacted] University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 01/10/2025

Consultant: Dr [redacted] Carachi

J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear J [redacted]

Re: **Moffat Lorraine** DOB: **02/04/1968** CHI: **0204686547**
Flat 44
Glasgow G73 2DH

Attended on: **30/09/2025 at 21:03 hrs.** Departed on: **01/10/2025 at 00:08 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
Back pain

Nursing Assessment:
BIBA- pt states was moving sofa with friend, twisted back felt a crack, pain to lower back from R side radiating to centre unable to lie one back, no c/o of numbness. previous T9# 4 years ago.

Investigations in ED:
1. XR Pelvis **2. XR Lumbar spine**

Moffat Lorraine CHI: 0204686547

Diagnosis:

Diagnosis	Side	Site
Low Back Pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
Lorraine presented with back pain following twisting injury when lifting sofa, she had no neurological symptoms. X-ray was done which did not show a fracture and she was discharged with analgesia.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
[redacted] Greening
Doctor

Copies to:
1. J Lynch (GP)
School Address:

NHS Confidential: Personal data about a patient

NCCIAS >> Letter

Wf Dr Lynch

NHS
Greater Glasgow and Clyde

COLPOSCOPY DEPARTMENT
WOMEN & CHILDREN'S DIRECTORATE
STOBHILL HOSPITAL
133 Balornock Road
Glasgow
G21 3UW
Contact: [redacted] Brown
Telephone: 0141 355 1210
Reference: AB / AMcG
07/08/2025

Dr J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Dear Dr [redacted]

Patient Details:

CHI Number	0204686547
Unit Number	0204686547
Name	Lorraine Moffat
Date of Birth	02/04/1968
Address	Flat 44, 3 Greenhill Court Glasgow G73 2DH

Your patient was seen at the clinic on 04/06/2025 and at this visit, LLETZ (Loop Excision) treatment was performed.

No smear was taken.

A LLETZ biopsy of the cervix was taken and the result was CIN1.

Your patient has been treated for CIN1 and has now been discharged from the colposcopy clinic. I recommend that a follow up smear should be taken in 6 months time.

Your patient has been advised of the results and that she will be invited to attend for her next smear test. Your patient will therefore appear on your Recommended Call List (RCL) on SCCRS in due course.

Yours sincerely

Mrs A McGowan
Nurse Colposcopist

copy to:

NHS Confidential: Personal data about a patient

DIRECT ACCESS DXA SERVICE — BONE DENSITOMETRY REFERRAL FORM

Send to Bone Densitometry Department..... Hospital (enter appropriate hospital)

PATIE
Name CHI: 0204686547 02/04/1968 F
Addre MOFFAT, Lorraine
44 3 Greenhill Cp,G73 2DH
239 4360
Post C
D.O.B Dr J Lynch, 3493207
Overtoun Medical Pra, G73 2PQ 60139
05/08/2025 09:32 Practice: 00139
Pregnant Yes No

PATIENT DETAILS GP DETAILS (or stamp)
Name .....
Address .....
.....Dr J Lynch... L33006.....
Post C Overtoun Medical Practice
Ruthergien Health Centre
Tel No. 130 Stonelaw Road ..... Fax No. .....
Ruthergien G73 2PQ

INDICATE REASON FOR REFERRAL

Men and women over 50 (at time of fracture) with a fracture at any site (not attributable to RTA or a skull fracture nor a fall from above head height) ☐
Site of fracture ..... Date of fracture.....

Steroids >7.5mg of prednisolone or equivalent per day for more than 3 months ☐
Indication for steroids.....

Monitoring as recommend by [redacted] or Bone Mineral Metabolism Clinic or Fracture Liaison Nurse Service (unless you feel this is inappropriate) This is usually 5 years from previous scan, but 3 years following initiation of Denosumab injection LAST 20 23. 2YR REPEAT ☒

*10 year risk of fracture >10% assessed by qfracture (preferred) or FRAX ☐

***Fracture risk assessment should be considered in patients with one or more of the following risk factors or relevant co-existing disease/drug therapy (see SIGN 142)**

Non- modifiable risk factors: *men and women over age 50 with parental history of osteoporosis, women over 50 with* menopause aged less than 45 years

Modifiable risk factors: BMI <20kg/m2, smoking, alcohol intake >3 units/day

Coexisting diseases: Diabetes mellitus, inflammatory rheumatic disease, inflammatory bowel disease, malabsorption, institutionalised patients with epilepsy, endocrine disease (including primary hyperparathyroidism), chronic liver disease, neurological disease (including Alzheimer's, [redacted] Multiple sclerosis and stroke), moderate to severe chronic kidney disease, asthma.

Drug Therapy: Long term anti-depressants, anti-epileptics, aromatase inhibitors, long term (>5 years) depot progesterone therapy, GnRH agonists (in men with prostate cancer), proton pump inhibitor, oral glucocorticoids, thiazolidinediones, anti-retroviral therapy.

Fracture Risk score (0-100%) ☐ where applicable please attach copy of report

Patient needs staff assistance: *Include any relevant patient disability or special instructions i.e. blind/visual impairment, learning/physical disability, requires bariatric equipment(include Ht & Wt), mental health problem, Interpreter-specify*

Other current health problems:	**Current medication:**
Patient didn't opt in to referral sent 5/1/25 - re referral -	Steroid D3

Referrer (Signature) ..... Print Name...Lynch.....
Designation.....G.P.....Date of referral.....
Address if not GP .....

IR(ME)R Statement: DXA scans use ionising radiations (x-rays) and the IR(ME)R regulations apply. Referrals must be made by health care professionals entitled by NHSGGC to perform this role ☐

NHS Confidential: Personal data about a patient

12

0204686547, Lorraine Moffat, DOB 02/04/1968, Telephone

Queen [redacted] University Hospital
Fracture Liaison Service (FLS)
Osteoporosis Nurse Specialists:
Sr [redacted] & Sr Angela Collie (QEUH)
Sr [redacted] Sr Leigh [redacted] & Sr Mayrine [redacted] (WG ACH)
Enquiries: 0141 451 6097

NHS Greater Glasgow and Clyde

Ref: AC/AC/0204686547
11-Feb-2025

Dr. JANIS [redacted]
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear Dr. [redacted]

Lorraine Moffat, DOB: 02-Apr-1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

CHI: 0204686547

Your patient recently attended hospital having sustained a fracture and they were subsequently assessed for osteoporosis / fracture risk on the above date.

The outcome at this stage is as circled below:

a) An appointment for full assessment by the FLS with DXA will be arranged
b) Further assessment including DXA is not indicated – treatment as recommended
c) He/she declined further assessment &/or treatment
d) See below

DNA

Osteoporosis Risk Factors
Past history of fragility fracture(s)
History in past 5 years of smoking
Previous significant exposure to oral steroid

Fracture Risk Factors
History of previous fracture (>50yr)
History in past 5 years of smoking

2/2

0204686547, Lorraine Moffat, DOB 02/04/1968, Telephone

Fracture History
Left Radius and/or Ulna (Aged 53)
TV9 Grade 3 fracture (Aged 54)
Right Radius and/or Ulna (Aged 56)

Treatment Recommendations
No treatment required

Lifestyle Recommendations

Densitometry: No follow up

Ms Moffat did not attend for her DXA appointment- Friday 7th February.

Due to pressure on our service I have not offered a further appointment. Should she wish to attend in the future please refer her via the [redacted] patient pathway.

Yours sincerely

[redacted] Angela Collie
Osteoporosis Specialist Nurse

Dr M Talla
Consultant Physician

DIRECT ACCESS DXA SERVICE — BONE DENSITOMETRY REFERRAL FORM

Send to Bone Densitometry Department..... Hospital (enter appropriate hospital)

PATIENT DETAILS
Nam
Addr
CHI: 0204686547 02/04/1968 F
MOFFAT, Lorraine
24.3 Greenhill Co,G73 2DH
Post 239 4368
D.O.I 3493287
Dr J Lynch, Overtoun Medical Pra, G73 2PQ 68139
09/01/2025 11:51, Practice
Pregr. YES No

PATIENT DETAILS GP DETAILS (or stamp)
Name .....
Address ..... Dr J Lynch L33006
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen G73 2PQ
Post Code.....
Tel No. ..... Fax No. .....

INDICATE REASON FOR REFERRAL

Men and women over 50 (at time of fracture) with a fracture at any site (not attributable to RTA or a skull fracture nor a fall from above head height)
Site of fracture ..... Date of fracture..... ☐

Steroids >7.5mg of prednisolone or equivalent per day for more than 3 months
Indication for steroids..... ☐

Monitoring as recommend by [redacted] or Bone Mineral Metabolism Clinic or Fracture Liaison Nurse Service (unless you feel this is inappropriate) This is usually 5 years from previous scan, but 3 years following initiation of Denosumab injection LAST 2023 – 2YR REPEA ☒

*10 year risk of fracture >10% assessed by qfracture (preferred) or FRAX ☐

***Fracture risk assessment should be considered in patients with one or more of the following risk factors or relevant co-existing disease/drug therapy (see SIGN 142)**

Non- modifiable risk factors: *men and women over age 50 with parental history of osteoporosis, women over 50 with* menopause aged less than 45 years

Modifiable risk factors: BMI <20kg/m2, smoking, alcohol intake >3 units/day

Coexisting diseases: Diabetes mellitus, inflammatory rheumatic disease, inflammatory bowel disease, malabsorption, institutionalised patients with epilepsy, endocrine disease (including primary hyperparathyroidism), chronic liver disease, neurological disease (including Alzheimer's, [redacted] Multiple sclerosis and stroke), moderate to severe chronic kidney disease, asthma.

Drug Therapy: Long term anti-depressants, anti-epileptics, aromatase inhibitors, long term (>5 years) depot progesterone therapy, GnRH agonists (in men with prostate cancer), proton pump inhibitor, oral glucocorticoids, thiazolidinediones, anti-retroviral therapy.

Fracture Risk score (0-100%) [ ] where applicable please attach copy of report

Patient needs staff assistance: *Include any relevant patient disability or special instructions i.e. blind/visual impairment, learning/physical disability, requires bariatric equipment(include Ht & Wt), mental health problem, Interpreter-specify*

Other current health problems:	Current medication:
Osteopenia on steroid Dz.	

Referrer (Signature) ..... Print Name..... LYNCH
Designation..... GP..... Date of referral..... 8/1/26
Address if not GP .....

Dr J Lynch L33006
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen G73 2PQ

NHS Confidential: Personal data [redacted] patient

Moffat Lorraine CHI: 0204686547

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

New [redacted] Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000
Orthopaedics

Dr. J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 02/12/2024
Reference: LM/HM
Dictated Date: 19/11/2024
Transcribed Date: 19/11/2024

Dear Dr [redacted]

Lorraine Moffat; D.O.B: 02/04/1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Lorraine failed to attend her Fracture Clinic appointment this morning. I spoke to this lady on the phone and she informed me that this was because her [redacted] is currently undergoing palliative care, end of life treatment.

I have sent her a repeat appointment for one week to see how her wrist is getting on but I have advised her to let us know if she is unable to attend this and we will see if there is any flexibility we can have in terms of trying to get a repeat x-ray of her wrist. She is happy with all of the above.

Yours sincerely,

[redacted]

ST3 Orthopaedics

Electronically Signed: Dr [redacted] Doctor

cc.

Printed on 02/12/2024 12:34 by Gillian [redacted] Page 1 of 1

NHS Confidential: Personal data [redacted] patient

Moffat Lorraine CHI: 0204686547

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

New [redacted] Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000
Orthopaedics

Dr. J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 02/12/2024
Reference: JJ/MM
Dictated Date: 26/11/2024
Transcribed Date: 26/11/2024

Dear Doctor,

Lorraine Moffat; D.O.B: 02/04/1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Diagnosis: Right distal radius fracture treated conservatively 26/10/24.

Plan:

Discharged with advice on graduated return to normal activities.

Wean from wrist splint.

I reviewed this pleasant 56 year old lady in the fracture clinic today.

Ms Moffat sustained a right distal radius fracture at the end of October and this was treated conservatively.

On review today she has minimal swelling and tenderness over the wrist and reasonable range of motion.

I have given her advice on graduated return to normal activity over the next several weeks and graduated weaning from the futuro splint.

Although Ms Moffat has been discharged, if she has any problems please feel free to re-refer her.

Yours sincerely,

Mr Jibu [redacted]

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Jibu [redacted] Consultant

cc.

Printed on 02/12/2024 12:43 by Gillian [redacted] Page 1 of 1

NHS
Greater Glasgow and Clyde

NHS GGC South Sector
Fracture Liaison Service

Consultants
Dr M Talla, Dr P Connelly & Dr C Sainsbury

Osteoporosis Nurse Specialists
[redacted] Angela Collie,
[redacted] Mayrine [redacted] Leigh [redacted]

CHI: 0204686547

14 Nov 2024

Regarding Lorraine Moffat, born 02 Apr 1968 (CHI 0204686547)

Dear Dr,

Your patient has been assessed for osteoporosis / fracture risk on **14 Nov 2024** following presentation to hospital with a fracture. This fracture was identified from a radiology report or medical records and this patient has not been seen in person by the Fracture Liaison Service. A report from this assessment is attached.

An appointment for full assessment by the Fracture Liaison Service, including DXA scan, will be now arranged.

Follow up

A DXA scan will be scheduled for your patient

Yours sincerely,

Leigh [redacted] - 0141 201 0105
Osteoporosis Nurse Specialist

CHI: 0204686547

Assessment report

Date:

- 14 Nov 2024

Fracture history:

- Radius/Ulna (Right) (aged 56)

Risk factors:

- Previous fragility fracture

Recommended treatment:

- Continue current calcium and vitamin D supplement
- Refer to comments

Recommended investigations:

- None

Future DXA Scans:
(to be arranged by GP)

- To be decided based on outcome of patient's next [redacted]

Recommended lifestyle changes:

- None

Comments:

Reference is made to a recent radiology report and hospital electronic information systems; this patient has not been seen in person by the Fracture Liaison Service.

Ms Moffat is due a monitoring DXA scan in February 2025 and in view of a new fracture we will arrange this. We note there is an inactive prescription for calcium + vitamin D which you may wish to review with her, +/- change to a vitamin D preparation.

CHI: 0204686547

NHS Confidential: Personal data [redacted] patient

Moffat Lorraine CHI: 0204686547

Clinic Letter

NHS
Greater Glasgow and Clyde

New [redacted] Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:
Department: Orthopaedics
Contact Tel:
Enquiries to:
Letter Date: 05/11/2024
Reference: GC/HM
Dictated Date: 05/11/2024
Transcribed Date: 05/11/2024

Dear Dr. J [redacted]

Lorraine Moffat; D.O.B: 02 Apr 1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Attendance: Specialty - Orthopaedics ; Clinic - VIOROR3-VIC ACUTE GENERAL FRACTURE CLINIC TUES AM
Date and Time of Appointment - 05/11/2024 09:55

Clinical Comments:
Your patient failed to attend her Fracture Clinic appointment on 05 November 2024. This was for review of her wrist fracture. We have sent one further appointment, however, if she fails to attend this appointment we will discharge her from the Clinic.

Kind regards.

Yours sincerely,

[redacted]

ST5 Orthopaedics

Electronically Signed: Dr [redacted] Doctor

cc.

WF Dr L

Department of [redacted] & Orthopaedics
Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF

Appointments: **0141 347 8347**
Fracture Clinic: **0141 452 2908**

Virtual Fracture Clinic

Clinic Date: 27/10/2024
Typed: 29/10/2024

Dr [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear Dr [redacted]

Ms Lorraine Moffat ~ DOB: 02/04/1968 ~ CHI:0204686547;
Flat 44 3 Greenhill Court Glasgow Lanarkshire G73 2DH

Your patient was recently followed up at the Virtual Fracture Clinic at Queen [redacted] University Hospital. The following details were recorded:

Bodily site:	Left Distal radius
Injury Type:	Fracture
Management plan:	Fracture clinic
Patient contacted	Phone
Site:	QEUH
Outcome:	# Clinic
Nurses notes:	Nurse present at Virtual Fracture Clinic: 28/10/2024 16:00 [redacted] Patient's notes and XRAYs were reviewed today at the Virtual Fracture Clinic. Patient to return to the fracture clinic for clinical assessment in 4 weeks. To continue with splint until review. I have called the patient today and passed over all relevant information and advice to her [redacted] Happy with the plan. Appointment letter to follow in the post.

NHS Confidential: Personal data [redacted] patient

Moffat Lorraine CHI: 0204686547

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
New [redacted] Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 26/10/2024

Consultant: Dr [redacted] Denny

J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear J [redacted]

Re: **Moffat Lorraine** DOB: **02/04/1968** CHI: **0204686547**
Flat 44
Glasgow G73 2DH

Attended on: **26/10/2024 at 17:05 hrs.** Departed on: **at hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
left wrist injury

Nursing Assessment:

Investigations in ED:
1. XR Wrist Rt

NHS Confidential: Personal data [redacted] patient

Moffat Lorraine CHI: 0204686547

Diagnosis:

Diagnosis	Side	Site
Closed Fracture of Lower End of Radius		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
Fell last had been drinking heavily and states she cant remember how she fell but woke with a painful left wrist. X-rayed....# to distal radius. Wrist support applied and review at virtual clinic

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
[redacted]
Nurse

Copies to:
1. J [redacted] (GP)
School Address:

NHS Confidential: Personal data about a patient

GCU Glasgow Caledonian University
University for the Common Good
[redacted] of Health and Life Sciences

NHS Lanarkshire

Clinical Health Psychology and ACCEPT Service
University Hospital Monklands
Monkscourt Avenue
Airdrie
ML6 0JS
www.nhslanarkshire.co.uk

CONFIDENTIAL
Dr [redacted] McGeogh
Consultant Cadiologist
Cardiology Department
Hairmyres Hospital
East Kilbride
G75 8RG

Date: 06/06/2024
Our Ref: DG/AR
Enquiries to: Psychology Secretary
Direct Line: 01698 752390

Dear Dr McGeogh,

RE: Lorraine Moffat DOB: 02/04/1968 CHI: 0204686547

You referred the above person recently to our service and I wrote asking if they wished to be placed on our waiting list. There was no response to this letter therefore Lorraine Moffat has now been discharged from this team.

Yours sincerely

Clinical Health Psychology and ACCEPT Service

Authorised on 06/06/2024 11:57:34 by Typist Andrea Rankin, on behalf of Dr Deby [redacted]

(D) Dr J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Health& [redacted] North Lanarkshire

North Lanarkshire Council

NHS Confidential: Personal data about a patient

GCU Glasgow Caledonian University

University for the Common Good

[redacted] of Health and Life Sciences

NHS Lanarkshire

(P) Lorraine Moffat
Flat 44, 3 Greenhill Court
Rutherglen
Glasgow
G73 2DH

All Lanarkshire libraries now have a healthy reading section with a wide range of mental health and well-being self-help leaflets, books, CDs, DVDs and web-based support. Lanarkshire Psychological Services has a helpful website: www.lanarkshiremindmatters.scot.nhs.uk. The site is designed to provide self-help information, access to course and online CBT resources, and enable patients to sign up for anxiety management programmes. The Calm Distress programme, is also available via the website.

Should you need help urgently or if your mental health problems persist please contact your GP or out of hours NHS24 on 111. The following agencies may also help: Breathing Space - 0800 83 85 87 (evenings and weekends) www.breathingspacescotland.co.uk or Samaritans -116 123 (24hrs) www.samaritans.org

Health & [redacted] North Lanarkshire

North Lanarkshire Council

NHS Confidential: Personal data about a patient

GCU Glasgow Caledonian University

University for the Common Good

[redacted] of Health and Life Sciences

NHS Lanarkshire

Clinical Health Psychology and ACCEPT Service
University Hospital Monklands
Monkscourt Avenue
Airdrie
ML6 0JS
www.nhslanarkshire.co.uk

CONFIDENTIAL
Dr J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Date: 06/06/2024
Our Ref: DG/AR
Enquiries to: Psychology Secretary
Direct Line: 01698 752390

Dear Dr [redacted]

RE: Lorraine Moffat DOB: 02/04/1968 CHI: 0204686547

You referred the above person recently to our service and I wrote asking if they wished to be placed on our waiting list. There was no response to this letter therefore Lorraine Moffat has now been discharged from this team.

Yours sincerely

Clinical Health Psychology and ACCEPT Service

Authorised on 06/06/2024 12:00:50 by Typist Andrea Rankin, on behalf of Dr Deby Graham.

(P) Lorraine Moffat
Flat 44, 3 Greenhill Court
Rutherglen
Glasgow
G73 2DH

Health& [redacted] North Lanarkshire

North Lanarkshire Council

NHS Confidential: Personal data about a patient

GCU Glasgow Caledonian University

[redacted] for the Common Good
of Health and Life Sciences

NHS Lanarkshire

All Lanarkshire libraries now have a healthy reading section with a wide range of mental health and well-being self-help leaflets, books, CDs, DVDs and web-based support. Lanarkshire Psychological Services has a helpful website: www.lanarkshiremindmatters.scot.nhs.uk. The site is designed to provide self-help information, access to course and online [redacted] resources, and enable patients to sign up for anxiety management programmes. The Calm Distress programme, is also available via the website.

Should you need help urgently or if your mental health problems persist please contact your GP or out of hours NHS24 on 111. The following agencies may also help: Breathing Space - 0800 83 85 87 (evenings and weekends) www.breathingspacescotland.co.uk or Samaritans -116 123 (24hrs) www.samaritans.org

Health&Social Care North Lanarkshire

North Lanarkshire Council

Clinical Health Psychology & ACCEPT Service

University Hospital Monklands
Monkscourt Avenue
Airdrie
ML6 0JS

www.nhslanarkshire.co.uk

NHS Lanarkshire

CONFIDENTIAL

LORRAINE MOFFAT
FLAT 44
3 GREENHILL COURT
RUTHERGLEN GLASGOW

G73 2DH

Date: 16/05/2024
CHI: 0204686547
Enquiries to: Secretary
Direct Line: 01698 752390

Dear Ms Moffat,

As you will be aware Dr J [redacted] GP has referred you to the Clinical Health Psychology & ACCEPT Service for an assessment appointment.

Sometimes, people agree to a referral when it is first discussed with them. They may decide later that the referral is no longer necessary. If we know this, it means that we can offer an appointment to someone else more quickly.

The purpose of this letter is to confirm you wish your name to be placed on our waiting list.

If you **do not wish** your name to be placed on the list: ***you do not need to take any action.*** Your name will *not* be placed on the waiting list and we will inform your referrer of your decision.

If you **do wish** your name to be placed on the list: ***please contact us within 14 days from the date at the top of this letter.***

You can contact us:

- by telephone on 01698 752390
  (please also give information asked for on enclosed sheet)

or

- by returning the enclosed information sheet

Yours sincerely

Secretary
Clinical Health Psychology & ACCEPT Service

cc. Dr J Lynch, Overtoun Medical Practice, Rutherglen Health Centre, 130 Stonelaw Road, Rutherglen,, G73 2PQ

All Lanarkshire libraries now have a healthy reading section with a wide range of mental health and well-being self-help leaflets, books, CDs, DVDs and web-based support. Lanarkshire Psychological Services has a helpful website: www.lanarkshiremindmatters.scot.nhs.uk. The site is designed to provide self-help information, access to course and online [redacted] resources, and enable patients to sign up for anxiety management programmes. The Calm Distress programme, is also available via the website.

Should you need help urgently or if your mental health problems persist please contact your GP or out of hours NHS24 on 111. The following agencies may also help: Breathing Space - 0800 83 85 87 (evenings and weekends) www.breathingspacescotland.co.uk or Samaritans -116 123 (24hrs) www.samaritans.org

NHS Confidential: Personal data about a patient

www.nhslanarkshire.org.uk
Department of Nutrition and Dietetics
01698 754800

Community Dietetics
14 Beckford Street
[redacted]
ML3 0TA

NHS Lanarkshire

Ms Lorraine Moffat
Flat 44, 3 Greenhill Court
Rutherglen
Glasgow
G73 2DH

Date Dictated: 29/04/2024
Date Typed: 30/04/2024
Ref: 51319
Letter Ref: sk
CHI Barcode:

Dear Ms Moffat

RE: COMMUNITY DIETETICS – RUTHERGLEN HEALTH CENTRE

I am sorry you were unable to attend your review appointment to the above service on 18th April 2024.

If you would like another appointment, please contact me on **01698 754800** and I will be happy to [redacted] arrange.

If I do not hear from you within two weeks, I will assume that you do not wish to attend the service and you will be discharged from the clinic list.

Yours sincerely

[redacted]
Specialist Community Dietitian

Authorised on 30/04/2024 15:57:19 by [redacted]

(D) Dr J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Health& [redacted]
North Lanarkshire

- Difficulties associated with a long term health condition where there is already a specialty service established in NHSL that includes clinical psychology such as ***The Chronic Pain Service, Neuropsychology, Brain Injury, Stroke Service, Lanarkshire Weight Management Service (LWMS), Covid rehab Team, BBV (blood borne viruses).***
- Clients in [redacted] (e.g. recent [redacted] relationship [redacted]

Referral onto others services may be appropriate in these instances, for example, Adult Mental Health Services, Liaison Psychiatry, Addiction Services.

To discuss a referral for the South please contact: Dr [redacted] Telky, Counselling Psychologist, University Hospital Hairmyres. Tel: 01698 752390 Laura.Telky@lanarkshire.scot.nhs.uk

To discuss a referral for the North please contact: Dr [redacted] Geddes, Counselling Psychologist, University Hospital Monklands Tel: 01698 752390 [redacted]Geddes@lanarkshire.scot.nhs.uk

Please be aware this referral form is to access both the Clinical Health and ACCEPT service. Once we receive your referral our clinicians will screen to determine which service is the most suitable.

Referral to Clinical Health Psychology & ACCEPT

Clinical Health Psychology and Accept Service
University Hospital Monklands
Telephone: 01698 752390

Referred Person:

CHI: 0204686547 02/04/1968 F
MOFFAT, Lorraine
44.3 Greenhill Co,G73 2DH
239 4366
Dr J Lynch, 3493207
Overtoun Medical Pra, G73 2PQ AA/AG
18/04/2024 12:02. Practice: 00139

CHI number:

GP & Practice: Dr J Lynch L33006
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen G73 2PQ

Referral:

Reason for Referral (e.g. Main Presenting issues/ difficulties, what can Psychology add to the care of this person?): Low Body weight
Anxiety & agoraphobic symptoms.
Depression treated now more successfully with mirtazapine

Referrer Name & Job Title:

Referrer Contact Address:

Referrer Telephone Number: Dr J [redacted] L33006
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen G73 2PQ

Referrer Email:

Other Professionals/ Medical Specialities involved in care (including Consultants):

NHS Confidential: Personal data visual content

Brief summary of medical status (include role of psychological factors):
Alopecia Totalis - Low self esteem. Weight loss. - Lost of confidence/esteem. - fully physically investigated.
Additional relevant background information (e.g. family, support, housing situation, employment, risk factors etc.): Bereaved. - father Carer - elderly mother. Stress

1. Is the presenting psychological complaint directly related to the person's physical health?	(Yes)	No
2. Has referral been discussed, and individual agreed to the referral being made?	(Yes)	No
3. Do you think this person is motivated and capable of making changes?	(Yes)	No
4. Is this person aware of what individual therapy is likely to involve and likely to engage with treatment?	(Yes)	No
5. Does this individual have longstanding mental health issues?	(Yes)	No
6. Is the person currently attending or on the [redacted] for any other psychology or counselling service?	Yes	(No) returned Eastvale - directed here.
7. Is the predominant presenting physical health condition neurological? Neurological conditions (including adjustment to requests) are not within our inclusion criteria. We can only take neurological referrals for GROUP ONLY intervention. Please forward all other queries directly to the Neuropsychology Service, UHM.	Yes – **Group only intervention** NO.	(No)
8. Is the predominant difficulty chronic pain? We can only take chronic pain referrals for GROUP ONLY intervention. This is NOT a pain management group but a group for adjustment to all LTCs. For all other chronic pain related referrals including Fibromyalgia please sent directly to the Chronic Pain Service via the SCI gateway system. https://www.nhslanarkshire.scot.nhs.uk/services/chronic-pain/	Yes – **Group only intervention**	(No)
9. Is the patient currently suicidal/at risk?	Yes	(No)
NB – If 'No' for questions 1-4 or 'Yes' for questions 5-9, please contact a member of the team before submitting the referral who are always happy to discuss referrals.		
Signature 	**Date** 18/4/24	

Please send completed referral form via email only to:

Email: **Clinical.HealthReferrals@lanarkshire.scot.nhs.uk**

If you are unable to submit via email for any reason please contact us to discuss.

Referral Criteria and Guidelines for Clinical Health Psychology and Accept Service

NHS Lanarkshire

The Clinical Health Psychology Service is a small (3.6wte) specialist service for adults over the age of 16 who are experiencing severe and [redacted] psychological difficulties specifically associated with an ongoing medical condition and/or its treatment. Clients will be in regular contact with medical specialties and would benefit from a Clinical Health Psychology component to their multidisciplinary care. Referrals are usually accepted from the medical/surgical teams (e.g. renal, haematology, diabetes, oncology etc) at Monklands, Wishaw and Hairmyres Hospitals who are involved in the clients care and with the consent of the client.

ACCEPT (Adjustment to chronic conditions by engaging with psychological therapies) (3.0wte) is a primary care service that bridges the gap for patients with long-term health conditions and associated low mood and/or anxiety, who have little access to appropriate services in terms of their mental health needs. Referrals are usually accepted from GPs and practice nurses.

Please note that this is an out-patient only service and the Clinical Health Psychology and Accept Service cannot offer appointments to in-patients or home visits.

Clinical Health Psychology and Accept provide the following services:

- Clinical
  - Psychological assessment
  - Psychological formulation - a biopsychosocial understanding of the difficulties
  - Intervention - if appropriate & based on the psychological formulation. This may be offered as individual, couple, family or group therapy
- Non-Clinical
  - Consultation and advice to staff
  - Supervision
  - Training

Appropriate referrals include clients whose primary presentation is:

- Difficulty in adjusting to the diagnosis of a medical condition
- Ongoing difficulty in adjusting to an ongoing medical condition/multiple conditions or treatment/s e.g. loss of function, symptom management
- Psychological distress including mood-related difficulties associated with a medical condition (e.g. anger, anxiety, depression) that:
  - Do not resolve over time
  - Interfere with life activities and/or medical treatment
  - Cannot be dealt with by other members of the medical team
- Non-adherence to treatment/self-management problems
- Psychological distress which is compromising treatment or blocking ability to engage in rehabilitation e.g. panic, agoraphobia
- Phobias that are interfering with treatment e.g. needle phobia
- Psychological distress that is disproportionate to the severity of the medical condition/prognosis
- Family/Relationship/Sexual difficulties associated with current medical condition/treatment.
- [redacted] symptoms associated with a medical condition and/or treatment e.g. ICU

Inappropriate referrals for this service include:

- Long-standing mental health difficulties unrelated to a medical condition
- Primary or current drug or alcohol [redacted]
- Patients who are currently admitted to a ward

1/2

NHS Lanarkshire

CONFIDENTIAL

Dr Janis [redacted]
Overtoun Medical Practice
Rutherglen Primary Care Centre
130 Stonelaw Road
Rutherglen
GLASGOW
G73 2PQ

Eastvale Resource Centre
130a Stonelaw Road
Rutherglen
GLASGOW
G73 2PQ

Date: 4 March 2024
Ref: NR/MDTJT/9b0g
CHI: 020 468 6547

Tel: 01698 754100

Dear Dr [redacted]

RE: LORRAINE MOFFAT, FLAT 44, 3 GREENHILL COURT, RUTHERGLEN, G73 2DH
CHI: 020 468 6547

Thank you for referring the above individual to the Eastvale Community Mental Health Team. The referral was discussed at our weekly Multi-disciplinary / allocations meeting.

As Miss Moffat has recently commenced on Mirtazapine and is engaging with Dietetics, we would recommend allowing time for this input to take effect. In addition, the following resource may be of benefit in relation to grief.

Cruse Scotland provide support for people who have experienced a bereavement. They can offer individual counselling, support groups, advice, and information. More information on the services provided can be found at:

🖳: www.crusescotland.org.uk .
☎: Free helpline on 0808 802 6161
✉: support@crusescotland.org.uk

In future, we would recommend the following resource in relation to [redacted] alopecia and addressing associated difficulties with self-esteem.

The **Clinical Health Psychology & ACCEPT (Adjustment to Chronic Conditions by Engaging with Psychological Therapies) Service** accepts referrals from primary care and the acute sector. Referrals to this service can only be made via the Clinical Heath Psychology & ACCEPT referral form which is available on the First port page http://firstport2/staff-support/clinical-health-psychology/default.aspx . This referral form provides access to both the Clinical Health Psychology and ACCEPT services. Health Psychology clinicians will screen referral forms to determine which service is the most suitable.

LAT100

2|2

/2. Lorraine Moffat chi: 020 468 6547

The **Clinical Health Psychology Service** is a specialist service for adults over the age of 16 who are experiencing severe and [redacted] psychological difficulties specifically associated with an ongoing medical condition and/or its treatment. Individuals will be in regular contact with medical specialties and would benefit from a Clinical Health Psychology component to their multidisciplinary care. Referrals are usually accepted from the medical/surgical teams (e.g. renal, haematology, diabetes, oncology, etc.) at Monklands, Wishaw and Hairmyres Hospitals who are involved in the individual's care and with their consent.

ACCEPT is suitable for people [redacted] a long-term condition who are presenting with mild/moderate low mood and/or anxiety. ACCEPT offers 1:1 psychological assessment and up to 8 sessions of psychological therapy. ACCEPT can also offer a 6 week course: "**Living Life to the Full: Reclaim your life,**" for people [redacted] a physical health condition. Referrals for group only intervention can also be made using the above referral form.

Individuals can also access the **NHS Lanarkshire Psychological Services Mindmatters website**: www.lanarkshiremindmatters.scot.nhs.uk, which offers a range of helpful online resources including access to free online programmes to assist with anxiety, low mood, and sleep (e.g. **Calm Distress, Daylight, Sleepio**, and **SilverCloud**).

If you need urgent help contact your GP or NHS 24 on 111. Call Breathing Space on 0800 83 85 87, the Samaritans on 116 123 or text SHOUT to 85258.

We hope the above resources are helpful. Miss Moffat will not be allocated to adult mental health services at Eastvale Resource Centre at this time.

Yours sincerely

From and on behalf of the Multi-disciplinary Team

Cc: Miss Lorraine Moffat
Flat 44
3 Greenhill Court
Rutherglen
GLASGOW
G73 2DH

[redacted] North Lanarkshire

North Lanarkshire Council

NHS Confidential: Personal data about a patient

www.nhslanarkshire.org.uk
Department of Nutrition and Dietetics
01698 754800

Community Dietetics
14 Beckford Street
[redacted]
ML3 0TA

NHS Lanarkshire

Ms Lorraine Moffat
Flat 44, 3 Greenhill Court
Rutherglen
Glasgow
G73 2DH

Date Dictated: 15/02/2024
Date Typed: 15/02/2024
Ref: 50097
Letter Ref: sk
CHI Barcode: *0204686547*

Dear Ms Moffat

I note you did not attend for your review appointment with the Community Dietetic Service on 8th February 2024 at Rutherglen Health Centre.

If you would like another appointment with the Community Dietetic Service, please contact **01698 754800** within 2 weeks of receipt of this letter and we will be happy to arrange this.

If we do not hear from you within this time, we will assume that you no longer wish to have any further follow up with the service and will be discharged back to the care of your GP.

Yours sincerely

[redacted]
Community Dietitian

Authorised on 15/02/2024 09:34:57 by [redacted]

(D) Dr J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

[redacted]

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www.nhslanarkshire.org.uk
Department of Nutrition and Dietetics
01698 754800

Community Dietetics
14 Beckford Street
[redacted]
ML3 0TA

NHS Lanarkshire

Dr J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Date Dictated: 16/01/2024
Date Typed: 26/01/2024
Ref: 49617
Letter Ref: sk
CHI Barcode:

0204686547

Dear Dr [redacted]

Patient Name: Lorraine Moffat
Patient date of birth: 02/04/1968
Patient Address: Flat 44, 3 Greenhill Court, Rutherglen, Glasgow, G73 2DH

Thank you for your referral for the above patient to the Community Dietetic Service regarding unintentional weight loss. Ms Moffat attended at Rutherglen Health Centre Clinic on 12th December 2023 where her weight was 44kg, height 1.459m, BMI 21kg/m^2 and a MUST Score of 2.

Dietary assessment revealed that she is indeed following a high calorie/high protein diet, is having 3 main meals with snacks in-between, has an adequate fluid intake, however still continues to smoke heavily.

To promote optimal nutritional status and increase weight, the following plan was discussed:

- Food fortification.
- Change to whole milk.
- Try and reduce smoking intake.

Of note, her poor intake is due to ongoing mental health issues which commenced following the passing of her [redacted] 2 years ago which she feels she has not fully recovered from. I did suggest she make contact either with Citizens Advice or contact yourself in this matter. She has been given several contact number re mental health groups in NHS Lanarkshire.

I have since contacted my colleague within the Mental Health Team and as a referral has not been made to Mental Health she is unable to see this patient. I would therefore be grateful if you would consider referral to local CPN or Mental Health Services as this is impacting on her dietary intake.

A follow up appointment has been made for 8th February at Rutherglen Health Centre and I will keep you informed in due course.

NHS Lanarkshire

Yours sincerely

[redacted]
Community Dietitian

Authorised on 05/02/2024 15:27:35 by [redacted]

Health&Social Care North Lanarkshire

NHS Confidential: Personal data about a patient

www.nhslanarkshire.org.uk
Department of Nutrition and Dietetics
01698 754800

Community Dietetics
14 Beckford Street
[redacted]
ML3 0TA

NHS Lanarkshire

Dr J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Date Dictated: 27/12/2023
Date Typed: 23/01/2024
Ref: 49452
Letter Ref: sk
CHI Barcode: *0204656547*

Dear Dr [redacted]

Patient Name: Lorraine Moffat
Patient date of birth: 02/04/1968
Patient Address: Flat 44, 3 Greenhill Court, Rutherglen, Glasgow, G73 2DH

Thank you for your referral for the above patient to the Community Dietetic Service regarding unintentional weight loss in 2023. The patient attended at my clinic on 12th December 2023 where her weight was 44kg, height 1.549m, BMI of 21kg/m^2 and a MUST Score of 2. Ms Moffat recalls being between 55-57kgs.

Dietary assessment revealed that Ms Moffat is well aware of how to increase her calorie intake and has switched to full calorie products and consuming additional snacks – crisps and chocolates during the day, in an attempt to gain weight. She has currently also ceased physical activity which she did find enjoyable regarding her mental health state, however again in an attempt to retain calories, has reduced significantly physical activity. Dietary assessment also revealed that over the last couple of years since her [redacted] passed away, she has struggled with mental health issues and , with friends and family commenting on her weight loss.

I have given her advice to increase her calorie intake by food fortification, to change to whole milk and attempt to try and reduce her smoking intake.

At the appointment she requested nutritional supplements to help her gain weight but I did not feel at this stage this was necessary as the main issue seems to be her mental health which is impeding her oral intake and indeed she said that she struggled to get to today's appointment due to mental health issues. In this instance, I would suggest a referral to the Mental Health Team or Psychiatric input to determine if there are any mental health issues that can be addressed.

A follow up appointment has been arranged in February 2024 so that I can assess again Ms Moffat's weight.

Should you have any queries, please do not hesitate to contact me.

NHS Lanarkshire

Yours sincerely

[redacted]
Community Dietitian

Authorised on 23/01/2024 13:40:23 by [redacted]

Health&Social Care North Lanarkshire

Moffat Lorraine CHI: 0204686547

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

General Surgery - Breast
0141 301 9858
[redacted]docherty@ggc.scot.nhs.uk

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 23/11/2023
Reference: EB/CH
Dictated Date: 23/11/2023
Transcribed Date: 07/12/2023

Dear Dr. J [redacted]

Lorraine Moffat; D.O.B: 02 Apr 1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Attendance: Specialty - General Surgery; Clinic - GGJDGS7-MISS DOUGHTY BREAST THURS AM
Date and Time of Appointment - 23/11/2023 11:20

Clinical Comments:
Further to our previous letter in September, I saw Lorraine back at our Breast Clinic today for interval review of indentation to both breasts.

She attended the Breast Clinic in September and had a normal mammogram and targeted ultrasound of her left breast. It was thought that the bilateral indentation was secondary to her weight loss and loss of breast volume due to this.

Lorraine states today that she has not noted any further changes to her breasts and I note that a recent CT on 15 November 2023 for weight loss has not shown anything worrying.

On clinical examination today, there remained symmetrical indentation and loose breast tissue due to weight loss but I was unable to feel any palpable abnormalities in either breast or axillae, P1 bilaterally.

I have therefore reassured Lorraine and discharged her from the clinic today but if she has any new breast issues or concerns in the future we will happily see her again.

Yours sincerely

[redacted] Bewick

Breast ANP

Electronically Signed: Nurse [redacted] Bewick, Nurse

cc.

New [redacted] Hospital: Diagnostic Imaging Report

Patient	LORRAINE MOFFAT	**Address**	FLAT 44, 3 GREENHILL COURT, GLASGOW, G73 2DH
DOB	02/04/1968	**CHI No.**	0204686547
Ref. Source	Overtoun Medical Practice	**Practice Code**	60139
Referrer	Dr Janis [redacted]	**Exam Date**	15/11/2023 16:01

Report Summary

THIS REPORT HAS BEEN CHANGED
THIS REPORT WAS COMPLETED AS PART OF THE SCOTTISH NATIONAL REPORTING SERVICE (SNRRS)
Clinical Indications
Weight loss no localising symptoms
CT Chest abdomen and pelvis with contrast
No consolidation or pleural effusion.
No enlarged mediastinal or hilar lymph nodes.
No suspicious focal lung lesion seen.
No focal liver lesions.
Normal spleen pancreas adrenals and both kidneys.
No enlarged para-aortic or pelvic lymph nodes.
Faecal loading of the large bowel and no obvious mass lesion.
No free fluid. No pelvic mass lesions seen.
No destructive bony lesions seen.
Conclusion:
No mass lesion or lymphadenopathy.

Reported by
Dr Suhail [redacted]
GMC- 6117850
Consultant Radiologist
NHS Lanarkshire
Email: snrrs@gjnh.scot.nhs.uk
ADDENDUM START by External Radiologist 30-Sep-2024 20:25
*** THIS REPORT CONTAINS AN ADDENDUM ****
This examination has been reviewed as part of a clinical governance process. No significant new findings have been identified.
Verified By: Dr [redacted] Heffernan Ho
GMC 6157537
Consultant Radiologist
NHS GGC
Email- snrrs@gjnh.scot.nhs.uk
ADDENDUM END

CT Thorax abdomen pelvis with contrast

Last verified by: EXTERNAL (External Radiologist)
Reported by: EXTERNAL (External Radiologist) and EXTERNAL (External Radiologist)

New [redacted] Hospital: Diagnostic Imaging Report

Patient	LORRAINE MOFFAT	**Address**	FLAT 44, 3 GREENHILL COURT, GLASGOW, G73 2DH
DOB	02/04/1968	**CHI No.**	0204686547
Ref. Source	Overtoun Medical Practice	**Practice Code**	60139
Referrer	Dr Janis [redacted]	**Exam Date**	15/11/2023 16:01

Report Summary

THIS REPORT WAS COMPLETED AS PART OF THE SCOTTISH NATIONAL REPORTING SERVICE (SNRRS)
Clinical Indications
Weight loss no localising symptoms
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Normal spleen pancreas adrenals and both kidneys.
No enlarged para-aortic or pelvic lymph nodes.
Faecal loading of the large bowel and no obvious mass lesion.
No free fluid. No pelvic mass lesions seen.
No destructive bony lesions seen.
Conclusion:
No mass lesion or lymphadenopathy.

Reported by
Dr Suhail [redacted]
GMC- 6117850
Consultant Radiologist
NHS Lanarkshire
Email: snrrs@gjnh.scot.nhs.uk

CT Thorax abdomen pelvis with contrast

Last verified by: EXTERNAL (External Radiologist)
Reported by: EXTERNAL (External Radiologist) and EXTERNAL (External Radiologist)

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde

Diagnostic Imaging Request Form

Hospital: Victoria

* The Ionising Radiation (Medical Exposure) Regulations 2000 IR(ME)R require you to complete all this information accurately.
Shaded Areas are for imaging department use. Incomplete/ illegible forms may be returned. **Please [redacted] overleaf prior to completion.**

F [redacted]
S

0204686547 DOB:02/04/1968 F
Moffat Lorraine
F 3493207 Dr J Lynch
60139 Overtoun Medical Practice
A
Pt Tel: 239 4360

Postcode:

Referring Consultant/GP:

Ward/Clinic/Practice:

Phone (day and evening):

Appointments:

Investigation(s) requested:

CT CAP Urgent SoC

Please complete for all outpatients
Is this a New Diagnosis? ☐
Is this a Planned Procedure? ☐
Result required by MDT/Clinic on:
Date:
Tracked patient?
YES ☐
NO ☐

Clinical summary (to include indication and purpose of examination/intervention under IR(ME)R 2000*):
What is the clinical question? **(Please PRINT boldly in black ink)**

55 ♀ Smoker. 1½ stone unintentional weight loss last [redacted]. No localising symptoms. GI / GU Ix normal. Recent CXR NAD 24/10/23. Would like to exclude [redacted] sinister pathology.

Please indicate any previous surgery or history of malignancy? NO

IR(ME)R Justification: Initials:
YES ☐ NO ☐
Date received:
Preparation:
Fast: Full bladder: Laxative:
Oral contrast: No prep:
Urgency: Initials:
Examinat[redacted] protocol

TO BE COMPLETED BY REFERRING CLINICIAN

Safety information required for all patients requiring IV or IA contrast medium CT/MRI/DSA/IVU/ Intervention

For contrast studies a recent eGFR is **mandatory.** (See note 4 overleaf).
Current eGFR: Date of result:
[redacted]
This patient has no risk factors and can proceed to contrast medium without eGFR.
Initials:

Is your patient diabetic? Yes ☐ No ☐
If so, does your patient take **metformin?** (see note 5 overleaf) Yes ☐ No ☐
Has your patient had a contrast medium injection before? Yes ☐ No ☐
Does your patient have a known contrast medium allergy? Yes ☐ No ☐
Does your patient have severe or multiple allergies? Yes ☐ No ☐
Does your patient have asthma? Yes ☐ No ☐

For interventions a coagulation screen is required in certain scenarios – see overleaf for details.
For any interventions (see note 7 overleaf):
Is your patient on anticoagulants: Yes ☐ No ☐ Current INR/coagulation score:

Additional information for MRI patients

Please indicate if patient has any of the following:

	Yes	No
A cardiac pacemaker?	☐	☐
Surgery in the last 8 weeks?	☐	☐
Aneurysm clipped/treated?	☐	☐
Metal fragments in eyes?	☐	☐
Previous cranial surgery?	☐	☐
Any metal in the body?	☐	☐
Claustrophobia?	☐	☐

Pregnancy Rule	AT RISK	Transport GP/Out-patients	Transport/In-patients
Observe: ☐	MRSA: ☐	Walking with assistance (suitable for hospital car) ☐	Trolley: ☐ Chair: ☐
Ignore: ☐	C Diff: ☐	Uses own wheelchair ☐	Oxygen: ☐ Drip: ☐
	Specify:	Stretcher ☐	
		Escort required (must have medical need) ☐	

Referrer's declaration: (NB: This form is a legal document under Ionising Radiation Medical Exposure Regulations 2000)

- **I certify that the correct patient details have been given**
- **I have taken into account the possibility of pregnancy**
- **I have given sufficient information for the request to be justified according to IR(ME)R 2000**
- **I know of no contraindication to performing the examination or intervention I have requested**

Referrer's signature:	Name:	Designation:	Phone/Pager:	Date:
	DR Lynch	GP		1/11/23

MIS 127119

97044

New [redacted] Hospital: Diagnostic Imaging Report

Patient	LORRAINE MOFFAT	**Address**	FLAT 44, 3 GREENHILL COURT, GLASGOW, G73 2DH
DOB	02/04/1968	**CHI No.**	0204686547
Ref. Source	Overtoun Medical Practice	**Practice Code**	60139
Referrer	Dr Lynda [redacted]	**Exam Date**	24/10/2023 12:41

Report Summary

Clinical History :
Smoker. Recent weight loss.

XR Chest

XR Chest :
PA film. Compared to prior dated 25/05/2023.
No focal active lung lesion or effusions. Hyperinflation and background emphysema.
Normal cardiomediastinal contours. Bony thorax intact.
If high index of suspicion and persistent weight loss, specialist referral for [redacted] sectional imaging is advised.

Last verified by: 7134001 (Dr [redacted])
Reported by: 7134001 (Dr [redacted])

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde

Diagnostic Imaging Request Form

Hospital: Victoria.

* The Ionising Radiation (Medical Exposure) Regulations 2000 IR(ME)R require you to complete all this information accurately.
Shaded Areas are for imaging department use. Incomplete/ illegible forms may be returned. Please [redacted] overleaf prior to completion.

CHI: 0204586547 02/04/1968 F
MOFFAT, Lorraine
24 3 Greenhill Co, G73 2DH
239 4360
Dr Baird, 6140525
Overtoun Medical Pra, G73 2PG
23/10/2023 15:49 Practice: 00139

Referring Consultant/GP:

Ward/Clinic/Practice:

Phone (day and evening):

Appointments:

Postcode:

Investigation(s) requested:

CXR

Please complete for all outpatients
Is this a New Diagnosis? ☐
Is this a Planned Procedure? ☐
Result required by MDT/Clinic on: ☐
Date:
Tracked patient? YES ☐ NO ☐

Clinical summary (to include indication and purpose of examination/intervention under IR(ME)R 2000*):
What is the clinical question? **(Please PRINT boldly in black ink)**

55 ♀ Smoker
Recent weight loss
1.5 stone. Last XR May 23
NAD.

[redacted] Justification: Initials:
YES ☐ NO ☐
Date received:
Preparation:
Fast: Full bladder: Laxative:
Oral contrast: No prep:
Urgency: Initials:

Examination protocol

Please indicate any previous surgery or history of malignancy? No.

TO BE COMPLETED BY REFERRING CLINICIAN

Safety information required for all patients requiring IV or IA contrast medium CT/MRI/DSA/IVU/ Intervention

For contrast studies a recent eGFR is **mandatory.** (See note 4 overleaf).
Current eGFR: Date of result:

OR ▶ This patient has no risk factors and can proceed to contrast medium without eGFR.
Initials:

Is your patient diabetic? Yes ☐ No ☐
If so, does your patient take **metformin?** (see note 5 overleaf) Yes ☐ No ☐
Has your patient had a contrast medium injection before? Yes ☐ No ☐
Does your patient have a known contrast medium allergy? Yes ☐ No ☐
Does your patient have severe or multiple allergies? Yes ☐ No ☐
Does your patient have asthma? Yes ☐ No ☐

For interventions a coagulation screen is required in certain scenarios – see overleaf for details.
For any interventions (see note 7 overleaf):
Is your patient on anticoagulants: Yes ☐ No ☐ Current INR/coagulation score:

Additional information for MRI patients

Please indicate if patient has any of the following:

	Yes	No
A cardiac pacemaker?	☐	☐
Surgery in the last 8 weeks?	☐	☐
Aneurysm clipped/treated?	☐	☐
Metal fragments in eyes?	☐	☐
Previous cranial surgery?	☐	☐
Any metal in the body?	☐	☐
Claustrophobia?	☐	☐

Pregnancy Rule	AT RISK	Transport GP/Out-patients	Transport/In-patients
Observe: ☐	MRSA: ☐	Walking with assistance (suitable for hospital car) ☐	Trolley: ☐ Chair: ☐
Ignore: ☐	C Diff: ☐	Uses own wheelchair ☐	[redacted] ☐ Drip: ☐
	Specify:	Stretcher ☐	
		Escort required (must have medical need) ☐	

Referrer's declaration: (NB: This form is a legal document under Ionising Radiation Medical Exposure Regulations 2000)

- **I certify that the correct patient details have been given**
- **I have taken into account the possibility of pregnancy**
- **I have given sufficient information for the request to be justified according to IR(ME)R 2000**
- **I know of no contraindication to performing the examination or intervention I have requested**

Referrer's signature:	Name:	Designation:	Phone/Pager:	Date:
	DR [redacted]	GP		23/10/23

MIS 177319

97044

NHS Confidential: Personal data about a patient

Acute Services Division

Diagnostics Directorate

CT Scanning Department
New [redacted] Hospital
55 Grange Road
Glasgow
G42 9LF

NHS
Greater Glasgow and Clyde

Dr Janis [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Tel: 0141 347 8379
Date: 17-Oct-2023
CHI No: 0204686547
Hosp Ref: G306H
Page No: **Page 1 of 1**

Dear Dr Janis [redacted]

The following radiology request has been **RETURNED** for the reason below.

Patient: Ms Lorraine Moffat
Date of birth: 02-Apr-1968
CHI No: 0204686547
Date of Request: 17-Oct-2023

Examination(s) Requested: CT Abdomen and pelvis

Reason for Returning
This request has been identified as having no recent CXR and we are therefore returning this to you.
(Entered By RA33580 [redacted] on 17-Oct-2023 at 12:34)

In many cases additional information is all that is required. Can you please therefore review this patient and either submit another referral form, giving additional information or contact a Consultant Radiologist for guidance.

Yours sincerely

Diagnostics Administrator

Diagnostic Imaging CTWAT **Page 1 of 1** E-38150877

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde

Diagnostic Imaging Request Form

Hospital: Victoria 17/10

* The Ionising Radiation (Medical Exposure) Regulations 2000 IR(ME)R require you to complete all this information accurately.
Shaded Areas are for imaging department use. Incomplete/ illegible forms may be returned. **Please [redacted] overleaf prior to completion.**

Hosp no: [redacted]
0204685547 DOB:02/04/1968 F
F Moffat Lorraine
A 6140525 Dr Baird
A 00139 Overtoun Medical Practice
Pt Tel: 239 4360
Postcode: FK7 4HG

Referring Consultant/GP:
Ward/Clinic/Practice:
Phone (day and evening):

3 GREENHILL COURT G73 2DH

Appointments:

Investigation(s) requested:

CT CAP (URGENT SoC)

Please complete for all outpatients
Is this a New Diagnosis? ☐
Is this a Planned Procedure? ☐
Result required by MDT/Clinic on:
Date:

Tracked patient?
YES ☐
NO ☐

Clinical summary (to include indication and purpose of examination/intervention under [redacted] 2000*):
What is the clinical question? **(Please PRINT boldly in black ink)**

55 ♀ Smoker. 1.5 stone unintentional weight loss over last 6/12. No localising symptoms GI/GU & investigations normal. Recent CXR reported as normal. CT would be helpful to rule out sinister pathology.

IR(ME)R justification: Initials:
YES ☐ NO ☐
Date received:

Preparation:
Fast: Full bladder: Laxative:
Oral contrast: No prep:
Urgency: Initials:

Examination protocol

Please indicate any previous surgery or history of malignancy? NO.

TO BE COMPLETED BY REFERRING CLINICIAN

Safety information required for all patients requiring IV or IA contrast medium [redacted] intervention

For contrast studies a recent eGFR is **mandatory.**
(See note 4 overleaf).
Current eGFR: Date of result:

OR

This patient has no risk factors and can proceed to contrast medium without eGFR.
Initials:

Is your patient diabetic? Yes ☐ No ☐
If so, does your patient take **metformin?** (see note 5 overleaf) Yes ☐ No ☐
Has your patient had a contrast medium injection before? Yes ☐ No ☐
Does your patient have a known contrast medium allergy? Yes ☐ No ☐
Does your patient have severe or multiple allergies? Yes ☐ No ☐
Does your patient have asthma? Yes ☐ No ☐

For interventions a coagulation screen is required in certain scenarios – see overleaf for details.
For any interventions (see [redacted] 7 overleaf):
Is your patient on anticoagulants: Yes ☐ No ☐ Current INR/coagulation score:

Additional information for MRI patients

Please indicate if patient has any of the following:

	Yes	No
A cardiac pacemaker?	☐	☐
Surgery in the last 8 weeks?	☐	☐
Aneurysm clipped/treated?	☐	☐
Metal fragments in eyes?	☐	☐
Previous cranial surgery?	☐	☐
Any metal in the body?	☐	☐
Claustrophobia?	☐	☐

Pregnancy Rule	AT RISK	Transport GP/Out-patients	Transport/In-patients
Observe: ☐	MRSA: ☐	Walking with assistance (suitable for hospital car) ☐	Trolley: ☐ Chair: ☐
Ignore: ☐	C Diff: ☐	Uses own wheelchair ☐	[redacted] Drip: ☐
	Specify:	Stretcher ☐	
		Escort required (must have medical need) ☐	

Referrer's declaration: (NB: This form is a legal document under Ionising Radiation Medical Exposure Regulations 2000)

- **I certify that the correct patient details have been given**
- **I have taken into account the possibility of pregnancy**
- **I have given sufficient information for the request to be justified according to IR(ME)R 2000**
- **I know of no contraindication to performing the examination or intervention I have requested**

Referrer's signature:	Name:	Designation:	Phone/Pager:	Date:
	DR BAIRD	GP		11/10/23

MIS 177119

97044

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	*Patient Name*	*Date of Birth*	*Sex*	*Lab Number*
CHI No: **0204686547**	**MOFFAT Lorraine**	**02/04/1968**	**F**	**3107380338**
NHSL No:				

Requesting clinician **NOT KNOWN**

Requesting Location **Overtoun Medical Practice**

copy to Address

Clinical History
weight loss

Not a new finding. No action needed.
LB.

Haematology

Haematology

Blood Film ..... Marked red cell macrocytosis. Liver disease, drugs or haematinic deficiency ? Suggest update vit.B12/folate assays.
eb

Specimen Collected	*Specimen Receipt*	*Report Printed*	*Authorised*	*page 1/1*
12/10/23 15H12M	12/10/23 17H21M	16/10/23 11H46M	Auto	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	3107380338
NHSL No:				

Requesting clinician: NOT KNOWN
Requesting Location: Overtoun Medical Practice
copy to Address:

Clinical History
weight loss

Results relate to blood unless otherwise specified

Biochemistry (Routine)				
Sodium	142	mmol/L	133 -	146
Potassium	4.6	mmol/L	3.5 -	5.3
Chloride	102	mmol/L	95 -	108
Urea	4.2	mmol/L	2.5 -	7.8
Creatinine	63	umol/L	60 -	110
EGFR	>59	ml/mn/1.73m2	>59	
ALT	13	U/L	5 -	55
ALP	82	U/L	30 -	130
Bilirubin Total	<3	umol/L	0 -	20
Albumin	45	g/L	35 -	50

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
12/10/23 15H12M	12/10/23 17H21M	14/10/23 07H40M	Auto	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

OK

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	3107380338
NHSL No:				

Requesting clinician	Requesting Location	copy to Address
NOT KNOWN	Overtoun Medical Practice	

Clinical History
weight loss

Results relate to blood unless otherwise specified

Thyroid Biochemistry				
Free T4	15.9	pmol/L	12.0 -	22.0
TSH	1.37	mU/L	0.27 -	4.20

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
12/10/23 15H12M	12/10/23 17H21M	14/10/23 07H41M	Auto	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

OC

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	3107380338
NHSL No:				

Requesting clinician	Requesting Location	copy to Address
NOT KNOWN	Overtoun Medical Practice	

Clinical History
weight loss

Haematology

Haematology Full Blood Count						
Haemoglobin		135	g/L	115	-	165
Platelets		282	x 10*9/L	140	-	450
WBC		5.9	x 10*9/L	4.0	-	11.0
MCV	HH	110.7	fL	80.0	-	100.0
MCH	H	35.2	pg	27.0	-	32.0
MCHC	L	318	g/L	320	-	360
RBC	L	3.84	x 10*12/L	3.90	-	5.60
HCT		0.425	L/L	0.370	-	0.470
RDW		13.8	%	11.0	-	16.0
Neutrophils		3.0	x 10*9/L	2.0	-	7.5
Lymphocytes		2.3	x 10*9/L	1.0	-	4.0
Monocytes		0.5	x 10*9/L	0.2	-	0.8
Eosophils		0.1	x 10*9/L	0.0	-	0.4
Basophils		0.0	x 10*9/L	0.0	-	0.1
IFCC HbA1C		39	mmol/mol	20	-	42

Comments HbA1c Reference Range: Normal Results =<42,Increased risk of Developing Diabetes 43-47, Diabetes Mellitus =>48.

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
12/10/23 15H12M	12/10/23 17H21M	13/10/23 11H46M	Laboratory	

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde — **Diagnostic Imaging Request Form** — Hospital: Victoria.

* The Ionising Radiation (Medical Exposure) Regulations 2000 IR(ME)R require you to complete all this information accurately.
Shaded Areas are for imaging department use. Incomplete/ illegible forms may be returned. **Please [redacted] overleaf prior to completion.**

Hosp no.	Referring Consultant/GP:	Appointments:
0204666547 DOB:02/04/1968 F Moffat Lorraine 6140525 Dr Baird 60139 Overtoun Medical Practice Pt Tel: 239 4360 Postcode:	Ward/Clinic/Practice: Phone (day and evening):	

Investigation(s) requested:

CT CAP (URGENT SoC)

Please complete for all outpatients
Is this a New Diagnosis? ☐
Is this a Planned Procedure? ☐
Result required by MDT/Clinic on:
Date:
Tracked patient? YES ☐ NO ☐

Clinical summary (to include indication and purpose of examination/intervention under IR(ME)R 2000*):
What is the clinical question? (Please PRINT boldly in black ink)

55 ♀ Smoker. 1.5 stone unintentional weight loss over last 6/12. No localising symptoms. GI | GU & investigations normal. Recent CXR reported as normal. CT would be helpful to rule out sinister pathology.

Please indicate any previous surgery or history of malignancy? NO.

IR(ME)R justification: YES ☐ NO ☐ Initials:
Date received:
Preparation:
Fast: Full bladder: Laxative:
Oral contrast: No prep:
Urgency: Initials:
Examination protocol

TO BE COMPLETED BY REFERRING CLINICIAN

Safety information required for all patients requiring IV or IA contrast medium CT/MRI/DSA/IVU/ Intervention

For contrast studies a recent eGFR is **mandatory**. (See note 4 overleaf).
Current eGFR: Date of result:
OR This patient has no risk factors and can proceed to contrast medium without eGFR.
Initials:

Is your patient diabetic?	Yes ☐	No ☐
If so, does your patient take **metformin**? (see note 5 overleaf)	Yes ☐	No ☐
Has your patient had a contrast [redacted] injection before?	Yes ☐	No ☐
Does your patient have a known contrast medium allergy?	Yes ☐	No ☐
Does your patient have severe or multiple allergies?	Yes ☐	No ☐
Does your patient have asthma?	Yes ☐	No ☐

For interventions a coagulation screen is required in certain scenarios – see overleaf for details.
For any interventions (see note 7 overleaf):
Is your patient on anticoagulants: Yes ☐ No ☐ Current INR/coagulation score:

Additional information for MRI patients

Please indicate if patient has any of the following:

	Yes	No
A cardiac pacemaker?	☐	☐
Surgery in the last 8 weeks?	☐	☐
Aneurysm clipped/treated?	☐	☐
Metal fragments in eyes?	☐	☐
Previous cranial surgery?	☐	☐
Any metal in the body?	☐	☐
Claustrophobia?	☐	☐

Pregnancy Rule	AT RISK	Transport GP/Out-patients	Transport/in-patients
Observe: ☐ Ignore: ☐	MRSA: ☐ C Diff: ☐ Specify:	Walking with assistance (suitable for hospital car) ☐ Uses own wheelchair ☐ Stretcher ☐ Escort required (must have medical need) ☐	Trolley: ☐ Chair: ☐ Oxygen: ☐ Drip: ☐

Referrer's declaration: (NB: This form is a legal document under Ionising Radiation Medical Exposure Regulations 2000)
- **I certify that the correct patient details have been given**
- **I have taken into account the possibility of pregnancy**
- **I have given sufficient information for the request to be justified according to IR(ME)R 2000**
- **I know of no contraindication to performing the examination or intervention I have requested**

Referrer's signature:	Name:	Designation:	Phone/Pager:	Date:
[signature]	DR BAIRD	GP		11/10/23

MIS 127119

97044

NHS Confidential: Personal data [redacted] patient

Moffat Lorraine CHI: 0204686547

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:
Department: Breast
Contact Tel: 0141 301 9858
Enquiries to: [redacted]docherty@xggc.scot.nhs.uk
Letter Date: 21/09/2023
Reference: GR/KC
Dictated Date: 21/09/2023
Transcribed Date: 24/09/2023

Dear Dr. J [redacted]

Lorraine Moffat; D.O.B: 02 Apr 1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Attendance: Specialty - General Surgery; Clinic - GGJDGS7-MISS DOUGHTY BREAST THURS AM
Date and Time of Appointment - 21/09/2023 09:40

Clinical Comments:
Thank you for referring this 55-year-old lady to the Breast Clinic where I saw her this morning.

She tells me that she has always had lumpy "fibroid" breasts, and "fibroids" in her breasts. She was seen in the [redacted] a long time ago in the 90's, and apparently was prescribed some Bromocriptine and something else at that time. She had an accident and broke her T9 vertebra in January, and from about May time, she tells me that she has lost about a stone and a half in weight. She had noticed some lumpiness in her breasts since her weight loss and she attended the surgery. You had noticed some indrawing on the left.
She has never had a mammogram previously, she is on medication as per your letter, she has no family history of note, she has 2 children, neither of whom she breastfed, and she tells me that her last period was at the age of 42, and she has never been on any hormones since then.

Examining in the Clinic today, she has slight indentation in the outer quadrants of both breasts, which would be the normal indentation that you get with the loss of volume due to weight loss. This looks symmetrical. This was only on sitting, and when she lay down and was on her side, the breast volume refilled without any obvious indrawing. She does have quite lump breasts, but all that I can feel just now is normal breast tissue because she has lost the fatty supporting tissue around that to make it more smooth. She had bilateral mammography in the Clinic this morning, and this was reported as, M1. The slight lumpy breast tissue on the left side was ultrasounded and that confirmed normal breast tissue with no suspicion.

I have reassured her that all the change in her breasts is due to her weight loss. There has been nothing worrying on examination or imaging today. However, as she has just noticed this, I have arranged to see her back in a couple of months' time just to make sure that there has been no obvious change in this area. We will see her back at that time and take things from there depending on that examination.
Kind regards,

Yours sincerely,
Dr Gillian [redacted]

Electronically Signed: Dr Gillian [redacted] Doctor

cc.

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Monklands - 01236 748748

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	3059169088
NHSL No:				

Requesting clinician: Janis [redacted]
Requesting Location: Overtoun Medical Practice
copy to Address:

Clinical History
none

Results relate to blood unless otherwise specified

Special Biochemistry				
Faecal haemoglobin FIT	<7.0	ugHb/g	0.0 - 9.9	

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
25/05/23 10H49M	30/05/23 10H49M	01/06/23 07H40M	Auto	

NHS Confidential: [redacted]

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	*Patient Name*	*Date of Birth*	*Sex*	*Lab Number*
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	3057075488
NHSL No:				

Requesting clinician: Janis Lynch
Requesting Location: Overtoun Medical Practice
copy to Address:

Clinical History
NCD

Haematology

Haematology Full Blood Count						
Haemoglobin		128	g/L	115	-	165
Platelets		212	x 10*9/L	140	-	450
WBC		6.4	x 10*9/L	4.0	-	11.0
MCV	HH	104.3	fL	80.0	-	100.0
MCH	H	34.1	pg	27.0	-	32.0
MCHC		327	g/L	320	-	360
RBC	L	3.75	x 10*12/L	3.90	-	5.60
HCT		0.391	L/L	0.370	-	0.470
RDW		13.2	%	11.0	-	16.0
Neutrophils		4.4	x 10*9/L	2.0	-	7.5
Lymphocytes		1.6	x 10*9/L	1.0	-	4.0
Monocytes		0.4	x 10*9/L	0.2	-	0.8
Eosophils		0.0	x 10*9/L	0.0	-	0.4
Basophils		0.1	x 10*9/L	0.0	-	0.1

Specimen Collected	*Specimen Receipt*	*Report Printed*	*Authorised*	*page 1/1*
31/05/23 14H26M	31/05/23 17H39M	01/06/23 11H45M	F White	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	3057075488
NHSL No:				

Requesting clinician	Requesting Location	copy to Address
Janis [redacted]	Overtoun Medical Practice	

Clinical History
NCD

Results relate to blood unless otherwise specified

Biochemistry (Routine)						
Sodium		138	mmol/L	133	-	146
Potassium		3.7	mmol/L	3.5	-	5.3
Chloride		99	mmol/L	95	-	108
Urea		4.5	mmol/L	2.5	-	7.8
Creatinine	L	56	umol/L	60	-	110
EGFR		>59	ml/mn/1.73m2	>59		
ALT		15	U/L	5	-	55
ALP		82	U/L	30	-	130
Bilirubin Total		<3	umol/L	0	-	20
Albumin		43	g/L	35	-	50
Glucose		6.0	mmol/L	3.0	-	6.0
Cholesterol		4.2	mmol/L	0.0	-	5.0
Triglyceride		1.50	mmol/L	0.00	-	2.30
HDL Cholesterol		1.59	mmol/L	0.90	-	1.80
LDL Chol (calc)		1.9	mmol/L	0.0	-	3.0
Chol/HDL ratio		2.6		0.0	-	5.0

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
31/05/23 14H26M	31/05/23 17H39M	01/06/23 11H42M	Auto	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	3057075488
NHSL No:				

Requesting clinician: Janis [redacted]
Requesting Location: Overtoun Medical Practice
copy to Address:

Clinical History:
NCD

Results relate to blood unless otherwise specified

Thyroid Biochemistry				
Free T4	16.9	pmol/L	12.0 -	22.0
TSH	0.53	mU/L	0.27 -	4.20

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
31/05/23 14H26M	31/05/23 17H39M	01/06/23 11H43M	Auto	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	3057075488
NHSL No:				

Requesting clinician: Janis [redacted]
Requesting Location: Overtoun Medical Practice
copy to Address:

Clinical History
NCD

Results relate to blood unless otherwise specified

TM Biochemistry				
CA-125	11	kU/L	0 - 34	
Comments	Tumour marker(s) analysed using the Roche Cobas analyser.			
Comment	CA125 within reference interval. This does not exclude malignancy. See SIGN 135 for further information.			

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
31/05/23 14H26M	31/05/23 17H39M	01/06/23 11H43M	Auto	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Monklands - 01236 748748

Patient ID Number	*Patient Name*	*Date of Birth*	*Sex*	*Lab Number*
CHI No: **0204686547**	**MOFFAT Lorraine**	**02/04/1968**	**F**	**3057123028**
NHSL No:				

Requesting clinician **Janis [redacted]**

Requesting Location **Overtoun Medical Practice**

copy to Address

Clinical History

Results relate to blood unless otherwise specified

Biochemistry (Routine)

Microalbumin [Urine]	5.0	mg/L	
Creatinine [Urine]	15.5	mmol/L	
Microalb/Creat Ratio [Urine]	0.3	mg/mmol crea	0.0 - 3.4

Specimen Collected	*Specimen Receipt*	*Report Printed*	*Authorised*	*page 1/1*
25/05/23 10H00M	26/05/23 13H17M	27/05/23 07H39M	Auto	

New [redacted] Hospital: Diagnostic Imaging Report

Patient	LORRAINE MOFFAT	**Address**	FLAT 44, 3 GREENHILL COURT, GLASGOW, G73 2DH
DOB	02/04/1968	**CHI No.**	0204686547
Ref. Source	Overtoun Medical Practice	**Practice Code**	60139
Referrer	Dr Janis [redacted]	**Exam Date**	25/05/2023 14:08

Report Summary

Clinical History :

XR Chest

XR Chest :
The heart is not enlarged. The lungs are clear of active disease. No significant focal lung lesion identified. The lungs appear relatively emphysematous.
If there is high index of suspicion as to the cause of weight loss then specialist referral for further assessment should be considered.

Last verified by: 3488188 (Dr [redacted]
Reported by: 3488188 (Dr Sean [redacted]

NHS Greater Glasgow and Clyde — Diagnostic Imaging Request Form

Hospital: New Victoria.

* The Ionising Radiation (Medical Exposure) Regulations 2000 IR(ME)R require you to complete all this information accurately.
Shaded Areas are for imaging department use. Incomplete/ illegible forms may be returned. **Please [redacted] overleaf prior to completion.**

CHI: 0204686547 02/04/1968 F
MOFFAT, Lorraine
44,3 Greenhill Ct,G73 2DH
239 4360
Dr J Lynch, 3493207
Overtoun Medical Pra, G73 2PQ
23/05/2023 14:52 Practice: 60139
Postcode:

Referring Consultant/GP:

Ward/Clinic/Practice: Dr J Lynch 63006
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen G73 2PQ
Phone (daytime/evening):

Appointments:

Investigation(s) requested:

CXR

Please complete for all outpatients
Is this a New Diagnosis? ☐
Is this a Planned Procedure? ☐
Result required by MDT/Clinic on:
Date:
Tracked patient? YES ☐ NO ☐

Clinical summary (to include indication and purpose of examination/intervention under IR(ME)R 2000*): What is the clinical question? (Please PRINT boldly in black ink)

unintentional weight loss.
smoker
no localising symptoms
chest clear

Please indicate any previous surgery or history of malignancy?

IR(ME)R justification: YES ☐ NO ☐ Initials:
Date received:
Preparation:
Fast: Full bladder: Laxative:
Oral contrast: No prep:
Urgency: Initials:
Examination protocol

TO BE COMPLETED BY REFERRING CLINICIAN

Safety information required for all patients requiring IV or IA contrast medium CT/MRI/DSA/IVU/ Intervention

For contrast studies a recent eGFR is mandatory. (See note 4 overleaf).
Current eGFR: Date of result:
OR ▶ This patient has no risk factors and can proceed to contrast medium without eGFR.
Initials:

Is your patient diabetic?	Yes ☐	No ☐
If so, does your patient take metformin? (see note 5 overleaf)	Yes ☐	No ☐
Has your patient had a contrast medium injection before?	Yes ☐	No ☐
Does your patient have a known contrast medium allergy?	Yes ☐	No ☐
Does your patient have severe or multiple allergies?	Yes ☐	No ☐
Does your patient have asthma?	Yes ☐	No ☐

For interventions a coagulation screen is required in certain scenarios – see overleaf for details.
For any interventions (see note 7 overleaf):
Is your patient on anticoagulants: Yes ☐ No ☐ Current INR/coagulation score:

Additional information for MRI patients
Please indicate if patient has any of the following:

	Yes	No
A cardiac pacemaker?	☐	☐
Surgery in the last 8 weeks?	☐	☐
Aneurysm clipped/treated?	☐	☐
Metal fragments in eyes?	☐	☐
Previous cranial surgery?	☐	☐
Any metal in the body?	☐	☐
Claustrophobia?	☐	☐

Pregnancy Rule	AT RISK	Transport GP/Out-patients	Transport/In-patients
Observe: ☐	MRSA: ☐	Walking with assistance (suitable for hospital car) ☐	Trolley: ☐ Chair: ☐
Ignore: ☐	C Diff: ☐	Uses own wheelchair ☐	Oxygen: ☐ Drip: ☐
	Specify:	Stretcher ☐	
		Escort required (must have medical need) ☐	

Referrer's declaration: (NB: This form is a legal document under Ionising Radiation Medical Exposure Regulations 2000)
- **I certify that the correct patient details have been given**
- **I have taken into account the possibility of pregnancy**
- **I have given sufficient information for the request to be justified according to IR(ME)R 2000**
- **I know of no contraindication to performing the examination or intervention I have requested**

Referrer's signature:	Name:	Designation:	Phone/Pager:	Date:
[signature]	Lynch	GP		23/5/23

MIS 177119

97044

NHS Confidential: Personal data [redacted] patient

Moffat Lorraine CHI: 0204686547

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
[redacted] Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Orthopaedics
Contact Tel: 0141 201 3734
Enquiries to:
Letter Date: 24/03/2023
Reference: NPK/BM
Dictated Date: 14/03/2023
Transcribed Date: 14/03/2023

Dr. J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Dear Dr [redacted]

Lorraine Moffat; D.O.B: 02/04/1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Diagnosis: T9 insufficiency fracture, normal calcium, normal vitamin D on bloods, **previous bone densitometry treated on bisphosphonate**

Plan: discharged

I saw Lorraine today in the fracture clinic. She is doing fairly well. She is now 10 weeks post injury which was an insufficiency fracture. It has not changed on x-rays and she is comfortable. I have advised her as she is post menopausal to take calcium and vitamin D supplements. Otherwise, weight bearing exercises and core exercises should be done for her back.

I have discharged her back into your care if there are no further issues.

Yours sincerely,

Niak Puei Koh,

Senior Clinical Fellow

Orthopaedics

www.nhsggc.scot/orthopaedicsgri

Electronically Signed: Dr Niak Puei Koh, Doctor

cc.

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	3037093042
NHSL No:				

Requesting clinician Janis [redacted]
Requesting Location Overtoun Medical Practice
copy to Address

Clinical History
follow up on mild neutropenia hospital admission

Results relate to blood unless otherwise specified

Thyroid Biochemistry				
Free T4	14.6	pmol/L	12.0 -	22.0
TSH	0.82	mU/L	0.27 -	4.20

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
13/03/23 10H28M	13/03/23 13H24M	14/03/23 09H40M	Auto	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	3037093042
NHSL No:				

Requesting clinician: Janis [redacted]
Requesting Location: Overtoun Medical Practice
copy to Address:

Clinical History
follow up on mild neutropenia hospital admission

Results relate to blood unless otherwise specified

Biochemistry (Routine)				
Sodium	139	mmol/L	133	- 146
Potassium	5.0	mmol/L	3.5	- 5.3
Chloride	102	mmol/L	95	- 108
Urea	2.9	mmol/L	2.5	- 7.8
Creatinine	62	umol/L	60	- 110
EGFR	>59	ml/mn/1.73m2	>59	
Albumin	43	g/L	35	- 50
Adjusted calcium	2.46	mmol/L	2.20	- 2.60

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
13/03/23 10H28M	13/03/23 13H24M	14/03/23 09H39M	Auto	

NHS Confidential: Personal data about a patient

NHS [redacted]

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	*Patient Name*	*Date of Birth*	*Sex*	*Lab Number*
CHI No: **0204686547**	**MOFFAT Lorraine**	**02/04/1968**	**F**	**3037093042**
NHSL No:				

Requesting clinician **Janis [redacted]**
Requesting Location **Overtoun Medical Practice**
copy to Address

Clinical History
follow up on mild neutropenia hospital admission

Haematology

Haematology Full Blood Count						
Haemoglobin		125	g/L	115	-	165
Platelets		242	x 10*9/L	140	-	450
WBC		4.5	x 10*9/L	4.0	-	11.0
MCV	HH	108.5	fL	80.0	-	100.0
MCH	H	35.4	pg	27.0	-	32.0
MCHC		326	g/L	320	-	360
RBC	L	3.53	x 10*12/L	3.90	-	5.60
HCT		0.383	L/L	0.370	-	0.470
RDW		14.7	%	11.0	-	16.0
Neutrophils		2.9	x 10*9/L	2.0	-	7.5
Lymphocytes		1.2	x 10*9/L	1.0	-	4.0
Monocytes		0.3	x 10*9/L	0.2	-	0.8
Eosophils		0.1	x 10*9/L	0.0	-	0.4
Basophils		0.0	x 10*9/L	0.0	-	0.1
Erythrocyte Sedimentation Rate		9	mm/hr	1	-	35

Specimen Collected	*Specimen Receipt*	*Report Printed*	*Authorised*	*page 1/1*
13/03/23 10H28M	13/03/23 13H24M	14/03/23 07H41M	Laboratory	

NHS Confidential: Personal data about a patient

0204686547, Lorraine Moffat, DOB 02/04/1968, Telephone

DIS
1/2

Queen [redacted] University Hospital
Fracture Liaison Service (FLS)
Consultant: Dr A [redacted] Dr M Talla
Osteoporosis Specialist Nurses: Sr [redacted] & Sr Angela Collie
Enquiries: 0141 451 6097

NHS Greater Glasgow and Clyde

Ref: LR/LR/0204686547
02-Feb-2023

Dr. JANIS [redacted]
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear Dr. [redacted]

Lorraine Moffat, DOB: 02-Apr-1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Following a recent presentation with fracture, your patient underwent DXA scanning with an osteoporosis and fracture risk assessment on 18-Jan-2023.

All patients receive a written summary of their DXA report by post. In addition, for your patient:

a) These results / suggestions have been discussed with them via a telephone consultation

b) A telephone consultation was arranged but we have been unable to contact them

(c) A telephone consultation is not required

Scan Date: 18-Jan-2023

Spine
L1-L4 BMD: 0.920 TScore: -2.100 ZScore: -1.300
Scan Conclusions:
Osteopenia
Scan Interpretations
L3 excluded, BMD inappropriate due to artefact. ?OA ?collapse
Possible degenerative disease may make this measurement an overestimate

Right Hip
Neck of femur BMD: 0.854 TScore: -1.054 ZScore: 0.070
Total hip BMD: 0.784 TScore: -1.797 ZScore: -0.869
[redacted] Conclusions:
Osteopenia

Osteoporosis Risk Factors
Past history of fragility fracture(s)
History in past 5 years of smoking
Previous significant exposure to oral steroid

Falls and Fracture Risk Factors
History of previous fracture (>50yr)
History in past 5 years of smoking

Fracture History
Left Radius and/or Ulna (Aged 53)
TV9 Grade 3 fracture (Aged 54)

Treatment Recommendations
No treatment required

Lifestyle Recommendations
Dietary calcium intake appears sub-optimal
Advise regular weight-bearing exercise appropriate to general health
Advise to stop smoking

Follow Up
DXA scanning should be repeated in 2 years. Please re-refer via [redacted] at that point unless, at that time, you feel follow-up would be inappropriate.

Comments
Ms Moffat was invited for DXA following her wrist fracture in early 2022. Unfortunately she sustained a fracture at TV9 last month after minor [redacted] We can see the severe fracture on today's assessment, but reassuringly no other obvious fractures are seen between the levels of TV4 and LV4.

The DXA assessment shows that bone density (BMD) is below average for age by 12-15% however it is out-with the osteoporosis range. Given her young age, Ms Moffat's risk of fracture is considered to be relatively low and we would not recommend bone protective treatment at this time. Instead suggest other strategies to optimise bone health such as the lifestyle recommendations indicated above. More information about osteopenia and strategies to optimise bone health can be found at the Royal Osteoporosis Society website.

Ms Moffat may find it helpful to visit Royal Osteoporosis Society website for information & support on [redacted] spinal fractures:- https://theros.org.uk/information-and-support/osteoporosis/spinal-fractures/spinal-fracture-videos/

Suggest repeat DXA scan in 2 years' time to reassess the spine, monitor BMD, and inform management thereafter.

Note recent relevant bloods: 25-OH vitamin D 122 nmol/l; no paraprotein on protein electrophoresis/quantitation of immunoglobulins; serum adj calcium 2.32 mmol/l; eGFR >60 ml/min

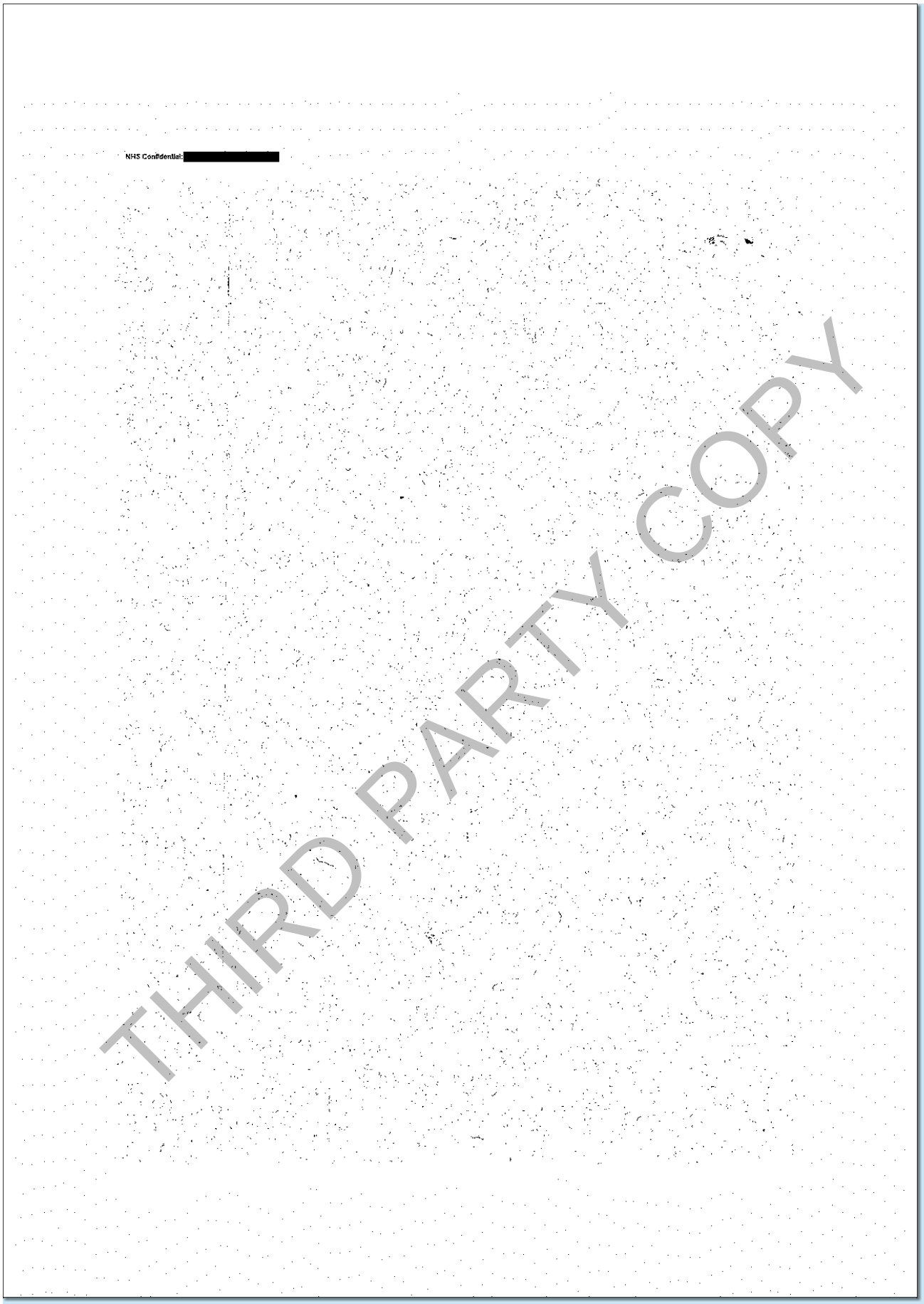
2/2

Yours sincerely

Leigh Robertson

Sr Leigh [redacted]
Osteoporosis Nurse Specialist

Dr M Talla
Consultant Endocrinologist


NHS Confidential:
THIRD PARTY COPY

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NHS Lanarkshire
www.nhslanarkshire.org.uk
MSK Physiotherapy
sDeptInfo
sAddeptinfo
sPrefPhoneNo

Udston Hospital
Farm Road
Burnbank
ML3 9LA

NHS Lanarkshire

Dr J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Date Typed: 22/02/2023
Ref: 101194650
Letter Ref: EQ
CHI Barcode: *0204686547*

Dear Dr [redacted]
Date: 22/02/2023
Enquiries: 01698 687442

Patient Name: Lorraine Moffat
Patient date of birth: 02/04/1968
Patient Address: Flat 44, 3 Greenhill Court, Rutherglen, Glasgow, G73 2DH

We recently wrote to the above patient on two occasions requesting them to contact us to arrange a Physiotherapy MSK appointment within NHS Lanarkshire.

As the patient has not responded to either communication their waiting list entry has been removed and no appointment will be offered. They have now been discharged from the MSK physiotherapy service.

Outcome

- ☐ Symptom free
- ☐ Reduction in symptoms
- ☐ Minimal improvement
- ☐ No benefit
- ☒ Failed to Opt in
- ☐ Failed to attend initial assessment
- ☐ Failed to complete treatment
- ☐ Treated and discharged with advice
- ☐ Triaged and discharged with advice
- ☐ Treated – open appointment, no further treatment sought
- ☐ Triaged – open appointment, no further treatment sought
- ☐ Referred to GP / consultant / other
- ☐ Equipment supplied
- ☐ Met agreed goals

Additional Information

If you require any further details of this patient's condition, treatment programme or response to treatment, please email MSKHUB@lanarkshire.scot.nhs.uk including the patient's CHI number.

Kind regards,

[redacted]

NHS Lanarkshire

Authorised on 22/02/2023 08:33:33 by Typist [redacted] not verified by Consultant.

Moffat Lorraine CHI: 0204686547

Clinic Letter

NHS
Greater Glasgow and Clyde

Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF
0141 211 4000

Dr. J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard: 0141 211 4000
Department: Plastic Surgery Unit
Contact Tel: 0141 201 6436
Enquiries to: Angela [redacted]nhs.uk
Letter Date: 17/02/2023
Reference: ST/AON
Dictated Date: 17/02/2023
Transcribed Date: 06/03/2023

Dear Dr. J [redacted]

Lorraine Moffat; D.O.B: 02 Apr 1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Attendance: Specialty - Plastic Surgery; Clinic - CASTPS9-DR S TAY BREAST RECON PLASTICS FRI AM
Date and Time of Appointment - 17/02/2023 12:00

Clinical Comments:
I reviewed this lady in Clinic today. She had lichenoid keratosis of her left upper lip with no evidence of malignancy or dysplasia. She has healed very well and although her lip is pulled to the left side I think this will settle over time. She is pleased with the scar at present and I have given her some scar management advice and stressed the importance the importance of sun damage as there was evidence of sun damage within the specimen.

I am discharging her back to your care.

With kind regards.

Yours sincerely

Sherilyn Tay

Consultant Plastic Surgeon

Electronically Signed: Ms Sherilyn Tay, Consultant

cc.

Moffat Lorraine CHI: 0204686547

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
[redacted] Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Orthopaedics
Contact Tel: 0141 201 3734
Enquiries to:
Letter Date: 06/02/2023
Reference: PR/BM
Dictated Date: 24/01/2023
Transcribed Date: 24/01/2023

Dr. J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Dear Dr [redacted]

Lorraine Moffat; D.O.B: 02/04/1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Diagnosis: insufficiency fracture T9

Date of Injury: 03/01/23

Management: conservative

Lorraine is a 54 year old lady who sustained this injury following a fall 3 weeks ago. She was admitted to hospital for PT/OT and analgesia as she was unable to manage at home. She progressed well and was discharged. She is back today for review as her discharge letter had said to review at 2, 6 and 12 weeks with x-rays of the T spine.

X-rays today show significant wedging of the T9 vertebral body, unchanged in appearance from her x-rays on 09/01/23. She is managing well, she is mobilising with the aid of a walking stick outdoors but this is more due to balance and fear of falling as opposed to any change in her lower limb strength. Indeed, she had 5/5 power ion all myotomes in the lower limbs today. She had normal sensation. She denies any bladder or bowel symptoms.

I am happy for her to go back to do light core strengthening exercises. She has a small gym at home. She has been told not to do any heavy lifting for another 6-8 weeks. We will see her back as her discharge letter stated 6 weeks with x-rays of the T spine on arrival. These would be beneficial to be standing thoracolumbar x-rays as opposed to plain film thoracic x-rays which will be requested as such, so standing thoracolumbar x-rays.

Yours sincerely,

Moffat Lorraine CHI: 0204686547 GCL 24/01/2023 v1

[redacted] ST4

Orthopaedic Registrar

www.nhsggc.scot/orthopaedicsgri

Electronically Signed: Dr Paul [redacted] Doctor

cc.

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Bone Metabolism/Fracture Liaison Service
Glasgow Royal Infirmary/Stobhill Hospital
Telephone 0141 201 5301/5300
Osteoporosis Specialist Nurses: Sr [redacted] Lovell/ CN [redacted] McKee
Consultant: Dr J Hinnie

Ref: FL/FL/0204686547

05-Jan-2023

Dr. JANIS [redacted]
Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN

G73 2PQ

Dear Dr. [redacted]

Lorraine Moffat, DOB: 02-Apr-1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Your patient recently attended hospital having sustained a fracture.
She was subsequently assessed for Osteoporosis risk on 05-Jan-2023.

The following clinical risk factors have been reviewed:

Osteoporosis Risk Factors
Past history of fragility fracture(s)

Fracture Risk Factors
History of previous fracture (>50yr)

Fracture History
TV10 (Aged 54)
Left Radius and/or Ulna (Aged 53)

Treatment Recommendations
Treatment recommendation deferred until after further assessment at the clinic

Lifestyle Recommendations
(None)

Densitometry: Patient attending for DXA assessment at an alternative osteoporosis centre

This patient's fracture care was discussed by the [redacted] team GRI; this patient has not been seen in person by the Fracture Liaison Service.

This patient resides out with the GRI/Stobhill area and we will pass on their details to the appropriate team for assessment of osteoporosis. however this lady is already on the waiting list for DXA at QEUH following # left radius in January 2022.

Yours sincerely

NHS Confidential: Personal data about a patient

0204686547, Lorraine Maffai, DOB 02/04/1968, Telephone

Sr [redacted] Lovell

[redacted]

NHS Confidential: Personal data about a patient

Moffat Lorraine CHI: 0204686547 DoB: 02-Apr-1968

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

JANIS LYNCHOvertoun Medical Practice,Rutherglen Health Centre,130 Stonelaw Road, RUTHERGLEN, G73 2PG

Main Switchboard:
Date of Completion: 17-Jan-2023

Dear JANIS LYNCH,

Name	CHI	DoB	Address
Lorraine Moffat	**0204686547**	**02-Apr-1968**	**Flat 44, 3 Greenhill Court, Glasgow, G73 2DH**

Admitted	Type	Discharged	Destination
03-Jan-2023 02:21	IP	10-Jan-2023	

Specialty	Consultant	Ward	Telephone
Orthopaedics	Elias-Jones	GRI Ward 61 Orthopaedics	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures
There is no data to display.

Last Discharge Review: Omonawa Iredia (7834981 - FY23 on 10 Jan 2023 15:01

Discharge Medication:

Page 1 of 4

NHS Confidential: Personal data about a patient

Moffat Lorraine CHI: 0204686547 DoB: 02-Apr-1968

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Beclometasone 100microg/ Formoterol 6microg/dose dry pdr inh	inhalation	ONE PUFF TO BE INHALED TWICE A DAY				Y	
Carbomer 980 0.2% eye drops	ophthalmic	1 eye drop twice daily when required					
Diazepam 2mg tablets	oral	1 tablet three times [redacted] when required ; one week supply please	Yes				Added Amended
Dihydrocodeine 30mg tablets	oral	1-2 tablets up to four times daily	Yes				Amended
Doxycycline 100mg capsules	oral	1 capsule twice daily , Fixed Period 5 Day(s) from 08 [redacted] 2023	Yes				Added
Folic acid 5mg tablets	oral	ONE TO BE TAKEN EACH DAY	Yes			Y	
Ibuprofen 400mg tablets	oral	1 tablet three times daily	Yes				Added
Lactulose 3.1-3.7g/5ml oral solution	oral	15 mL twice daily	Yes				Added
Paracetamol 500mg tablets	oral	2 tablets four times [redacted] when required , Fixed Pe[redacted] Week(s) from 12 Jan 2022	Yes				
Salamol 100micrograms/dose Easi-Breathe inhaler (CST Pharma [redacted]	inhalation	1 dose four times daily when required					
Trazodone 150mg tablets	oral	1 tablet once daily at night , supply 5 days only	Yes				Added Amended

'Added' means this medicine was added to the Carecall Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments

dispensed m mallon 11/1/2023

Withheld Medication:

NHS Confidential: Personal data about a patient

Moffat Lorraine CHI: 0204686547 DoB: 02-Apr-1968

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No [redacted] available

Clinical Comments:	Dear Dr, Lorraine Moffat was admitted with back pain and found to have a wedge fracture of t9. She was managed with PT and analgesia and found suitable for discharge with fracture clinic follow up in 2, 6 and 12 weeks. On admission she was noted to have a neutropenia. This was investigated with a blood film which showed [redacted] neutropenia with mature morphology" and macrocytic cells and suggested a b12/folate screen. This screen was clear and she was treated with doxycycline for a chest infection. We discussed this with haematology who suggested a repeat blood in 6 weeks by yourselves would be most appropriate to see that this has resolved. Regards,
Discharge Comments:	
Follow Up:	Yes #clinic follow up as above
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Page 3 of 4

NHS Confidential: Personal data about a patient

Moffat Lorraine CHI: 0204686547 DoB: 02-Apr-1968

Yours sincerely,

Omoniwa IREDIA

Prescription Review
Medications reviewed by pharmacist: Amy Harkins (Pharmacist)
Checked by: Jacqueline CAMPBELL3 (pharmacy technician)
Discharged by: Christopher LEIU (FY2)

Page 4 of 4

NHS Confidential: Personal data about a patient

NHS Lanarkshire

0204686547 DOB:02/04/1968 F
Moffat Lorraine phone
3493207 Dr J Lynch
60139 Overtoun Medical Practice

Pt Tel: 239 4360

Referrer's details (or attach label):

OVERTOUN MEDICAL PRACTICE
Ruthergien Primary Care Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Signature:

Treatment Room Referral

Locality ..... Team ..... Treatment Room Site .....

Patient to be seen: ☑ Routine Appointment ☐ Same Day ☐ Urgent

Clinical Details: (include all known allergies)
Allergy Table
Problem Table Post op 10 wk CHECK WOUND + DRESS. SUTURE REMOVAL 28/12/22

Reason for Referral	Tick		Tick
Ear Irrigation	☐	Removal of stitches/staples	☑
Care of PVC Lines	☐	Injection (complete authorisation)	☐
First Aid	☐	Wound Care	☑
Minor Surgery Assistance	☐	Leg Ulcer	☐
		Assistance with Chaperoning	☐
Other: (specify)			

Medication Administration: Please print details

Date	Drug	Dose	Route	Frequency	Prescriber signature	End Date

Nursing Notes * Print & Sign on first entry

Date/Time		Signature/Designation

Moffat Lorraine CHI: 0204686547

Clinic Letter

NHS
Greater Glasgow and Clyde

Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF
0141 211 4000

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard: 0141 211 4000
Department: Plastic Surgery Unit
Contact Tel: 0141 201 6436
Enquiries to: Angela [redacted]nhs.uk
Letter Date: 20/12/2022
Reference: ST/AON
Dictated Date: 20/12/2022
Transcribed Date: 04/01/2023

Dear Dr. J [redacted]

Lorraine Moffat; D.O.B: 02 Apr 1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Attendance: Specialty - Plastic Surgery; Clinic - GRGPCPS3-GENERIC PLASTICS CONS TUES AM
Date and Time of Appointment - 20/12/2022 09:10

Clinical Comments:
Thank you for referring this 54 year old lady who had some Juvederm injection to her upper lip three years ago. She tells me that this became very bruised and swollen and has not really settled since. She has noticed two lesions on her left upper lip that have not healed and these look like ulcerated BCC's.

These will be amenable to excision and direct closure and unfortunately their placement makes it difficult to orientate the scar and she understands this.

She has eczema, bronchial asthma, alopecia, vitiligo, Sjogren's disease and she is on Trazodone and inhalers. She is allergic to Flucloxacillin. She lives alone and smokes 10-15 a day but will try and cut this down.

I will see her for follow-up once we have the results in roughly eight weeks.

With kind regards.

Yours sincerely

Sherilyn Tay

Consultant Plastic Surgeon

Electronically Signed: Ms Sherilyn Tay, Consultant

cc.

NHS Confidential: Personal data [redacted] patient

Moffat Lorraine CHI: 0204686547

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: [redacted] **for Sharing Withheld: No**

Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF
Main Switchboard: 0141 211 4000
Date of Completion: 20/12/2022

Dr. J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Dear Dr J [redacted]

Name	CHI	DoB	Address
Lorraine Moffat	0204686547	02/04/1968	Flat 44 Glasgow G73 2DH

Admitted	Type	Discharged	Destination
20/12/2022 09:45	In Patient	20/12/2022	

Specialty [redacted]	Consultant	Ward	Telephone
Plastic Surgery	Ms Sherilyn Tay	GRI/CAN Laser Day Unit	

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:

Treatments: Excision lesion left upper lip

Follow-up arranged: 1/52 ROS at GP surgery 6/52 Ms Tay

Planned Outpatient Investigations: Histopathology

Final Discharge letter to follow: y

Medication Info:

Allergies:

Height: cm **Weight:** kg

NHS Confidential: Personal data [redacted] patient

Moffat Lorraine CHI: 0204686547 IDL 20/12/2022 v1

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Ms Sherilyn Tay
Consultant

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: [redacted] Lamont, Nurse Practitioner

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wi[redacted] - 01698 366 446

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	2116901223
NHSL No:				

Requesting clinician: Janis [redacted]
Requesting Location: Overtoun Medical Practice
copy to Address:

Clinical History
previous larger red cells, not fasting

Haematology

Haematology
B12/ Folate

Serum B12	B12/Folate request has been declined as the assay has been performed in the last 30 days or is currently being done - if there is a clinical [redacted] for the assay please contact the on-call Haematologist.
Serum Folate	B12/Folate request has been declined as the assay has been performed in the last 30 days or is currently being done - if there is a clinical need for the assay please contact the on-call Haematologist.

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
07/11/22 17R19M	07/11/22 17R19M	08/11/22 07H45M	Auto	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	2116845457
NHSL No:				

Requesting clinician: Janis [redacted]
Requesting Location: Overtoun Medical Practice
copy to Address:

Clinical History:

Haematology

Haematology
B12/ Folate

Serum B12	355.0	pg/mL	197.0	-	771.0	
Comments	**B12 deficiency unlikely.**					
Serum Folate	4.13	ng/mL	3.90	-	26.80	
Serum Ferritin	146.0	ng/mL	14.0	-	185.0	

Comments: **Iron deficiency unlikely** but in the presence of inflammation, infection, liver disease, consider checking serum iron/Transferrin saturation if any anaemia.

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
02/11/22 03H12M	02/11/22 17H31M	05/11/22 07H47M	Auto	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	2116845457
NHSL No:				

Requesting clinician: Janis [redacted]
Requesting Location: Overtoun Medical Practice
copy to Address:

Clinical History:

Results relate to blood unless otherwise specified

Biochemistry (Routine)

Sodium	140	mmol/L	133	- 146
Potassium	4.9	mmol/L	3.5	- 5.3
Chloride	102	mmol/L	95	- 108
Urea	5.5	mmol/L	2.5	- 7.8
Creatinine	61	umol/L	60	- 110
EGFR	>59	ml/mn/1.73m2	>59	
ALT	11	U/L	5	- 55
ALP	89	U/L	30	- 130
Bilirubin Total	3	umol/L	0	- 20
Albumin	48	g/L	35	- 50

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
02/11/22 03H12M	02/11/22 17H31M	05/11/22 07H44M	Auto	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	2116845457
NHSL No:				

Requesting clinician: Janis Lynch
Requesting Location: Overtoun Medical Practice
copy to Address:

Clinical History

Results relate to blood unless otherwise specified

Biochemistry (Routine)

Glucose	4.6	mmol/L	3.0	- 6.0

Specimen Collected	Specimen Receipt	Report [redacted]ed	Authorised	page 1/1
02/11/22 03H12M	02/11/22 17H31M	04/11/22 11H03M	Auto	

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	2116845457
NHSL No:				

Requesting clinician	Requesting Location	copy to Address
Janis [redacted]	Overtoun Medical Practice	

Clinical History

Haematology

Haematology

Blood Film ..... macrocytosis,b12+folate results to follow.
sc

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
02/11/22 03H12M	02/11/22 17H31M	04/11/22 09H47M	Auto	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	Patient Name	[redacted] of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	2116845457
NHSL No:				

Requesting clinician: Janis [redacted]
Requesting Location: Overtoun Medical Practice
copy to Address:

Clinical History

Results relate to blood unless otherwise specified

Biochemistry (Routine)				
Glucose	4.6	mmol/L	3.0	- 6.0

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
02/11/22 03H12M	02/11/22 17H31M	04/11/22 07H42M	Auto	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	*Patient Name*	*Date of Birth*	*Sex*	*Lab Number*
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	2116845457
NHSL No:				

Requesting clinician: Janis Lynch
Requesting Location: Overtoun Medical Practice
copy to Address:

Clinical History

Haematology

Haematology
Full Blood Count

Haemoglobin		131	g/L	115	-	165
Platelets		239	x 10*9/L	140	-	450
WBC		5.9	x 10*9/L	4.0	-	11.0
MCV	HH	110.1	fL	80.0	-	100.0
MCH	H	35.9	pg	27.0	-	32.0
MCHC		326	g/L	320	-	360
RBC	L	3.65	x 10*12/L	3.90	-	5.60
HCT		0.402	L/L	0.370	-	0.470
RDW		14.0	%	11.0	-	16.0
Neutrophils		3.1	x 10*9/L	2.0	-	7.5
Lymphocytes		2.2	x 10*9/L	1.0	-	4.0
Monocytes		0.5	x 10*9/L	0.2	-	0.8
Eosophils		0.1	x 10*9/L	0.0	-	0.4
Basophils		0.0	x 10*9/L	0.0	-	0.1

Specimen Collected	*Specimen Receipt*	*Report Printed*	*Authorised*	*page 1/1*
02/11/22 03H12M	02/11/22 17H31M	03/11/22 07H44M	Laboratory	

NHS Confidential: Personal data about a patient

GPFR NP799249B: Mrs Lorraine Moffat

Independent Assessment Services
Delivered by Atos

05347 000736 0001 E 30700 H2

DOCTOR [redacted]
RUTHERGLEN HEALTH CENTRE
130 STONELAW ROAD
RUTHERGLEN 30700
GLASGOW
G73 2PQ

Our address: Independent Assessment Services
c/o DWP PIP(1)
Mail Handling Site A
Wolverhampton
WV98 1AA

Telephone: 0118 914 9400

Our Ref: NP799249B

Date: 6th March 2022

PERSONAL INDEPENDENCE PAYMENT

Request for Further Medical Evidence

Dear Doctor,
I am writing to you about a patient who has made a claim for Personal Independence Payment:

Patient's name: **Mrs Lorraine Moffat**
Date of birth: **02/04/1968**
Address: **FLAT 44, 3 GREENHILL COURT, RUTHERGLEN, GLASGOW, G73 2DH**

Independent Assessment Services is contracted to carry out assessments for Personal Independence Payment by the Department for Work and Pensions. It would be very helpful in assessing your patient's benefit claim if you could complete the enclosed factual report form. **Your patient (or a person appointed to handle their affairs due to the claimant's mental incapacity to do so) has given their consent for us to request this information from you.**

You should base your report on your knowledge of the patient and on her records. A special appointment is not required. Please include in your report any relevant information contained in letters or reports from hospitals or consultants. It may be helpful to your patient to enclose any relevant correspondence contained in their file, such as recent consultant letters or letters from a Community Mental Health Team. If the patient has died or recently moved to another area please still complete the report if you can.

To ensure compliance with the Rehabilitation of Offenders Act 1974 your report should not contain any reference to criminal convictions, whether spent or not, unless the information is directly relevant to your patient's condition or disability. This report is not subject to the Access to Medical Reports Act 1998. The patient does not need to [redacted] it before it is returned.

The patient may, at any stage, request a copy of this report to be sent to them by the Department for Work and Pensions. Harmful and embarrassing information should not be included in your report.

OP101

Providing assessment services on behalf of Department for Work & Pensions

NHS Confidential: Personal data about a patient

GPFR NP799249B: Mrs Lorraine Moffat

Independent Assessment Services
Delivered by Atos

Guidance on completion of section 6

The assessment for Personal Independence Payment considers the claimant's ability to carry out a series of everyday activities as per section 6.

In this section, please provide information on the claimant's ability to carry out the relevant activities, if you are able.

Write what has been observed by yourself or another healthcare professional in relation to these listed activities. For example: self-care [redacted] unaided from a chair in surgery, no bending difficulty noted"; getting around - "walks slowly with marked right sided limp using a walking stick, not breathless or very breathless when attends surgery for routine check".

Please only include observations, not opinions.

To consider when completing the form:

Here are **examples of information** that is particularly useful to us for the following conditions.

- **Respiratory conditions** including asthma and COPD - exercise tolerance, **recorded** variability, peak flow readings (including serial readings), spirometry results, treatment and compliance - prescriptions requested regularly / when was last prescription, oral steroids and hospital admissions in last 12 months.
- **Ischaemic Heart Disease** - investigations including results of formal exercise testing, exercise tolerance, clinical findings, response to treatment including nitrates, treatment compliance, hospital admissions in last 12 months.
- **Musculoskeletal conditions - recorded** symptoms, recorded history of falls, detailed clinical findings **including range of joint movements**, treatment including planned surgical treatment with dates, response to treatment and compliance - prescriptions requested regularly / when was last prescription.
- **Mental health conditions** - documented [redacted] detailed mental state findings, history of admissions - voluntary or compulsory, regular prescriptions and last one ordered.
- **Sensory impairment** - visual and auditory acuity.

OP101

Providing assessment services on behalf of Department for Work & Pensions

Your GP Factual Report 716009014

Patient's name & Ref No Mrs Lorraine Moffat | NP799249B

Date when patient last seen by a health professional 1/1 2/ 22

Where and by whom DR Lynch at tele consult.

Notes:

- *Please record relevant information based on your knowledge of the patient and their medical records.*
- *Please write down facts rather than opinion. We require an objective report - please only include information about symptoms that are recorded in the patient's records and information about disabling effects that you or another healthcare professional have directly observed.*
- *It may be helpful to your patient to enclose any relevant correspondence contained in their file - for example, recent consultant letters or letters from a Community Mental Health Team. Please ensure that any third party information is removed. Third party information is any sensitive information that refers to someone other than the patient - for example, the patient's family*
- *Please complete all sections as fully as possible but write "not known" if appropriate. "Not known" can be helpful.*
- *Relevant information is anything that relates to health conditions or disabilities which impact on the patient's functional ability.*

1. Disabling conditions

Please list conditions or impairments which affect the patient's functional ability.

Depression
COPD with breathlessness
Recent fracture of radius + ulna Jan 22

2. History of condition(s). Include details of any relevant special investigations

Anxiety with depression on + off since 2016
currently depressed + under review

P30273713/000736/3/5

NHS Confidential: Personal data about a patient

7. Does the patient have a history of threatening or [redacted] behaviour?

No ☑ Yes ☐ Don't know ☐

If yes, tell us about their behaviour within the last 5 years. Use the space below at **Part 9**

8. Could your patient travel to an assessment centre by public transport or taxi?

Yes ☐ No ☑ Don't know ☐

If no, please tell us why. Use the space below at **Part 9**

9. Additional information

Use this section if there was insufficient space in one of the previous boxes OR to add important relevant factual information that has not been written in the body of the report. **Do not use the section to provide an opinion.**

Staying at home alot. not going out of house.

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit. I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health.

Your signature [redacted]

Name in capitals HENDERSON

Date 1/3/22

Stamp

Dr L M Henderson L33014
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN G73 2PQ

Dr L M Henderson L33014
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN G73 2PQ

NHS Confidential: Personal data about a patient

GP Factual Report Invoice

To: Independent Assessment Services
c/o DWP PIP(1)
Mail Handling Site A
Wolverhampton
WV98 1AA

Related GP Factual Report

GPFR serial no:	**716009014**
Date requested:	**6th March 2022**
DWP ref:	**NP799249B**
Patient's name:	**Mrs Lorraine Moffat**
Date of birth:	**02/04/1968**
GP/surgery invoice ref:	

Payee details:

Payee name:

Payee name to be the same as the account holder

Surgery name and address:

Postcode:

VAT status

☐ VAT registered: VAT no:

NET amount:	£33.50
VAT 20%:	£6.70
Total amount	£40.20

☐ Not VAT registered: Total amount: £33.50

Bank Details (Payment will be made by BACS transfer)

Sort code: Account no:

I hereby claim the appropriate fee for completing the above GP factual report

Print name: Tel no:

Signature: Date: / /

GMC no. of the GP who completed the GPFR (must be completed):

Authorisation (ATOS USE ONLY) WBS: GB.704471.010.06 GL code: 604102

Print name: GPFR received: / /

Signature: Payment Approved: / /

Atos GPFR Inv

NHS Confidential: [redacted]

GPFR NP799249B: Mrs Lorraine Moffat

Independent Assessment Services
Delivered by Atos

Guidance on completing section 6 is enclosed. Further information including more detailed guidance on completing your report can be found at www.dwp.gov.uk/healthcare-professional/guidance.

We enclose an invoice for you to claim a fee of £33.50. Please send your completed report and invoice together* in the enclosed business reply envelope. **Please reply within 5 working days.**

*A request for payment will only be accepted on the enclosed invoice form, which must be completed and include the GMC number.

If you have any queries regarding completion of the report or if you would like to discuss this request with our medical staff, please phone the number at the top of this letter. Thank you for your help.

Yours sincerely,

Ms [redacted] Sabourin (Nurse, 91F0116E)

Providing assessment services on behalf of Department for Work & Pensions

3. Symptoms and variability

This is especially helpful in conditions that fluctuate. It should be based on information in the clinical record. Include both day-to-day and longer-term fluctuations. Include the frequency and duration of exacerbations. Please also specify if the condition is well controlled.

Low mood at present [redacted] anxiety symptoms recently ↑ dose of Sertraline, poor sleep, poor concentration

4. Relevant clinical findings

Entitlement is based on the impact of the individual's impairment or health condition(s) on their everyday life. Please provide details of examination findings related to the severity or impact of any health conditions or impairments.

Low mood, anhedonia

5. Treatment - Current, planned, response and prognosis

Please provide details of drug and non-drug treatment and aids and appliances used (prescribed or, if known, non-prescribed). Please specify frequency of treatment and, for medication, dose as relevant.

Sertraline 100mg [redacted]zepam 5mg.
Salbutamol [redacted]

6. Effects of the disabling condition(s) on day to day life

If known, it would be helpful to have information on the patient's ability to:

- *Manage their health conditions and treatment*
- *Communicate*
- *Walk or move around*
- *Get somewhere on their own*
- *Make simple decisions*
- *Prepare, [redacted] and eat food*
- *Wash, bathe and use the toilet/ manage incontinence*
- *Dress and undress*

Only include information that has been confirmed by a health professional. Please state if this is not known.

Low mood + anhedonia → affecting daily functioning, requiring alot of support from daughter.
No eating [redacted] Requires aid of support [redacted] encouragement from daughter

NHS Confidential: Personal data about a patient

NHS Lanarkshire
www.nhslanarkshire.org.uk
MSK Physiotherapy
sDeptInfo
sAddDeptInfo
sPrefPhoneNo

Rutherglen Primary Care Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

NHS Lanarkshire

Dr J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Date Typed: 13/07/2022
Ref: 101057423
Letter Ref: DK
CHI Barcode: *0204686547*

Dear Dr [redacted]
Date: 28/02/2022
Enquiries: 01698 687442

Patient Name: Lorraine Moffat
Patient date of birth: 02/04/1968
Patient Address: Flat 44, 3 Greenhill Court, Rutherglen, Glasgow, G73 2DH

Presenting Complaint Left distal radius ORIF

Outcome

- ☐ Symptom free
- ☐ Reduction in symptoms
- ☐ Minimal improvement
- ☐ No benefit

- ☐ Failed to Opt in
- ☐ Failed to attend initial assessment
- ☒ Failed to complete treatment

- ☐ Treated and discharged with advice
- ☐ Triaged and discharged with advice
- ☐ Treated – open appointment, no further treatment sought
- ☐ Triaged – open appointment, no further treatment sought
- ☐ Referred to GP / consultant / other
- ☐ Equipment supplied
- ☐ Met agreed goals

Additional Information
Seen by physiotherapist [redacted]
FTA 28.2.22

If you require any further details of this patient's condition, treatment programme or response to treatment, please email MSKHUB@lanarkshire.scot.nhs.uk including the patient's CHI number.

Kind regards,

Debi Knox
Specialist Physiotherapist

Authorised on 13/07/2022 13:48:53 by Debi Knox.

Moffat Lorraine CHI: 0204686547

Clinic Letter

NHS
Greater Glasgow and Clyde

New [redacted] Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	0141 201 0746
Enquiries to:	
Letter Date:	22/02/2022
Reference:	JW/AF
Dictated Date:	22/02/2022
Transcribed Date:	22/02/2022

Dear Dr. J [redacted]

Lorraine Moffat; D.O.B: 02 Apr 1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Attendance: Specialty - Orthopaedics ; Clinic - VIOROR3-VIC ACUTE GENERAL FRACTURE CLINIC TUES AM
Date and Time of Appointment - 22/02/2022 09:00

Clinical Comments:
Diagnosis: Open reduction internal fixation 11/01/2021

Outcome today: 6-week follow-up, check x-ray satisfactory, discharged to physiotherapy

I saw this very pleasant right hand dominant 53-year-old who unfortunately broke her wrist 6 weeks ago. She underwent open reduction internal fixation of this wrist on the 11th of January. She has done really well with regard to this. Her only ailment that she has is a little bit of scar sensitivity, which is understandable, and also she complains of a little bit of median nerve symptoms, however these were not reproducible in clinic today. I think it is probably more of a sleeping situation, because she only gets it when she wakes up in the morning, and it goes away for the rest of the day so I am not massively concerned, however if there are any concerns please do not hesitate to contact us back as she may require further evaluation of her median nerve function and integrity.

Nonetheless, she is discharged from our care to the care of the physiotherapists. She has got two more clinic appointments at least with them, and she is happy with how things are going. She is happy to be discharged.

Best wishes.

Yours sincerely,

Mr [redacted]

Moffat Lorraine CHI: 0204686547 OPCL 22/02/2022 v1

ST5 in Orthopaedics

Electronically Signed: Dr [redacted] Doctor

cc.

Moffat Lorraine CHI: 0204686547

Clinic Letter

NHS
Greater Glasgow and Clyde

New [redacted] Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:
Department: Orthopaedics
Contact Tel:
Enquiries to:
Letter Date: 25/01/2022
Reference: GR/AF
Dictated Date: 25/01/2022
Transcribed Date: 25/01/2022

Dear Dr. J [redacted]

Lorraine Moffat; D.O.B: 02 Apr 1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Attendance: Specialty - Orthopaedics ; Clinic - VIOROR3-VIC ACUTE GENERAL FRACTURE CLINIC TUES AM
Date and Time of Appointment - 25/01/2022 09:30

Clinical Comments:
Diagnosis: ORIF left distal radius – 11/01/22

Plan: Mobilise left wrist as able. Follow-up in 4 weeks with check x-ray left wrist on arrival

I reviewed this 53-year-old lady. She is 2 weeks following the above operation. The initial injury was sustained on 07/01/22 after a slip on ice. She denies any significant issues since her surgery.

I note her medical history of COPD and Sjögren's syndrome.

On examination today, the left upper limb was neurovascularly intact. The wound was healing well with no evidence of infection. Sutures were removed today in clinic. She had intact tendon function throughout the left hand including EPL and FPL. Examination was otherwise unremarkable.

Check x-rays taken today of the left wrist demonstrate maintained satisfactory alignment of the fracture and the metalwork.

I have reassured Lorraine regarding the clinical and radiological findings. I have explained that she can now begin gently mobilising the left wrist as able. I have given her a wrist splint for support which she can wean out of as able. We will see her back in 4 weeks' time with further check x-ray of left wrist on arrival.

Kind regards.

Yours sincerely,

Greg [redacted]

Senior Clinical Fellow Orthopaedics

Electronically Signed: Dr [redacted] [redacted] Doctor

cc.

NHS Confidential: Personal data about a patient

U.S.

0204686547, Lorraine Moffat, DOB 02/04/1968, Telephone

Queen [redacted] University Hospital
Fracture Liaison Service (FLS)
Osteoporosis Nurse Specialists:
Sr [redacted] Harkness, Sr Angela Collie (QEUH)
Sr [redacted] Sr [redacted] & Sr Leigh [redacted] (WG ACH)
Enquiries: 0141 451 6097

NHS Greater Glasgow and Clyde

Ref: LR/LR/0204686547
12-Jan-2022

Dr. JANIS [redacted]
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear Dr. [redacted]

Lorraine Moffat, DOB: 02-Apr-1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

CHI: 0204686547

Your patient recently attended hospital having sustained a fracture and they were subsequently assessed for osteoporosis / fracture risk on the above date.

The outcome at this stage is as circled below:

(a) An appointment for full assessment by the FLS with DXA will be arranged

b) Further assessment including DXA is not indicated – treatment as recommended

c) He/she declined further assessment &/or treatment

d) See below

Osteoporosis Risk Factors
Past history of fragility fracture(s)

Fracture Risk Factors
History of previous fracture (>50yr)

Fracture History
Left Radius and/or Ulna (Aged 53)

Treatment Recommendations
Withhold treatment until after clinic review

Lifestyle Recommendations
(None)

Densitometry: DXA scan will be arranged but will be delayed due to the impact of COVID19 and subsequent restrictions placed on this service.

This patient's fracture history and clinical risk factors were obtained from hospital electronic information systems and he/she has not been seen in person by the Fracture Liaison Service.

Due to current changes to outpatient clinics in response to COVID-19 there will unfortunately be a delay in appointing patients for DXA assessment. Your patient will be held on our waiting list and appointed when it becomes possible to do so.

We note that Ms Moffat required short courses of high dose steroids in September and again in December 2021. If she requires further high dose steroids (the equivalent to ≥7.5mg prednisolone / day for >3 months) please get in touch and we will upgrade Ms Moffat to a priority DXA scan.

Yours sincerely

Leigh Roberts

Sr Leigh [redacted]
Osteoporosis Nurse Specialist

Dr M Talla
Consultant Physician

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DS

Department of [redacted] & Orthopaedics
Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF

Appointments: **0141 347 8347**
Fracture Clinic: **0141 452 2908**

Virtual Fracture Clinic

Clinic Date: 08/01/2022
Typed: 10/01/2022

Dr [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear Dr [redacted]

Miss Lorraine Moffat ~ DOB: 02/04/1968 ~ CHI:0204686547;
Flat 44 3 Greenhill Court Glasgow Lanarkshire G73 2DH

Your patient was recently followed up at the Virtual Fracture Clinic at Queen [redacted] University Hospital. The following details were recorded:

Bodily site:	Left As follows: left wrist - impacted distal radius # with ulna styloid #
Injury Type:	Fracture
Management plan:	Other - referred to [redacted] Team
Patient contacted	Other - referred to [redacted] Team
Site:	QEUH
Outcome:	Other - referred to [redacted] Team
Nurses notes:	Nurse present at Virtual Fracture Clinic: 10/01/2022 09:54 [redacted] Buchanan Patient has a dorsal back slab in situ and to remain in same until being referred to [redacted] Team for ? ORIF and to discuss with Mr [redacted] Contacted [redacted] Team today and the above was discussed. [redacted] Team will contact Mr [redacted] for ? ORIF and then contact patient directly regarding ? Theatre.

[redacted]

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Yours Sincerely,

Mr Sanjeev Patil
Consultant Orthopaedic Surgeon

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Moffat Lorraine CHI: 0204686547 DoB: 02-Apr-1968

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

JANIS LYNCHOvertoun Medical Practice,Rutherglen Health Centre,130 Stonelaw Road, RUTHERGLEN, G73 2PQ

Main Switchboard:
Date of Completion: 12-Jan-2022

Dear JANIS LYNCH,

Name	CHI	DoB	Address
Lorraine Moffat	**0204686547**	**02-Apr-1968**	**Flat 44, 3 Greenhill Court, Glasgow, G73 2DH**

Admitted	Type	Discharged	Destination
10-Jan-2022 16:53	IP	12-Jan-2022	

Specialty	Consultant	Ward	Telephone
Orthopaedics	Walker	QEUH Ward 10D Orthopaedics	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures
There is no data to display.

Last Discharge Review: Akash Gyanchandani (Akash Gyanchandani - FY1 Aug 21) on 12 Jan 2022 11:24

Discharge Medication:

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Moffat Lorraine CHI: 0204686547 DoB: 02-Apr-1988

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Beclometasone 100microg/ Formoterol 6microg/dose dry pdr inh	inhalation	ONE PUFF TO BE INHALED TWICE A DAY.	No	Patient's own supply		Y	
Carbomer '980' 0.2% eye drops	ophthalmic	1 eye drop twice daily when required	No	Patient's own supply			Added
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily	Yes				Added
Folic acid 5mg tablets	oral	ONE TO BE TAKEN EACH DAY.	No	Patient's own supply		Y	
Paracetamol 500mg tablets	oral	2 tablets four times daily when required ; Fixed Period 1 Week(s) from 12 Jan 2022	Yes				Added
Salamol 100micrograms/dose [redacted]athe inhaler (CST [redacted] Ltd)	inhalation	1 dose four times daily when required	No	Patient's own supply			Added

Added means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments

There is no [redacted] display.

Withheld [redacted]

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2022-01-12	Salbutamol 100micrograms/dose inhaler CFC free	Inhalation	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY.		Medication was removed from, made inactive or made unprescribable in the drug database.

Page 2 of 4

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Moffat Lorraine CHI: 0204686547 DoB: 02-Apr-1988

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Colleague Primary diagnosis + surgery Closed Fracture of the Distal Radius (Left) Presenting complaint 53 year old female, slip on ice tonight, pain++ distal radius GP actions Nil Intervention XR wrist L: There is a comminuted fracture to the left distal radius with minor dorsal angulation of the distal components. An associated fracture to the ulnar styloid process is also demonstrated bloods unremarkable Past gp notes Post-op: adequate hydration and early mobilisation, low VTE risk Changes to medications Added analgesia [redacted] ongoing management 2 weeks at Victoria ACH fracture clinic Thank you for your ongoing care Kind regards QEUH, orthopaedics, 18D
Discharge Comments:	
Follow Up:	Yes

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Moffat Lorraine CHI: 0204686547 DoB: 02-Apr-1988

	Victoria ACF fracture clinic
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely

Akash GYANCHANDANI

Prescription Review
Checked by: Alana [redacted] (Staff Nurse)
Discharged by: Alana [redacted] (Staff Nurse)

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Covid19 Report

Patient Details

Surname	MOFFAT
Forename	LORRAINE
CHI	0204686547
Date of birth	02.04.1968
Sex	Female
Address	FLAT 44 3 GREENHILL COURT GLASGOW LANARKSH G73 2DH

Specimen Details

Specimen Number	V,22.7009520.R
Specimen Type	THROAT AND NOSE SWAB
Date/Time Collected	10.01.22 / 21:26
Date/Time Received	11.01.22 / 14:12
Requested By	Mr [redacted]
GP Practice	60139
Date/Time Reported	11.01.22 / 21:47
Details	routine

Results

2019 NCoV - Authorised on 11.01.22 at 21:44

2019 NCoV	Not detected

Comments:
The laboratory will discard negative SARS-CoV-2 PCR specimens after 48 hours.
Tests NOT included in UKAS Accreditation (9319) Scope.
This is a THROAT and NOSE SWAB sample.

End of Report

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**6568152**	Receive Date:	**8-Jan-2022 10:49**
Patient's Name:	**Lorraine Moffat**		
Date of birth:	**2-Apr-1968 (53 years)**	Gender:	**F**
Address:	**Flat 44 3 Greenhill Court Rutherglen Glasgow G73 2DH**	Current Address:	**Flat 44 3 Greenhill Court Rutherglen Glasgow G73 2DH**
Return Contact No:			
Tel No:	**07552 561698**		**07552 561698**
Mobile No:			
Priority:	**Urgent**	Call Origin:	
Received:	**8-Jan-2022 10:49**	Calltype:	**Direct Referral ED**
Advised:	**11:01**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Janis [redacted]**

CHI Number:
0204686547

NHSD details:

Receptionist:
MEDICATION ENQUIRY 18 HOURS
AEP Patient advised to go to A&E
Clinical summary created by: Sarah [redacted] (Call Taker SI) () [08/01/2022 11:01:40] Reason for call: MEDICATION ENQUIRY 18 HOURSConfirmed Symptom(s): Medication enquiry - not [redacted] Information requested on combination of medicines Caller wants advice regarding medication No extra dose, overdose or warfarin taken Symptom(s) not found: No fever Call Detail(s): Clinical supervisor: SCN M KERR 08:01:2022 11:06:53 MORRISONS.. DW SCN M KERR. INITIALLY MEDICATION ENQUIRY. ATTENDED MIU YESTERDAY WITH FRACTURED WRIST. HAS PARTIAL CAST ON TODAY CAST APPEARS TIGHTER... FINGERS SWOLLEN AND SLIGHTLY COLD. HAS TAKEN MAXIMUM 35000 COCODOMAL AND IBURPOFEN NO EFFECT TO COCODOMAL HAS TAKEN IBURPOFEN 20 MINUTES AGO. OUTCOME A&E ASAP... ATTENDING QUEEN [redacted] HOSPITAL.. Outcome: Patient advised to go to A&E

Followups:
None

NHS Confidential: Personal data [redacted] patient

Moffat Lorraine CHI: 0204686547

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
New [redacted] Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 07/01/2022

Consultant: Dr Michael Gillespie2

J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear J [redacted]

Re: **Moffat Lorraine** DOB: **02/04/1968** CHI: **0204686547**
Flat 44
Glasgow G73 2DH

Attended on: **07/01/2022 at 18:26 hrs.** Departed on: **at hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
wrist injury

Nursing Assessment:

Investigations in ED:
1. XR Wrist Lt **2. XR Scaphoid Lt**

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Moffat Lorraine CHI: 0204686547

Diagnosis:

Diagnosis	Side	Site
Closed Fracture of Lower End of Both Ulna and Radius		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
Attended Vic MIU following fall on ice this evening onto outstretched L hand. Immediate pain & swelling L wrist since fall. NV intact. xray - impacted distal radius & ulna styloid #. Dorsal backslab applied & for VFC. Worsening advice given.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
[redacted]
Nurse

Copies to:
1. J [redacted] (GP)
School Address:

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08 NOV 2021

New [redacted] Hospital: Diagnostic Imaging Report — Page 1 of 1

MOFFAT, LORRAINE
FLAT 44, 3 GREENHILL COURT, GLASGOW, G73 2DH
Ref. Locn. : GP PRACTICE
Referrer : Dr Janis [redacted]

DoB : 02-Apr-1968
CHI. No. : 0204686547
CRIS No. : 25627284
Curr Ward: G306HMIU

VERIFIED Verified By: Dr [redacted] Millar 01-Nov-2021 1111.

Clinical History :
Cough >6/52 Green sputum. Smoker >30 years. H/O asthma. Recent Covid.

XR Chest :
The heart is not enlarged. Normal cardiomediastinal contours.
The lungs are hyperinflated in keeping with background emphysematous change.. No focal active pulmonary disease or cardiac decompensation.

Event Number : E-36059156
Examination Date : 28-Oct-2021
Ref. Source : Dr Janis [redacted] Overtoun Medical Practice, Rutherglen Health Centre, 130 Stonelaw Road, Rutherglen.
Examinations : XR Chest

NHS Confidential: [redacted]

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	1116043654
NHSL No:				

Requesting clinician	Requesting Location	copy to Address
Lynda [redacted]	Overtoun Medical Practice	

Clinical History
none given

Results relate to blood unless otherwise specified

Biochemistry (Routine)					
Sodium	138	mmol/L	133	-	146
Potassium	4.2	mmol/L	3.5	-	5.3
Chloride	99	mmol/L	95	-	108
Urea	6.8	mmol/L	2.5	-	7.8
Creatinine	67	umol/L	60	-	110
EGFR	>59	ml/mn/1.73m2	>59		
ALT	13	U/L	5	-	55
ALP	82	U/L	30	-	130
Bilirubin Total	<3	umol/L	0	-	20
Albumin	46	g/L	35	-	50

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
01/11/21 12H15M	01/11/21 17H26M	03/11/21 08H12M	Auto	

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NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	1116043654
NHSL No:				

Requesting clinician: Lynda [redacted]
Requesting Location: Overtoun Medical Practice
copy to Address:

Clinical History
none given

Haematology

Haematology						
Full Blood Count						
Haemoglobin		145	g/L	115	-	165
Comments	** Please note Haemoglobin and MCHC units have changed to g/L **					
Platelets		294	x 10*9/L	140	-	450
WBC		7.1	x 10*9/L	4.0	-	11.0
MCV	HH	105.1	fL	80.0	-	100.0
MCH	H	35.3	pg	27.0	-	32.0
MCHC		336	g/L	320	-	360
RBC		4.11	x 10*12/L	3.90	-	5.60
HCT		0.432	L/L	0.370	-	0.470
RDW		13.4	%	11.0	-	16.0
Neutrophils		4.6	x 10*9/L	2.0	-	7.5
Lymphocytes		2.1	x 10*9/L	1.0	-	4.0
Monocytes		0.3	x 10*9/L	0.2	-	0.8
Eosophils		0.1	x 10*9/L	0.0	-	0.4
Basophils		0.0	x 10*9/L	0.0	-	0.1
Erythrocyte Sedimentation Rate		35	mm/hr	1	-	35

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
01/11/21 12H15M	01/11/21 17H26M	03/11/21 08H24M	Laboratory	

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NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	1116043654
NHSL No:				

Requesting clinician: Lynda [redacted]
Requesting Location: Overtoun Medical Practice
copy to Address:

Clinical History
None given

Results relate to blood unless otherwise specified

Biochemistry (Routine)				
Glucose	5.1	mmol/L	3.0 - 6.0	

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
01/11/21 12H15M	01/11/21 17H26M	02/11/21 12H31M	Auto	

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Assessment Centre COVID-19

NHS GGC - Barr Street

25 Oct 2021, 19:08

Patient **Lorraine Moffat**
CHI **0204686547**
Age **53**

SpO2(%)	Resp Rate	HR(bpm)	BP(mmHg)	Temp(°C)	Glucose(mmol/L)	ACVPU	NEWS2
97	20	90	-/-	36.8	-	A	-

Situation

CHI	0204686547
Sex	Female
Firstname	Lorraine
Lastname	[redacted]
DOB	2 Apr 1968
PostCode	G73 2DH
Address	Flat 44 3 Greenhill Court Rutherglen Glasgow G73 2DH
Contact number [Mobile is preferred]	07754572626
Ethnicity	Scottish
GP	Dr Janis[redacted]
Assessor title	Mrs
Assessor given name	[redacted]
Assessor surname	Jones
Assessment Centre	NHS GGC - Barr Street

Background

Living arrangements	Lives alone
Level of independence (Frailty Score) - Pre symptoms	4. Vulnerable
Capacity	Yes
ACP?	No

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Assessment Centre COVID-19

Janice Oliver - GP - 3181687

DNA CPR?	No
Comorbidities Respiratory	COPD, Asthma
Other relevant comorbidities	No
Previous / Current Malignancy	No
Immunodeficiency / Organ Transplant	No
Long term oxygen	No
Home ventilation	No
Home nebulisation	No
Smoking Status	Smoker
Does patient Vape?	No
Pregnant	No
Postpartum Last 6 Weeks	No
Allergies	Yes

Allergy notes
flucloxacillin

COVID-19	
Onset of First Symptom	10 Oct 2021
Symptoms - Flu like	Cough, Muscle aches (myalgia), Loss of taste / smell (anosmia)
Symptoms - Respiratory	Shortness of breath (dyspnoea)
Symptoms - Neuro	Headache
Trend	Stable
Able to do activities of da[redacted] living	Normal
Fluid intake	Normal
COVID-19 test result	Positive
Healthcare worker	No
Co-habit with confirmed or suspected COVID-19	No
Recent confirmed COVID-19 infected contact	No
Flu vaccine this season	Yes
COVID-19 vaccine	Yes

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Assessment Centre COVID-19 Janice Oliver - GP - 3181687

Notes

Covid positive 16 days ago . Chronic cough, productive and headache for 3 weeks . Had 2 course antibiotics and steroids. Exhausted with coughing and feels short of breath. . Appetite poor. feeling very emotional . Both eyes discharging and sticky every morning.

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Assessment Centre COVID-19

Janice Oliver - GP - 3181687

A/B Assessment		C Assessment		D Assessment		E Assessment	
SpO2 (On arrival)	97 %	HR	96 bpm	ACVPU	Alert	Temp	36.8 °C
RR	20					Signs	Conjunctivitis
Increased work of breathing	Yes						
O2	Room air						

Assessment Notes

Recommend

COVID-19 Presentation?	Yes
COVID-19 test performed today	No
Treatment Px Salb mdi and aero chamber Pred 30mg x 5 days	
Disposition	Home
Actions discussed with	Patient
Advice Given	Verbal
Is followup required?	No

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Assessment Centre COVID-19 [redacted] Janice Oliver - GP - 3181687

Recommend notes

53 year old lady known COPD
Day 16 Covid illness with background of persistent cough 7 weeks
Had clarith and pred 4 weeks ago and amox 2 month ago
Cough and brown spit---diar
No pleuritic chest pain
Some sobre and wheeze
On Fostair and salb ---no spacer
Vaccs x 2
Eyes watery
Smoker

Exam emotional lady
Speaking freely
Chest clear
Obs normal --no resp distress
Eyes ---no swelling ---watery ---clear fluid--perf

Impression --Covid illness with no worrying features ---exac COPD
Reassured /advice

Red flags discussed and strong WSG
Self-isolation not indicated as day 16----GP follow up as needed with thanks

Rx Salb mdi and aero chamber with demo
Pred 30mg x 5 days

Many thanks
Dr Janice Oliver 3181687

Review Type Face to face

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NHS Greater Glasgow and Clyde

Diagnostic Imaging Request Form

Hospital:

* The Ionising Radiation (Medical Exposure) Regulations 2000 IR(ME)R require you to complete all this information accurately.
Shaded Areas are for imaging department use. Incomplete/ illegible forms may be returned. Please [redacted] overleaf prior to completion.

Hr
St CHI: 0204686547 02/04/1968 F
MOFFAT: Lorraine
44.3 Greenhill Co.G73 2DH
239 4360
Fi
A Dr J Lynch, 8493207
Overtoun Medical Pra, G73 2PG 60139
19/10/2021 11:59, Practice:

Referring Consultant/GP:

Ward/Clinic/Practice:

Phone (day and evening):

Appointments:

Postcode:

Investigation(s) requested:

CXR

Please complete for all outpatients

Is this a New Diagnosis? ☐
Is this a Planned Procedure? ☐
Result required by MDT/Clinic on: ☐
Date:

Tracked patient?
YES ☐
NO ☐

Clinical summary (to include indication and purpose of examination/intervention under IR(ME)R 2000*):
What is the clinical question? **(Please PRINT boldly in black ink)**

Cough > 6/52 [redacted] Sputum
Smoker > ~~50~~ 30 years
H/O arthritis. Recent COVID
(URGENT PLEASE)

Please indicate any previous surgery or history of malignancy?

IR(ME)R Justification: Initials:
YES ☐ NO ☐

Date received:

Preparation:

Fast: Full bladder: Laxative:
Oral contrast: No prep:
Urgency: Initials:

Examination protocol

TO BE COMPLETED BY REFERRING CLINICIAN

Safety information required for all patients [redacted] IV or IA contrast medium CT/MRI/DSA/IVU/ Intervention

For contrast studies a recent eGFR is mandatory.
(See note 4 overleaf).

Current eGFR: Date of result:

OR

This patient has no risk factors and can proceed to contrast medium without eGFR.

Initials: .....

Is your patient diabetic? ..... Yes ☐ No ☐
If so, does your patient take **metformin?** (see [redacted] 5 overleaf) ..... Yes ☐ No ☐
Has your patient had a contrast medium injection before? ..... Yes ☐ No ☐
Does your patient have a known contrast medium allergy? ..... Yes ☐ No ☐
Does your patient have severe or multiple allergies? ..... Yes ☐ No ☐
Does your patient have asthma? ..... Yes ☐ No ☐

For interventions a coagulation screen is required in certain scenarios – see overleaf for details.
For any interventions (see note 7 overleaf):
Is your patient on anticoagulants: ..... Yes ☐ No ☐ Current INR/coagulation score: .....

Additional information for MRI patients

Please indicate if patient has any of the following:

	Yes	No
A cardiac pacemaker?	☐	☐
Surgery in the last 8 weeks?	☐	☐
Aneurysm clipped/treated?	☐	☐
Metal fragments in eyes?	☐	☐
Previous cranial surgery?	☐	☐
Any metal in the body?	☐	☐
Claustrophobia?	☐	☐

Pregnancy Rule	AT RISK	Transport GP/Out-patients	Transport/In-patients
Observe: ☐	MRSA: ☐	Walking with assistance (suitable for hospital car) ☐	Trolley: ☐ Chair: ☐
Ignore: ☐	C Diff: ☐	Uses own wheelchair ☐	Oxygen: ☐ Drip: ☐
	Specify:	Stretcher ☐	
		Escort required (must have medical need) ☐	

Referrer's declaration: (NB: This form is a legal document under Ionising Radiation Medical Exposure Regulations 2000)

- **I certify that the correct patient details have been given**
- **I have taken into account the possibility of pregnancy**
- **I have given sufficient information for the request to be justified according to IR(ME)R 2000**
- **I know of no contraindication to performing the examination or intervention I have requested**

Referrer's signature:	Name:	Designation:	Phone/Pager:	Date:

MIS 127119

97044

NHS 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	moffat
Forename	lorraine
CHI	0204686547
Date of birth	1968-04-02
Sex	Female
Address	FLAT 44 3 GREENHILL COURT RUTHERGLEN GLASGOW G73 2DH

Specimen Details

Specimen Processed Date	12-10-2021 08:32
Test Start Date	11-10-2021 14:29
Test End Date	11-10-2021 14:29
GP Practice	60139
Specimen Number	AAN24490254
Administration Method	self

End of Report

Report Date: 12/10/2021

NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Moffat
Forename	lorraine
CHI	0204686547
Date of birth	1968-04-02
Sex	Female
Address	FLAT 44 3 GREENHILL COURT RUTHERGLEN GLASGOW G73 2DH

Specimen Details

Specimen Processed Date	28-08-2021 11:18
Test [redacted] Date	27-08-2021 11:57
Test End Date	27-08-2021 11:58
GP Practice	60139
Specimen Number	KNA52350197
Administration Method	self

End of Report

Report Date: 29/08/2021

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 1QT
0141 800 8800
GG-UHB.wosbs@nhs.net

Dear Doctor,

Lorraine Moffat 0204686547

Did Not Attend for Breast Screening on 21-04-2021.

Yours sincerely,

Dr Marzi [redacted]
Clinical Director

NHS Confidential: Personal data [redacted] patient

Moffat Lorraine CHI: 0204686547

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
New [redacted] Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 16/03/2021

Consultant: Dr [redacted] Parke

[redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear J [redacted]

Re: **Moffat Lorraine** DOB: **02/04/1968** CHI: **0204686547**
Flat 44
Glasgow G73 2DH

Attended on: **16/03/2021 at 16:31 hrs.** Departed on: **16/03/2021 at 17:19 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
Pain: from back to left side of ribcage

Nursing Assessment:

Investigations in ED: **None**

Moffat Lorraine CHI: 0204686547

Diagnosis:

Diagnosis	Side	Site
Contusion of Thorax		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
left chest intercostal muscle strain. deep breathing/ staged cough/ splinting - all explained.
cocodamol 8/500 qds. may take 4 weeks to settle.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Laurie [redacted]
Nurse

Copies to:
1. J [redacted] (GP)
[redacted] Address:

NHS Confidential: Personal data about a patient

File Status	Not Filed.	**Tasks**	No Tasks.
Assigned User	Unassigned.	**Filed By User**	Not Filed
Patient Matched	Yes.	**BoSS Message Type**	Exclusion

electronic Notification of Bowel Screening Results Service

New Exclusion

CHI Number	0204686547
Name	MOFFAT, LORRAINE
Date Of Birth	02/ 04/ 1968
Registered GP	L3300
Practice Code	L60139

Report Date	24 Jan 2021
Letter ID	610332670924
Exclusion Reason	Non-Responder
Report Comments	No response to bowel cancer screening programme invitation (9Ow2.)
Invitation Date	26 Oct 2020

NHS Confidential: Personal data [redacted] patient

Moffat Lorraine CHI: 0204686547

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen [redacted] University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 17/02/2021

Consultant: Dr Phil Munro

J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear J [redacted]

Re: **Moffat Lorraine** DOB: **02/04/1968** CHI: **0204686547**
Flat 44
Glasgow G73 2DH

Attended on: **20/01/2021 at 18:42 hrs.** Departed on: **21/01/2021 at 00:13 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
Chest pain since saturday

Nursing Assessment:
Onset of R sided chest pain radiating to center of chest and through to back. Patient states pain worse on inspiration. Hx of asthma and copd. Productive cough. States new SOB, mild SOB at triage.

Investigations in ED:

1. Full Blood Count	**2. CRP**	**3. Urea and Electrolytes**
4. LFT	**5. D - Dimer**	**6. Glucose**
7. XR Chest	**8. Coagulation screen**	**9. Troponin I hs**

Moffat Lorraine CHI: 0204686547

Diagnosis:

Diagnosis	Side	Site
Chest Pain, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Admitted with SOB and right pleuritic chest pain- recently treated for infective exacerbation of asthma prior to attendance. CXR showed nil consolidation, bloods and observations all normal. Discharged with worsening advice.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
[redacted]
Doctor

Copies to:
1: J [redacted] (GP)
[redacted] Address:

NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Moffat
Forename	Lorraine
CHI	0204686547
Date of birth	1968-04-02
Sex	Female
Address	FLAT 44 3 GREENHILL COURT RUTHERGLEN GLASGOW G732DH

Specimen Details

Specimen Processed Date	23-09-2020 16:45
Test Start Date	23-09-2020 10:27
Test End Date	23-09-2020 10:27
GP Practice	60139
Specimen Number	AAB90433515
Administration Method	health_care_professional

End of Report

Report Date: 24/09/2020

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Notification of consultation regarding treatment of uncomplicated urinary tract infection through community pharmacy

NHS Lanarkshire

Patient Name	L MOFFAT
Address	3 GREENHILL COURT FLAT 44 G73 2DH
CHI Number	0201686547

The above patient has attended the pharmacy for assessment and treatment of an uncomplicated urinary tract infection. Presenting symptoms included

Dysuria ☑	Urgency ☑	Blood in Urine ☐	Frequency ☑	Polyuria ☐	Suprapubic tenderness ☐

The symptoms were severe YES/NO (NO circled) | There was vaginal discharge/irritation YES/NO (NO circled)

For supply under the PGD there must be [redacted] or more symptoms and/or they must be severe and there must be no vaginal discharge

All PGD exclusion criteria were assessed and found not to apply ☑

Advice given included

Contacting GP or NHS 24 if symptoms do not improve after 3 day course ☑	Potential side effects and what to do if these occur ☑	Recommendation of paracetamol or ibuprofen to manage pain ☑	The importance of taking the antibiotic regularly and completing the course ☑

Following assessment

Your patient has been given a three day course of trimethoprim 200mg twice daily ☑	Self care advice only ☐	Patient is unsuitable for treatment under the PGD and referred. ☐

Reason for referral to GP Practice or OOH Service (if needed)

Patient signature to consent sharing this information with GP and Out Of Hours Service as appropriate: PP [signature]

Confirmation that the details have been shared with the [redacted] GP surgery and the NHS Lanarkshire OOH service if the supply is made when the GP surgery is closed, and that a copy of this is retained in the pharmacy

GP Name and Practice Code Tick when complete ☑ overtoun Rutherglen 60139	NHS Lanarkshire OOH contact details Secure Fax 01698 368760 Tick when complete ☐

Signature of Pharmacist	Pharmacy name and Telephone Number	Date
[signature]	[illegible] Chemist 80 Mitchell Arcade 0141 531 4124	29-6-20

CMS | CMAS | AC | PH

531
6086

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Med Recd

Specsavers

9 Stonelaw Road
Rutherglen
Glasgow
G73 3TW

Tel 0141 647 5588
Web specsavers.co.uk/rutherglen

[redacted] Beaton BSc (Hons) MCOptom
Director Optometrist

DR LYNCH
RUTHERGLEN PRIMARY CARE CENTRE
130 STONELAW RD
RUTHERGLEN
G73 2PQ

08 January 2020

Dear DR [redacted]

RE: Onward referral request to: GP to Manage

Mrs Lorraine MOFFAT
DOB : 02/04/1968 **NHS No.:**
Address: Flat 44 3 Greenhill Court, Rutherglen, Glasgow, Lanarkshire, G73 2DH
Telephone No.: 07552 561698

Prescription details from current sight test: 8 January 2020

	Vision	Sph	Cyl	Axis	Prism H	Prism V	VA	Add	Near VA	Previous VA 08 December 2017
RE		-0.75	+1.25	55			6/6	+ 2.00	N5	6/6
LE		-1.00	+1.25	147			6/6	+2.00	N5	6/6

RE Intra-Ocular Pressure mmHg	
LE Intra-Ocular Pressure mmHg	
RE Disc Appearance	**Visual Fields**
LE Disc Appearance	

Reason for Referral: Anterior Eye / Corneal

Mrs Moffat attended for a routine sight-test after noting a 'film like sensation across vision' that she has to blink away to get clear vision.On a full eye health check, I noted her to have evaporative dry eye with associated issues.I have advised Mrs Moffat on dry eye management techniques and have advised her to use comfort drops qds to alleviate symptoms. I would appreciate if you could prescribe her Clinitas 0.4% (Clinitas Multi), this may need to be on a repeat prescription basis as she has sjogren's sydrome therefore this may be a chronic issue. Many Thanks

Yours Sincerely,

9 JAN 2020

Written and sent by **Katherine Beaton**

GOC/GMC No.: 01-27893

Statement: The reason for this referral has been explained to the patient or [redacted] who agrees to it. The patient or [redacted] also consents to information being exchanged between the Hospital Eye Service, their General Medical Practitioner and optometrist or ophthalmic medical practitioner.

Moffat Lorraine CHI: 0204686547

Clinic Letter

NHS
Greater Glasgow and Clyde

New [redacted] Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:
Department:
Contact Tel: 0141 347 8257/8258
Enquiries to:
Letter Date: 25/11/2019
Reference: SD/CLS
Dictated Date: 25/11/2019
Transcribed Date: 27/11/2019

Dear Dr. J [redacted]

Lorraine Moffat; D.O.B: 02 Apr 1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Attendance: Specialty - Dermatology; Clinic - VIADDE1-DR DRUMMOND NEW DERM MON AM
Date and Time of Appointment - 25/11/2019 10:30

Clinical Comments:
DIAGNOSIS:

Alopecia areata

MANAGEMENT:

Gets annual wig prescription

Thank you for referring this 51 year old lady. Her referral letter stated that she was wishing to discuss Ruxolitnib. There are currently no biologic medications licensed for use for alopecia although I understand that there may be clinical trials starting soon. However, on meeting Lorraine today her main concern was regarding her wig prescription. She has been getting an annual wig prescription from [redacted] Moffat, the hair specialist nurse, and generally has been using this to obtain a hairpiece. However, in August she was advised by her hairdresser that she should try a wig instead. However she is not happy with the wig and was requesting a new prescription for a hairpiece for this instead. She states she is very distressed by this and tells me it is affecting her mental health. She tells me she is seeing a psychiatrist and has also attended the practice to discuss her low mood.

On examination she has hair regrowth over the top of her scalp with fine white hairs and currently has long thick hair around the sides and occipital regions. I will contact Specialist Nurse [redacted] Moffat to clarify the situation regarding her wig prescription.

Yours sincerely

Dr S. Drummond

ST3 in Dermatology

New [redacted] Hospital

Electronically Signed: Dr [redacted] Drummond, Doctor

cc.

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1 4

1 2

CONFIDENTIAL

Psychological Therapies Team
Eastvale Resource Centre
130a Stonelaw Road
Rutherglen
G73 2PQ

Tel: 0141 531 4162
Fax: 0141 531 4107

Date: 18 October 2019
Ref: SM/AM
CHI: 020 468 6547

Miss Lorraine Moffat
Flat 44
3 Greenhill Court
Rutherglen
Glasgow
G73 2DH

Dear Miss Moffat

An appointment has been arranged for you as follows. This appointment may last up to 1 hour. This is not the start of therapy but a meeting with a member of our Team to discuss your needs and possible service options.

Appointment with: [redacted] **Mental Health Practitioner**
Date: **Wednesday 6th November 2019**
Time: **1.00pm**
Location: **Rutherglen Health Centre G73 2PQ**

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[redacted]

2|2

- Please complete the enclosed questionnaires and bring them along to your appointment.
- We have also enclosed a Well Connected Booklet which contains information on a variety of free services that you can access directly and may be useful in the meantime.

If you cannot attend your appointment, or no longer require the service please telephone the Team as soon as possible on 0141 531 4162.

Please note that every missed appointment costs the health Service at least £136. If you fail to attend your appointment it is likely you will be removed from the waiting list and returned back to the care of your GP.

Yours sincerely

Secretary
Camglen Psychological Therapies Team

Cc Dr [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road, Rutherglen
Glasgow
G73 2PQ

NHS Confidential: Personal data about a patient

D.S.

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
[redacted] Williams
MA(Hons) CQSW

Glasgow Liaison Psychiatry Service
Queen [redacted] University Hospital
Central Medical Block (Clock Tower)
Ground Floor
1345 Govan Road
Glasgow
G51 4TF

0141 201-2422

www.glasgowcity.hscp.scot
www.glasgow.gov.uk
www.nhsggc.org.uk

Private and Confidential
Dr J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN
Glasgow
G73 2PQ

Date Dictated 27 August 2019
Date Typed 28 August 2019

Our Ref SC/PMM

Dear Dr [redacted]

Lorraine Moffat - DOB: 02.04.1968 - CHI: 020 468 6547
Flat 44, 3 Greenhill Court, Glasgow G73 2DH

I had the opportunity to review the above patient in my capacity as Consultant Liaison Psychiatrist at the Queen [redacted] University Hospital on 27 August 2019.

The patient was admitted following an [redacted] on 26 August 2019. I understand she took a packet of Sertraline 100mg tablets, she was unable to tell me how many tablets were in the packet. She took the [redacted] on impulse along with 4 to 5 units of alcohol. She told me she had not left a [redacted] note and that she had not had an argument with her [redacted] (as documented in the medical notes). She informed me that she had been feeling a "bit low" for the last 2 weeks, I understand that she has had Alopecia for 12 years as well as Sjogren Syndrome. She was previously using a weave hair-piece but was informed by her hairdresser that this was pulling out the hair and she was advised to switch to a wig. This caused her some distress and she felt that she was struggling to be able to do the things she would normally be able to do with a wig (such as swimming). She described being in a "bad mood" so she used alcohol to cope with this and then took an impulsive [redacted] She denied any suicidal intent and texted her partner who called an ambulance. She regretted the [redacted] and was glad to be alive. She told me "I was stupid". There was no previous [redacted]

She had been on Sertraline a year ago but discontinued this as she was doing well. She developed low mood 4 years ago following the death of her [redacted] She has never had any

NHS Greater Glasgow and Clyde

Lorraine Moffat
Chi: 020 468 6547

contact with Psychiatric Services in the past and she has never seen a counsellor or had any talking treatment. She understood that she was coming to terms with her current wig and she was hoping that her hair would grow back so that she could use a hair-piece again.

She is working full time in a pub and enjoys her job. She described herself as being quite an independent woman. She has 2 adult children who are in their 30's. She is currently in a relationship (for 2 years) which she described as being fairly okay but stated it has its ups and downs. She lives separately from her [redacted] She has a good support network of family and friends. She did not report any other symptoms other than feeling stressed and low in mood on and off for the last 2 weeks. Her mood was, however, not pervasively low and it had not impacted on her day to day functioning. There was no evidence of any negative cognitions about the future and she was forward planning, there was no hopelessness. She was not keen to consider any talking treatment for her Alopecia and she felt she could deal with this on her own. She also told me that she did not feel she was currently depressed and she did not want to go back on to antidepressants. I advised her that she should get in touch with her GP practice if she felt her mood was deteriorating in the future.

On **mental state examination**, she was well kempt. Her mood was euthymic, she was reactive and she described herself as feeling okay but embarrassed that she took an [redacted] There were no negative cognitions about herself or the future. There were no abnormal perceptions or any delusional beliefs. She was oriented in time, place and person and she had good insight.

Impression

[redacted] [redacted] whilst under the influence of alcohol. No evidence of suicidal intent. Patient does not have any pervasive low mood that would be in keeping with a depressive disorder at the current time.

Recommendations

Patient can be discharged home when medically fit. I have advised the patient get in touch with the GP Practice if she feels her mood has not improved following discharge or if it is deteriorating further. I have given her a list of emergency contact numbers for Out of Hours, NHS24 and Breathing Space which she can contact if required.

I have discharged the patient from Liaison Psychiatry.

Yours sincerely

Dr Shalini Cummings
Consultant Liaison Psychiatrist

CC: Dr Suzuki, Receiving Consultant Physician, ARU3, QEUH.

NHS Confidential: Personal data about a patient

Moffat Lorraine CHI: 0204686547 DoB: 02-Apr-1968

Immediate Discharge Letter

NHS
Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

JANIS LYNCHOvertoun Medical Practice,Rutherglen Health Centre,130 Stonelaw Road, RUTHERGLEN, G73 2PG

Queen Elizabeth Hospital,1345 Govan Road,Glasgow G51 4TF
Main Switchboard: 0141 2011100
Date of Completion: 28-Aug-2019

Dear JANIS LYNCH,

Name	CHI	DoB	Address
Lorraine Moffat	**0204686547**	**02-Apr-1968**	**Flat 44, 3 Greenhill Court, Glasgow, G73 2DH**

Admitted	Type	Discharged	Destination
26-Aug-2019 13:18	IP	27-Aug-2019	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Gastroenterology	Suzuki	QEUH ARU3 Gastroenterology	0141 2011100

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Jennifer Yau (jennifer yau - FY1) on 27 Aug 2019 19:38

Discharge Medication:

Page 1 of 3

NHS Confidential: Personal data about a patient

Moffat Lorraine CHI: 0204686547 DoB: 02-Apr-1968

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Beclometasone 100microg/ Formoterol 6microg/dose dry pdr inh	inhalation	ONE PUFF TO BE INHALED TWICE A DAY				Y	
Folic acid 5mg tablets	oral	ONE TO BE TAKEN EACH DAY				Y	
Salbutamol 100micrograms/ dose inhaler CFC free	inhalation	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY.				Y	

"Added" means this medicine was added to the Clinical Portal [redacted] at after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:

Dear Colleague,

Ms Lorraine Moffat (51y) was admitted to us on the 26/8/19 with a query serotonin syndrome following an [redacted]28 sertraline 100mg tablets, under the influence of alcohol. She described this as 'a moment of madness' and expressed no further suicidal ideation thoughts. On admission she was not hyper-reflexic and did not have clonus. She was reviewed by liason psychiatry and the stressor of alopecia in her life. She is now medically fit, serotonin syndrome has been ruled out [redacted] we are happy to discharge her back into your continuing care. Please follow up with Ms Moffat.

Page 2 of 3

NHS Confidential: Personal data about a patient

Moffat Lorraine CHI: 0204586547 DoB: 02-Apr-1968

	[redacted] Regards Jennifer Yau FY1 QEUH ARU3
Follow Up:	No none
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Jennifer Yau

Prescription Review
Checked by: Jane MacDonald1 (Staff nurse)
Discharged by: Jane MacDonald1 (Staff nurse)

Page 3 of 3

NHS Confidential: Personal data [redacted] patient

Moffat Lorraine CHI: 0204686547

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen [redacted] University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 27/08/2019

Consultant: Dr [redacted]

J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear J [redacted]

Re: **Moffat Lorraine** DOB: **02/04/1968** CHI: **0204686547**
Flat 44
Glasgow G73 2DH

Attended on: **26/08/2019 at 03:52 hrs.** Departed on: **26/08/2019 at 13:18 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
abdo pain/suicidal

Nursing Assessment:
pt took 23 sertraline tablets left suicide note

Investigations in ED:

1. Bone Profile	**2. CK**	**3. Glucose**
4. LFT	**5. Urea and Electrolytes**	**6. Coagulation screen**
7. Full Blood Count	**8. Paracetamol**	**9. Salicylate**

NHS Confidential: Personal data [redacted] patient

Moffat Lorraine CHI: 0204686547

Diagnosis:

Diagnosis	Side	Site
Deliberate self [redacted] by antiepileptic, [redacted] hypnotic, antiparkinsonism and psychotropic drugs		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
[redacted] of Sertraline. Signs of serotonin syndrome. Admitted for observations

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
[redacted]
Doctor

Copies to:
1. J [redacted] (GP)
School Address:

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	90632295913
NHSL No:				

Requesting clinician: Janice [redacted]
Requesting Location: Overtoun Medical Practice
copy to Address:

Clinical History
? low b12 | folate, not fasting

Haematology

Haematology
B12/ Folate

Serum B12		286.0	pg/mL	197.0	-	771.0
Serum Folate	LL	2.70	ng/mL	3.90	-	26.80

24 JUN 2019

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
18/06/19 10H45M	18/06/19 17H44M	21/06/19 06H55M	G [redacted]	

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NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	*Patient Name*	*Date of* [redacted]	*Sex*	*Lab Number*
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	9063267535
NHSL No:				

Requesting clinician Janice [redacted]

Requesting Location Overtoun Medical Practice

copy to Address

Clinical History
Joint pain.

Normal

Haematology

Immunology						
Rheumatoid Factor	<10.0	IU/mL	0.0	-	14.0	

13 JUN 2019

Specimen Collected	*Specimen Receipt*	*Report Printed*	*Authorised*	*page 1/1*
10/06/19 12H24M	10/06/19 17H54M	12/06/19 06H55M	Auto	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw - 01698 366 446

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	9062267535
NHSL No:				

Requesting clinician: Janice [redacted]
Requesting Location: Overtoun Medical Practice
copy to Address:

Clinical History
Joint pain.

NORMAL

Results relate to blood unless otherwise specified

Biochemistry (Routine)					
CRP	<6	mg/L	0	-	6
Urate	243	umol/L	140	-	360
Comment	Please note new urate units from 24/04/19				

13 JUN 2019

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
10/06/19 12H24M	10/06/19 17H54M	12/06/19 06H50M	Auto	

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Wishaw 01698 366 446

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0204686547	MOFFAT Lorraine	02/04/1968	F	9063267535
NHSL No:				

Requesting clinician: Janice [redacted]
Requesting Location: Overtoun Medical Practice
copy to Address:

13 JUN 2019

Clinical History
Joint pain.

Haematology

Haematology Full Blood Count						
Haemoglobin		12.4	g/dL	11.5	-	16.5
Platelets		230	x 10*9/L	140	-	450
WBC		5.6	x 10*9/L	4.0	-	11.0
MCV	HH	106.9	fL	80.0	-	100.0
MCH	H	34.2	pg	27.0	-	32.0
MCHC		32.0	g/dL	32.0	-	36.0
RBC	L	3.63	x 10*12/L	3.90	-	5.60
HCT		0.388	L/L	0.370	-	0.470
RDW		13.8	%	11.0	-	16.0
Neutrophils		3.3	x 10*9/L	2.0	-	7.5
Lymphocytes		1.8	x 10*9/L	1.0	-	4.0
Monocytes		0.3	x 10*9/L	0.2	-	0.8
Eosophils		0.1	x 10*9/L	0.0	-	0.4
Basophils		0.0	x 10*9/L	0.0	-	0.1
Erythrocyte Sedimentation Rate		11	mm/hr	1	-	35

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
10/06/19 12H24M	10/06/19 17H54M	12/06/19 06H55M	C [redacted]	

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NHS Greater Glasgow and Clyde — Diagnostic Imaging Request Form — Hospital: New victoria

* The Ionising Radiation (Medical Exposure) Regulations 2000 IR(ME)R require you to complete all this information accurately.
Shaded Areas are for imaging department use. Incomplete/ illegible forms may be returned. **Please [redacted] overleaf prior to completion.**

CHI: 0204686547 02/04/1968 F
MOFFAT, Lorraine
44,3 Greenhill Co,G73 2DH
239 4360
Dr J Lynch, 3493207
Overtoun Medical Prs, G73 2PQ
07/06/2019 09:31. Practice: 60139

Postcode:

Referring Consultant/GP:

Ward/Clinic/Practice:
Dr J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 ...
RUTHERGLEN G73 2PQ

Phone (day and evening):

Appointments:

Investigation(s) requested:

XRay Knees weightbearing.

Please complete for all outpatients
Is this a New Diagnosis? ☐
Is this a Planned Procedure? ☐
Result required by MDT/Clinic on:
Date:
Tracked patient? YES ☐ NO ☐

Clinical summary (to include indication and purpose of examination/intervention under IR(ME)R 2000*):
What is the clinical question? (Please PRINT boldly in black ink)

Bilateral medial knee pain
6/12
No trauma
OE FROM joints bilaterally

Please indicate any previous surgery or history of malignancy?

[redacted] Justification: YES ☐ NO ☐ Initials:
Date received:
Preparation:
Fast: Full bladder: Laxative:
Oral contrast: No prep:
Urgency: Initials:
Examination protocol

TO BE COMPLETED BY REFERRING CLINICIAN

Safety information required for all patients requiring IV or IA contrast medium CT/MRI/DSA/IVU/ Intervention

For contrast studies a recent eGFR is mandatory. (See note 4 overleaf).
Current eGFR: Date of result:
OR ▸ This patient has no risk factors and can proceed to contrast medium without eGFR.
Initials: ...

Is your patient diabetic?	Yes ☐	No ☐
If so, does your patient take metformin? (see note 5 overleaf)	Yes ☐	No ☐
Has your patient had a contrast medium injection before?	Yes ☐	No ☐
Does your patient have a known contrast medium allergy?	Yes ☐	No ☐
Does your patient have severe or multiple allergies?	Yes ☐	No ☐
Does your patient have asthma?	Yes ☐	No ☐

For interventions a coagulation screen is required in certain scenarios – see overleaf for details.
For any interventions (see note 7 overleaf):
Is your patient on anticoagulants: ... Yes ☐ No ☐ Current INR/coagulation score: ...

Additional information for MRI patients
Please indicate if patient has any of the following:

	Yes	No
A cardiac pacemaker?	☐	☐
Surgery in the last 8 weeks?	☐	☐
Aneurysm clipped/treated?	☐	☐
Metal fragments in eyes?	☐	☐
Previous cranial surgery?	☐	☐
Any metal in the body?	☐	☐
Claustrophobia?	☐	☐

Pregnancy Rule	AT RISK	Transport GP/Out-patients	Transport/In-patients
Observe: ☐ Ignore: ☐	MRSA: ☐ C Diff: ☐ Specify: ...	Walking with assistance (suitable for hospital car) ☐ Uses own wheelchair ☐ Stretcher ☐ Escort required (must have medical need) ☐	Trolley: ☐ Chair: ☐ Oxygen: ☐ Drip: ☐

Referrer's declaration: (NB: This form is a legal document under Ionising Radiation Medical Exposure Regulations 2000)
- **I certify that the correct patient details have been given**
- **I have taken into account the possibility of pregnancy**
- **I have given sufficient information for the request to be justified according to IR(ME)R 2000**
- **I know of no contraindication to performing the examination or intervention I have requested**

Referrer's signature:	Name:	Designation:	Phone/Pager:	Date:
[signature]	Lynch	GP		7/6/19.

MIS 177319 97044

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5429128**	Receive Date:	**16-Jul-2018 16:04**
Patient's Name:	**Lorraine Moffat**		
Date of birth:	**2-Apr-1968 (50 years)**	Gender:	**F**
Address:	**Flat 44** **3 Greenhill Court** **Rutherglen Glasgow** **G73 2DH**	Current Address:	**Flat 44** **3 Greenhill Court** **Rutherglen Glasgow** **G73 2DH**
Return Contact No:			
Tel No:	**07552 561698**		**07552 561698**
Mobile No:			
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	
Received:	**16-Jul-2018 16:04**	Calltype:	**PCEC Within 4 Hrs**
Advised:	**16:11**	Arrived PCC:	**16-Jul-2018 16:34**
Cons start:	**16-Jul-2018 17:58**	Cons End:	**16-Jul-2018 18:07**
Consulting Doctor:	[redacted]	Own doctor:	**J** [redacted]

CHI Number:
0204686547

NHSD details:

Receptionist:
WORSENING BREATHING- TODAY
PCC4 PCEC within 4 Hrs
Clinical summary created by: Rosalind Boyd (Clinical Nurse) () [16/07/2018 16:13:19] Reason for call: WORSENING BREATHING- TODAY 16:07:2018 16:05:12 STRACHANC.. PT SUSPECTS CHEST INFECTION. HAS ASTHMA AND COPD. STRUGGLING TO BREATHE WHEN COUGHING... 16:07:2018 16:13:10 BOYDR.. INHALERS NOT WORKING, DIFFICULTY GETTING A BREATH WHEN COUGHING, PCEC 4 DIRECT NEW VICT.. Outcome: PCEC within 4 Hrs

Consultation details:
History - **50 year old female**
Cough - whitish sputum since Friday
Feeling warm
No coryza but some throat pain

NHS Confidential: Personal data about a patient

Increased work of breathing - using inhalers which help
No chest pain
No calf pain/tenderness
No weight loss/haemoptysis
Hx of COPD/asthma
Smoker
Meds - ECS
NKDA

Examination - **Afebrile HR 60 RR 18 sats 98% not breathless at rest chest slight wheeze throughout no crackles ent nad nil lymph nodes**

Diagnosis - **Exacerbation of airways disease**

Treatment - **Rx as prescribed worsening advice given**

Prescriptions:
Prednisolone 5mg tablets 6 tablets - every MORNING - with or after food - oral 42.00 Amoxicillin 500mg capsules 1 capsule - every 8 hours - oral 15.00

Followups:
No Follow Up

Clinical Codes:
H06z1 Lower resp tract infection

NHS Confidential: Personal data about a patient

Prescription collection service form

Please fill in your details on the form below in BLOCK CAPITALS and give it to a member of your Superdrug pharmacy staff.

Which service would you like to sign up for?

NHS Electronic Prescription Service ☐

Repeat Prescription Service ☑

Patient NHS number (if known) 102 468 6547

Title Mr ☐ Mrs ☐ Miss ☑ Ms ☐ Other ☐ (please state)

First name(s) LORRAINE

Surname MOFFAT.

Address 3 Greenhill Court.

Glasgow. Postcode G73 2DN.

Tel. Date of birth 02/04/68.

Doctor Lynch

GP surgery address Overtoun Medical Centre

Postcode Tel.

I am the:

Patient ☑ Representative ☐

(By signing you confirm that you are authorised to act on behalf of the patient)

Representative's full name and address

DOB

Relationship to patient:

I hereby authorise Superdrug pharmacy to collect, either in person or by means of electronic transfer, my prescriptions from my GP surgery (as nominated above) on my behalf.

I also give consent for Superdrug pharmacy to contact me by telephone in relation to the provision of these services.

☐ (tick box)

I will inform you if I wish to make any changes.

J. Moffat

Date 10/07/18.

We need to take your details to let you know your prescription is ready or if we have any problems with it. We will not pass your information on to anyone.

XON_LFE_514598

*Selected Pharmacy stores only. **Subject to surgery location, please check with the pharmacy [redacted] ***Selected stores in England only

superdrug.com

NHS Confidential: Personal data about a patient

File Status	Not Filed.	**Tasks**	No Tasks.
Assigned User	Unassigned.	**Filed By User**	Not Filed
Patient Matched	Yes.	**BoSS Message Type**	Exclusion

electronic Notification of Bowel Screening Results Service

New Exclusion

CHI Number	0204686547
Name	MOFFAT, LORRAINE
Date Of Birth	02/ 04/ 1968
Registered GP	L3300
Practice Code	L60139

Report Date	01 Jul 2018
Letter ID	410270952775
Exclusion Reason	Non-Responder
Report Comments	No response to bowel cancer screening programme invitation (9Ow2.)
Invitation Date	02 Apr 2018

NHS Confidential: Personal data [redacted] patient

Moffat Lorraine CHI: 0204686547

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
New [redacted] Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 14/05/2018

Consultant: Dr [redacted] Ritchie

[redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Dear J [redacted]

Re: **Moffat Lorraine** DOB: **02/04/1968** CHI: **0204686547**
Flat 44
Glasgow G73 2DH

Attended on: **07/04/2018 at 14:56 hrs.** Departed on: **07/04/2018 at 15:49 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
L Foot, R Hand Inj

Nursing Assessment:

Investigations in ED:
1. XR Hand Rt **2. XR Foot Lt** **3. XR Ankle Lt**

Moffat Lorraine CHI: 0204686547

Diagnosis:

Diagnosis	Side	Site
Contusion of foot		
Contusion of wrist and hand		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Attended after falling , painful left foot and right hand....x-rayed... no # seen to both...Home with advice

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
[redacted]
Nurse

Copies to:
1. J [redacted] (GP)
[redacted] Address:

NHS Confidential: Personal data [redacted] patient

Moffat Lorraine CHI: 0204686547

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

New [redacted] Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Colposcopy
0141 347 8606
[redacted] Gourlay
22/02/2018
RJSH/MG
12/02/2018
12/02/2018

Dear Dr [redacted]

Lorraine Moffat; D.O.B: 02/04/1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Many thanks for asking us to see Lorraine who as you know had a low grade smear most recently. As you know she has had abnormal smears in the past. She is a smoker and menopausal about 4 years ago.

Detailed colposcopic assessment revealed multiple acetowhite changes with features probably more in keeping with virus infection than [redacted] I have taken a biopsy to confirm diagnosis and will be in touch with the results and organise management based on histology accordingly.

Kind regards

Yours sincerely

[redacted] Hawthorn

CONSULTANT

Electronically Signed: Dr [redacted] Hawthorn, Consultant

cc.

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Microbiology, Wishaw - 01698366406

CPA Accredited Medical Laboratory Reference No. 1075

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0204686547	MOFFAT	Lorraine	02/04/1968	Female	170352360

Requesting Clinician: PN. E BOUD
Requesting Location: Overtoun Medical Practice
Copy to Address:

Clinical History: PREV CHLAMYDIA , SMELLY DC , PCB

Specimen: High Vaginal Swab
Anatomical Site:

Microscopy

White Blood Cells Nil

Urogenital Culture

Significant Growth of

Antibiotic/Culture:

1 Streptococcus agalactiae (Group B)
Comment(s) Group B streptococcus is part of the normal faecal [redacted] but is implicated in urinary tract and neonatal infections. It is NOT associated with vaginal discharge.
If patient currently pregnant or within 48 Hrs of delivery please notify relevant obstetrician / neonatologist.

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
12/06/2017 14:12	12/06/2017 17:24	15/06/2017 11:30		[redacted] Gillespie	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Microbiology, Wishaw - 01698366406

CPA Accredited Medical Laboratory Reference No: 8375

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0204686547	MOFFAT	Lorraine	02/04/1968	Female	170321277

Requesting Clinician	Requesting Location:	Copy to Address
PN. E BOUD	Overtoun Medical Practice	

Clinical History
PREV CHLAMYDIA MALODOUR DISCHARGE PCB

Specimen: High Vaginal Swab Anatomical Site:

Chlamydia trachomatis PCR Negative
Neisseria gonorrhoeae PCR Negative

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
12/06/2017 14:12	12/06/2017 17:21	13/06/2017 15:30		LIMS	

NHS [redacted] Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Microbiology, Wishaw - 01698366406

CPA Accredited Medical Laboratory Reference No. 0079

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0204686547	MOFFAT	Lorraine	02/04/1968	Female	170311185

Requesting Clinician: Dr. J [redacted]

Requesting Location: Overtoun Medical Practice

Copy to Address:

Clinical History:

Specimen: Urine

Anatomical Site:

Chlamydia trachomatis PCR **POSITIVE**
Neisseria gonorrhoeae PCR Negative

Comment(s) [redacted] notification forms an essential component of management of Chlamydia infection (SIGN guidleine 42). Advice available for health professionals and/or patients from Health Advisers, Department of Genitourinary Medicine on 0300 3030251. Standard therapy is Azythromycin 1gm stat.

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
05/01/2017 00:00	05/01/2017 19:00	09/01/2017 16:30		[redacted] Cairney	

NHS Confidential: Personal data about a patient

CHI: 0204686547 | 02/04/1968 F
MOFFAT, Lorraine
44,3 Greenhill Co G73 2DH
239 4360
3493207
Dr J Lynch, Overloun Medical Pra, G73 2PQ Practice: 60139
05/01/2017 11:28
[redacted]

Referrer's details: (or attach label)

[redacted] Lynch L33006
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN G73 2PQ
Signature:

NHS Lanarkshire

Unit:
Team:
Treatment Room Site:

Phlebotomy/Specimen Treatment Room Referral

Patient to be seen: ☑ Routine appointment ☐ Same day ☐ Urgent

Bloods

Haematology	Tick	Biochemistry		Tick	Biochemistry	Tick
FBC	☐	U&E		☐	FSH/LH	☐
Ferritin	☐	LFT		☐	Prolactin	☐
B_{12}/Folate	☐	GGT		☐	Oest/Progest	☐
Gld Fever Screen	☐	Urate		☐	Testosterone	☐
ESR	☐	Calcium		☐	Digoxin	☐
Rheum F	☐	PSA		☐	Preg test	☐
[redacted]	☐	CRP		☐	PO_4/Phos	☐
INR	☐	Glucose	Fasting	☐	**Microbiology**	
HBA1C (IFCC)	☐		Non fasting	☐	Urinalysis	☐
IgE	☐	Lipids	Fasting	☐	MSSU	☐
			Non fasting	☐	Stool	☐
		Thyroid	No Therapy	☐	H. Pylori - stool	☐
			On T4	☐		
		On Carbimazole/Amiodarone		☐		

Other Tests: S chlamydia & gonorrhoea PCR

Clinical details: STI Screen

Referrer Signature: [signature] **Date:** 5-1-17.

[redacted] Time	Nursing Notes	Signature/ Designation
6/1/17 11³⁰	Urine x1 sample [illegible] for	[signature]
	tests as above to [illegible]	[signature] RN

LAT594
NMAHP PHLREF.105675.P

OVERTOUN MEDICAL PRACTICE

Tel: 0141 531 6025 (24 HOURS) Tel: 0141 531 6010 (APPTS ONLY)
Fax: 0141 613 3450

Change of Name or Address

Dad W

Name: LORRAINE MOFFAT **Date of Birth:** 02-04-1968

New Name: .....

Address: 72 NEILWAY CRES. FERNHILL

New Address: 3 GREENHILL COURT FLAT 44 · RUTHERGLEN

Postcode: G73 4FH

New Postcode: G73 2DH

Mobile No: 07729137354

Telephone No: 07729137354
0141-239-4360

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

CHI: 0204686547 02/04/1968 F
MOFFAT Lorraine
,72 Neilvaig Cr,G73 4FH
Dr J Lyno[redacted]
Overtoun [redacted] Pra, G73 2PQ 3493207
07/06/2016 15:26 Practice: 60139

Referrer's details (or attach label):
Dr [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN G73 2PQ
Signature:

NHS Lanarkshire

Phlebotomy/Specimen Treatment Room Referral

Locality .... Team .... Treatment Room Site ....

Patient to be seen: ☑ Routine appointment ☐ Same day ☐ Urgent

Bloods:

Haematology	Tick	Biochemistry	Tick	Biochemistry	Tick
FBC	☑	U&E	☑	FSH/LH	☐
Ferritin	☐	LFT	☑	Prolactin	☐
B12/Folate	☐	GGT	☑	Oest/Progest	☐
Gld Fever Screen	☐	Urate	☐	Testosterone	☐
ESR	☐	Calcium	☐	Digoxin	☐
Rheum F	[redacted]	[redacted]	☐	Preg test	☐
[redacted]	☐	CRP	☑	PO4/Phos	☐
INR	☐	Glucose Fasting	☐	**Microbiology**	**Tick**
HBAIC (IFCC)	☐	Non Fasting	☑	Urinalysis	☐
IgE	☐	Lipids Fasting	☐	MSSU	☐
		Non Fasting	☐	Stool	☐
		Thyroid No Therapy	☑	H. Pylori - Stool	☐
		On T4	☐		
		On Carbimazole/Amiodarone	☐		

Other Tests:

Clinical details: weight loss.

Referrer signature: [signature] **Date:** 7. 6. 16.

Nursing Notes * Print & Sign on first entry

Date/Time		Signature/Designation
8/6/16	BLOODS AS ABOVE OBTAINED 1GREEN	E MCKEZUNIE
1140	1PURPLE 1GREY TO LABS RM.	HCA

NMAHP.PHLBRF.105675.P

NHS Confidential: Personal data about a patient

Lab Report ID : 163576970 **Coding Status** : Coded
Filed By User : **File Status** : Not Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (4438) Lorraine Moffat DOB : 02/04/1968 CHI : 0204686547 SEX : F
ADR : 72 Neilvaig Cres RUTHERGLEN GLASGOW

** ABNORMAL **

Report Text :
-WT LOSSTFT no therapy.

SPECIMEN : Whole blood;

	Abn	Value	Units	Range	Status
R Full blood count - FBC	**Y**				
Haemoglobin estimation		12.6	g/dL	(11.5-16.5 U)	NK
Mean corpuscular volume (MCV)	**HI**	100.8	fL	(80.0-100.0 U)	NK
Total white blood count		4.5	x10^9/L	(4.0-11.0 U)	NK
Platelet count		207	x10^9/L	(140-450 U)	NK
Neutrophil count		2.3	x10^9/L	(2.0-7.5 U)	NK
Lymphocyte count		1.8	x10^9/L	(1.0-4.0 U)	NK
Red blood cell (RBC) count	**LO**	3.62	x10^12/L	(3.90-5.60 U)	NK
Haematocrit	**LO**	0.365	L/L	(0.370-0.470 U)	NK
Monocyte count		0.3	x10^9/L	(0.2-0.8 U)	NK
Mean corpusc. haemoglobin(MCH)	**HI**	34.8	pg	(27.0-32.0 U)	NK
Eosinophil count		0.1	x10^9/L	(0.0-0.4 U)	NK
Mean corpusc. Hb. conc. (MCHC)		34.5	g/dL	(32.0-36.0 U)	NK
Basophil count		0	x10^9/L	(0.0-0.1 U)	NK
Red blood cell distribution width		13.1	%	(11.0-16.0 U)	NK
Nucleated red blood cell count		0.01	x10^9/L		NK

Sample Collected Date : 08/06/2016 11:39:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 08/06/2016 17:39:00
Received Date : 09/06/2016 07:35:08
Requestor : [redacted] JANIS
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Lab Report ID : 163576970 **Coding Status** : Coded
Filed By User : **File Status** : Not Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (4438) Lorraine Moffat DOB : 02/04/1968 CHI : 0204686547 SEX : F
ADR : 72 Neilvaig Cres RUTHERGLEN GLASGOW

Report Text :

-WT LOSSTFT no therapy.

SPECIMEN : Plasma;

	Abn	Value	Units	Range	Status
R Plasma fasting glucose level					
- Reference Range quoted for Glucose is based on a non-fasting sample.					
Plasma glucose level		4.5	mmol/L	(3.0-8.0 U)	NK
Fasting Status		No			NK

Sample Collected Date : 08/06/2016 11:39:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 08/06/2016 17:39:00
Received Date : 09/06/2016 11:35:07
Requestor : [redacted] JANIS
Requestor GMC Code :

SPECIMEN : Serum;

	Abn	Value	Units	Range	Status
R Serum gamma-glutamyl transferase level					
Serum gamma-glutamyl transferase level		15	U/L	(0-55 U)	NK
R Liver function test					
Serum albumin		45	g/L	(35-50 U)	NK
Serum alkaline phosphatase		59	U/L	(30-150 U)	NK
serum alanine aminotransferase level		11	U/L	(5-55 U)	NK
Serum bilirubin level		5	umol/L	(0-21 U)	NK
R Urea and electrolytes					
Serum bicarbonate		23	mmol/L	(22-29 U)	NK
Serum chloride		102	mmol/L	(95-108 U)	NK
Serum sodium		140	mmol/L	(133-146 U)	NK
Serum potassium		4.1	mmol/L	(3.5-5.3 U)	NK
Serum creatinine		70	umol/L	(60-100 U)	NK
Estimated EGFR		>59			NK
Serum urea level		4.2	mmol/L	(2.5-7.8 U)	NK
R Plasma C reactive protein					
Plasma C reactive protein		<6			NK
R Thyroid hormone tests					
Free T4 level		14.9	pmol/L	(9.0-21.0 U)	NK
Serum TSH level		1.70	mU/L	(0.20-5.00 U)	NK

Sample Collected Date : 08/06/2016 11:39:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 08/06/2016 17:39:00
Received Date : 09/06/2016 11:35:07
Requestor : [redacted] JANIS
Requestor GMC Code :

NHS Confidential: Personal data about a patient

CHI: 0204686547 02/04/1968
MOFFAT Lorraine A ☐F
72 Nellvale Cr, G73 4FH
Dr J Lynch, 34931
Overtoun Medical Pra, G73 2PQ
14/03/2016 16:56, Practice

Referrer's details (or attach label):
Dr J Lynch L33006
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN G73 2PQ
Signature:

NHS Lanarkshire

Phlebotomy/Specimen Treatment Room Referral

Locality .... Team .... Treatment Room Site ....

Patient to be seen: ☑ Routine appointment ☐ Same day ☐ Urgent

Bloods:

Haematology	Tick	Biochemistry		Tick	Biochemistry	Tick
FBC	☑	U&E		☐	FSH/LH	☐
Ferritin	☐	LFT		☑	Prolactin	☐
B12/Folate	☐	GGT		☑	Oest/Progest	☐
Gld Fever Screen	☐	Urate		☐	Testosterone	☐
ESR	☐	[redacted]		☐	Digoxin	☐
Rheum F	☑	PSA		☐	Preg test	☐
ANA	☐	CRP		☑	PO4/Phos	☐
INR	☐	Glucose	Fasting	☐	**Microbiology**	**Tick**
HBAIC (IFCC)	☐		Non Fasting	☐	Urinalysis	☐
IgE	☐	Lipids	Fasting	☐	MSSU	☐
			Non Fasting	☐	Stool	☐
		Thyroid	No Therapy	☐	H. Pylori - Stool	☑
			On T4	☐		
		On Carbimazole/Amiodarone		☐		

Other Tests:

Clinical details: Epigastric pain.

Referrer signature: [signature] **Date:** 14-3-16

Nursing Notes * Print & Sign on first entry

Date/Time		Signature/Designation
15/3/16 pm	Stool sample to lab -	McCormack RN
17/3/6	Bloods to lab	[signature]

NMAHP.PHLRRF.103673.P

Phlebotomy/Specimen Treatment Room Referral | Long Term Conditions Service | NHSL | Page 1 of 2 Pub. date: Jan 15 | Review date: Jan 18 | Issue No: 02

NHS Confidential: Personal data about a patient

Lab Report ID : 160093994 **Coding Status** : Coded
Filed By User : **File Status** : Not Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (4438) Lorraine Moffat DOB : 02/04/1968 CHI : 0204686547 SEX : F
ADR : 72 Neilvaig Cres RUTHERGLEN GLASGOW

Report Text :
-EPIGASTRIC PAIN

SPECIMEN : Faeces;

	Abn	Value	Units	Range	Status
R Helicobacter pylori antigen test					
- Result indicates current active Helicobacter pylori infection.					
Helicobacter pylori antigen test		POSITIVE			NK

Sample Collected Date : 15/03/2016
Collection Start Date :
Collection End Date :
Received by Lab Date : 16/03/2016 13:09:00
Received Date : 18/03/2016 15:35:15
Requestor : [redacted] Janis
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Lab Report ID : 163338538 **Coding Status** : Coded
Filed By User : **File Status** : Not Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (4438) Lorraine Moffat DOB : 02/04/1968 CHI : 0204686547 SEX : F
ADR : 72 Neilvaig Cres RUTHERGLEN GLASGOW

** ABNORMAL **

Report Text :
-EPIGASTRIC PAIN/JOINT PAIN

SPECIMEN : Whole blood;

	Abn	Value	Units	Range	Status
R Full blood count - FBC	**Y**				
Haemoglobin estimation		13.1	g/dL	(11.5-16.5 U)	NK
Mean corpuscular volume (MCV)	**HI**	102.1	fL	(80.0-100.0 U)	NK
Platelet count		246	x10^9/L	(140-450 U)	NK
Total white blood count		9.0	x10^9/L	(4.0-11.0 U)	NK
Neutrophil count		5.7	x10^9/L	(2.0-7.5 U)	NK
Lymphocyte count		2.6	x10^9/L	(1.0-4.0 U)	NK
Monocyte count		0.6	x10^9/L	(0.2-0.8 U)	NK
Red blood cell (RBC) count	**LO**	3.84	x10^12/L	(3.90-5.60 U)	NK
Haematocrit		0.392	L/L	(0.370-0.470 U)	NK
Mean corpusc. haemoglobin(MCH)	**HI**	34.1	pg	(27.0-32.0 U)	NK
Eosinophil count		0.1	x10^9/L	(0.0-0.4 U)	NK
Mean corpusc. Hb. conc. (MCHC)		33.4	g/dL	(32.0-36.0 U)	NK
Basophil count		0	x10^9/L	(0.0-0.1 U)	NK
Red blood cell distribution width		13.2	%	(11.0-16.0 U)	NK

Sample Collected Date : **17/03/2016 08:39:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **17/03/2016 12:54:00**
Received Date : **18/03/2016 07:37:56**
Requestor : [redacted] **Janis**
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Lab Report ID : 163338538 **Coding Status** : Coded
Filed By User : **File Status** : Not Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (4438) Lorraine Moffat DOB : 02/04/1968 CHI : 0204686547 SEX : F
ADR : 72 Neilvaig Cres RUTHERGLEN GLASGOW

Report Text :
-EPIGASTRIC PAINJOINT PAIN

SPECIMEN : Serum;

	Abn	Value	Units	Range	Status
R Rheumatoid factor					
Rheumatoid factor		<10.0			NK

Sample Collected Date : 17/03/2016 08:39:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 17/03/2016 12:54:00
Received Date : 18/03/2016 07:37:55
Requestor : [redacted] Janis
Requestor GMC Code :

NHS Confidential: Personal data about a patient

OVERTOUN MEDICAL PRACTICE

Tel: 0141 531 6025 (24 Hours) Tel: 0141 531 6010 (Appts Only)
Fax: 0141 531 6018

DR D M REID MB ChB, DFM
DR J LYNCH MB ChB, DRCOG, MRCGP
DR L HENDERSON MB ChB, DRCOG, DFFP, MRCGP
Practice Nurse: [redacted] E Boud RGN, BSc, RMN

Rutherglen Primary Care Centre
130 Stonelaw Road
Rutherglen
Glasgow G73 2PQ

/NB

Date as Postmark

Private & Confidential
Miss Lorraine Moffat
72 Neilvaig Cres
RUTHERGLEN
GLASGOW
G73 4FH

Dear Miss Moffat

Missed Appointment

It has been highlighted that you appear to have not recently attended an appointment with the Practice on 20/03/2016 . We understand that mistakes happen, so please aim for this not to occur again, as it does stop us offering that appointment to another patient.

If you cannot attend, then please always try to cancel the appointment.

I hope you will now pre-cancel any appointments that you cannot attend.

Thank you for your anticipated help.

[redacted] Bonner
Practice Manager

NHS Confidential: Personal data about a patient

CHI: 0204686547 02/04/1968 F
MOFFAT Lorraine
72 Nellvaig Cr,G73 4PH

Dr J Lynch, 3493207
Overtoun Medical Pre, G73 2PQ
08/01/2015 16:59 Practice

Referrer's details (or attach label):
DR JANIS LYNCH MBChB MRCGP
Overtoun Medical Practice
1-10 Stonelaw Road
Rutherglen, G73 2PQ
Tel: 0141 531 6020 Fax: 0141 531 6066
Signature:

NHS Lanarkshire

Phlebotomy/Specimen Treatment Room Referral

Locality ..... Team ..... Treatment Room Site .....

Patient to be seen: ☑ Routine appointment ☐ Same day ☐ Urgent

Bloods:

Haematology	Tick	Biochemistry	Tick	Biochemistry	Tick
FBC	☑	U&E	☐	FSH/LH	☐
Ferritin	☐	LFT	☑	Prolactin	☐
B12/Folate	☐	GGT	☑	Oest/Progest	☐
Gld Fever Screen	☐	Urate	☐	Testosterone	☐
ESR	☐	Calcium	☐	Digoxin	☐
Rheum F	☐	PSA	☐	Preg test	☐
ANA	☐	CPR	☐	PO4/Phos	☐
INR	☐	Glucose Fasting	☐	**Microbiology**	**Tick**
HBAIC (IFCC)	☐	Non Fasting	☐	Urinalysis	☐
IgE	☐	Lipids Fasting	☐	MSSU	☐
		Non Fasting	☐	Stool	☐
		Thyroid No Therapy	☐	H. Pylori - Stool/Blood *	☐
		On T4	☐	* Delete as appropriate	
		On Carbimazole/Amiodarone	☐		

Other Tests: Amylase

Clinical details: Abdominal Pain.

Referrer signature: [signature] **Date:** 8-1-15

Nursing Notes Print & Sign on first entry

Date/Time		Signature/Designation
8/1/15	Venepuncture left arm, nerves	[illegible]
14:45	Bloods to labs as above	[illegible]
	x 2 labs x 1 Purple	RN

NHSAMP.PHLEBRF.100675.P LAT594

Phlebotomy/Specimen Treatment Room Referral | Long Term Conditions Service | NHSL | Page 1 of 2 Pub. date: May 14 | Review date: May 17 | Issue No: 01

NHS Confidential: Personal data about a patient

CHI: 0204686547 02/04/1986 F
MOFFAT Lorraine
72 Nellfvaig Cr,G73 4FH
[redacted]
Dr J Lynch, 3493207
Overtoun Medical Pra, G73 2PG
29/12/2014 14:51 Practice: 45

Referrer's details (or attach label):
DR JANIS LYNCH MBChB
Overtoun Medical Practice
130 Stonelaw Road
Rutherglen G73 2PG
Tel: 0141 531 8020 Fax: 0141 531 8066
Signature:

NHS Lanarkshire

Phlebotomy/Specimen Treatment Room Referral

Locality ..... Team ..... Treatment Room Site .....

Patient to be seen: ☐ Routine appointment ☑ Same day ☐ Urgent

Bloods:

Haematology	Tick	Biochemistry	Tick	Biochemistry	Tick
FBC	☐	U&E	☐	FSH/LH	☐
Ferritin	☐	LFT	☐	Prolactin	☐
B12/Folate	☐	GGT	☐	Oest/Progest	☐
Gld Fever Screen	☐	Urate	☐	Testosterone	☐
ESR	☐	Calcium	☐	Digoxin	☐
Rheum F	☐	PSA	☐	Preg test	☐
[redacted]	☐	CPR	☐	PO4/Phos	☐
INR	☐	Glucose Fasting	☐	**Microbiology**	**Tick**
HBAIC (IFCC)	☐	Non Fasting	☐	Urinalysis	☐
IgE	☐	Lipids Fasting	☐	MSSU	☐
		Non Fasting	☐	Stool	☐
		Thyroid No Therapy	☐	H. Pylori - Stool/Blood *	☐
		On T4	☐	* Delete as appropriate	
		On Carbimazole/Amiodarone	☐		

Other Tests:

Clinical details: for Tennis elbow. double Xbigrip ® elbow.

Referrer signature: **Date:** 29.12.14.

Nursing Notes * Print & Sign on first entry

Date/Time		Signature/Designation

NMAHPPHLRRF.103625.P LA1594

Phlebotomy/Specimen Treatment Room Referral | Long Term Conditions Service | NHSL | Page 1 of 2 Pub. date: May 14 | Review date: May 17 | Issue No: 01

NHS Confidential: Personal data about a patient

CHI no.
Surname MOFFAT DOB 02.04.68
First name LORRAINE Sex: ☐M ☑F
Address
or attach addressograph label here

Referrer's details (or attach label):
Signature:

NHS
Lanarkshire

Nursing Notes * Print & Sign on first entry

Date/Time		Signature/Designation
29/12/14. 15°°	Patient didnt want to wait	
	to be fitted for DTG.	
	Size D piece given. Patient	RN.
	will do it herself. Advice given.	MCollant

Phlebotomy/Specimen Treatment Room Referral | Long Term Conditions Service | NHSL | Page 2 of 2 Pub. date: May 14 | Review date: May 17 | Issue No: 01

Moffat Lorraine CHI: 0204686547

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Dr. J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road rutherglen
Glasgow
G73 2PQ

Glasgow Royal Infirmary
[redacted] Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000

Department: Rheumatology
Tel: 0141 211 4965
Enquiries to:

Letter Date: 01/04/2014
Reference: SS/PM
Dictated Date: 10/03/2010
Transcribed Date: 26/03/2014

Dear Dr [redacted]

Name:	**Moffat Lorraine**
CHI:	**0204686547**
DOB:	**02/04/1968**
Address:	**72 Neilvaig Crescent**
	Rutherglen
	Glasgow
	G73 4FH

I have this lady's blood results available. Her full biochemical profile including thyroid function tests, creatinine kinase, c-reactive protein and bone profile were normal. Her full blood count was normal. Her ESR was 13. She was rheumatoid factor negative, her compliment levels were normal and her anti nuclear antibody remains positive at 1 in 2560 with a staining pattern consistent with anti Ro antibodies as previously identified.

As mentioned in my letter although I think this lady is likely to have sjögren's syndrome as her underlying rheumatological diagnosis, at present to specific treatment is required. I would however be happy to see her again in the rheumatology clinic at your request if you feel she is developing any new problems that may be related to this underlying diagnosis.

In the meantime she awaits review by physiotherapy.

Yours sincerely

Dr [redacted]

Consultant Rheumatologist

Electronically Signed: Dr [redacted] Consultant

cc.

NHS Confidential: Personal data about a patient

Moffat Lorraine CHI: 0204686547

Letter to Patient:

NHS
Greater Glasgow and Clyde

Lorraine Moffat
72 Neilvaig Crescent
Rutherglen
Glasgow
G73 4FH

Glasgow Royal Infirmary
[redacted] Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000

Department: Rheumatology
Tel: 0141 232 1029
Enquiries to: Dr [redacted]

Letter Date: 17/03/2014
Reference: SS/AI
Dictated Date: 14/03/2014
Transcribed Date: 14/03/2014

Dear Ms Moffat ,

Further to your Rheumatology clinic appointment I have the results of your investigations available. I did a number of blood tests on the day. Your kidney function, liver function, thyroid function and bone chemistry tests were all normal. Your blood count is normal. A blood test known as creatinine kinase which checks for inflamed muscles was also normal. Blood tests looking simply for inflammation known as CRP and ESR were also normal.

In terms of specific blood tests looking for auto-immune disorders, as before, your anti-nuclear antibody continues to be positive and you have an antibody in your blood known as anti-Ro antibody which was present previously. Blood tests for rheumatoid arthritis were negative.

As I mentioned in the clinic the antibody tests that are positive in your case are commonly seen in the condition known as Sjögren's syndrome. I do not think, however, that the type of joint pains that you were describing in the clinic fitted with the arthritis that people with Sjögren's syndrome normally have. I, therefore, do not think that any specific treatment for Sjögren's syndrome is required. I have sent the results of your tests to your GP in addition to yourself and they know that should your joint symptoms change in any way they can refer you back up to the clinic.

Created on 17/03/2014 10:04 by [redacted] Irvine Page 1 of 2

I have also made a referral to my Physiotherapy colleagues and they will contact you with and appointment in due course.

No further follow-up appointment with myself is required at this point.

Kind regards

Yours sincerely

[redacted]

Consultant Rheumatologist

Electronically Signed: Dr [redacted] Consultant

cc. Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road ruthergien
Glasgow
G73 2PQ

Moffat Lorraine CHI: 0204686547

Clinic Letter

NHS
Greater Glasgow and Clyde

Dr. J [redacted]
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road rutherglen
Glasgow
G73 2PQ

Glasgow Royal Infirmary
[redacted] Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Email Inquiries to:
Contact Tel Details:

Dictated Date: 27/02/2014
By: [redacted]
Transcribed Date: 03/03/2014
By: [redacted]

Dear Dr. J [redacted]

Patient

Name:	Moffat Lorraine
CHI:	0204686547
DOB:	02 Apr 1968
Address:	72 Neilvaig Crescent Glasgow G73 4FH

Attendance

Attended:	27/02/2014 13:40
New/Return:	G N RHEUMATOLOGY
Referral Source:	General Practitioner
Consultant:	Dr [redacted] McCarey
Specialty:	Rheumatology
Clinic:	GRDMRH8-DR MCCAREY THURSDAY PM

Clinical Comments:

Thank you for referring this patient to the Rheumatology Clinic where she was seen today. Problems are as follows:

1. Right arm pain: She has had aches and pains on and off over the years, predominantly affecting her knees but, in the last year or so, she has developed pain in her right arm. This localises to the forearm muscles, the epicondyles of both elbows and her right shoulder. Occasionally, she has symptoms of pins and needles in the tips of her fingers but in no other areas. This is not in a median nerve distribution. There has been no joint swelling, early morning stiffness is not a major feature. Her symptoms generally are improved by movement and there is some inactivity gelling.

On examination, there was no evidence of joint swelling or deformity. All joints exhibited a good range of movement but, on examination specifically of the right arm, she had medial and lateral epicondylitis, +ve on provocation testing. She also had a painful arc affecting her right shoulder. The left arm was less affected.

She described her daily work to me. She [redacted] a newsagents and is lifting from below herself to above head height on a regular basis. She has been in this particular line of work on and off for 20 years. I have explained to her that she has clinical evidence of medial and lateral epicondylitis at the elbow as well as supraspinatus tendonitis at the shoulder. I am asking my physio colleagues to see her with respect to this. I think some targeted injections with the provision of an epicondylar clasp and also some advice regarding joint protection might be helpful.

There is no evidence to suggest that she has an inflammatory arthritis.

2. Probable Sjögren's syndrome: She has an interesting history of vitiligo and alopecia. She developed alopecia 5 years ago and this diagnosis was made in the SGH. She also has photosensitivity although this has become less prominent in recent times. She has an excessively dry mouth but does not have dry eyes. Her [redacted] is 1:160 and she was Ro +ve. On going through her musculoskeletal complaints, they do not sound typical of those associated with connective tissue diseases. Undoubedtly though, I think she does have anti-Ro Abs and dry mouth and it is likely that she also has Sjögren's syndrome as well as vitiligo. She does not meet the diagnostic criteria for lupus. I am repeating her immunology as listed below but assuming it has the same pattern, I do not think any specific treatment is indicated.

We should, of course, be vigilant in a patient who has a number of other auto-immune conditions for any emerging auto-immune major organ manifestations but I think that, overall, her risk of this is low.

I will inform you of the results of her immunology and repeat bloods when I have them available. Otherwise, she does not require any routine monitoring in the Rheumatology Clinic. Clearly, should any new symptoms appear, I would be happy to see her again at your request. From the point of view of her mechanical symptoms in her right arm, I hope that the input from our physio will be helpful.

Yours sincerely

[redacted]

Consultant Rheumatologist

Requested Outpatient Investigations:
FBC, ESR, biochemistry, CRP, [redacted] complement, rheumatoid factor, CK

Medication Note: Budesonide inhaler, Terbutaline inhaler, Tiotropium inhaler, Co-codamol

Follow-up arranged: Referred to physio but no routine rheumatology follow up

Electronically Signed: Dr [redacted] Consultant

cc. Dr Mhairi [redacted] Rheumatology Day Ward, Ground Floor, Centre Block, GRI

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Immunology, Monklands - 01236712101

CPA Accredited Medical Laboratory Reference No. 1406

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0204686547	MOFFAT	Lorraine	02/04/1968	Female	134099244

Requesting Clinician: Dr. J [redacted]

Requesting Location: Overtoun Medical Practice 49111

Copy to Address:

Clinical History: JOINT PAIN

Results relate to blood unless otherwise stated

[redacted]	Positive
Titre	1/160 Speckled
ENA Screen	Positive
Sm	Negative
RNP	Negative
Ro	Positive
La	Negative
Scl-70	Negative
Jo-1	Negative

[redacted] conclusion Associated with SLE and Sjorgen's syndrome. ? Clinical features.

Rheumatoid Factor 11.4 Eu/mL (0.0-20.0)

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
05/11/2013 00:00	06/11/2013 11:05	06/11/2013 17:30	09/12/2013 14:00	Shona [redacted]	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Immunology, Monklands - 01236712101

CPA Accredited Medical Laboratory Reference No: 1400

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0204686547	MOFFAT	Lorraine	02/04/1968	Female	134099244

Requesting Clinician: Dr. J [redacted]

Requesting Location: Overtoun Medical Practice 49111

Copy to Address:

Clinical History: JOINT PAIN

Results relate to blood unless otherwise stated

Rheumatoid Factor	11.4	Eu/mL	(0.0-20.0)

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
05/11/2013 00:00	06/11/2013 11:05	06/11/2013 17:30		LIMS	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Monklands - 01236712113

CPA Accredited Medical Laboratory Reference No: 1360

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0204686547	MOFFAT	Lorraine	02/04/1968	Female	134099244

Requesting Clinician: Dr. J [redacted]

Requesting Location: Overtoun Medical Practice 49111

Copy to Address:

Clinical History: JOINT PAIN

Results relate to blood unless otherwise stated

CRP	<6	mg/L	(0-6)
Urate	0.26	mmol/L	(0.14-0.36)

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
05/11/2013 00:00	06/11/2013 11:05	06/11/2013 17:30		LIMS	

NHS Confidential: Personal data about a patient

TREATMENT ROOM FORM – RUTHERGLEN PRIMARY CARE CENTRE
DRS [redacted] AND [redacted]

****

CHI: 0204688547 02/04/1968 F
MOFFAT Lorraine
72 Neilvaig Cr,G73 4FH

Dr J Lynch, 3493207
Overtoun Medical Pra, G73 2PQ
04/11/2013 11:56 Practice: A0111

Date	Investigation	Treatment	Nurse Initials	GP Signature
4.11.13.	Joint Pain.	CRP. Rheumatoid ANF. Urate		

05/11/13 obtained by MS

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Monklands - 01236712113

CPA Accredited Medical Laboratory Reference No. 1399

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0204686547	MOFFAT	Lorraine	02/04/1968	Female	133996270

Requesting Clinician: Dr. J [redacted]

Requesting Location: Overtoun Medical Practice 49111

Copy to Address:

Clinical History: MUSCLE PAIN ALL OVER & WEAKNESS & JOINT PAIN TFT no therapy.

Results relate to blood unless otherwise stated

Sodium	141	mmol/L	(133-146)	LDL Chol.(Calc)	2.3	mmol/L	(0.0-3.0)
Potassium	4.0	mmol/L	(3.5-5.3)	Chol./HDL Ratio	2.3		(0.0-5.0)
Chloride	103	mmol/L	(95-108)	CRP	<6	mg/L	(0-6)
Bicarbonate	22	mmol/L	(22-29)				
Urea	4.0	mmol/L	(2.5-7.8)				
Creatinine	64	umol/L	(60-100)				
EGFR	>59	ml/min/1.73m^2	(>59)				
ALT	15	U/L	(5-55)				
ALP	59	U/L	(30-130)				
Bilirubin Total	6	umol/L	(0-21)				
Albumin	45	g/L	(35-50)				
Fasting	No						
Glucose	5.0	mmol/L	(3.0-8.0)				
Cholesterol	4.4	mmol/L	(0.0-5.0)				
Triglyceride	0.49	mmol/L	(0.00-2.30)				
HDL Cholesterol	1.90 H	mmol/L	(0.90-1.80)				

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 3
25/10/2013 10:25	25/10/2013 15:47	26/10/2013 07:30		LIMS	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Monklands - 01236712113

CPA Accredited Medical Laboratory Reference No: 1399

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0204686547	MOFFAT	Lorraine	02/04/1968	Female	133996270

Requesting Clinician: Dr. J LYNCH

Requesting Location: Overtoun Medical Practice 49111

Copy to Address:

Clinical History: MUSCLE PAIN ALL OVER & WEAKNESS & JOINT PAIN TFT no therapy.

Results relate to blood unless otherwise stated

Free T4	15.2	pmol/L	(9.0-21.0)
TSH	1.52	mU/L	(0.20-5.00)

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 3 of 3
25/10/2013 10:25	25/10/2013 15:47	26/10/2013 07:30		LIMS	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Monklands -

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0204686547	MOFFAT	Lorraine	02/04/1968	Female	133996270

Requesting Clinician	Requesting Location:	Copy to Address
Dr. J LYNCH	Overtoun Medical Practice 49111	

Clinical History
MUSCLE PAIN ALL OVER & WEAKNESS & JOINT PAIN TFT no therapy.

Results relate to blood unless otherwise stated

Laboratory Comment:
GLU: Reference Range quoted for Glucose is based on a non-fasting sample.

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 2 of 3
25/10/2013 10:25	25/10/2013 15:47	26/10/2013 07:30		LIMS	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Haematology, Monklands - 01236712104

CPA Accredited Medical Laboratory Reference No: 1400

Patient ID Number	Surname	Forename	[redacted] of Birth	Sex	Lab Number
0204686547	MOFFAT	Lorraine	02/04/1968	Female	133996270

Requesting Clinician: Dr. J LYNCH

Requesting Location: Overtoun Medical Practice 49111

Copy to Address:

Clinical History: MUSCLE PAIN ALL OVER & WEAKNESS & JOINT PAIN TFT no therapy.

Results relate to blood unless otherwise stated

Hb	12.6	g/dL	(11.5-16.5)	WBC	6.6	$x10^9$/L	(4.0-11.0)
PLT	219	$x10^9$/L	(140-450)				
MCV	97.6	fL	(80.0-100.0)	Neutrophils	4.3	$x10^9$/L	(2.0-7.5)
RBC	**3.80 L**	$x10^{12}$/L	(3.90-5.60)	Lymphocytes	1.8	$x10^9$/L	(1.0-4.0)
HCT	0.371	L/L	(0.370-0.470)	Monocytes	0.3	$x10^9$/L	(0.2-0.8)
MCH	**33.2 H**	pg	(27.0-32.0)	Eosinophils	0.1	$x10^9$/L	(0.0-0.4)
MCHC	34.0	g/dL	(32.0-36.0)	Basophils	0.0	$x10^9$/L	(0.0-0.1)
RDW	14.0	%	(11.0-16.0)				
ESR	8	mm/hr	(1-30)				

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 2
25/10/2013 10:25	25/10/2013 15:47	26/10/2013 07:30		LIMS	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Haematology, Monklands - 01236712104

CPA Accredited Medical Laboratory Reference No: 1400

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0204686547	MOFFAT	Lorraine	02/04/1968	Female	133996270

Requesting Clinician: Dr. J [redacted]

Requesting Location: Overtoun Medical Practice 49111

Copy to Address:

Clinical History: MUSCLE PAIN ALL OVER & WEAKNESS & JOINT PAIN TFT no therapy.

Results relate to blood unless otherwise stated

Serum B12	317.4	pg/mL	(190.0-900.0)
Serum Folate	4.97	ng/mL	(4.60-18.70)

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 2 of 2
25/10/2013 10:25	25/10/2013 15:47	26/10/2013 07:30		LIMS	

NHS Confidential: Personal data about a patient

OVERTOUN MEDICAL PRACTICE

Influenza Vaccine and pneumovax Screening checklist of risk factors
Questions

Have you ever had a severe reaction to eggs? Yes/~~No~~
E.g. collapse, anaphylactic shock (if yes please detail)

Any problems with previous influenza vaccine? Yes/~~No~~

Are you feeling well enough to day to receive this vaccine? Yes/No

Any severe local reaction or general reaction to Immunisation? (If yes, please detail) ~~Yes~~?No

---

Pati

02/04/1968 F
CHI: 0204686547
MOFFAT Lorraine
72 Meilvaig Cr.G73 4FR
73001525
Nrs E Boud.
Overtoun Medical Pra. G73 2PQ
25/10/2013 10:30. Practice: 49111

Name ______________ Date of Birth ______________

I have received and understand the advice given to me and consent to the administration of either of the Vaccines **Influenza or Pneumovax. or H1N1**

Signature ______________ Date 25-10-13

N.B Influenza Vaccination is contra-indicated in pregnancy.
Influenza Vaccine contains inactivated virus and cannot cause Influenza

FOR OFFICE USE ONLY

INFLUENZA **PNEUMOVAX** **AT RISK GROUP**

Fluarix*
AFLUA889AF

Smoking History
*never *ex smoker *Current *** Advice given re smoking**

BP

****Ethnic Origin****

NHS Confidential: Personal data about a patient

OVERTOUN MEDICAL PRACTICE

Influenza Vaccine and pneumovax Screening checklist of risk factors
Questions

Have you ever had a severe reaction to eggs? Yes (No)
E.g. collapse, anaphylactic shock (if yes please detail)

Any problems with previous influenza vaccine? and Yes (No)
Are you feeling well enough to day to receive this vaccine?

Any severe local reaction or general reaction to Yes (No)
Immunisation? (If yes, please detail)

Patient Consent

Name Lorraine Moffat Date of Birth 2/4/65.

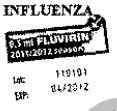
I have received and understand the advice given to me and consent to the administration of the Influenza Vaccine and pneumovax.

Signature L Moffat Date 24/10/11

N.B Influenza Vaccination is contra-indicated in pregnancy.
Influenza Vaccine contains inactivated virus and cannot cause Influenza

FOR OFFICE USE ONLY

INFLUENZA **PNEUMOVAX** **UNDER 65 AT RISK**



Smoking History

never** ***ex smoker** ***Current** ** **Advice given re smoking**

BP

Direct Access Spirometry Report

OUTREACH SPIROMETRY SERVICE
Stobhill Hospital

Pre vs. Post Report

Patient Information

Name: Moffat, Lorraine	ID: 0204586547	Birthdate: 02/04/1968
Height at test (cm): 156.0	Sex: Female	Smoking history (pk-yrs):
Weight at test (kg): 58.0	Age at test: 43	Predicted set: ECCS 1983/93, Polgar(Peds)1971

Comments: Dr [redacted] Overtoun Medical
Diagnosis:
Interpreted by:

Interpretation

MODERATE OBSTRUCTIVE PULMONARY IMPAIRMENT. Bronchodilator produces no significant response. Post bronchodilator results consistent with QOF COPD (Stage 2 NICE). Suggest reinforcement of smoking cessation advice and continuation with symptomatic bronchodilator therapy as per COPD Management Guideline. Spo2 98%, MRC Grade 2: Dr R Carter

Site: Stobhill
Physician:
Technician: [redacted] Donnelly

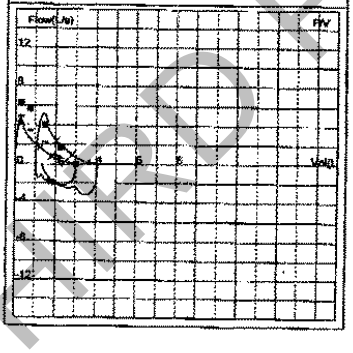
Effort protocol: ATS 1987
Bronchodilator:

Test date/time: 08/08/11 14:07:48
Pre-BD Number of efforts performed: 3
Post-BD Number of efforts performed: 3

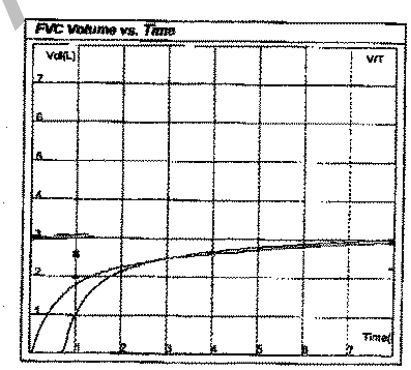
Results

Result	Pred	Pre	%Pred	Post	%Pred	%Chg
FVC (L)	2.99	3.02	101%	3.09	103%	2%
FEV1 (L)	2.57	=1.84	72%	1.99	78%	8%
FEV1/FVC	0.81	=0.61	[redacted]	=0.64	[redacted]	6%
FEF25-75% (L/s)	3.44	=0.86	25%	=1.04	30%	21%
PEFR (L/s)	5.30	=4.42	70%	5.14	82%	16%
Vext %	—	1.67	—	2.19	—	31%

FVC Flow vs. Volume



FVC Volume vs. Time



NHS Confidential: Personal data about a patient

Name Lorraine MacAA. Date 7/7/11

Clinicians are aware that emotions play an important part in most illnesses. If your clinician knows about these feelings she or he will be able to help you [redacted]

This questionnaire is designed to help your clinician to know how you feel. [redacted] each item and **underline** the reply which comes closest to how you have been feeling in the past week.

Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.

NHS Greater Glasgow

I feel tense or 'wound up':
Most of the time
A lot of the time
From time to time, occasionally
Not at all

I still enjoy the things I used to enjoy:
Definitely as much
Not quite so much
Only a little
Hardly at all

I get a sort of frightened feeling as if something awful is about to happen:
Very definitely and quite badly
Yes, but not too badly
A little, but it doesn't worry me
Not at all

I can laugh and see the funny side of things:
As much as I always could
Not quite so much now
Definitely not so much now
Not at all

Worrying thoughts go through my mind:
A great deal of the time
A lot of the time
From time to time but not too often
Only occasionally

I feel cheerful:
Not at all
Not often
Sometimes
Most of the time

I can sit at ease and feel relaxed:
Definitely
Usually
Not often
Not at all

I feel as if I am slowed down:
Nearly all the time
Very often
Sometimes
Not at all

I get a sort of frightened feeling like 'butterflies' in the stomach:
[redacted] t all
Occasionally
Quite often
Very often

I have lost interest in my appearance:
Definitely
I don't take as much care as I should
I may not take quite as much care
I take just as much care as ever

I feel restless as if I have to be on the move:
Very much indeed
Quite a lot
Not very much
Not at all

I look forward with enjoyment to things:
As much as ever I did
Rather less than I used to
Definitely less than I used to
Hardly at all

I get sudden feelings of panic:
Very often indeed
Quite often
Not very often
Not at all

I can enjoy a good book or radio or TV programme:
Often
Sometimes
Not often
Very seldom

Now check that you have answered all the questions

A 10 D 8

NHS Confidential: Personal data about a patient

TREATMENT ROOM FORM – RUTHERGLEN PRIMARY CARE CENTRE
DRS [redacted] AND [redacted]

CHI: 0204686547
MOFFAT, Lorraine 02/04/1968 F
54 Lochlea Road G73 4QH
07784694005
Dr J Lynch GMC :3493207
Overtoun Medical Practice, Rutherglen
Practice :49111

Date	Investigation	Treatment	Nurse Initials	GP Signature
10.3.11.	Dysuria 10⁰⁰	M.S.U please. - insufficient urine in Bottle for collection - will return with further sample		

NHS Confidential: [redacted] data about a patient

Name Lorraine Moffat Date 10.3.11

Clinicians are aware that emotions play an important part in most illnesses. If your clinician knows about these feelings she or he will be able to help you more.

This questionnaire is designed to help your clinician to know how you feel. [redacted] each item and **underline** the reply which comes closest to how you have been feeling in the past week.

Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.

NHS Greater Glasgow

I feel tense or 'wound up':
Most of the time
A lot of the time
From time to time, occasionally
Not at all

I still enjoy the things I used to enjoy:
Definitely as much
Not quite so much
Only a little
[redacted] at all

I get a sort of frightened feeling as if something awful is about to happen:
Very definitely and quite badly
Yes, but not too badly
A little, but it doesn't worry me
Not at all

I can laugh and see the funny side of things:
As much as I always could
Not quite so much now
Definitely not so much now
Not at all

Worrying thoughts go through my mind:
A great deal of the time
A lot of the time
From time to time but [redacted] too often
Only occasionally

I feel cheerful:
Not at all
Not often
Sometimes
[redacted] time

I can sit at ease and feel relaxed:
Definitely
Usually
Not often
Not at all

I feel as if I am slowed down:
Nearly all the time
Very often
Sometimes
Not at all

I get a sort of frightened feeling like 'butterflies' in the stomach:
Not at all
Occasionally
Quite often
Very often

I have lost interest in my appearance:
Definitely
I don't take as much care as I should
I may not take quite as much care
I take just as much care as ever

I feel restless as if I have to be on the move:
Very much indeed
Quite a lot
Not very much
Not at all

I look forward with enjoyment to things:
As much as ever I did
Rather less than I used to
Definitely less than I used to
Hardly at all

I get sudden feelings of panic:
Very often indeed
Quite often
Not very often
Not at [redacted]

I can enjoy a good book or radio or TV programme:
Often
Sometimes
Not often
Very seldom

Now check that you have answered all the questions

A 17 D 15

Acute Services Division

Women and Children's Directorate

NHS
Greater Glasgow and Clyde

GYNAECOLOGY DEPARTMENT

Tel: 0141 232 7907
Fax: 0141 201 2774
E-mail: sue.rank@ggc.scot.nhs.uk

Southern General Hospital
1345 Govan Road
GLASGOW
G51 4TF

Our Ref: SB/SLR
Dictated: 10/02/11
Typed: 17/02/11
CHI: 0204686547

DR J LYNCH
RUTHERGLEN HEALTH CENTRE
RUTHERGLEN
G73 2PQ

Dear Dr [redacted]

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718)
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH

I reviewed this 42 year old para 2 lady on behalf of Dr Bjornsson in the Gynaecology clinic today. As you mentioned she has been struggling with small urine leaks over the past year, but on further questioning this would actually appear to be a more mixed bladder picture. She has a chronic smokers cough and experiences small urine leaks, but does not require to wear pads. Moreover, she experiences nocturia, urge and frequency with occasional urge incontinence. Her periods are not problematic and she has no bowel disturbance. She keeps otherwise generally quite active. She is allergic to Flucloxicillin.

On examination the abdomen was slim with a normal vulva, vagina and cervix. There was no demonstrable stress urinary incontinence today. There was satisfactory vaginal sensation and only slightly reduced tone.

I have explained to Lorraine that her symptoms are common, and she should employ the usual lifestyle measures such as avoidance of caffeine, adequate fluid intake etc. to optimise things. She is happy to commence a three month trial of Vesicare to see if this helps settle the overactive component. I shall refer her to our pelvic Physiotherapist regarding the stress leaks. I have offered her a return appointment in four months time to see how she is getting on.

Yours sincerely,

Dr V Flanagan
ST6 to Dr Bjornsson

Delivering better health

www.nhsggc.org.uk

40366

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THE [redacted] INFIRMARY

GLASGOW, G42 9TY

SG99796718
LORRAINE MOFFAT
54 LOCHLEA ROAD
RUTHERGLEN
GLASGOW 02/04/1968
G73 4QH CHI 0204686547

Clinic: GTW. Robinson

Date: 9/2/11

MEDS REQ

Dear Dr.

NAME: Rx done kma

I saw this patient today and will be writing in detail. Meantime I would be grateful if you would prescribe the following:- Kyle Square

VESICARE 5mg OD
↑ TO 10mg OD IF REQUIRED.
3/12 TRIAL.

Thank you

A letter will follow.

V. FLANAGAN

9191032
VIC 736

OVERTOUN MEDICAL PRACTICE

Influenza Vaccine and pneumovax Screening checklist of risk factors
Questions

Have you ever had a severe reaction to eggs? E.g. collapse, anaphylactic shock (if yes please detail)	~~Yes~~/No
Any problems with previous influenza vaccine?	~~Yes~~/No
Are you feeling well enough to day to receive this vaccine?	Yes/~~No~~
Any severe local reaction or general reaction to Immunisation? (If yes, please detail)	~~Yes~~?No

---

Patient Consent

CHI: 0204686547
MOFFAT, Lorraine 02/04/1968 F
54 Lochlea Road G73 4QH
07784694006

Dr J Lynch GMC :3493207
Overtoun Medical Practice, Rutherglen
Practice.:49111

Nam_______________ Date of Birth_______________

I have received and understand the advice given to me and consent to the administration of either of the Vaccines **Influenza or Pneumovax. or H1N1**

Signature_______________ Date 26-11-10

N.B Influenza Vaccination is contra-indicated in pregnancy.
Influenza Vaccine contains inactivated virus and cannot cause Influenza

FOR OFFICE USE ONLY

INFLUENZA	PNEUMOVAX	H1N1	AT RISK GROUP

INACTIVATED INFLUENZA
VACCINE (SPLIT VIRION) BP
PL 0574[redacted]
PA 544/[redacted]
Lot G[redacted]
EXP 0[redacted]
314 956500

Smoking History
*never *ex smoker *Current *** Advice given re smoking**

BP

****Ethnic Origin****

NHS Confidential: Personal data about a patient

NHS [redacted]

Department of Biochemistry - Monklands Hospital

Telephone 01236 712106/08

CPA

Surname	Forename	CHI Number	Date of birth	Sex
MOFFAT	Lorraine	**0204686547**	02 Apr 1968	F

Address	Consultant / Practitioner	Ward / Practice
54 LOCHLEAD RD RUTHERGLEN	Dr L.M. HENDERSON	Overtown Practice 49111 Rutherglen H. Centre

Clinical details: PERIOD PROBLEMS

FSH	28.8 IU/l
LH	7.8 IU/l

Laboratory Comment

Female FSH values gradually [redacted] after 40 years. Values consistently greater than 30 iu/L with prolonged amenorrhoea are indicative of menopause.

Specimen No.	Specimen Type	Date and Time Collected	Date and Time Received	Date and Time Printed	Authorised
AP666305	Serum	15 Apr 2010 11:35	15 Apr 2010 16:10	16 Apr 2010 09:05	Peter [redacted]

NHS Confidential: Personal data about a patient

NHS Lanarkshire

Department of Haematology - Monklands Hospital

CPA

Telephone 01236 712103

Surname	Forename	CHI Number	Date of Birth	Sex
MOFFAT	Lorraine	0204686547	02 Apr 1968	F

Address: 54 LOCHLEAD RD, RUTHERGLEN

Consultant / Ward: Dr L.M. [redacted]

Ward / Practice: Overtown Practice 49111, Rutherglen H. Centre

Clinical details: PERIOD PROBLEMS

Haemoglobin		12.4	g/dL	(11.5-16.5)	Platelets		232	x10^9/L	(150-450)
Red Cell Count	L	3.66	x10^12/L	(3.9-5.6)	White Blood Count		4.1	x10^9/L	(4.0-11.0)
Haematocrit	L	0.369	L/L	(0.37-0.47)	Neutrophils		2.3	x10^9/L	(2.0-8.0)
MCV	H	100.8	fL	(80-100)	Lymphocytes		1.4	x10^9/L	(0.8-4.5)
MCH	H	33.9	pg	(27-32)	Monocytes		0.3	x10^9/L	(0-0.8)
MCHC		33.6	g/dL	(30.0-36.0)	Eosinophils		0.1	x10^9/L	(0-0.4)
					Basophils		0.0	x10^9/L	(0-0.3)

Specimen No.	Specimen Type	Date and Time Collected	Date and Time Received	Date and Time Printed	Authorised by
CP666305	Blood	15 Apr 2010 11:35	15 Apr 2010 16:10	15 Apr 2010 16:35	Auto

NHS Confidential: Personal data about a patient

[redacted]

NHS Lanarkshire

Department of Haematology - Monklands Hospital

Telephone 01236 712103

CPA

Surname	Forename	CHI Number	Date of birth	Sex
MOFFAT	Lorraine	0204686547	02 Apr 1968	F

Address: 54 LOCHLEAD RD, RUTHERGLEN

Consultant / GP: Dr L.M. [redacted]

Ward / Practice: Overtown Practice 49111, Rutherglen H. Centre

Clinical details: PERIOD PROBLEMS

PT	10 secs	(9-12)
PT Ratio	1.0 .	(0.9-1.1)
APTT	26 secs	(23-31)
APTT Ratio	1.0 .	(0.9-1.1)
Fibrinogen	3.1 g/L	(1.5-4.5)

Specimen No	Specimen Type	Date and Time Collected	Date and Time Received	Date and Time Printed	Authorised By
CP666305	Plasma	15 Apr 2010 11:35	15 Apr 2010 16:10	15 Apr 2010 16:49	Auto.

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TREATMENT ROOM FORM – RUTHERGLEN PRIMARY CARE CENTRE
DRS REID, [redacted] AND [redacted]

Lorraine Moffat
54 Lochlea [redacted]
RUTHERGLEN
GLASGOW
LAB
G73 4QH

Date	Investigation	Treatment	Nurse Initials	GP Signature
14/4/10	period probs	FBC Clotting FSH LH		

15/4/10 1140 V/P(R) Arm VB→VABS PM EMMK

NHS Confidential: Personal data about a patient

Acute Services Division

Emergency Care and
Medical Services Directorate

THE [redacted] LYELL CENTRE FOR DERMATOLOGY

NHS
Greater Glasgow and Clyde

DR [redacted]
RUTHERGLEN HEALTH CENTRE
RUTHERGLEN
G73 2PQ

Clinic: 25/02/10
Typed: 02/03/10

Dear Dr [redacted]

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH
Consultant: Dr. [redacted]

This patient was seen for review at the dermatology department today.
Diagnosis: Alopecia areata, and vitiligo.
Treatment: Try stopping Protopic 0.1% but restart if vitiligo recurs, for UVB phototherapy.
Review: None arranged.
This lady's vitiligo remained the same despite Protopic and I have suggested she try stopping this to see whether there is any difference but she should restart if her vitiligo becomes worse. I have referr4ed her to the camouflage clinic for some make up advice. While here she asked me about UVB treatment and I have discussed this with Dr. Drummond. We have arranged some UVB for her and will write to her with regard to this. If she is still using the Protopic she should stop this prior to UVB treatment.

Kind regards.

Yours sincerely

Dr. Janika Borg
ST3 in Dermatology
[redacted] ACH

Ref: JB/RM

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F [redacted] Dr R Herd, Dr S [redacted]
Clinical Director: Dr D J Bilsland
Direct Tel: 0141 201 1567 (SGH) 0141 201 347 8257/58/59 (VIC)
Direct Fax: 0141 201 2989 (SGH) 0141 (VIC)
Appointments: 0141 201 1560 (SGH) 0141 201 347 8260/8256 (VIC)
Southern General Hospital, 1345 Govan Road, Glasgow G51 4TF
New [redacted] Hospital, Clinic G, 55 Grange Road, Glasgow G42 9LF
Website:www.show.scot.nhs.uk/sguht/

Delivering better health
www.nhsggc.org.uk 40372

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Overtoun Medical Practice

H1N1 Immunisation Record Form

PERSONAL DETAILS

Surname: MOFFAT
CHI: 0204686547
Lorraine 02/04/1968 F
64 Lochlea Road G73 4QH

Forename: Lorraine

Date of Birth: 02/04/1968

Male or Female: F

Home address: 64 Lochlea Road

NRS E Boud GMC :7300152G
in Overtoun Medical Practice, Rutherglen
12/11/2009 12:30 Practice.:49111

Postcode:

Tel. number:

Email address:

Mobile number: 07784694005

GP:

GP address:

Please answer the following questions:

	Yes	No	Details
1. Do you have a history of a severe, life threatening allergic reaction to eggs and/or egg products?		✓	
2. Have you ever had a severe, life threatening allergic reaction to influenza vaccine in the past?		✓	
3. Are you, or do you think you might be, pregnant?		✓	
4. Do you have a condition, or are you having any medical treatment, that has weakened your immune system?		✓	
5. If you have not yet had a seasonal flu jab this year, would you like to be offered this with the H1N1 vaccine?		✓	
6. Do you have a bleeding disorder, or are you currently taking or have you recently stopped taking warfarin?		✓	
7. Do you feel well enough today to receive the vaccine?		✓	

I agree to receive the H1N1 (and Seasonal Flu) vaccine.

Signature: L. Moffat Date: 12/11/09

Vaccine	Date Given	Brand	Batch Number	Expiry Date	Site of Injection	Name	Designation	Signature
H1N1 Dose 1	12.11.09	Pandemrix	Lot : A81CA067A	7/11	left Arm	E. Boud	P. Nurse	EBoud
H1N1 Dose 2 (if applicable)								
Seasonal flu								

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Acute Services Division

NHS
Greater Glasgow and Clyde

Emergency Care and
Medical Services Directorate

THE [redacted] LYELL CENTRE FOR DERMATOLOGY

Dr A Drummond
Consultant Dermatologist
VICTORIA ACH

Ref: SH/DMCB
Clinic: 05/11/09
Typed: 12/11/09

Dear Angela

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH

DIAGNOSIS : Alopecia areata
Vitiligo

I reviewed this woman at the Hair Clinic today. Since we last saw her she had lost all of her facial hair but happily this has now completely regrown. The hair on her scalp is also regrowing and she is delighted with this. On examination today there was extensive terminal white hair growth over the scalp. There were no obvious patches of active areata. I have emphasised to Ms Moffat that these signs are excellent and we can simply hope that the progress continues. I have explained that if the hair continues to grow then hopefully it should start to repigment.

I have given her an appointment for the clinic in 6 months if she is running into problems but if all goes well I have asked her simply to cancel this.

With kind regards

Yours sincerely

SUSAN HOLMES
Consultant Dermatologist
Southern General Hospital

cc **Dr Reid**
Rutherglen Health Centre
130 Stonelaw Road
GLASGOW
G73 2PQ

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

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Acute Services Division

Emergency Care and
Medical Services Directorate

LORRAINE MOFFAT
DOB:02/04/68

NHS
Greater Glasgow
and Clyde

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F [redacted] Dr R Herd,
Dr S [redacted]
Clinical Director: Dr D J Bilsland
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Southern General Hospital, 1345 Govan Road, Glasgow G51 4TF
New [redacted] Hospital, Clinic G, 55 Grange Road, Glasgow G42 9LF
Website:www.show.scot.nhs.uk/sguht/

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OVERTOUN MEDICAL PRACTICE

Influenza Vaccine and pneumovax.

Screening checklist of risk factors

Questions

Are you feeling well enough to day to receive this vaccine? Yes/No

Have you ever had a severe reaction to eggs? Yes/No
E.g. collapse, anaphylactic shock (if yes please detail)

Any problems with previous influenza vaccine? Yes/No
(If yes please detail)

Any severe local reaction or general reaction to Immunisation? (If yes, please detail) Yes?No

Smoking History never ex smoker, current

CHI: 0204686547
MOFFAT Lorraine 02/04/1968 F
54 Lochlea Road G73 4GH

NRS E Boud GMC 73001526
Overtoun Medical Practice, Rutherglen
12/11/2009 12:36 Practice 49111

Date of Birth

I have received and understand the advice given to me and consent to the administration of the Influenza Vaccine and pneumovax.

Signature L Moffat Date 12/11/09

N.B Influenza Vaccination is contra-indicated in pregnancy.
Influenza Vaccine contains inactivated virus and cannot cause Influenza

FOR OFFICE USE ONLY

INFLUENZ AGRIPPAL S1 2009/2010
Batch: 695301
Expiry: 05/2010
PNEUMOVAX

UNDER 65 AT RISK

NHS Confidential: Personal data about a patient

Acute Services Division

Emergency Care and
Medical Services Directorate

THE ALAN LYELL CENTRE FOR DERMATOLOGY

NHS
Greater Glasgow
and Clyde

DR [redacted]
RUTHERGLEN HEALTH CENTRE
RUTHERGLEN
G73 2PQ

Clinic: 29/10/09 Typed: 02/11/09

Dear Dr [redacted]

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH
Consultant: Dr A. Drummond

Diagnosis: Alopecia areata - now recovering
Vitiligo
Treatment: Protopic 0.1% once daily for 2 month
Follow up: January 2010

I was delighted to see that this lady was experiencing re-growth of the hair of her scalp, her eyelashes and her pubic area, albeit with altered colour. Interestingly when she began to notice re-growth of the hair, she simultaneously began to develop vitiligo affecting her chest, back, upper arms and face, with sparing of her hands. She has not yet received any treatment for this and as per Dr Drummond's letter I have given her a prescription for some Protopic to try although I have counselled her about the limited efficacy of treatment we have for this condition.

Yours sincerely

S. WALSH
SPECIALIST REGISTRAR
[redacted] ACH
REF: SW/CLH

c.c. Dr S. Holmes
Consultant Dermatologist
Dermatology Department
Glasgow Royal Infirmary

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F [redacted] Dr R Herd,
Dr S [redacted]
Clinical Director: Dr D J Bilsland
Direct Tel: 0141 201 1567 (SGH) 0141 201 347 8257/58/59 (VIC)
Direct Fax: 0141 201 2989 (SGH) 0141 (VIC)
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Southern General Hospital, 1345 Govan Road, Glasgow G51 4TF
New [redacted] Hospital, Clinic G, 55 Grange Road, Glasgow G42 9LP
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Acute Services Division

Emergency Care and
Medical Services Directorate

THE [redacted] LYELL CENTRE FOR DERMATOLOGY

NHS
Greater Glasgow
and Clyde

DR [redacted]
RUTHERGLEN HEALTH CENTRE
RUTHERGLEN
G73 2PQ

Typed: 09/10/09

Dear Dr [redacted]

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
53 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G43 2YB
Consultant: Dr A. Drummond

Thank you for your letter on this patient. She has actually been discharged from the [redacted] Dermatology Clinic and as this is a new problem I have vetted her referral into a new patient clinic. As the vitiligo is affecting her face as well as her body I would be grateful if you could prescribe 0.1% Protopic ointment to be used at night to all affected areas. Unfortunately, as you are probably aware response to treatment is variable and often disappointing. However, response can be assessed when she attends Dr [redacted] clinic in November or at the [redacted] depending on which appointment is first.

Kind regards.

Yours sincerely

A. DRUMMOND
CONSULTANT DERMATOLOGIST
[redacted] ACH
REF: AD/CLH

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F [redacted] Dr R Herd, Dr S [redacted]
Clinical Director: Dr D J Bilsland
Direct Tel: 0141 201 1567 (SGH) 0141 201 347 8257/58/59 (VIC)
Direct Fax: 0141 201 2989 (SGH) 0141 (VIC)
Appointments: 0141 201 1560 (SGH) 0141 201 347 8260/8256 (VIC)
Southern General Hospital, 1345 Govan Road, Glasgow G51 4TF
New [redacted] Hospital, Clinic G, 55 Grange Road, Glasgow G42 9LF
Website:www.show.scot.nhs.uk/sguht/

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Acute Services Division

NHS
Greater Glasgow and Clyde

Emergency Care and Medical Services Directorate

THE [redacted] LYELL CENTRE FOR DERMATOLOGY

Dr A Drummond
Consultant Dermatologist
SOUTHERN GENERAL HOSPITAL

Ref: SH/DMCB
Clinic: 07/05/09
Typed: 13/05/09

Dear Dr Drummond

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH

Many thanks for referring this 41 year old woman to see me at the Hair Clinic. She first developed alopecia areata in 1995 when she had a limited area of loss which spontaneously regrew. A year ago however she developed initially patchy loss which has extended to involve all of her scalp, eyelashes, eyebrows and body hair. She is however seeing some areas of white regrowth at present. Various topical treatments including topical steroids and Protopic have been of no benefit. She has a recent history of asthma but this is not atopic. She is otherwise well. Currently she is receiving low dose Naltrexone for her hair loss. Her mother also suffered from mild alopecia areata.

On examination today she had widespread hair loss consistent with alopecia areata. There was evidence of patchy white terminal hair growth on limited areas of the scalp.

As you mentioned in the referral letter this woman is a [redacted] who [redacted] the kitchens where there are naked flames and very hot ovens. Unfortunately the heat is severely damaging her acrylic wigs. I think this would be an occasion in which it would be appropriate to prescribe real hair wigs. I have explained to the patient however that this needs to be approved by the Clinical Director and Service Manager and will copy them in on this letter.

We did discuss treatment today. Unfortunately she is unable to take the time from work for DCP treatment but we have discussed Dithranol treatment today and she would be keen to try this. I have issued her with a script for this today for her GP and have also given her our written information leaflet on this. We plan to review her again in 6 months.

With kind regards

Yours sincerely

[redacted] HOLMES
Consultant Dermatologist
Southern General Hospital

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NHS Confidential: [redacted]

Acute Services Division

NHS
Greater Glasgow and Clyde

Emergency Care and
Medical Services Directorate

LORRAINE MOFFAT
DOB:02/04/68

cc Dr [redacted] Rutherglen Health Centre, 130 Stonelaw Road, Glasgow G73 2PQ
Dr [redacted] Bilsland, Clinical Director for Dermatology, Southern General Hospital
Mr [redacted] Kyle, Dermatology Service Manager, Queen's Park House, [redacted] Infirmary

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F [redacted] Dr R Herd,
Dr S [redacted]
Clinical Director: Dr D J Bilsland
Direct Tel: 0141 201 1567 (SGH) 0141 201 5413 (VIC)
Direct Fax: 0141 201 2989 (SGH) 0141 201 5477 (VIC)
Appointments: 0141 201 1560 (SGH) 0141 201 5132 (VIC)
Southern General Hospital, 1345 Govan Road, Glasgow G51 4TF
[redacted] Infirmary, Langside Road, Glasgow G42 9TY
Website:www.show.scot.nhs.uk/sguht/

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PATIENT QUESTIONNAIRE

The Scottish Government has asked practices to collect information on all of their patie
hoped that the information provided will enable NHS Boards better to plan their ir
services to meet demand so that practices will have good access to these services
patients. This short questionnaire will give some basic information about your comm
support needs and ethnicity to support your health care. More information about it is on
of this form but please ask a member of staff if you need more explanation.

We should be grateful if you could complete one for each family member within/joi
practice. If you need more than one form, please ask at reception. PLEASE CO
AND RETURN TO RECEPTION.

Name Lorraine Moffat DOB 2/4/68

Do you need an interpreter or sign language support? ☐Yes ☑No

If you do need an interpreter what language do you speak?

Please state .....

What is your ethnic group?
Choose ONE section from A to E then tick ONE box which best describes your ethnic g
background

A White
- ☑ Scottish
- ☐ English
- ☐ Welsh
- ☐ Northern Irish
- ☐ British
- ☐ Irish
- ☐ Gypsy/Traveller
- ☐ Polish
- ☐ Any other white ethnic group, please write in.....

B Mixed or multiple ethnic groups
- ☐ Any mixed or multiple ethnic groups

C Asian, Asian Scottish or Asian British
- ☐ Pakistani, Pakistani Scottish or Pakistani British
- ☐ Indian, Indian Scottish or Indian British
- ☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi Britis
- ☐ Chinese, Chinese Scottish or Chinese British
- ☐ Other, please write in.....

D African, Caribbean or Black
- ☐ African, African Scottish or African British
- ☐ Caribbean, Caribbean Scottish or Caribbean British
- ☐ Black, Black Scottish or Black British
- ☐ Other, please write in.....

E Other ethnic group
- ☐ Arab
- ☐ Other, please write in.....

If you do not wish to give this information, please tick here ☐

Can you tell us... are you a:
Non smoker ☐
Current Smoker ☑
Ex Smoker ☐

If you wish literature on stopping smoking please ask at receptio

G. PASS

NHS Confidential: Personal data about a patient

Acute Services Division

Emergency Care and
Medical Services Directorate

NHS
Greater Glasgow and Clyde

7/5/9

Re:

SG99796718
LORRAINE MOFFAT
53 LOCHLEA ROAD
RUTHERGLEN
GLASGOW 02/04/1968
G43 2YB CHI 0204686547

D Aventa

Dear Dr

Please prescribe

Hydrocream 0.25%, 0.5%,
1.0%, 2.0%

as required.

Many thanks
Sister.

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THE ESSENTIAL HEALTH CLINIC

Mitchell Arcade, Rutherglen, Glasgow G73 2LS **T** 08700 55 33 99 **F** 08700 53 6001
E info@essentialhealthclinic.com **W** www.essentialhealthclinic.com

Dr [redacted]
Rutherglen Health Centre
Stonelaw Road
Rutherglen, Glasgow

Monday, 16 March 2009

Dear Dr [redacted]

Re: Lorraine Moffat, DOB 02/04/1968.

Your patient attended our nutritional medicine clinic today for advice on her alopecia aerata. Lorraine describes the sudden onset of this while on holiday in Turkey in July 2008. There were no obvious precipitating factors and she has no personal or family history of autoimmune disease.

Lorraine is interested in trying low dose naltrexone (LDN) for her alopecia which has been useful in a number of autoimmune conditions and has a very favourable side effect profile. Lorraine infact works as a dispenser in Dickson's pharmacy which is the major supplier of LDN in the UK. We have started her on 1mg which will be reviewed in one month. I have warned Lorraine she may have some mild side effects to LDN which are commonly fatigue, headache and sleep disturbance.

If you require more information please do not hesitate to contact us at the above address.

Yours sincerely,

Dr [redacted] Gilhooly

Incorporated in England: 4 Albert Square, Fleetwood, Lancashire FY7 6DH Company Reg. No.: 05434285

A P RAE
Consultant Cardiologist

MCAVOY, [redacted]

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Acute Services Division

Emergency Care and Medical Services Directorate

THE [redacted] LYELL CENTRE FOR DERMATOLOGY

NHS Greater Glasgow and Clyde

Dr S. Holmes
Consultant Dermatologist
Dermatology Department
Glasgow Royal Infirmary
GLASGOW

Clinic: 19/02/09
Typed: 20/02/09

Dear Dr [redacted]

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
53 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G43 2YE
Consultant: Dr A Drummond

Diagnosis: Extensive alopecia areata - scalp, eyebrows, eyelashes and pubic area
Asthma

Treatment: Modacrylic wigs prescribed
No benefit from topical steroids and Protopic

Follow up: Referral to Hair clinic at Southern General Hospital

I would be grateful if you could review this lady to assess her suitability for DCP and for consideration of real human hair wigs. She has extensive alopecia areata with no improvements on Protopic and topical steroids. She had problems with 2 of her acrylic wigs melting at work as she works as a chef. I have tried to dissuade her from using wigs at work due to safety issues but she feels unable to work without the wig. I wonder if she is a candidate for human hair wigs in such a case.

Yours sincerely

A. WONG
ST3 IN DERMATOLOGY
[redacted] INFIRMARY
REF: AW/CLH

c.c. Dr [redacted]
Rutherglen Health Centre
130 Stonelaw Road
GLASGOW
G73 2PQ

Highly Sensitive Document Y/N N Patient consent to share information Y/N Y

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd,
Dr S Holmes
Clinical Director: Dr D J Bilsland
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[redacted]ia Infirmary, Langside Road, Glasgow G42 9TY
Website:www.show.scot.nhs.uk/sguht/

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0204686547
MOFFAT
LORRAINE
02/04/1968
F 20/01/2009 11:19
NRS E Boud
Poeetown Medical

MICROLAB 3300 v4.00 FULL REPORT

Patient Name:________________

ID: Date: 20/01/09 Time: 12:18
Sex: Female Age: 40 Race: CAUCASIAN
Height: 154 cm

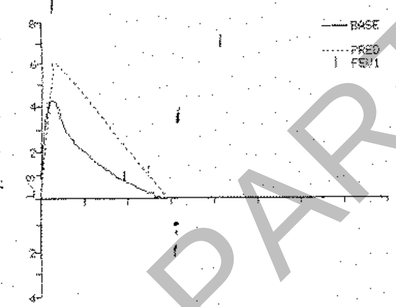
All Spirometry Results

TEST	1	BASE 2	3
FEV1	1.93	1.84	1.93
FVC	2.72	2.71	2.82
PEF	263	283	258
VAR	-2	-4	0

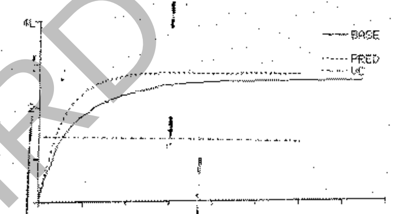
Best Spirometry Result: Base = 3 [redacted]

	Base	%Pred	PostBD	%Pred	%Chg	Min	Pred	Max	
VC	1.36								L
FEV1	1.93	78				1.86	2.48	3.10	L
FVC	2.82	98				2.18	2.89	3.60	L
PEF	258	70				280	369	458	L/M
FEV1%	68	84				71	81	92	%
FEF	1.48	36				2.12	3.93	5.74	L/S
F75	0.58	34				0.59	1.72	2.85	L/S
MEF	1.22	35				2.08	3.48	4.88	L/S
ISO									L/S
RSO									%
PIF	0.02								L/S
MVV	72								L
FET	7.45								S

Flow/Volume



Volume/Time



Normal Values: ECCS (adult);
Zapletal/Solymar,Cogswell (child)

Results at BTPS

Technician
Physician

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Primary Care Division

NHS
Greater Glasgow and Clyde

South Lanarkshire CHP
Cambuslang & Rutherglen Locality
Smoking Cessation Service
Cambuslang Clinic, 5 [redacted] Drive, G72 8JR
Tel: 0141 643 3526

Date: 29TH December 2008

Dear Dr [redacted]

RE: Lorraine Moffat D.O.B 02/04/1968
54 Lochlea Road
RUTHERGLEN Tel: 07764894005
G73 4QH

Group Details: 6/11/2008 – 18/12/2008 at Rutherglen Health Centre

NRT PRODUCT: none

The above named patient has not been able to be contacted for an update on their progress after joining the above group.

If you feel the patient would benefit from further support, please do not hesitate to contact me.

Kind Regards

Carole

[redacted] McGowan
Smoking Cessation Administrator

D3707R7

NHS [redacted] data about a patient

smokefree COMMUNITY SERVICES

SOUTH LANARKSHIRE CHP
Cambuslang & Rutherglen Locality
Smoking Cessation Service
0141 643 3526

NHS Greater Glasgow and Clyde

Dear Dr Reid

VARENICLINE (CHAMPIX®) PRESCRIPTION REQUEST

One of your patients,

NAME Lorraine MOFFAT DATE OF BIRTH: 21/4/66 is attending an intensive stop smoking group run by Smokefree Community Services. The groups are based on a model developed in the Maudsley Hospital in London and combine NRT, bupropion (Zyban®) or varenicline (Champix®) with group support followed by Smokefree pharmacy support. Following discussion, your patient has requested to use varenicline (Champix®).

Having previously made an unsuccessful supported quit attempt for four weeks with NRT more than 6 months ago, your patient meets the criteria set out in NHS Greater Glasgow & Clyde guidelines for the use of varenicline. I should be grateful if you would assess her/his suitability for this medication based on their past medical history. Some of the potential side effects of the drug have been discussed.

Should your patient be suitable, we would ask that a prescription be issued as follows:

First prescription: (start one to two weeks before quit date)
1. Issue a prescription for "Varenicline Starter Pack" (Prescribe as '1 pack')
2. Advise patient starter pack lasts for two weeks and to contact surgery after one week to organize next prescription.

2nd and 3rd Prescription:
1. Issue a prescription for "Varenicline 1mg, (56 tablets), take one twice daily - dispense weekly"
2. Advise patient prescription lasts for four weeks and to contact surgery after three weeks to organize next prescription.
3. Advise patient that if they fail to attend for motivational support that they may have their prescription terminated.

4th Prescription:
1. Issue a prescription for "Varenicline 1mg, (28 tablets), take one twice daily - dispense weekly".
3. Advise patient this is the end of their course of treatment.

Patients can receive further supplies up to a maximum of an additional twelve weeks if they have remained abstinent and you feel this is necessary. Continue to advise that support is necessary

Many thanks for your assistance.

Yours sincerely

K Stewart

Signed on behalf of
[redacted] – Smoking Cessation Co-ordinator

City Wall House, 32 Eastwood Avenue, Glasgow G41 3NS
Tel: 0141 636 4125 Fax: 636 4132

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Acute Services Division

NHS Greater Glasgow and Clyde

28964

Department of Dermatology
[redacted] Infirmary, Langside Road, Glasgow, G42 9TY
Direct Telephone: 0141-201-5413
Fax: 0141-201-5047

Date: 20/4/08 Consultant: Drummond

Dear

SG99796718
LORRAINE MOFFAT
53 LOCHLEA ROAD
RUTHERGLEN
GLASGOW
G43 2YB
02/04/1968
CHI 0204686547

I saw this patient in the dermatology department today.

Diagnosis / Problem:

Atopic eczema — well controlled

I would be grateful if you could prescribe the following treatment:

1) 0.1% protopic oint (tacrolimus).

Other action required:

RF 23/5/08

A further appointment has/ has not been made.
A further letter will/ will not follow.

Yours sincerely,

Name [redacted] Status [redacted]

VIC 1088

VI MEDICAL ILLUSTRATION • DERMATOLOGY • 2488N

NHS Confidential: Personal data about a patient

Acute Services Division

Emergency Care and Medical Services Directorate

THE [redacted] LYELL CENTRE FOR DERMATOLOGY

NHS Greater Glasgow and Clyde

DR REID
RUTHERGLEN HEALTH CENTRE
RUTHERGLEN
G73 2PQ

Clinic: 20/10/08
Typed: 21/10/08

Dear Dr [redacted]

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
53 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G43 2YB
Consultant Dr. Angela Drummond

Many thanks for referring this patient who was seen for review at the dermatology department today.

Diagnosis: Alopecia areata.
Asthma
Treatment: 4 x Mod Acrylic prescribed, 0.1% Protopic ointment daily to bald areas, information leaflet on alopecia areata provided.
Review: 4 Months.

This young woman has fairly extensive alopecia areata on the scalp which is still active. She had one patch of this approximately 10 year ago which resolved spontaneously. There was no obvious trigger for this event. As you have already tried topical steroids I have asked her to use Protopic ointment. I have also prescribed her acrylic wigs as the disease is so extensive.

Kind regards

Yours sincerely

Dr. Angela Drummond
Consultant Dermatologist
[redacted] Infirmary

Ref: AD/RM

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F [redacted] Dr R Herd, Dr S [redacted]
Clinical Director: Dr S [redacted]
Direct Tel: 0141 201 1567 (SGH) 0141 201 5413 (VIC)
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OVERTOUN MEDICAL PRACTICE

Influenza Vaccine and pneumovax.

Screening checklist of risk factors

Questions

Are you feeling well enough to day to receive this vaccine? Yes/No

Have you ever had a severe reaction to eggs? Yes/No
E.g. collapse, anaphylactic shock (if yes please detail)

Any problems with previous influenza vaccine? Yes/No
(If yes please detail)

Any severe local reaction or general reaction to Immunisation? (If yes, please detail) Yes?No

Smoking History never ex smoker, current

Patient C

CHI: 0204686547
MOFFAT, Lorraine 02/04/1968 F
84 Lochlea Road G73 4QH
569 3158

Name _____ Date of Birth _____

MRS E Boud GMC :73031526
in Overtoun Medical Practice, Rutherglen
03/10/2008 09:51 Practice:49111

I have received and understand the advice given to me and consent to the administration of the Influenza Vaccine and pneumovax.

Signature L. Moffat Date 3/10/08

N.B Influenza Vaccination is contra-indicated in pregnancy.
Influenza Vaccine contains inactivated virus and cannot cause Influenza

[redacted]
IMUVAC
2008/2009 vaccine
0.5 ml
Influenza vaccine given
Batch
P 18
INF

FOR OFFICE USE ONLY

UNDER 65 AT RISK

PNEUMOVAX

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Primary Care Division

NHS
Greater Glasgow and Clyde

South Lanarkshire CHP
Cambuslang & Rutherglen Locality
Smoking Cessation Service
Cambuslang Clinic, 5 [redacted] Drive, G72 8JR
Tel: 0141 643 3526
Mobile: 07818 002482

Ref: KG/CM
Date: 7 July 2008

Dear Dr [redacted]

RE: Lorraine Moffat D.O.B. 2/4/1968
54 Lochlea Road
RUTHERGLEN
G73 4QH Tel: 0141 569 3158

Group Details: 24/4/2008 – 5/6/2008 at Rutherglen Health Centre

NRT PRODUCT: Champix

The above named patient has successfully completed the Smoking Cessation Programme on the 5th June 2008.

Even though the group support has finished, this patient will continue to receive Nicotine Replacement Therapy supplies from the pharmacy for a further five weeks.

Please do not hesitate to contact me if you feel the patient needs more support.

Kind Regards

Karen Gray

[redacted]

Smoking Cessation Co-ordinator

POSITIVE ABOUT DISABLED PEOPLE

D370787

NHS Confidential: Personal data about a patient

NHS Lanarkshire

Department of Biochemistry - Monklands Hospital

CPA

Telephone 01236 712196/08

Surname	Forename	CHI Number	Date of birth	Sex
MOFFAT	Lorraine	0204686547	02 Apr 1968	F

Address	Consultant / Practitioner	Ward / Practice
54 LOCHLEAD RD RUTHERGLEN	Dr L.M. [redacted]	Overtown Practice 49111 Rutherglen H. Centre

Clinical details: ?PERIMENOPAUSAL

FSH	7.6 IU/l	

Laboratory Comment

Female FSH values gradually [redacted] after 40 years. Values consistently greater than 30 iu/L with prolonged amenorrhoea are indicative of menopause.

Specimen No.	Specimen Type	Date and Time Collected	Date and Time Received	Date and Time Printed	Authorised by
AM069427	Serum	16 May 2008 11:05	16 May 2008 16:25	19 May 2008 10:36	Elliott [redacted]

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NHS Lanarkshire

Department of Biochemistry - Monklands Hospital

Telephone 01236 712106/08

CPA

Surname	Forename	CHI Number	Date of Birth	Sex
MOFFAT	Lorraine	**0204686547**	02 Apr 1968	F

Address	Consultant	Ward / Practice
54 LOCHLEAD RD RUTHERGLEN	Dr L.M[redacted]	Overtown Practice 49111 Rutherglen H. Centre

Clinical details
?PERIMENOPAUSAL

TSH	0.50 mIU/l	(0.30-4.20)
Free T4	17.9 pmol/l	(12-22)

Specimen No	Specimen Type	Date and Time Collected	Date and Time Received	Date and Time Printed	Authorised by
AM069427	Serum	16 May 2008 11:05	16 May 2008 16:25	19 May 2008 10:28	Auto.

NHS Confidential: Personal data about a patient

TREATMENT ROOM FORM – RUTHERGLEN PRIMARY CARE CENTRE
DRS [redacted] AND [redacted]

****

Lorraine Moffat
54 Lochlea Road
RUTHERGLEN
LABEL GLASGOW

G73 4QH

Date	Investigation	Treatment	Nurse Initials	GP Signature
12/5/08	? perimenopausal	TFT FSH		
16/5/08		10.05 VB → lab ATell		

RUTHERGLEN PRIMARY CARE CENTRE

TREATMENT ROOM

EAR SYRINGE FORM

Name:- Lorraine Moffat

Address:- 4 Kirkconnel Dr

D.O.B.:- 2-4-68

G.P. Dr Lynch

Consent form signed Yes/~~No~~

Information leaflet given Yes/~~No~~

Ears examined (each visit) Yes/~~No~~

Date		Nurses Signature
21/1/05	Ear examined - ~~[illegible]~~ Wax in (R) ear. Has been using Audiclear. Ear syringed, wax + piece of paper removed.	[signature]

NHS Confidential: [redacted] data about a patient

EAR SYRINGING ASSESSMENT, CHECKLIST AND CONSENT

Name LORRAINE MOFFAT DOB 2.4.68

Address 4 KIRKCONNEL DRIVE SPITTAL

Allergies FLUCLOXACILAN

Occupation or previous occupation related to dust or noise yes/(no)

Presenting Complaint CANT HEAR OUT OF RIGHT EAR

Examination prior to treatment

Past History

Any previous ear problems	yes/(no)
Pain in ears	yes/(no)
Current or recent treatment	yes/(no)
Discharge from ears	yes/(no)
Mastoid or other surgery	yes/(no)
Tympanic membrane perforation	yes/(no)
Grommets	yes/(no)
Cleft Palate, repaired or not	yes/(no)
Previously had ears syringed	yes/(no)
Untoward expreriences from ear syringing	yes/(no)

If any of the above conditions are present DO NOT irrigate the ear, but refer to the GP.

Consent

The nurse has asked questions related to the above conditions. S/he has explained the proposed treatment and given information on ear care. A copy of the ear care information leaflet has been given.

I understand and consent to the proposed treatment.

Signature L. Moffat Date 21/1/05

If the patient is unable to give consent, the [redacted] is consulted.

I understand the proposed treatment and have been given information on the condition. I agree to the procedure on behalf of .....

Signature of Advocate/[redacted].....

Date..... Relationship to Patient.....

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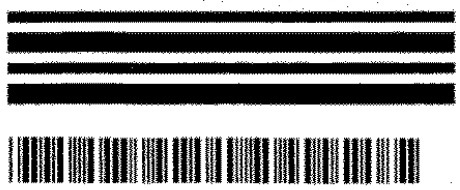
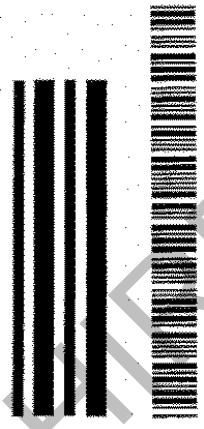


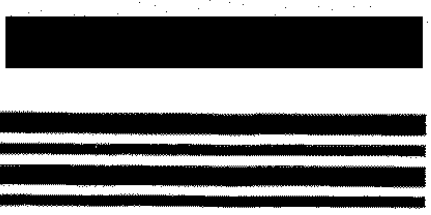
Lorraine Moffat

0204686547

SEPARATOR

Medical Record Insert
Overtoun Medical Practice





NHS Confidential: Personal data about a patient

OVERTOUN MEDICAL PRACTICE

Influenza Vaccine and pneumovax
Screening checklist of risk factors

Questions

Are you feeling well enough today to receive this vaccine — (Yes)/No

Have you ever had a severe reaction to eggs? — Yes/(No)
E.g. collapse, anaphylactic shock (if yes please detail)

Any problems with previous influenza vaccine? and — Yes/No
(If yes, please detail)

Any severe local reaction or general reaction to — Yes/(No)
Immunisation? (If yes, please detail)

Smoking History — never — (ex smoker) — current

Patient Consent

Name_____ Date of Birth_____

I have received and understand the advice given to me and consent to the administration of the Influenza Vaccine and pneumovax.

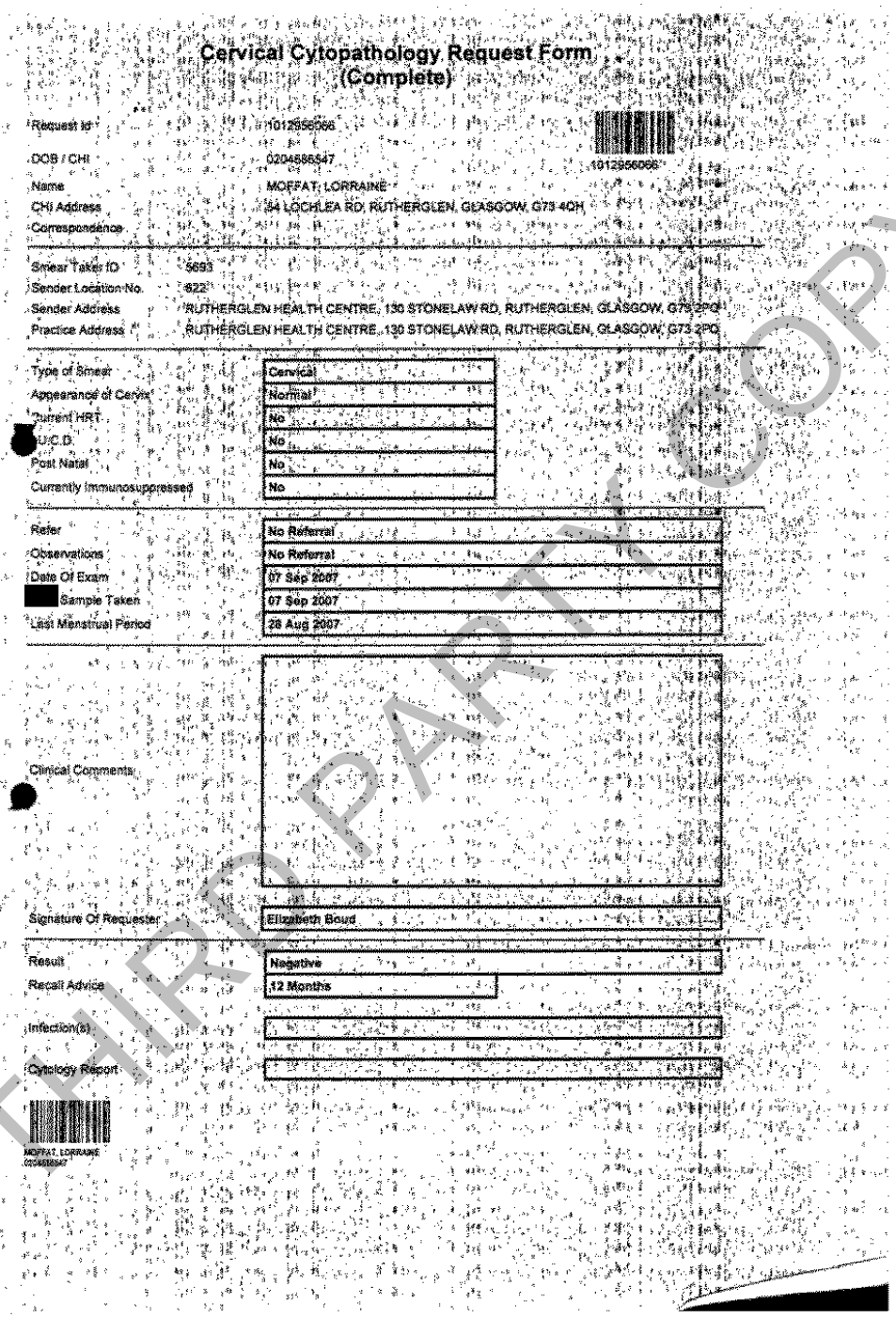
Signature L. Smith Date 2/11/07

N.B Influenza Vaccination is contra-indicated in pregnancy.
Influenza Vaccine contains inactivated virus and cannot cause Influenza

FOR OFFICE USE ONLY

INFLUENZA	PNEUMOVAX	UNDER 65 AT RISK
1630518 06.2008	31-07-2008	G.PASS

NHS Confidential: Personal data about a patient



Cervical Cytopathology Request Form
(Complete)

Request Id	1012956066
DOB / CHI	02048865547
Name	MOFFAT, LORRAINE
CHI Address	34 LOCHLEA RD, RUTHERGLEN, GLASGOW, G73 4QH
Correspondence	
Smear Taker ID	5693
Sender Location No.	622
Sender Address	RUTHERGLEN HEALTH CENTRE, 130 STONELAW RD, RUTHERGLEN, GLASGOW, G73 2PD
Practice Address	RUTHERGLEN HEALTH CENTRE, 130 STONELAW RD, RUTHERGLEN, GLASGOW, G73 2PD
Type of Smear	Cervical
Appearance of Cervix	Normal
Current HRT	No
IUCD	No
Post Natal	No
Currently Immunosuppressed	No
Refer	No Referral
Observations	No Referral
Date Of Exam	07 Sep 2007
[redacted] Sample Taken	07 Sep 2007
Last Menstrual Period	28 Aug 2007
Clinical Comments	
Signature Of Requester	Elizabeth Boud
Result	Negative
Recall Advice	12 Months
Infection(s)	
Cytology Report	

1012956066

MOFFAT, LORRAINE
02048865547

NHS Confidential: Personal data about a patient

OVERTOUN MEDICAL PRACTICE

Tel: 0141 531 6010
Fax: 0141 531 6086

DR D M REID MB ChB, DFM
DR J [redacted] MB ChB, DRCOG, MRCGP
DR L M [redacted] MB ChB, DRCOG, DFFP, MRCGP
Practice Nurse: Sister E [redacted] RGN, RMN, BSc

Rutherglen Primary Care Centre
130 Stonelaw Road
Rutherglen
Glasgow G73 2PQ

10/08/2007

Our Ref: JL/ITCW

Ms Lorraine Moffat
54 Lochlea Road
RUTHERGLEN G73 4QH

Dear Ms Moffat

You had an appointment to see me at the Surgery today but were obviously unable to attend.

I [redacted] from your records that you have failed to attend the last three booked appointments at the Surgery.

The Practice would be grateful if in future, you are unable to attend an appointment, if you could telephone to cancel that appointment. This makes appointments available for other patients who then would otherwise have to wait.

I hope all is well with your health and if there are any ongoing concerns you will make an appointment to discuss these.

Kind regards

Yours sincerely

Dr Janis [redacted]

NHS Confidential: Personal data about a patient

28-JUN-2005 TU[redacted] FAX NO.[redacted]7416166201 P. 01/01

Call No: 1432714 CHI No:	Date : 28 Jun 2005	NHS 24 No:
Patients Name: LAURAINE MOFFAT	D.O.B. Age 02/04/1968 37 Y	Callers Name CALLERQ
Address Today: 54Lochlea Road Rutherglen M/D Glasgow Glasgow Post Code: G73 4QH	Home Address if different Post Code:	
Phone Number (0141) 569 3158 - Home	Call Type Tel Advice	
Name of GP: Henderson Lynda	Time Call Received at NHS 24: 00:00	
Surgery 312Rutherglen Health Centre	Time Details Received at GEMS: 14:59	
Practice Number 312	Time Patient Arrived:	
Fax Number 0141 613 3450	Consultation Start time:	
Speed Dial 035V	Consultation End time:	
Dispatched To SPEAK TO GP		

Clinical Information

PT HAS A QUERY REGARDING SCRIPT ?

BP: /	Pulse	Temp: °c	Allergies

Clinicians Notes
(JP assigned at 15:05)
Triage Person assigned to call via Despatch Screen.

commenced on cephalexin by gp [redacted] for u.t.i.known penicillin allergy.advised to commence medication as prescribed and advised to observe for potent[redacted]e effects

Referral:	Seen by Dr:	Rota No:	Nurse:

NHS Confidential: Personal data about a patient

South Glasgow
University Hospitals
Division

[redacted] Infirmary

Langside Road
Glasgow G42 9TY
Telephone 0141-201-6000
Fax 0141-201-5206
www.nhsgg.org.uk

NHS
Greater
Glasgow

Consultants
Prof. C.S. Munro
Dr D.J. Bilsland
Dr A. Drummond

Dermatology Department

Appointments: 0141 201 5132
Secretary: 0141 201 5413
[redacted] No: 0141 201 5477
Website: www.show.scot.nhs.uk/sguh/

Typed: 20/10/04

Dr [redacted]
Rutherglen Health Centre
130 Stonelaw Road
GLASGOW
G73 2PQ

Dear Dr [redacted]

LORRAINE MOFFAT 3-2, 4 KIRKCONNELL DR GLASGOW DOB. 02/04/68
Clinic date: 13 October 2004
Clinic: Dr Bilsland

This patient failed to attend the Dermatology Clinic today for their appointment. We have therefore not arranged a further appointment but would be happy to do so should you feel it necessary.

Kind regards.

Yours sincerely

p.p. [redacted] *Hawthorne*

D. BILSLAND
CONSULTANT DERMATOLOGIST

REF NO: DB/CLH/796718

NHS Confidential: Personal data about a patient

E-mail Subject Line: Dermatology, Dr DAVID BILSLAND, 0204686547, Moffat, Lorraine

Clinic	Day Date	Time	Hospital No.
Consultant to complete:	Appointment category	Clinic Details	

8th September, 2004 GP Urgency: Routine
Reason (if urgent):

CHI **0204686547**

Please arrange for this patient to attend **Victoria Infirmary, Dermatology, Dermatology, Dr [redacted] BILSLAND**

Surname **Moffat**
Forename **Lorraine**
Address **3-2 4 Kirkconnell Dr**
RUTHERGLEN
GLASGOW

Post code **G73 4QW**
Previous name
" address

Title **Miss**
Date of birth **02/04/68**

Tel

Previous hospital attendance Y/N
If Yes, please indicate year Year
Unit number
Referral checked by

Referring clinician: Dr D M [redacted]
Overtoun Medical Practice
130 Stonelaw Road
Rutherglen
G73 2PQ

0141 531 6025, fax: 0141 613 3450
Practice Number 49111

I would be grateful if you could see this woman who presented today with an interesting patchy rash affecting the necklace area and two areas of her upper arms. The rash has heliotrope discoloration and when pressure is applied blanches freely revealing an underlying area of depigmentation. The rash has a vasculited appearance to it and I have sent her for full blood count and auto immune serology. She is otherwise well with no significant past medical history. I would value your opinion with regard to diagnosis here.

Thank you in anticipation.

Yours sincerely,

DR. D. M. REID

Moffat, Lorraine, 0204686547, 02/04/1968 Dr [redacted] BILSLAND Dermatology [redacted]
Infirmary Routine
DD \\gpass49111w2k1\Documents\Dr D M Reid\Moffat, Lorraine 2004 09 08 #1.doc

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

6

ACCIDENT & EMERGENCY DEPARTMENT
SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
LANGSIDE ROAD, GLASGOW G42 9TY
TEL: 0141-201 6000

NHS Greater Glasgow

(BLOCK LETTERS) SURNAME Moffat	[redacted] 02/04/1968	AGE 36 y	SEX F	A/E NUMBER AE/162146

FORENAME Lorraine
OCCUPATION

ADDRESS [redacted]
4 Kirkconnel Drive
Rutherglen
Glasgow

POST CODE G73 4QW TEL. 07931 485746

ARRIVAL DATE 20/07/2004
ARRIVAL TIME (24hr clock) 22:13
MODE Ambulance
REFERRAL BY 999 Emerge

G.P. NAME Dr [redacted]
ADDRESS Rutherglen Health Centre
130 Stonelaw [redacted]
Rutherglen
G73 2PQ
CODE 4911111 TEL 01415316010

PRESENTING COMPLAINT
Sudden Illness
INCIDENT TYPE
Other
INCIDENT LOCATION
Home

GP DISCHARGE LETTER

DIAGNOSIS SUPRA-PUBIC PAIN ? RELATED TO UTI

INVESTIGATIONS urinalysis - large blood, protein+

• X-RAYS

TREATMENT Continue Cefalexin
Cocodamol
Home - to return if Sx return.
(Pain-free on reaching Dept). CODE

PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT) MCLAUGHLIN CODE KS
(SIGNATURE) [signature] DISCHARGE TIME 2300

FOLLOW UP NOT ARRANGED / ARRANGED DATE TIME

OUT PATIENTS (PLEASE CIRCLE)

		ADMISSION	
A&E CLINIC	ORTHOPAEDIC	TO WARD	
SURGERY	MEDICINE	MEDICINE	SURGERY
EYE	E.N.T.	ORTHOPAEDIC	E.N.T.
GYNAECOLOGY	OTHER	GYNAECOLOGY	OTHER

NHS Confidential: Personal data about a patient

South Glasgow
University Hospitals
NHS Trust

[redacted] Infirmary

Langside Road
Glasgow G42 9TY
Telephone 0141-201-6000
Fax 0141-201-5206
www.nhsscotland.co.uk

NHS
Greater
Glasgow

Tel: (Secretary) 0141 201 5466
Fax (Secretary) 0141 201 5117
e-mail: ann.izatt@gvic.scot.nhs.uk

Ref: DCS/AL796718
Breast Clinic: 2nd March 2004
Dictated: 2nd March 2004
Typed: 2nd March 2004

4 MAR 2004

Dr D M [redacted]
Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN G73 2PQ

Dear Dr Reid

Lorraine Moffat, 3/2 4 Kirkonnell Drive, Rutherglen G73 4QW
D.O.B. 02/04/68

Thank you for your note about Lorraine who I saw this morning at the breast clinic. She tells me that her breast pain has never really settled since she first attended here in 1996, but recently it has become much worse again affecting the left breast more than the right. It has a clear-cut cyclical pattern and lasts for seven days before each period. Her periods are regular, she has been sterilised and is not taking any medication which could be incriminated in the development of this problem.

On examination there is a generalised increase in nodularity in the upper half of the left breast but no focal abnormality that worried me. I was seeing her at the immediate postmenstrual phase of her cycle when her breasts will be at their quietest.

As she had not responded in the past to Efmast, Danazol, Bromocriptine or Tamoxifen I thought we should go straight on to the preparation that seemed to be most helpful, namely Provera, taken in a dose of 2.5mgs daily for the last [redacted] days of each cycle. I have given her a breast pain diary chart and asked her to see you to get this prescription some time next week. She is going to monitor her symptoms prospectively and I would like her to go through two full cycles before I reassess the situation. She has a review appointment for May.

Yours sincerely

[redacted] C [redacted]
Consultant Surgeon

VIC 741
0163924

NHS Confidential: Personal data about a patient

E-mail Subject Line: Breast Clinic, Mr [redacted] SMITH, 0204686547, Moffat, Lorraine

Clinic	Day Date	Time	Hospital No.
Consultant to complete:	Appointment category		Clinic Details

Date27-Jan-04 GP Urgency: Routine
Reason (if urgent):

CHI **0204686547**

Please arrange for this patient to attend [redacted] **Infirmary, Breast Clinic, Breast Clinic, Mr** [redacted]

Surname **Moffat**
Forename **Lorraine**
Address **3-2 4 Kirkconnell Dr**
RUTHERGLEN
GLASGOW

Post code **G73 4QW**
Previous name
address

Previous hospital attendance Y/N
If Yes, please indicate year Year
Unit number 796718
Referral checked by

Title **Miss**
Date of birth **02/04/68**

Tel

Referring clinician: Dr D M [redacted]
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

0141 531 6025, fax: 0141 613 3450
Practice Number 49111

I would be grateful if you could see this woman who has suffered from benign breast pain for many years. She has previously attended your Clinic (1998) and is known to have fairly nodular breast tissue. She presented today with her old problem of benign breast pain, in association with a new lump she had found in the left breast. Examination revealed a 2cm firm, cystic feeling lump in the upper outer quadrant of the left breast. No lymph nodes were palpable in the left axilla or supraclavicular region. I would be grateful for your assessment of this lump, and suggestions as to further management of her benign breast pain.

Yours sincerely

Dr D M Reid

Moffat, Lorraine, 0204686547, 02/04/1968 Mr [redacted] Breast Clinic [redacted]
Infirmary Routine
IW \\Gps49111serv2\Documents\Dr D M Reid\Moffat, Lorraine 2004 01 27 #1.doc

NHS Confidential: Personal data about a patient

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

DIVISION OF OBSTETRICS & GYNAECOLOGY

THE [redacted] INFIRMARY

COLPOSCOPY CLINIC

Dr R J S Hawthorn (Consultant)
Dr Pyone Myint
Dr A [redacted]

Langside Road
Glasgow
G42 9TY
☎ 0141 201 5378
Fax 0141 201 5580

HA/JC/796718

16 April 2003

Dr Bremner
Rutherglen Health Centre
130 Stonelaw Road
Glasgow
G73 2PQ

Dear Dr Bremner

Lorraine Moffat – DoB 2/4/68.
4 Kirkconnel Drive Rutherglen Glasgow G73 4QW.

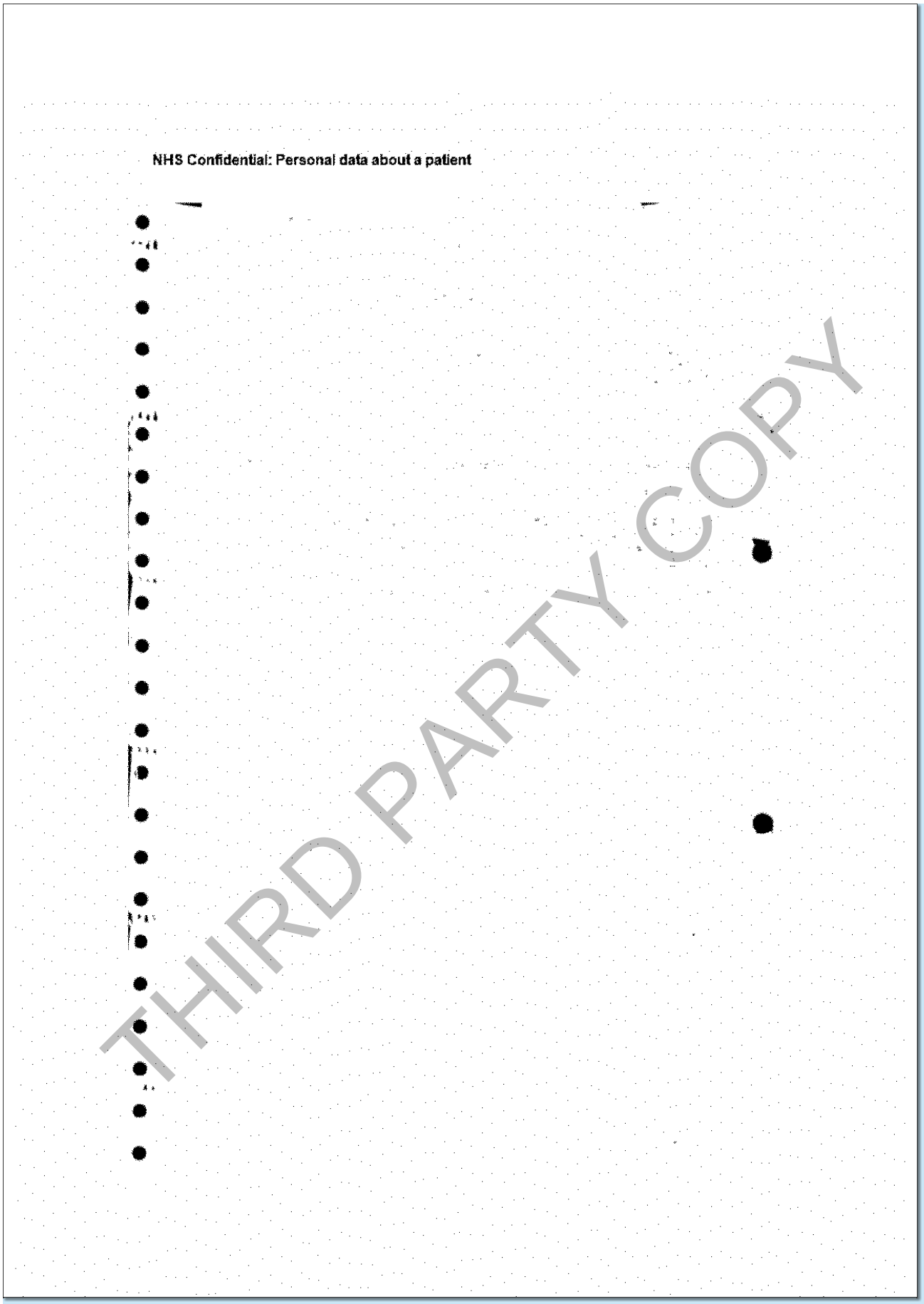
Your patient was seen at colposcopy clinic 2/4/03. Her cytology and colposcopy have now returned normal. She requires only one follow up in 1 year's time with GP.

Yours sincerely

Hassan Ali
Staff Grade

25 APR 2003

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

THE [redacted] INFIRMARY

ACCIDENT & EMERGENCY DEPARTMENT
SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
LANGSIDE ROAD, GLASGOW G42 9TY
TEL: 0141-201 6000

(BLOCK LETTERS)	D.O.B.	AGE	SEX	A/E NUMBER
SURNAME Moffat	02/02/1968	34 y	F	AE/178401

FORENAME Lorraine
OCCUPATION
ADDRESS 3/2/4 Kirkronnel Drive
Rutherglen
Glasgow
UNEMPLOYED

ARRIVAL DATE 20/01/2003
ARRIVAL TIME (24hr clock) 19:21
MODE Private Tr
REFERRAL BY Self Refer

POST CODE G73 4QW TEL07931 485746

G.P. NAME Dr Janis. [redacted]
ADDRESS Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PG
CODE 4911:1 TEL01415316010

PRESENTING COMPLAINT
Hand Injury
INCIDENT TYPE
Injury
INCIDENT LOCATION
Home

22 JAN 2003

GP DISCHARGE LETTER

DIAGNOSIS Soft tissue injury (L) hand
INVESTIGATIONS —
• X-RAYS (L) Hand. - No #
TREATMENT Sprain, ice, NSAID

CODE

PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT) John Allen CODE H11
(SIGNATURE)
DISCHARGE TIME 2100

FOLLOW UP NOT ARRANGED / ARRANGED DATE TIME

OUT PATIENTS (PLEASE CIRCLE)

		ADMISSION	
A&E CLINIC	ORTHOPAEDIC	TO WARD	
SURGERY	MEDICINE	MEDICINE	SURGERY
[redacted]	E.N.T.	ORTHOPAEDIC	E.N.T.
GYNAECOLOGY	OTHER	GYNAECOLOGY	OTHER

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

THE VICTORIA INFIRMARY

ACCIDENT & EMERGENCY DEPARTMENT
SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
LANGSIDE ROAD, GLASGOW G42 9TY
TEL.: 0141-201 6000

(BLOCK LETTERS) SURNAME	D.O.B.	AGE	SEX	A/E NUMBER
FORENAME	OCCUPATION			ARRIVAL DATE
ADDRESS				ARRIVAL TIME (24hr clock)
	07 MAY 2002			MODE
POST CODE	TEL:			REFERRAL BY

G.P. NAME

ADDRESS

CODE TEL:

PRESENTING COMPLAINT

INCIDENT TYPE

INCIDENT LOCATION

GP DISCHARGE LETTER

DIAGNOSIS Stirrup (B) great toe.

INVESTIGATIONS

• X-RAYS (B) foot - NAD

TREATMENT

Discharged.

CODE

PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT) Thomson CODE C9

(SIGNATURE) DISCHARGE TIME 0530

FOLLOW UP NOT ARRANGED / ARRANGED DATE TIME

OUT PATIENTS (PLEASE CIRCLE)

A&E CLINIC ORTHOPAEDIC

SURGERY MEDICINE

E.N.T.

GYNAECOLOGY OTHER

ADMISSION

TO WARD

MEDICINE SURGERY

ORTHOPAEDIC E.N.T.

GYNAECOLOGY OTHER

NHS Confidential: Personal data about a patient

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

DIVISION OF OBSTETRICS & GYNAECOLOGY

THE [redacted] INFIRMARY

COLPOSCOPY CLINIC

Dr R J S Hawthorn (Consultant)
Dr Pyone Myint
Dr A [redacted]

Langside Road
Glasgow
G42 9TY
☎ 0141 201 5378
Fax 0141 201 5580

HA/HR/796718

27 March 2002

8 APR 2002

Dr Bremner
Rutherglen Health Centre
130 Stonelaw Road
Glasgow
G73 2PQ

Dear Dr Bremner

Lorraine Moffat-D.o.B. 2.4.68
223 Galloway Drive, Glasgow G73 4DD

Your patient returned to the colposcopy clinic on 13/3/02. Her colposcopic examination today was normal. Cervical smear however was unsatisfactory. In view of this she will be reviewed back at the Colposcopy clinic in one year's time.

Yours sincerely

P.P. [redacted]
Staff Grade

NHS Confidential: Personal data about a patient

21 SEP 2001

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

DIVISION OF OBSTETRICS & GYNAECOLOGY

THE [redacted] INFIRMARY

G. PASS

COLPOSCOPY CLINIC

Dr R J S Hawthorn (Consultant)
Dr Pyone Myint
Dr A [redacted]

Langside Road
Glasgow
G42 9TY
Tel 0141 201 5378
Fax 0141 201 5580

G. PASS

Ref: HA/CC/796718

12 September 2001

Dr Bremner
Rutherglen H/C
130 Stonelaw Road
Glasgow
G73 2PQ

Dear Dr. Bremner

Re: **Lorraine Moffat – DoB 2.4.68**
223 Galloway Drive, Glasgow G73 4DD

Your patient returned to the clinic and biopsy found: [redacted]1.

This has been treated with: Cold coagulation 12-09-01

There were no complications and an appointment has been made for her to return to the clinic for colposcopic and cytological review in 6 months.

In the meantime if there is any unexpected bleeding, she has been advised to contact this clinic, and should she develop a foul smelling or coloured discharge, she has been advised to see you.

Yours sincerely,

Hassan Ali
Staff Grade

NHS Confidential: Personal data about a patient

25 MAY 2001

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

DIVISION OF OBSTETRICS & GYNAECOLOGY

THE [redacted] INFIRMARY

COLPOSCOPY CLINIC

Dr R J S Hawthorn (Consultant)
Dr Pyone Myint
Dr A [redacted]

Langside Road
Glasgow
G42 9TY
☎ 0141 201 5378
Fax 0141 201 5580

HA/CC/796718

23 May 2001

Dr Bremner
Rutherglen Health Centre
130 Stonelaw Road
Glasgow
G73 2PQ

Dear Dr Bremner

Lorraine Moffat – DoB 2.4.68
223 Galloway Drive, Glasgow G73 4DD

Your patient was seen again at the colposcopy clinic on 9/5/01.

Cervical biopsy has found the following: [redacted] I and HPV.

This lesion is suitable for treatment at the colposcopy clinic and an appointment has been made for her to return for this.

Yours sincerely

Hassan Ali
Staff Grade

NHS Confidential: Personal data about a patient

South Glasgow
University Hospitals
NHS Trust

Trust Headquarters
Southern General Hospital
1345 Govan Road, Glasgow G51 4TF
Telephone: 0141-201-1100
Fax: 0141-201-2999

DAY SURGERY UNIT

Department of Obstetrics & Gynaecology

Consultants: Dr M J [redacted] Dr I N Ramsay
Dr Wm [redacted] Naismith Dr Neil McDougall
Dr V Hood Dr Douglas Mack
Dr R J S Hawthorn Dr [redacted] Kraszewski

Staff Grade: Dr Hassan

Dr Ramsay's Secretary
DIRECT LINE: 0141 201 2236

IR/KH.482762

15 January 2001

Dr Lynch
Rutherglen Health Centre
130 Stonelaw Road
Glasgow

Dear Dr [redacted]

Lorraine Moffat DOB 02 04 68
223 Galloway Drive Glasgow

As previously arranged we took this lady to theatre in the Day Surgery Unit on 12 January 2001 for a cystoscopy and to investigate her recurrent urinary tract infections.

There was no underlying cause of these found within the bladder and we took the opportunity to hydrodistend the bladder and gently dilate the urethra in an effort to improve her symptomatology.

We will see her back in the clinic a couple of months time to assess her response to this.

Yours sincerely

Ian N Ramsay
Consultant Obstetrician & Gynaecologist

SGH 401 cat no. 0368349

NHS Confidential: Personal data about a patient

South Glasgow University Hospitals

Trust Headquarters
Southern General Hospital
1345 Govan Road, Glasgow G51 4TF
Telephone: 0141-201-1100
Fax: 0141-201-2900

DIRECT LINE: [redacted]

DATE: 12/1/01

Dear Dr Lynch

Your Patient:

Address:

0482762
MOFFAT LORRAINE
223 GALLOWAY DRIVE F
GLASGOW NK
02/04/1968 [redacted]
G73 4DD CHI

attended the Day Surgery Unit, Southern General Hospital NHS Trust today for :

cystoscopy and urethral dilation

under General/Local anaesthesia.

Post-operative Instructions are: with patient

Analgesia: coproxamol (20 tabs) 2 tab 4-6hourly max 8 in 24hrs

Yours sincerely

Stephen Nelson
Liaison Nurse
Day Surgery Unit

Southern General Hospital • Victoria Infirmary • Cowglen Hospital • Monklands • [redacted]s House

NHS Confidential: Personal data about a patient

South Glasgow
University Hospitals
NHS Trust

Trust Headquarters
Southern General Hospital
1345 Govan Road, Glasgow G51 4TF
Telephone: 0141-201-1100
Fax: 0141-201-2999

Consultants:
Dr Wm C M K Naismith
Dr Matt J Carty
Dr Valeria D Hood
Dr [redacted]
Dr Ian N Ramsay
Dr [redacted] Mack
Dr Andrew Krazewski
Dr Neil McDougall
Dr Stewart Pringle
Dr A Hassan - Staff Grade

Direct Dial: 201 2236
Dr Ramsay's Secretary - Cheryl

AH/CSM/482762

18 December 2000

Dr [redacted]
Rutherglen Health Centre
130 Stonelaw Road
GLASGOW
G73

Dear Dr [redacted]

Lorraine Moffat — DoB **02.04.68**
223 Galloway Drive, Glasgow

This lady was reviewed in the Urogynaecology clinic on 6 December 2000. The dye test was negative and there is no evidence of fistula. I have arranged a renal ultrasound scan and she is coming in for a cystoscopy.

Yours sincerely

A Hassan
Staff Grade in Obstetrics and Gynaecology

SGH 401 col no. 0368349

NHS Confidential: Personal data about a patient

South Glasgow University Hospitals NHS Trust
CONSULTANTS

Trust Headquarters
Southern General Hospital
1345 Govan Road, Glasgow G51 4TF
Telephone: 0141-201-1100
Fax: 0141-201-2999

Dr Wm C M K Naismith
Dr Matt J Carty
Dr Valerie D Hood
Dr [redacted] J S Hawthorn
Dr Ian N Ramsay

Dr [redacted] Mack
Dr [redacted] Kraszewski
Dr [redacted] McDougall

Dr Hassan - Staff Grade

(Dr Ramsay's Secretary) - ☎ Direct Dial: 0141 201 2236

Date Dictated: 29th November 2000
Date Typed: 7th December 2000

Dr Lynch
Rutherglen Health centre
130 Stonelaw [redacted]
RUTHERGLEN
G73

Dear DR [redacted]

LORRAINE MOFFAT DOB 2 8 68 HN 482762
223 GALLOWAY DRIVE GLASGOW

I saw Mrs Moffat at the clinic today following your referral. She gives a history of possible recurrent cystitis having had approximately 10 episodes over the last year. She describes a burning sensation while micturating but also interestingly while having intercourse. This latter finding could certainly suggest a diagnosis of the urethral syndrome rather than recurrent urine infections but obviously we will have to proceed on the basis of the [redacted] diagnosis. She also eluded one other interesting symptom that being a possible peri-urethral fistula as she has noticed her urine escaping from an orifice other than the external meatus.

Unfortunately she was menstruating today and was not keen on examination and I have therefore deferred this till next week when we will also perform a dye test as well as a clinical examination. Should this be normal then I think a cystoscopy would be our initial investigation and we will keep you posted as to her progress.

Yours sincerely

Dr A [redacted]
Registrar to Dr Ramsay

SGH 401 cost no. 0368349

NHS Confidential: Personal data about a patient

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

DIVISION OF OBSTETRICS & GYNAECOLOGY

THE [redacted] INFIRMARY

COLPOSCOPY CLINIC

Dr R J S Hawthorn (Consultant)
Dr Pyone Myint
Dr A [redacted]

Langside Road
Glasgow
G42 9TY
☎ 0141 201 5378
Fax 0141 201 5580

HA/CC/796718

21 November 2000

Dr Bremner
Rutherglen Health Centre
130 Stonelaw Road
Glasgow
G73 2PQ

Dear Dr Bremner

Lorraine Moffat – DoB 2.4.68
223 Galloway Drive, Glasgow G73 4DD

Thank you for referring your patient to the colposcopy clinic, whose smear test showed: mild dyskaryosis with viral changes.

Following cervical biopsy it was found that she had CIN1 and HPV. This will be kept under colposcopic review and if it persists or progress then it can be treated.

A further appointment in 6 months time has been arranged.

Yours sincerely

Hassan Ali
Staff Grade
For Dr R J S Hawthorn

NHS Confidential: Personal data about a patient

RUTHERGLEN HEALTH CENTRE
Tel: 0141 531 6025 (24 hrs). Tel: 0141 531 6010 (Appt. Only)
Fax: 0141 613 3450

Dr. A. D. Bremner
Dr. D. M. Reid
Dr. J. Lynch

130 Stonelaw Road
RUTHERGLEN
Glasgow , G73 2PQ

Ref: JL/AC
3 October 2000

SOUTHERN GENERAL HOSPITAL
URO-GYNAECOLOGY CLINIC

DR RAMSAY

Dear Dr Ramsay,

Re: Lorraine Moffat, D.o.B 2.4.68. 233 Galloway Drive,
Rutherglen, Glasgow, G73

Thank you for seeing this 32 year old woman who gives a one year history of recurrent "cystitis".

Lorraine has a constant feeling of dysuria of varying severities and frequency up to 10 times daily, nocturia x2 and a sensation of urgency. She also describes stress incontinence over this time.

On examination today there are no abdominal abnormalities and bimanual palpation was normal. Urinalysis and MSSU were performed and revealed a definite e-coli infection but on review of her casenotes there have been no previous samples submitted over the past year, although several courses of antibiotics have been administered. She tells me these have partially alleviated her symptoms but the dysuria and frequency have definitely been a consistent chronic problem.

In her past history, this lady has had 2 pregnancies, one SVD and one low cavity forceps delivery in 1985. She has been sterilised and is currently awaiting colposcopic examination to follow-up mild dyskariosis on her cervical smear of August 2000.

Many thanks.

Yours sincerely

DR J LYNCH

NHS Confidential: Personal data about a patient

[redacted]

RUTHERGLEN HEALTH CENTRE

Tel: 0141 531 6025 (24 hrs). Tel: 0141 531 6010 (Appt. Only)
Fax: 0141 613 3450

Dr. A. D. Bremner
Dr. D. M. [redacted]
Dr. J. Lynch

130 Stonelaw Road
RUTHERGLEN
Glasgow , G73 2PQ

Ref: JL/AC
6 September 2000

MRS LORRAINE MOFFAT
223 GALLOWAY DRIVE
RUTHERGLEN
GLASGOW
[redacted]73

Dear Lorraine,

You recently attended the surgery for a cervical smear test and we now have the result to hand. Your smear has revealed some mild abnormalities in the cells of the neck of the womb and as a routine in this situation, the laboratory have recommended that we refer you for a more detailed examination of the cervix. This is called colposcopy, and the examination is carried out at the [redacted] Infirmary hospital. It is similar to having a smear test taken.

Your smear does not show cancer, but very mild changes which, if left untreated over a period of many years, could lead to a more worrying problem developing. It is therefore important that you attend for the appointment as enclosed.

You will find an appointment card and an instruction booklet enclosed. If you have any questions regarding this or wish to discuss it in more detail, please do not hesitate to contact one of the Doctors or our Practice Nurse at the Health Centre.

Yours sincerely

DR J LYNCH

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[redacted]

NHS Confidential: Personal data about a patient

22-MAY-1999 13:30 [redacted] GEMS 2016507 P.01

G.P. EMERGENCY MEDICAL SERVICE (GLASGOW)

CENTRE: Victoria Infirmary 312

NAME OF GP	Dr Brenner . S00311
GP ADDRESS	Ruth H C
FAX NO.	035
PATIENT NAME	Lorraine Moffat
DOB	2/4/68
ADDRESS TODAY	223 Galloway Ave Fernhill
POSTCODE	
HOME ADDRESS (IF DIFFERENT)	
SPECIAL DIRECTIONS	
CALLER'S NAME	
RELATIONSHIP	Self
TEL. NO.	0790 7684101 (mobile)
COMPLAINS OF	abcess face swollen + painful on right side.
ACTION	URGENT VISIT ☐ NON-URGENT VISIT ☐ ATTEND:OWN TRANSPORT ☑ ATTEND: PTS TRANSPORT ☐ AMBULANCE ☐ ADVICE ☐
DATE	22 5 99
RECEPTIONIST NAME	[illegible]
TIME PHONED	1305
TIME PASSED (FOR VISIT/PTS)	
TIME AT CENTRE	13:24 [illegible]
TIME SEEN	13.18

CLINICAL NOTES

PMH nil
DH nil
Allergy nil

Abscess (R) mandible area. Pain [illegible]
↑ Crowded [illegible]
[illegible] — full denture for 10 years.

→ Co-amoxiclav (21)
Tramadol 50g (30)

To contact dentist next week.

TREATMENT

REFERRAL

CATEGORY CODE

G. PASS

SEEN BY DR	[illegible]
ROTA NO.	199
NURSE	

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).

TOTAL P.01

NHS Confidential: Personal data about a patient

THE VICTORIA INFIRMARY
NHS TRUST

MADP/AL796718

Direct Line (secretary): 0141 201 5466
Fax: Direct Line (secretary): 0141 201 5117
BREAST CLINIC 2nd MARCH 1999

Dictated: 2nd March 1999
Typed: 3rd March 1999

CHARTERMARK AWARD FOR THE CARDIAC REHABILITATION CENTRE

Dr A D Bremner
Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN
G73 2PQ

Headquarters
Queen's Park House,
Langside Road,
Glasgow G42 9TT.
Telephone:
0141-201 6000.
Fax:
0141-201 5825.

Dear Dr Bremner

LORRAINE MOFFAT, 223 GALLOWAY DRIVE, GLASGOW G73 4DD
D.O.B. 02/04/68

This lady returned to Mr [redacted] clinic for review today. She tells me that since starting a combination of Provera, Bendrofluozide and Efamast her pain has improved in terms of duration if not in terms of amount.

I have explained to her that I do not think there is anything further that can be done from our point of view and have discharged her from the clinic. We would of course be happy to see her again if she has any further problems.

Mansionhouse Unit,
Mansionhouse Road,
Langside,
Glasgow
G41 3DX.
Telephone:
0141-201 6161.
Fax:
0141-201 6159.

Yours sincerely

M A D PICKARD FRCS
HOSPITAL PRACTITIONER

Mearnskirk House,
Mearns Road,
Newton Mearns,
Glasgow
G77 5RZ.
Telephone:
0141-616 3742.
Fax:
0141-616 0730.

NHS Confidential: Personal data about a patient

THE [redacted] INFIRMARY NHS TRUST

GLASGOW, G42 9TY

796718
Moffat Lorraine
223 Galloway Drive F
[redacted]therglen 2
[redacted]asgow 02/04/1968
G73 4DD GP.Prac.49111

Clinic: Breast

Date: 1/12/98

Dear Dr. Brenner

NAME: ....

I saw this patient today and will be writing in detail. Meantime I would be grateful if you would prescribe the following:-

Provera 2.5mg starting on 16th day of her cycle for 10 days.

Thank you

F. Braider (SHO to D.C. Smith)

17/1/99

0191032

NHS Confidential: Personal data about a patient

THE [redacted] INFIRMARY
NHS TRUST

FB/K1/796718

BREAST CLINIC
Tel: Direct Line: 0141 201 5466
Fax: Direct Line: 0141 201 5117

Dict: 30 November 1998
Typed: 2 December 1998

Dr A.D. Bremner
Rutherglen Health Centre
130 Stonelaw Road
GLASGOW
G73 2PQ

Dear Dr Bremner,

LORRAINE MOFFAT, 223 GALLOWAY DRIVE, GLASGOW, G73 4DD
D.O.B. 2.4.68

Thank you for your note about this 30 year old lady who found several lumps in her left breast about six months ago. As you know she has had severe cyclical mastalgia for about six years which has been resistant to Bromocriptine, Danazol and Tamoxifen. There is no other past medical history of note apart from sterilisation. Her periods are regular and she is on no regular medication at present. She has two children who were not breast fed and there is no family history of breast cancer.

On examination there are two prominent slightly tender areas of breast tissue in the upper outer and lower outer quadrant of the left breast. There is a soft, mobile and well defined lump in the 7 or 8 o'clock position close to the areolar margin in the same breast. This feels like fatty tissue. For her reassurance I have taken an FNA of this which showed blood and adipose tissue only with no epithelial cells.

She is still complaining bitterly of her cyclical mastalgia and I think it might be worthwhile trying Provera 2.5mg for ten days beginning on the 16th day of her cycle. I have strongly reassured her as far as the lump in her breast is concerned and have arranged to see her again in three months time.

Yours sincerely,

F. BRINCKER
SURGICAL SHO TO [redacted] C. [redacted]

CHARTERMARK AWARD
FOR THE CARDIAC
REHABILITATION CENTRE

Headquarters
[redacted] Park House,
Langside Road,
Glasgow G42 9TT.
Telephone:
0141-201 6000.
Fax:
0141-201 5825.

Mansionhouse Unit,
Mansionhouse Road,
Langside,
Glasgow
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Telephone:
0141-201 6161.
Fax:
0141-201 6159.

Mearnskirk House,
Mearns Road,
Newton Mearns,
Glasgow
G77 5RZ.
Telephone:
0141-616 3742.
Fax:
0141-616 0730.

Rutherglen
Maternity Hospital,
120 Stonelaw Road,
Rutherglen,
Glasgow
G73 2PG.
Telephone:
0141-201 6060.
Fax:
0141-201 6423.

Victoria Infirmary,
Langside Road, Glasgow G42 9TY.
Telephone: 0141-201 6000. Fax: 0141-201 5206.

NHS Confidential: Personal data about a patient

RUTHERGLEN HEALTH CENTRE
Tel: 0141 531 6025 (24 hrs). Tel: 0141 531 6010 (Appt. Only)
Fax: 0141 613 3450

Dr. A. D. Bremner
Dr. D. M. [redacted]
Dr. J. [redacted]

130 Stonelaw Road
RUTHERGLEN
Glasgow , G73 2PQ

Ref: ADB/AC
29 October 1998

[redacted] INFIRMARY
BREAST CLINIC

MR [redacted] SMITH

[redacted]Dear Mr Smith,

Re: Lorraine Moffat, D.o.B 2.4.68, 223 Galloway Drive,
Rutherglen, Glasgow, G73.

This girl who attended you in 1997 because of breast pain has presented with a small tender cystic lump in the lower [redacted] of her left breast. This has failed to respond to antibiotics and anti inflammatories. I should be most grateful for your advice re-further investigation and management here.

Yours sincerely

DR A D BREMNER
[redacted]

NHS Confidential: Personal data about a patient

THE [redacted] INFIRMARY
NHS TRUST

Our ref: 796718
Your ref:

Victoria Infirmary
Langside
Glasgow G42 9TY
Telephone: 0141-201-6000

M/S Lorraine Moffat
223 Galloway Dr
Glasgow G73 4DD

If phoning ask for Ext 5133

Dr Reid
Rutherglen H/C

DATE: 7/3/97

Dear Madam

We note you failed to keep your appointment with MR DC SMITH
on TUES 4/3/97. You are therefore advised that:

(a) No further appointment has been allocated and you should contact your own G.P. for advice.

(b) Another appointment has been arranged for .....
at ..... a.m./p.m.

Appointments Desk
[redacted] Infirmary
Langside
Glasgow
G42 9TY

NHS Confidential: Personal data about a patient

IB 65B

Incapacity Benefit and Severe Disablement Allowance

THE BENEFITS AGENCY
MURRAY HOUSE
MURRAY ROAD
[illegible]
01365 0722[illegible]

Please give this letter to your doctor as soon as you can.

Name and address of doctor

Dr A. Brennan
Rutherglen Health Centre
130 Stonelaw Road
Glasgow
G73-8PP

If you get in touch with us tell us this reference number: NP 79 93 49B

If you ring ask for this extension: 2315

Date: 24/[redacted]

Incapacity for work

Patient's name: Mrs Lorraine Moffat

Date of birth: 2 / 4 / 65

This patient has been claiming benefit because they are incapable of work. Their ability to work was recently assessed using the *all work test*.

The adjudication officer has decided that your patient is capable of work from 19 / 2 / 97 .

Adjudication officer's are people who decide whether the law says someone is entitled to benefit or not.

The adjudication officer based their decision on
- information given by your patient, and
- a detailed medical assessment carried out by a doctor from the Benefits Agency Medical Service.

If the adjudication officer decided that there are any limitations or restrictions on your patient's ability to work, a summary of these will have been given to your patient.

What this decision means

You no longer need to give your patient any more medical certificates unless
- your patient's condition becomes significantly worse, or
- your patient wants to claim benefit because of a new medical condition.

Where to get more information

You can get more information about what to do now and in the future in the booklet *A Guide for Registered Medical Practitioners*. If you do not have a copy, you can get this booklet from the Health Authority you have a contract with.

benefits agency

An Executive Agency of the Department of Social Security

Printed for BAPSS by Prudential Business Services / Print. M 5406 7/95

NHS Confidential: Personal data about a patient

THE [redacted] INFIRMARY
NHS TRUST

DCS/CMcC/796718

✆ DIRECT LINE: 0141 201 5466
FAX LINE: 0141 201 5206

Dictated on the 4th February 1997
Typed on the 11h February 1997

BREAST CLINIC

Dr [redacted]
Rutherglen Health Centre
130 Stonelaw Road
Glasgow
G73 2PQ

Dear Dr Reid

LORRAINE MOFFAT DOB 2/4/68
223 GALLOWAY DRIVE GLASGOW G73 4DD

Lorraine has not achieved any benefit from Tamoxifen and it looks as though her breast pain is going to be refractory to all forms of treatment. I have asked her to stop her Tamoxifen, the only alternative now would be to give her a 10 day course of supplementary progesterone during the second half of the cycle on the assumption that the pain could be due to an imbalance between oestrogen and progesterone. I would like all the Tamoxifen to be washed out of her system before we do that. I am seeing her in a months time to discuss that further with her.

Yours sincerely

[redacted] C [redacted]
Consultant Surgeon

FULL ACCREDITATION BY THE KING'S FUND ORGANISATION AUDIT

Headquarters
Queen's Park House,
Langside Road,
Glasgow G42 9TT.
Telephone:
0141-201 6000.
Fax:
0141-201 5825

Victoria Geriatric Unit,
Mansionhouse Road,
Langside,
Glasgow
G41 3DX.
Telephone:
0141-201 6161.
Fax:
0141-201 6159.

Rutherglen
Maternity Hospital,
120 Stonelaw Road,
Rutherglen,
Glasgow
G73 2PG.
Telephone:
0141-201 6060.
Fax:
0141-201 6423.

CHARTERMARK AWARD FOR THE CARDIAC REHABILITATION CENTRE

Meiklerkirk Hospital,
Old Mearns Road,
Newton Mearns,
Glasgow
G77 5RZ.
Telephone:
0141-211 9400.
Fax:
0141-211 9402.

Victoria Infirmary,
Langside Road, Glasgow G42 9TY.
Telephone: 0141-201 6000. Fax: 0141-201 5206.

NHS Confidential: Personal data about a patient

THE [redacted] INFIRMARY
NHS TRUST

AMG/KL/796718

BREAST CLINIC
Direct Line: 0141 201 5466

Dict: 3 December 1996
Typed: 10 December 1996

Dr D. Bremner
Rutherglen Health Centre
130 Stonelaw Road
GLASGOW
G73 2PQ

Dear Dr Bremner,

LORRAINE MOFFAT, 223 GALLOWAY DRIVE, GLASGOW, G73 - D.O.B. 2.4.68

I reviewed this lady at Mr [redacted] Breast Clinic today. She tells me that she has gained no benefit from her Bromocriptine therapy and that her breast pain is just as severe. She now appears to be in [redacted] After a long chat Lorraine has reluctantly agreed to commence Tamoxifen tablets. I would therefore be very grateful if you could issue her with a prescription for Tamoxifen 20mg daily and we will review her again in the clinic in a further two months.

Yours sincerely,

Alan McGavin

[redacted] M. GAVIN
CLINICAL ASSISTANT

FULL ACCREDITATION BY THE KINGS FUND ORGANISATION AUDIT

Headquarters
Queens Park House,
Langside Road,
Glasgow G42 9TT.
Telephone:
0141-201 6000.
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Mansionhouse Road,
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Telephone:
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Rutherglen
Maternity Hospital,
120 Stonelaw Road,
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0141-201 6060.
Fax:
0141-201 6423.

CHARTERMARK AWARD FOR THE [redacted] REHABILITATION CENTRE

Meanskirk Hospital,
Old Mearns Road,
Newton Mearns,
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Telephone:
0141-211 9400.
Fax:
0141-211 9402.

Victoria Infirmary,
Langside Road, Glasgow G42 9TY.
Telephone: 0141-201 6000. Fax: 0141-201 5206.

NHS Confidential: Personal data about a patient

THE [redacted] INFIRMARY
NHS TRUST

DCS/KL/796718

BREAST CLINIC
Direct Line: 0141 201 5466

Dict: 1 October 1996
Typed: 6 October 1996

Dr D. Bremner
Rutherglen Health Centre
130 Stonelaw Road
GLASGOW
G73 2PQ

Dear Dr Bremner,

LORRAINE MOFFAT, 223 GALLOWAY DRIVE, GLASGOW, G73
D.O.B. 2.4.68

Lorraine's symptoms have failed to improve with Bromocriptine. She is very nodular in the upper outer quadrant of the left breast. Before being certain that Bromocriptine will be of no benefit I thought she would worth treating for a further two months and if that fails perhaps a trial with Tamoxifen might be worthwhile.

I have asked her to continue with her therapy and to fill in her breast pain diary chart.

Yours sincerely,

[redacted] C. [redacted]
CONSULTANT SURGEON

FULL ACCREDITATION BY THE KINGS FUND ORGANISATION AUDIT

Headquarters
Queen's Park House,
Langside Road,
Glasgow G42 9TT.
Telephone:
0141-201 6000.
[redacted]
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0141-201 6159

Rutherglen
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CHARTERMARK AWARD FOR THE CARDIAC REHABILITATION CENTRE

Mearnskirk Hospital,
Old Mearns Road,
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Telephone:
0141-211 9400.
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0141-211 9414.

Victoria Infirmary,
Langside Road, Glasgow G42 9TY.
Telephone: 0141-201 6000. Fax: 0141-201 5206.

NHS Confidential: Personal data about a patient

THE [redacted] INFIRMARY
NHS TRUST

DCS/KL/796718

BREAST CLINIC
Direct Line: 0141 201 5466

Dict: 6 August 1996
Typed: 13 August 1996

Dr D. Bremner
Rutherglen Health Centre
130 Stonelaw Road
GLASGOW
G73 2PQ

Dear Dr Bremner,

LORRAINE MOFFAT, 223 GALLOWAY DRIVE, GLASGOW, G73
D.O.B. 2.4.68

Lorraine continues to have moderately severe breast pain more troublesome in the left breast than the right. It has a clear cyclical pattern. I think she should now start Bromocriptine. Because of nausea as a side effect it has to be introduced slowly and I have attached the dose schedule at the bottom of this letter.

I will see her again for review in eight weeks by which time I hope she will have had at least one full cycle and part of a second cycle on the Bromocriptine so that we can assess the response.

Yours sincerely,

[redacted] C. [redacted]
CONSULTANT SURGEON

Bromocriptine - 2.5mg on 1st day, or daily 2-3 days then 2.5mg twice daily for 14 days.

FULL ACCREDITATION BY THE KING'S FUND ORGANISATION AUDIT

Headquarters
Queens Park House,
Langside Road,
Glasgow G42 9TT.
Telephone:
0141-201 6000.
Fax:
0141-201 5825

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Mansionhouse Road,
Langside,
Glasgow
G41 3DX.
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0141-201 6161.
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Rutherglen
Maternity Hospital,
120 Stonelaw Road,
Rutherglen,
Glasgow
G73 2PG.
Telephone:
0141-201 6060.
Fax:
0141-201 6423.

CHARTERMARK AWARD FOR THE CARDIAC REHABILITATION CENTRE

Mearnskirk Hospital,
Old Mearns Road,
Newton Mearns,
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Telephone:
0141-211 9400.
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0141-211 9414.

Victoria Infirmary,
Langside Road, Glasgow G42 9TY.
Telephone: 0141-201 6000. Fax: 0141-201 5206.

NHS Confidential: Personal data about a patient

THE [redacted] INFIRMARY
NHS TRUST

DCS.LN.769718

Direct Line 0141 201 5466

Dictated 4th June, l996.
Typed 13th June, l996.

Dr. D. Bremner,
Rutherglen Health Centre,
130, Stonelaw Road,
Glasgow, G.73 2PQ.

[redacted]

Dear Dr. Bremner,

LORRAINE MOFFAT, 223, GALLOWAY DRIVE, G.73. DOB 2.4.68.

Thank you for your letter about this young woman. I note that she has failed to respond to Efamast and Danazol for her cyclical breast pain and nodularity. Examination confirmed the generalised benign nature of the problem that you had outlined in your letter. There was certainly nothing of a sinister nature that concerned me.

Rather than embark on third line therapy using Bromocriptine I thought that it might be better to chart the extent and severity of her pain and I have given her a breast pain diary chart to do this. I have also suggested that she might obtain significant relief by reducing the amount of caffeine and fat in her diet. [redacted] She takes a fair amount of normal coffee supplemented by Coke and Irn bru both of which contain high levels of caffeine. I think this will make a significant difference and I will see her again in two months.

Yours sincerely,

[redacted] C. [redacted]
CONSULTANT SURGEON.

FULL ACCREDITATION BY THE KINGS FUND ORGANISATION AUDIT

Headquarters
Queens Park House,
Langside Road,
Glasgow G42 9TT.
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Fax:
0141-201 5825

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Fax:
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Maternity Hospital,
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Rutherglen,
Glasgow
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Telephone:
0141-201 6000.
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0141-201 6423.

CHARTERMARK AWARD FOR THE CARDIAC REHABILITATION CENTRE

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Glasgow
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Telephone:
0141-211 9400.
Fax:
0141-211 9414.

Victoria Infirmary,
Langside Road, Glasgow G42 9TY.
Telephone: 0141-201 6000. Fax: 0141-201 5206.

NHS Confidential: Personal data about a patient

[redacted]

Victoria Infirmary 26.4.96

Breast

MOFFAT

Lorraine

223 Galloway Drive

Rutherglen

G73 4DD

Victoria Infirmary

1995 796718

X

David Smith

2.4.68

[redacted]

ADB/IB/06325

Dear Mr Smith

This girl has suffered from fairly extensive fibrocystic disease for several years now but at the present time her breasts are very tender indeed and there are some very firm, craggy lumps particularly on the left side.

Despite anti-inflammatories, antibiotics and Efamast the situation is not improving and I should be most grateful for your opinion re further management here.

Kind regards.

Yours sincerely

[redacted]

Dr A D Bremner

NHS Confidential: Personal data about a patient

THE [redacted] INFIRMARY
NHS TRUST

Our Ref: JM/AB/796718

Your Ref: GYNAECOLOGY DEPARTMENT

If Phoning ask for: DIRECT LINE 0141 201 5371

DICTATED 21/02/95
TYPED 22/02/95

Dr Chatfield
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow G73 2PQ

[redacted]

Dear Dr Chatfield

LORRAINE MOFFAT, 223 GALLOWAY DRIVE, GLASGOW G73. DOB 2/4/68

This patient was admitted for sterilisation. EUA revealed no pelvic abnormality and this was confirmed at laparoscopy where a ring was applied to each tube for sterilisation. Her post-operative recovery was satisfactory and she went home the same day.

Yours sincerely

J Mowat
Consultant Gynaecologist

[redacted]

Victoria Infirmary,
Langside Road, Glasgow G42 9TY.
Telephone: 0141-201 6000. Fax: 0141-649 2206.

NHS Confidential: Personal data about a patient

THE [redacted] INFIRMARY
NHS TRUST

Our Ref: JM/AB/796718

Your Ref: GYNAECOLOGY DEPARTMENT

If Phoning ask for: DIRECT LINE 0141 201 5371

DICTATED 24/01/95
TYPED 26/01/95

Dr Chatfield
Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN G73

Dear Mary

LORRAINE MOFFAT, 223 GALLOWAY DRIVE, GLASGOW G73. DOB 2/4/68

Thank you for asking me to see this patient who seeks sterilisation. She is 26 years old with 2 children aged 10 and 7. Her [redacted] is 31, but he has rejected vasectomy. She is currently on the pill but, definitely does not want anymore children. Apart from chronic cervicitis I could detect no abnormality. I have taken a smear, and after discussing the pros and cons with her, I shall arrange for her admission for laparoscopic sterilisation as a day procedure.

Yours sincerely

J Mowat
Consultant Gynaecologist

[redacted] Infirmary,
Langside [redacted] Glasgow G42 9TY.
Telephone: 0141-201 6000. Fax: 0141-649 2206.

NHS Confidential: Personal data about a patient

24 11 94

Victoria
Gynaecology
[redacted]
Lorraineq

228 Galloway Drive
Rutherglen
G73

Dr Howat

2 4 68

Dr M Chatfield
Rutherglen HC
120 Stonelaw Road
G73

[redacted]

Dear Jim

This girl is Para 2+0. Her youngest is seven years and she is keen to be sterilised. I have counselled her at some length but she is adament in her request. Perhaps you would be good enough to consider this.

Kind regards

Yours sincerely,

[redacted]

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ADB/IB/06235

[redacted]

19 October 1994

Housing Department
24 Stoneleu Road
Rutherglen
GLASGOW G73

Dear Sir/Madam

Lorraine Moffat 223 Galloway Drive Rutherglen G73 4DD
DoB: 2.4.68

I write in support of change of house for this girl whose [redacted] of 4 Turnberry Place, Spittal, suffers from very severe arthritis.

The situation has now been reached where Lorraine is really looking after her [redacted] almost full-time and would therefore benefit from a change of housing near to her mother's abode.

I should be grateful if consideration could be given to this.

Yours faithfully

Dr A D Bremner

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THE [redacted] INFIRMARY
NHS TRUST

dict 1.2.94 typed 4.2.94
DERMATOLOGY DEPT EXT 5413

Dr. [redacted]
Rutherglen Health Centre,
130 Stonelaw Road,
Glasgow. G73

Dear Dr. Reid,

LORRAINE MOFFAT D.O.B. 2.4.68
223 GALLOWAY DRIVE, GLASGOW. G73 4DD

Thank you for referring this above patient to Dr. Munro's Dermatology Clinic where she was seen on 1st February 1994.

Diagnosis Alopecia areata

Treatment No action is required

Follow up Not intended

Lorraine's problem with alopecia seems to be self limiting as expected. She also complains of loss of eye lashes but it was explained this should also be self limiting and there is no further action required.

Yours sincerely,

S MCKEON,
SHO IN DERMATOLOGY

REF NO SM/EG/796718

Victoria Infirmary,
Langside Road, Glasgow G42 9TY.
Telephone: 041-649 4545. Fax: 041-649 2206.

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Hospital use Only | Clinic | Day Date | Time | Hospital No. | GP11Z

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

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital [redacted] Infirmary. Date 3.11.93. CHI No.

Please arrange for this patient to attend the Dermatgological O/P Clinic clinic of Dr/Mr Any Consultant.

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname MOFFAT. Maiden Surname

First Names LORRAINE. Single/Married/Widowed/Other

Address 223 GALLOWAY DRIVE. Date of Birth 2.4.1968.

RUTHERGLEN. /GLASGOW. Patient's Occupation

Postal Code G73. Contact telephone number

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

Name of Hospital

Year of Attendance Hospital No.

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice [redacted] days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

Please use rubber stamp

Our ref: DMR/RW.

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Doctor,

This young woman presented about a month ago with one patch of alopecia on her scalp. Over the intervening time several other patches have appeared. The skin of the scalp appears healthy but she is understandably concerned about the prognosis here.

I would be grateful for your opinion.

Thanks for seeing her.

Yours sincerely,

DR. D. MARK REID.

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

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

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

Signature

355-2104

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PART III

(to be detached and given to the patient)

Patient's name Lorraine Moffat

You have been accepted for contraceptive services by Dr Paterson

for the 12 months ending on Oct 1990

Please bring this slip with you the first time you visit the doctor for contraceptive services after that date. If you change to another doctor for contraceptive services please take this [redacted] with you.

Form GP 102

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NHS Confidential: Personal data about a patient

06235 ? No. D9/0

GREATER GLASGOW HEALTH BOARD

FAMILY PLANNING
HEALTH CENTRE
130 STONELAW ROAD
RUTHERGLEN

TEL. NO. 647-7171

Case No. 90-57

Our Ref ESBW/PG/7.2.86
Your Ref
If telephoning ask for —

Date: 8·3·90

Dear Doctor REID

re LORRAINE MOFFAT

233 GALLOWAY DR.

RUTHERGLEN G73

Date of birth 12·4·68·

This patient had a cervical ~~swab~~ smear taken on 15·2·90
A copy of the report is enclosed.

I have asked the patient to come [redacted] see you to arrange treatment.

Yours sincerely

Irene Colquhoun

MEDICAL OFFICER

enc.

Thrush treated at clinic
We will repeat smear in 6/12.

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6235

NAME LORRAINE MUFFAT UNIT No. 06235

ADDRESS 223 GALLOWAY DRIVE HOSP. RHC

DATE OF BIRTH 2.4.68 WARD DR GLEN

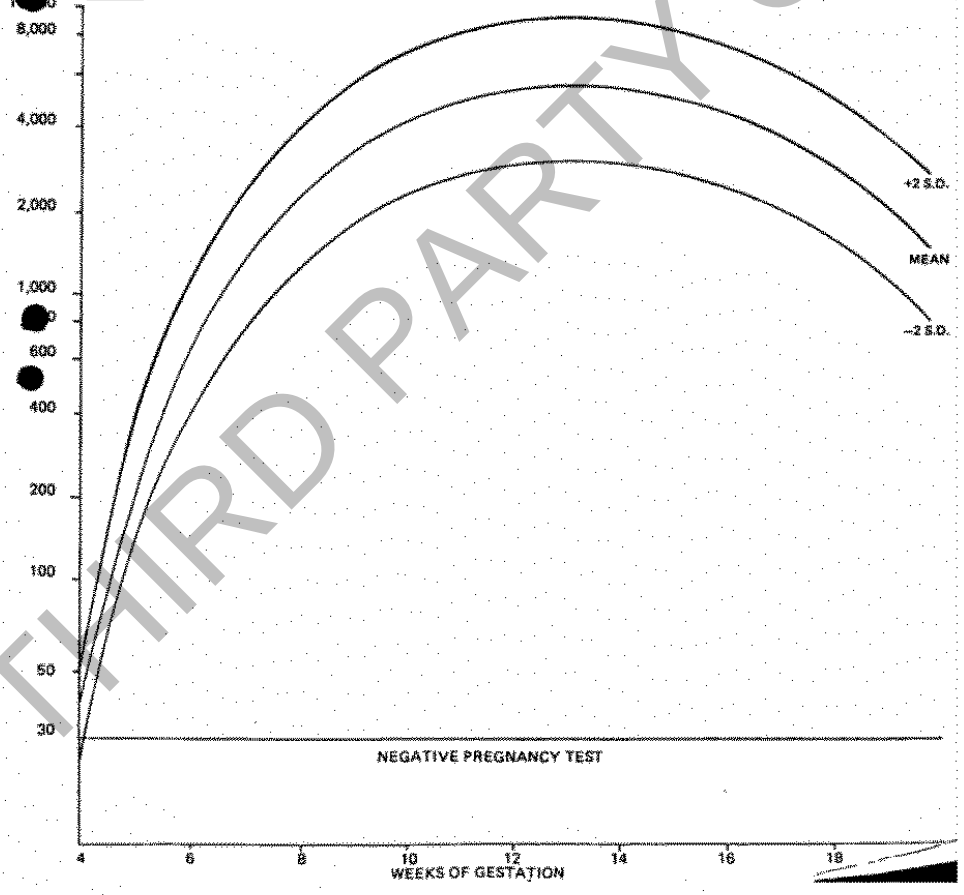
RUTHERGLEN MATERNITY HOSPITAL CLINICAL DETAILS

URINARY BHCG REPORT

Date	Gest. Age	Pregnancy Test	Ur. BHCG mIU/ml.	Date	Gest. Age	Pregnancy Test	Ur. BHCG mIU/ml.
10.8.88		NEG	< 30				
25.8.88		NEG	< 30				

Ur. BHCG

GRAPHICAL DISPLAY OF PATIENT'S RESULTS



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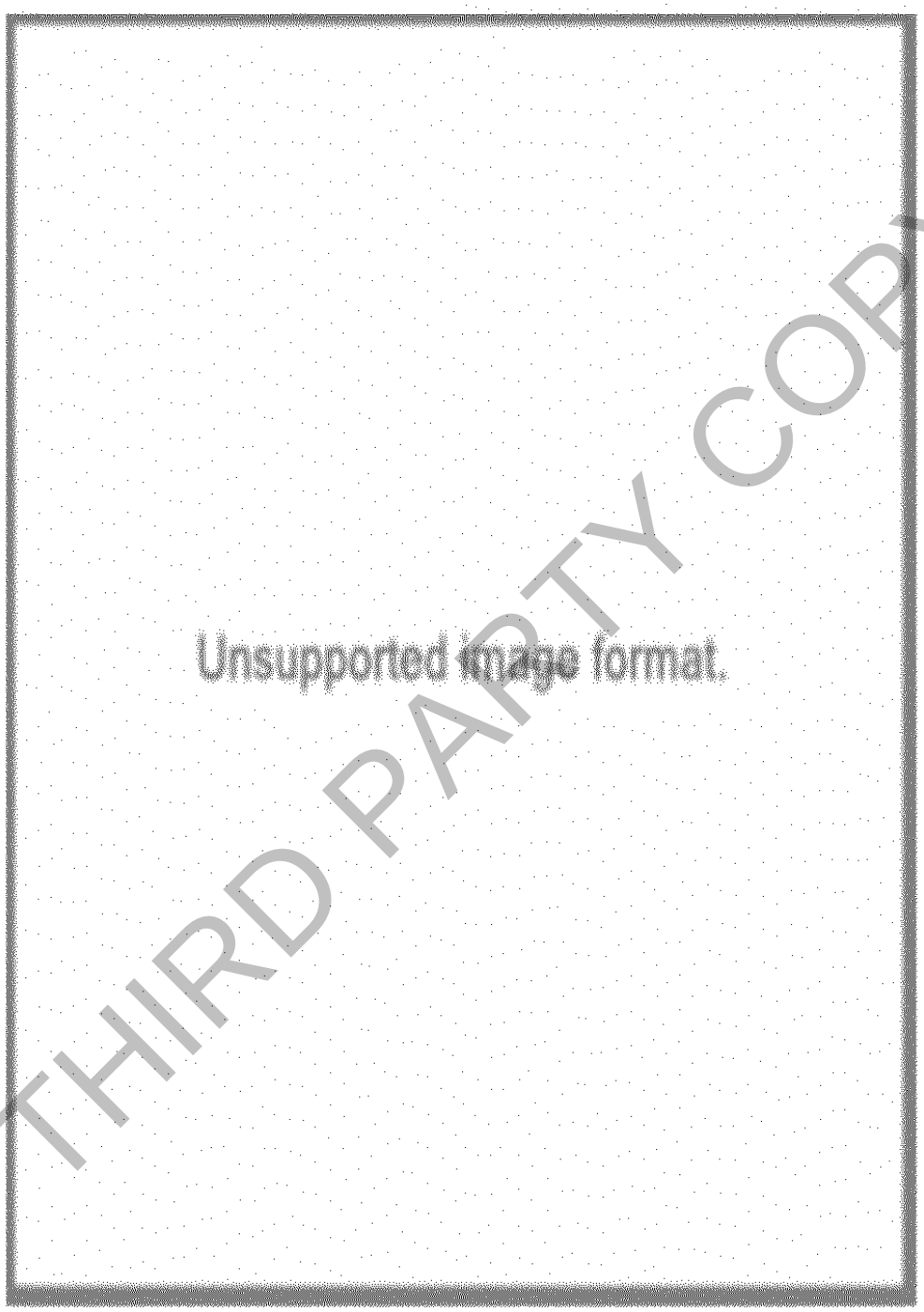

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