NHS
Tayside

Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN
Tel. 01356 624411
www.nhstayside.scot.nhs.uk

PRIVATE & CONFIDENTIAL

Miss Stacey Leonard
2 Wards Road
Brechin
Angus
DD9 7AS

Date	12.05.26
Your Ref	100387
Our Ref	MH
Enquiries to	01356 624411
Extension	
Direct Line	01356 624411
Email	Tay.brechin@nhs.scot

DATA PROTECTION ACT 2018 – SUBJECT ACCESS REQUEST - OUTCOME

Application Reference Number: 100387
I refer to your application dated: 14.04.26

Request for – Full Copy of GP Records as requested by MMA Legal, Stockport
Response – 12.05.26

The personal information you requested has now been collated and is enclosed herewith.

Some information relating to third parties has been removed from the documents in line with the relevant legislation.

03.11.1994 – Child Protection Case Conference
No Date - Change of Address x 2
01.06.2023 – Midwife Unit, Arbroath Infirmary
21.01.2022 – Public Protection Referral

If you have any queries in relation to the enclosed data, please contact the person named above in the first instance.

You may also contact NHS Tayside's Data Protection Officer at the address below.

Head of Information Governance and Cyber Assurance
Maryfield House (South)
30 Mains Loans
Dundee, DD4 7BT

disability confident EMPLOYER

Email: tay.informationgovernance@nhs.scot

If you are unhappy with the handling of this request or response, you may contact:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Tel: 0303 123 1113 (local rate) or 01625 545 745 if you prefer to use a national rate number

Fax: 01625 524 510

Yours sincerely

Laura Terrell
Depute Practice Manager

Full Report

Ms Stacey Leonard **28/04/1988** **Female** **369/88/128** **Permanent**

Address

2 Wards Road Brechin DD9 7AS Address Type: Main address

Communication numbers

Mobile phone	07731805886
Email	stacdecril1610@gmail.com
Telephone - home	01356 622497

Problems

[V]Other eye problems	Started: 12/02/2026	Ended:
Keratitis	Started: 28/04/2025	Ended:
Depressive disorder NEC	Started: 03/03/2025	Ended:
[X]Postpartum depression NOS	Started: 29/03/2024	Ended:
Spontaneous vaginal delivery	Started: 20/12/2023	Ended:
Patient pregnant	Started: 01/06/2023	Ended:
Male baby	Started: 24/09/2021	Ended:
Spontaneous vaginal delivery	Started: 24/09/2021	Ended:
[D]Abdominal pain	Started: 19/08/2021	Ended:
Patient pregnant	Started: 19/02/2021	Ended:
Spontaneous vaginal delivery	Started: 16/05/2020	Ended:
Patient pregnant	Started: 12/11/2019	Ended:
Antenatal care	Started: 14/10/2019	Ended:
[X]Post - traumatic stress disorder	Started: 07/05/2019	Ended:
DNA hospital appointment	Started: 28/10/2018	Ended:
Low mood	Started: 26/07/2018	Ended:
Currently Relevant	Started: 22/12/2017	Ended:

Allergy and Intolerance non drug

07/07/2010 Allergy Moderate Allergy, unspecified - Latex (coded as per patient report) - causing rash

Medical History

27/04/2026 Result Lab Result Tayside Clinical Laboratory Services Chemical Pathology Unknown Ms Michele Webster

27/04/2026 Result Lab Result Tayside Clinical Laboratory Services Chemical Pathology Unknown Mrs Mairie Fergus

27/04/2026 Consultation Written in retrospect - I appear to have made an error in saving the consult but did the referral.As per NPH last review. Ongoing bleeding, feeling really fed up. Wishes to avoid pregnancy, aware of issues with medication interacting with oral contraception so need a larc. Was previously concerned about coil but nil specific - talked through pros/cons. Feels it is the right option for her.Initially I referred but on checking with reception we can insert here (list was suspended for a while) - I'll ask reception to add to the list for RH. Reccomend will need counselling beforehand. Dr Amy Tewson

27/04/2026 Attended extended hours clinic - ESA Angus - Care and Treatment: Seen by Clinician: KIMMET, Sarah (Ms) at 08:19:18 on 27-Apr-2026 Dr Federated User

16/04/2026 Letter from consultant ENSEMBLE2 Tayside NHS Trust (New) Genito-Urinary Mrs Mairie Fergus

10/04/2026 Triage Hello StaceyThanks for getting in touch and for completing the eConsult. I am sorry to hear about these symptoms you have been having.I agree that a comprehensive set of blood tests would be a good idea to look for any possible underlying causes. This will include blood count for anaemia, iron levels, thyroid function and a range of other tests.I will ask one of our admin team to contact you to organise this.Unfortunately, in a lot of cases the blood tests are normal and no specific cause can be found. However, despite this most people do recover and get back to their normal energy levels.Once you have had the blood tests, we will contact you if anything abnormal is identified. I also recommend you call to check your results 2-3 days after the bloods are taken just to make sure that we haven't tried to contact you unsucessfullyThanksDr McLaughlin Dr Kris Mclaughlin

09/04/2026 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans

01/04/2026 Encounter by computer link Medlink: Seen by Clinician: medlink.3rd at 08:51:00 on 01-Apr-2026 Dr Auto Medlink

25/03/2026 Administration NOS SMS sent - see reception action Dr Tara Morley

25/03/2026 SMS text message sent to patient Dear Patient, this is Brechin Health Centre, could we please ask you to contact us at your convenience on 01356 624411. Many thanks Ms Kim Clark

23/03/2026 eConsultation via online application Good morning, Thankyou for your e consult. I can se that Dr Heath reviewed you regarding these symptoms. I will ask the admin team to arrange a follow up call with him.In the mean time if you feel light headed or dizzy, have abdominal pain or a fever please seek medical advice at this time.Kind regardsBrechin Health Centre Ms Susan Clark

20/03/2026 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans

13/03/2026 Medication requested Clinical Letter Community Pharmacy Pharmacy Ms Julie Elliott

05/03/2026 Dry eyes Ms Michele Webster

05/03/2026 Letter from consultant Ophthalmology Clinic template NHS Tayside Ophthalmology SZE JING CHUAHST2 IN OPHTHALMOLOGY Mrs Kay Macdonald

05/03/2026 Letter from consultant Outpatient Letter NHS Tayside General nursing Unknown Mr Trevor Gordon

04/03/2026 Subject of multi-agency risk assessment conference - Identified as a high- risk victim of domestic abuse in context of a relationship with ongoing incidents and risk, please see MARAC in docman dated 4.3.26 Ms Emma Morrison

12/02/2026 [V]Other eye problems - left amblyopia Ms Michele Webster

12/02/2026 Letter from consultant Ophthalmology Clinic template NHS Tayside Ophthalmology LAMIA HAMIDOVICST3 IN OPHTHALMOLOGY Mrs Laura Terrell
12/02/2026 Result Lab Result Tayside Clinical Laboratory Services Microbiology Ms Julie Elliott
12/02/2026 Result Lab Result Tayside Clinical Laboratory Services Microbiology Ms Julie Elliott
11/02/2026 Result Lab Result Tayside Clinical Laboratory Services Virology Ms Michele Webster
09/02/2026 Consultation Seen with Susan as chaperoneNote econsultPV bleeding last 4/52 1-2 pads per dayPainful sex last 3/52Last sex 3/7 with regular male partnerNo other genital symptomsFeeling wellObs normalAbdo soft, mild RLQ tendernessSmall clot in cervical osSwabs taken No other obvious pathologyUrine dip +ve blood, leukocytes and nitritesSuggest Empiric trimethoprim and TXA while awaiting swab resultsSupportive and worsening advice givenHappy wiht this. NPH Dr Nicholas Heath
09/02/2026 Telephone encounter Called patient in response to eConsult. Now 4 weeks of PV bleeding despite POP and implant. Red fresh PV bleeding. Different from period bleed. 1 week of right sided sharp shooting abdo pain. Has now been vomiting, sore head, general malaise. P. Given abdo pain and vomiting to be seen to assess. Dr Jonathon Taylor
09/02/2026 Failed encounter - no answer when rang back Called patient to discuss bleeding despite POP and implant.No answer 14:44 Dr Jonathon Taylor
09/02/2026 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans
19/01/2026 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans
14/01/2026 Medication requested Clinical Letter Community Pharmacy Pharmacy Ms Julie Elliott
09/01/2026 Medication requested propranolol 80mg needs reauthorised and issued Dr Tara Morley
17/12/2025 Telephone encounter KMCNexplanon inserted last year. Erratic PV bleeding which is heavy and often painful. Settles with POP and much more manageable. Same happened on Nexplanon in past but decided to get it inserted again as has 7 children and def does not want to get preg again. Happy to persevere with 2 forms of contraception. Rev in 6/12. Dr Kelly Cheesman
16/12/2025 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans
16/12/2025 eConsultation via online application Good afternoon Stacey. Thankyou for your e-consult regarding your request for further contraception. You mention bleeding between periods, a constant bloody discharge and bleeding after sex. I think its best we arrange a follow up telephone call with Dr Vasela, whom prescribed the contraception, to discuss your symptoms and contraceptive management going forward.Kind regardsBrechin Health Centre Ms Susan Clark
11/12/2025 SMS text message sent to patient Morning Stacey. You have missed an appointment at Brechin Health Centre today. Please call 01356 624411 to re-book. Mrs Lois Armstrong
11/12/2025 Failed encounter for cervical screening. Mrs Lois Armstrong
28/11/2025 Medication requested As per pharmacist FC Mrs Sharon Robb
28/11/2025 Drug not availab.-out of stock Mrs Sharon Robb
28/11/2025 Referral to pharmacist propranolol mr Mrs Sharon Robb
24/10/2025 Incoming mail NOS Clinical Letter Opticians Ophthalmology Ms Julie Elliott
23/09/2025 Administration NOS Good Morning, Thanks for your econsult - Please use the following link to self-refer to the Mental Health and Wellbeing hub https://www.brechinmedicalpractice.co.uk/your-record/electronic-reviews/mental-health-and-wellbeing-self-referral-form/Kind regards, Brechin Health Centre Dr Tara Morley
23/09/2025 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans
29/08/2025 Medication requested Folic acid 5mg requested but needs reauthorised and med rev please Dr Tara Morley
27/08/2025 Had a chat to patient has implanon in situ reports frequent irregular bleeding on them asking for POP to regulate the bleeding - agreed BP 01/2025 - OK, no contraindications Dr Eva Vesela
12/08/2025 eConsultation via online application history CIN 3 loop excision cervix 2016Good morning Stacey, Thankyou for your e consult. You mention that you are on the contraceptive implant, however you are having prolonged episodes of bleeding. I will ask admin to arrange a follow up telephone call with a doctor to discuss this further. . In the meantime if you are feeling light headed or dizzy or blood loss increases, please seek medical advice at that time.Kind regards Ms Susan Clark
12/08/2025 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans
12/08/2025 eConsultation via online application Good morning Stacey. thankyou for your e consult. Please arrange an appointment with your dentist intially, they will need to review you gum health. I can see that they referred you to oral medicine and you are awaiting an appointment. If they feel that this is not related to your dentures then please get back in touch.You bloods were checked in April 2025, These did not indicate you were anaemic which is reassuring, they indicated that your folate required replacement. There is no indication for further bloods at present.Please contact your registered dentistKind regardsBrechin Health Centre Ms Susan Clark
11/08/2025 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans
25/06/2025 Telephone encounter with pt, advised RE below Ms Karen Ross
25/06/2025 Outpatient clinic letter received - OPC, NHS Tayside, GAP, 23/06/25Increase Lamotrigine to 100mg mane & 200mg nocte - repeat updatedPropranolol altered to give 80mg MR OD mane & 40mg IR OD in the evening Ms Karen Ross
24/06/2025 Letter from consultant Miscellaneous Medic NHS Tayside Psychiatry Dr Christopher PellMBChB, FRCPsych, PGDipMEdConsultant Psychiatrist (Locum) GMC: 6049875 Ms Kim Clark
23/06/2025 Medication requested Outpatient Letter NHS Tayside General Psychiatry (Mental Illness) Unknown Mrs Kay Macdonald
21/06/2025 Medication requested Clinical Letter Brechin Health Centre Ophthalmology Mrs Kay Macdonald
05/06/2025 Alert received from telehealth monitoring system econsult Ms Michele Webster

28/04/2025 Keratitis left contact lens measuring 0.3mm in size off axis Ms Michele Webster
28/04/2025 Letter from consultant Ophthalmology Clinic template NHS Tayside Ophthalmology SZE JING CHUAHST2 IN OPHTHALMOLOGY Mrs Kay Macdonald
28/04/2025 Letter from consultant ENSEMBLE2 Tayside NHS Trust (New) Ophthalmology Ms Sheena Lubbe
22/04/2025 Result Lab Result Tayside Clinical Laboratory Services Immunology Ms Kim Clark
18/04/2025 Letter from consultant LD Psychiatry template NHS Tayside Psychiatry Dr A Doctor Mrs Mairie Fergus
17/04/2025 Result Lab Result Tayside Clinical Laboratory Services Biochemistry Mrs Mairie Fergus
17/04/2025 Result Lab Result Tayside Clinical Laboratory Services Haematology Mrs Mairie Fergus
17/04/2025 Result Lab Result Tayside Clinical Laboratory Services Biochemistry Mrs Kay Macdonald
16/04/2025 Attended extended hours clinic - ESA Angus - Care and Treatment: Seen by Clinician: BOWDREY, Julie (Mrs) at 12:25:55 on 16-Apr-2025 Dr Federated User
15/04/2025 Letter from consultant ENSEMBLE2 Tayside NHS Trust (New) Oral Surgery Ms Sheena Lubbe
03/04/2025 SMS text message sent to patient Good afternoon can you please give brechi health centre a call on 01356 624411 Mr Trevor Gordon
02/04/2025 Letter from outside agency Clinical Letter Springfield Medical Centre Arbroath dental officer Mrs Kay Macdonald
25/03/2025 Outpatient clinic letter received GAP 24/3/25Prazosin 500mcg 1 n for 1 week then increase weekly by 1 tab until target dose is reached - acute rx issued Ms Rhona Watson
24/03/2025 Letter from consultant Outpatient Letter NHS Tayside General Psychiatry (Mental Illness) Unknown Ms Emma Morrison
21/03/2025 Triage Hx as noted. Note large psych involvement presnety. Describes neuropathic pain left T12 dsitribution 5 weeks. No skin changes. Abdo exam unremarkable. Feels sensation altered. Explained likely nerve irritation, not keen on tablets. Agreed use menthol cream Dr Chris Urwin
20/03/2025 Letter from consultant Clinic template NHS Tayside Psychiatry Dr Samwiri Senfuma Locum Consultant Psychiatrist Mrs Sharon Robertson
20/03/2025 Medication requested lamotrigine 200 & 50mg, aripiprazole 10 & 15mg all need reauthorised and issued please Dr Tara Morley
20/03/2025 Administration NOS Hello Stacey,I will ask one of the administration team to phone you to organise a face to face appointment for an examination.Kind regardsDr Catherine Holmes Dr Catherine Holmes
20/03/2025 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans
13/03/2025 Post hospital dischrge med reconciliation with medical notes Carsview 3/3 - 11/3 - Duloxetine slowly discontinued to stop on 17/3 and has been cross titrated to mirtazipine (final dose 30mg OD) Repeats updated. Mx Misbah Ramzan
12/03/2025 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans
11/03/2025 Discharge summary report Discharge letter NHS Tayside General Psychiatry (Mental Illness) Unknown Ms Michele Webster
03/03/2025 Suicidal ideation fleeting, prior to admission Ms Emma Morrison
03/03/2025 Depressive disorder NEC / illness Ms Emma Morrison
14/02/2025 Consultation widespread scabieform rash not responding to permethrin Trial ivermectin Also oral thrush Treat all kids with premethrin Dr Thomas Mcmain
13/02/2025 eConsultation via online application Hi Stacey,am sorry to hear that your scalp has broken own again. THis sounds sore. I am unsure why you would be getting these recurrent infections. I have done an antibiotic prescription. I will e-mail it to the chemist tonight so as you can collect it from Boots in the monring, however I will ask admin to contact you as I think we should see your scalp before the weekend.Sould you feel unwell meantime or things re getting worse please seek urgent medical review. Best wishesDr Morley Dr Tara Morley
13/02/2025 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans
05/02/2025 Telephone encounter with pt re below Ms Karen Ross
05/02/2025 Outpatient clinic letter received - OPC, NHS Tayside, General Psychiatry, 04/02/25Increase Duloxetine to 90mg OD - repeat updated Ms Karen Ross
04/02/2025 Letter from consultant Outpatient Letter NHS Tayside General Psychiatry (Mental Illness) Unknown Ms Julie Elliott
16/01/2025 Outpatient clinic letter received from GAP dated 13/1/25 to stop Fluoxetine and start Duloxetine, increasing after 5 days to 60mg OD Acute issued for initial increasing dose and 60mg added to repeat (PRM) Ms Patricia Mitchell
16/01/2025 Telephone encounter Spoke to Stacey who confirmed she has stopped Fluoxetine for 2 days now, she knows to wait for 5 days then start Duloxetine (PRM) Ms Patricia Mitchell
13/01/2025 Letter from consultant Outpatient Letter NHS Tayside General Psychiatry (Mental Illness) Unknown Ms Sheena Lubbe
10/01/2025 Result Lab Result Tayside Clinical Laboratory Services Microbiology Mrs Kay Macdonald
07/01/2025 Patient reviewed Onset of R lower abdominal pain last night, feels a bit nausoues. Has had some PV spotting. Nexplanon inserted 11/12/24, abstained from SI 1/52 thereafter. Has had some brown PV spotting. Took home preg test 2/7 ago, negative. No previous abdominal surgery. Previos LLETZ.OE Well T36.3 Abdomen soft, mild tenderness R hypochonrium and RIF, no guarding Urine +++leucocytes Urine pregnancy test didn't pick up and urine already transferred to boric acid container.Plan - treat as UTI, atypical symptoms. Unlikely to be pregnant if home preg test neg and has implant and abstained 7/7 after. If worsening of pain, advised to seek urgent medical attention as could be something like a grumbling appendix. Taking paracetamol for pain Dr Sarah Hastings
07/01/2025 SMS text message sent to patient Dear Patient, Can you please contact Brechin Health Centre on 01356 624411, Many thanks BHC Ms Kim Clark
07/01/2025 Alert received from telehealth monitoring system econsult Ms Michele Webster
07/01/2025 Administration NOS response to e-consult'Hi Stacey,I think it would be best to see you in person so you can be examined. I will ask our admin team to contact you regarding an appointment. Please bring a urine sample to appt. Kind regards,Dr Sarah Hastings' Dr Sarah Hastings

11/12/2024 Consultation Eczema of skin - betnovate ointment given for body and protopic for face - for tel call if any problems or not improving Dr Rachael Hamilton
09/12/2024 Telephone encounter with Stacey - at risk of pregnancy and would be detrimental to mental health if falls pregnant again. Has just finished a period. Using condoms. Booked in for Nexplanon insertion today - counselled fully (has had before and bled but not keen on the coil).Appt booked. Dr Rachael Hamilton
04/12/2024 Telephone encounter Discussed blood results at the huddle, no need for further investigations into the higher eosinophils, no further action, I have explained this to Stacey Ms Susan Clark
03/12/2024 Forms - miscellaneous Clinical Letter Brechin Health Centre Gynaecology Mrs Melanie Cossans
02/12/2024 Telephone encounter review re blood results. HCG within normal limits, ferritin is 31. Discussed that some patients can have symptoms at this level- but she is not complaining of these- I have suggested she purchase a multi vitamin and iron and look at ways of increasing iron in her diet- happy to do this.Eosinophils are elevated 1.03, denies any allergies, recent fluclox for staph infection no new meds.at present feels better, light headed and nausea have settled, no breathing concerns no rash to skin ? causeimp; High eosinophils ? causeplan; discuss GP Ms Susan Clark
02/12/2024 Telephone encounter tried to call mobile given- stating out of service. Ms Susan Clark
29/11/2024 SMS text message sent to patient We are messaging to let you know about our new enhanced contraceptive services at Brechin Health Centre. We can fit coils as part of contraception or HRT. We can also fit contraceptive implants: Please fill in the form and we will arrange a GP appointment to discuss this with you. Thank you https://www.brechinmedicalpractice.co.uk/enhanced-contraceptive-services/ {Patient Group Aged 16 To 60} Mrs Laura Terrell
29/11/2024 SMS text message sent to patient We are messaging to let you know about our new enhanced contraceptive services at Brechin Health Centre. We can fit coils as part of contraception or HRT. We can also fit contraceptive implants. Please fill in the form and we will arrange a GP appointment to discuss this with you. Thank you https://www.brechinmedicalpractice.co.uk/enhanced-contraceptive-services/ {Patient Group Aged 16 To 60} Mrs Laura Terrell
27/11/2024 Result Lab Result Tayside Clinical Laboratory Services Biochemistry Ms Sheena Lubbe
27/11/2024 Result Lab Result Tayside Clinical Laboratory Services Haematology Mrs Mairie Fergus
25/11/2024 eConsultation via online application day 10 of light headed at times, slight nausea, thought she was pregnant but test negative, Period is due anytime not late, not on contraception not trying to fall pregnant / husband wearing protection , occasional abdominal crampsDoes not normal get these symptoms prior to her periods, they are regular no breakthrough bleedingeating and drinking, nausea no vomiting, denies any reflux symptoms, symptoms not related to eating, smells trigger her symptoms, no chest pain, no abdominal pain although has been having a couple cramps period is due, not out of the ordinary for her, no abdominal bloating. No leg swelling, no rash, no fever. Denies any ear pain, no visual changes, no ringing in ear no headaches and can walk in a straight line. No urinary symptoms and bowels are normal called requesting bloods, as sure she may be pregnant but test not showing this x 3Plan: Reasonable to do bloods based on symptoms and review results, does not feel she needs to come into the practise but is happy too if results indicate this. Worsening advice given, happy with plan Ms Susan Clark
25/11/2024 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans
11/11/2024 Administration NOS Swab result back as per previous consult. Profuse staph infection. Treat with abx as per sensitivities. patinet o be informed. Ms Victoria Williams
08/11/2024 Result Lab Result Tayside Clinical Laboratory Services Microbiology Ms Emma Morrison
06/11/2024 Consultation ongoing issue with skin for 7 months vey itchy scratching at skin feet and hands the worse but also on body treatment for scabies in June with little effect but never treated household head also broken skin weeping live head lice seen imp scabies + head lice ? infection plan weeping skin on head swabbed chemist will treat for head lice scabies treatment today and again in 7 days and also full family 6 children and partner WAG- knows to seek review if no improvement appears o with plan Miss Zoe Mcclements
04/11/2024 eConsultation via online application Thank you for your e consult. I feel we need to see your skin and scalp in person. I will ask admin to call you to arrange a face to face review. scalp, legs, arms skin problems, no response recent treatment Ms Susan Clark
01/11/2024 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans
17/10/2024 Medication requested Propranolol - not on repeats Dr Tara Morley
08/10/2024 Administration NOS "Thank you for your recent eConsult request.I am going to issue a couple of prescriptions for you.One is an antibiotic as it sounds like you perhaps have an infection in the scalp skin.The other is a scalp lotion to apply at night, but please do not start this until you have taken 48 hours of antibiotics.I this doesn't help, please get back to usDr Stuart McMain" Dr Thomas Mcmain
08/10/2024 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans
06/09/2024 Telephone encounter called patient again to discusslongstanding cystic lesion to face - increasing in pain & redness over the past couple of dayspea-sized - not increasing in size?infected sebeceous cyst - for a trial of oral antibiotic due to risk of scarring, aware that infected cyst may not respond well to antibiotic, review as required Dr Joyce Ngai
06/09/2024 eConsultation via online application Thank you for your recent eConsult request. I have tried calling to discuss but you were unavailable.Unfortunately the quality of the photos is very poor and I can't make out the lumps at all. I will ask the reception team to contact you to arrange a routine in-person review.If you become more unwell in the meantime with fever, please contact the practice as an emergency during opening hours or 111 for review if out of hours.Yours sincerely,Dr J Ngai Dr Joyce Ngai
05/09/2024 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans
27/08/2024 Telephone encounter Hx as documented 19/08/24 and MHT letter 11/08/2024She is on Fluoxetine 60mg daily and PRN Diazepam 2mgContinues experiencing agitation, tearfulness.Describes somatic symptoms of nausea, tremors, unsteady on feet, palpitations.Sleep is disturbed and appetite diminishedIMP - Somatic symptoms appear to be the problem=> She is not asthmatic- Try Propranolol 40mg TDS- The CPN is visiting her this Thursday. INB then to discuss with CPN regarding input from psychiatrist. Dr Jahangir Khan

19/08/2024 Telephone encounter dysregulated with acute stress reaction in response to eldest son who is 16 years old [redacted] This has brought back trauma from her and her childhood and the desire to want to keep him safe.Discussed circle of control and to think about what she can control and to think about her own self-care as has 6 other children to manage in household. Has contact with Psych again this week.Note previous note from Psych to prescribe something to help with agitation. Discussed with her that I would like her to try without but given 14 tabs in case she does need them - no more than one three times a day Dr Rachael Hamilton

19/08/2024 Telephone encounter x 2 - no answer. Will try again today Dr Rachael Hamilton

13/08/2024 Administration NOS msg left - see worflow Dr Tara Morley

13/08/2024 SMS text message sent to patient Good afternoon can you please give brechin health centre a call on 01356 624411 Mr Trevor Gordon

11/08/2024 Medication requested Outpatient Letter NHS Tayside General Psychiatry (Mental Illness) Unknown Mrs Laura Terrell

19/07/2024 Eczema NOS scratching at wrists, ex HV Dr Thomas Mcmain

15/07/2024 Telephone encounter regarding contraception. Discussed contraception - Stacey is definitely not keen on the coil. She would like to think about it. Discussed injection as an option although would see letter for info. Implant previously caused bleeding. She is using condoms at present. To call back once had a think about it, suggest Depo injection may be best option Dr Rachael Hamilton

01/07/2024 Letter from consultant Clinical Letter Angus HSCP Sexual Health Ms Claire Greig

25/06/2024 E-mail sent to patient Thank you for your recent eConsult request. I am sorry you are having this issue.This rash/itch looks like scabies which is very itchy.This needs treated with a lotion .I have arranged a prescription for this which will be sent to your pharmacy tomorrow. Alternatively you can get this from the pharmacy.I have attached an information sheet as you must use the treatment as directed and in addition wash all bedding clothing towels etc.The itch can last for a few weeks so I have also given you an antihistamine to take which should settle this down Ms Alexis Grewar

25/06/2024 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans

19/06/2024 Letter from consultant ENSEMBLE2 Tayside NHS Trust (New) Gynaecology Ms Sheena Lubbe

17/06/2024 Administration NOS RFA to gynaecologyThis 36 year old lady has ireegular persistent PV bleeding and a recent ultrasound suggests adenomyosis.She has 7 children and tells me she is on the waiting list for sterilisation.I would appreciate some advice in the meantime around contraception and control of her symptoms. She takes lamotrigine 250mg daily (and aripiprazole).She declines the depo injection due to previous weight gain and the implant caused worsening of her bleeding. She declines an IUS/IUD.FSRH guidelines suggest the COCP and POP react adversely with lamotrigine - both decreased effectiveness of contraception and alteration of levels of lamotrigine.Can you please advise? Many thanks Dr Amy Tewson

17/06/2024 Adenomyosis Discussed diagnosis with Stacey, she found the info sent to her helpful and keen to try and control her bleeding. Awaiting sterilisation. Has 7 children. Not bf crrently. Using barrier contraception. Wishes to try a tablet, discussed larcs - declines ius, had bleedin with imlant, weight gain with depo. Discusse cocp/pop - wants to try pop, feels she could reliably take a tablet everyday as akes other meds. BNF - lamotrigine may reduce effectiveness of pop and pop may increase lamotrigine levels.I'll write to gynse for advice Dr Amy Tewson

13/06/2024 Triage Hello StaceyThanks for getting in touch. I am pleased to say that your ultrasound scan does not show any signs of PID or any other worrying conditionsThere are some changes which suggest a condition called Adenomysosis is present and this could account your symptoms. This is where the womb lining starts to grow into the muscles of the womb. The link beloiw explains this in more detail.https://www.nhs.uk/conditions/adenomyosis/I would recommend you read over this and you can the discuss this further at your review appointment on the 17th June.THanksDr McLaughlin Dr Kris Mclaughlin

13/06/2024 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans

11/06/2024 Administration NOS msg left see workflow Dr Tara Morley

11/06/2024 Result Imaging Report NHS Tayside Clinical Radiology Unknown Mrs Kay Macdonald

27/05/2024 eConsultation via online application "Thank you for your recent eConsult request.I'm sorry to hear of your ongoing symptoms and note you are coming towards the end of your antibiotics. It may be worth popping in a urine sample to check due to the change in your symptoms.I will issue some anti-inflammatory painkillers to take, these can be taken with regular paracetamol. I note you have also been referred for an ultrasound.A prescription will be sent to your pharmacy, please also pop in your urine sample.Kind regards,Melanie Benson ANP" Ms Melanie Benson

27/05/2024 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans

24/05/2024 Administration NOS 07731805886 pt swabs all came back neg but querying if to continue on abx checked with Eva and she said to continue but to speak to yourself have explained to patient we will ask you today kmHx reviewed> I would suggest completing the course Dr Meaza Tewelde

20/05/2024 Result Lab Result Tayside Clinical Laboratory Services Virology Mrs Kay Macdonald

20/05/2024 Result Lab Result Tayside Clinical Laboratory Services Microbiology Mrs Kay Macdonald

17/05/2024 Patient reviewed reports continuous PV bleeding + pelvic pain since March. partne has had no STI sx, longterm partner. pt reports also LBP and dyspareunia. ot UTD with swabsConsents to VE + swabs. chaperone declined. No fever, E+D at baseline, no vomiting, BO+PU NExamination with speculum PV bleeding - uable to visualise cervx, pt reports painful on having speculum in situ. VE not done due to pain ->swabs done, TVS - consented for, cover with abx>I will ask PN to check when smear due Dr Meaza Tewelde

16/05/2024 Telephone encounter re eC - abnormal PV bleeding for 1m5m post-partum, no obstetric complications. Had a period in MArch but then for last month has had altered blood on daily basis and now black discharge dailyNot aware of any other type of dischagre. No green / blood staiuned . No foul smelling discharge. Has pelvic and vaginal pain and feeling onf constatnt heaviness and throbbing. Had Sayana press in Ninewells post-partum but no further doses since. Is sexually actrive again - experiencing quite bad pain during intercourse. Negative UPT. Concerned may have pelvic infection - will ask for VE / swabs and to consider treatment Dr Kris Mclaughlin

15/05/2024 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans

Ms Stacey Leonard **28/04/1988** **Female** **369/88/128** **Permanent**

02/04/2024 Unsuccessful attempt to contact patient by telephone failed to make contact with the patient to discuss opc letter have passed to recp to try Ms Jill Low

02/04/2024 Outpatient clinic letter received Stracathro Hospital General psychiatry 29/03Recommended to increase Lamotrigine to 250mg daily at night and increase Aripiprazole to 25mg in the morning ,she been instructed to take fluoxetine and aripiprazole in the morning Ms Jill Low

29/03/2024 [X]Postpartum depression NOS Ms Emma Morrison

29/03/2024 Letter from consultant Miscellaneous Medic NHS Tayside Psychiatry Dr Christopher PellMBChB, FRCPsych, PGDipMEdConsultant Psychiatrist (Locum) GMC: 6049875 Ms Julie Elliott

29/03/2024 Letter from consultant Outpatient Letter NHS Tayside General Psychiatry (Mental Illness) Unknown Ms Kim Clark

18/03/2024 Telephone encounter with Stacey failed - no answer. Will try again Dr Rachael Hamilton

04/03/2024 Telephone encounter with Stacey - mood up and down. Feeling low, tearful and agitated at times. No thoughts of self-harm or suicide. Taking medication regularly. Paranoid thoughts that people are speaking about her - advised her to continue to challenge thoughts 'what is the evidence for these thoughts' - she tells me she has no evidence - she is to keep using this tool.Has had appt with Dr Pell and has one again on 15/3/24.He offered mother and baby unit in Livingston but she is not keen as worries about her other 6 children.Bear has not been gaining weight very well - Liz Heath Visitor going out to see them today and get weight checked. F/u tel review in 2 weeks Dr Rachael Hamilton

19/02/2024 Attended extended hours clinic - ESA Angus - Care and Treatment: Seen by Clinician: BAKER, Alice (Mrs) at 13:29:38 on 19-Feb-2024 Dr Federated User

16/02/2024 Possible condition - Likely postpartum depression Ms Emma Morrison

16/02/2024 Letter from consultant Miscellaneous Medic NHS Tayside Psychiatry Dr Christopher PellMBChB, FRCPsych, PGDipMEdConsultant Psychiatrist (Locum) GMC: 6049875 Ms Michele Webster

16/02/2024 Letter from consultant Outpatient Letter NHS Tayside General Psychiatry (Mental Illness) Unknown Mrs Michelle Hutchison

12/02/2024 Unsuccessful attempt to contact patient by telephone Tried to phone pt to inform her of increase to Aripiprazole but no answer Ms Rhona Watson

12/02/2024 Outpatient clinic letter received GAP 8/2/24Aripiprazole increased to 15mg od added to repeat Ms Rhona Watson

08/02/2024 Letter from consultant Outpatient Letter NHS Tayside General Psychiatry (Mental Illness) Unknown Mrs Mairie Fergus

05/02/2024 Third party encounter with Karen Mitchell CPN. I discussed my concerns about Stacey - lower in mood and paranoid thoughts. She will see her this afternoon and then discuss with Dr Pell re medication change or any other intervention Dr Rachael Hamilton

05/02/2024 Patient reviewed Stacey attended for her son's 6 week baby check - Bear Grant. This is her 7th child. She has 3 children under 4 years old. She appeared tearful, low in mood and self-esteem. She denied any suicidal intent and said that her children were a protective factor. She has been paranoid other the past week that people are talking bout her saying she is a terrible mum. She has insight. No thoughts of harm towards Bear or family.Husband is at home with her. I have escalated this to Liz, health visitor who is due to see her on Wed 7/2/2024 and will also phone Karen Mitchell her CPN who is visiting weekly, I will review again in 2 weeks Dr Rachael Hamilton

15/01/2024 Medication requested LAMOTRIGINE 100MG and 50MG and FLUOXETINE 20MG - email request Dr Tara Morley

05/01/2024 Letter from consultant Clinic template NHS Tayside Genetics Dr Jonathan BergConsultant in Clinical GeneticsGMC Number 3324172 Mr Trevor Gordon

31/12/2023 Letter from consultant Transfer letter NHS Tayside Midwifery Unknown Mrs Laura Terrell

29/12/2023 Post hospital dischrge med reconciliation with medical notes 20/12/20237 days trimethoprim given on discharge Ms Jenna Murray

28/12/2023 Consultation Attended with partner. Hx as per prev entry6/7 post natal - exclusively bottle feeding, O/E- pt consented to exam, ANP Z McClements chaperonelarge ext haemorrhoid noted - grape sized, tender to touch but not firm to palpate.Imp: ext haemorhoids - ?thrombosedPlan: continue germaloid cream, can try germaloid sups QDS (store in fridge prior to administration), pressure relieving cushion/ring OTC. Review INB/worsening advice. Dr Ronan Mclellan

28/12/2023 Consultation 07731805886 prolapsed haemorrhoids km - no reply @09.29. Message leftPainful ?haemorhoids 2/7 post SVD. Sore to sit down. No benefit germaloid cream nor sups. Pain getting worse. Stools generally hard to pass - BO yesterday, Imp: ?haemorrhoids Plan: f2f Dr Ronan Mclellan

27/12/2023 Post hospital dischrge med reconciliation with medical notes Nwells wd38 20/12/23 -23/12/23Discharged with Dalteparin 5000 units for 10days supplied to complete Ms Jill Low

23/12/2023 Letter from consultant Transfer letter NHS Tayside Midwifery Unknown Mrs Laura Terrell

23/12/2023 Discharge summary report Discharge letter NHS Tayside Obstetrics Unknown Mrs Laura Terrell

22/12/2023 Spontaneous vaginal delivery 37+4, 2700g, boy Ms Emma Morrison

20/12/2023 Discharge summary report Discharge Letter/Summary Ninewells Hospital Urology Mrs Michelle Hutchison

22/11/2023 Prescription by another organisation Clinical Letter Community Pharmacy Pharmacy Mrs Kay Macdonald

22/11/2023 Administration NOS Unscheduled medication requested Mrs Michelle Hutchison

25/10/2023 SMS text message sent to patient This is a message from Brechin Health Centre. If you have moved address due to flooding please contact the health centre to update your address and details. Many thanks {Patient Group Over 16 With Mobile Number} Ms Michele Webster

27/09/2023 Telephone encounter Spoke to Stacey and discussed recommendation from Psychiatry to start Aripiprazole 5mg daily for 2 weeks then 10mg daily thereafter . Stacey aware the first prescription will be for the 5mg strength then subsequent prescription will be the 10mg strength Ms Karen Kelman

27/09/2023 Outpatient clinic letter received Ensemble from Psychiatry dated 25/9/23Recommendation to commence Aripiprazole 5mg daily for 2 weeks then increase dose to 10mg daily thereafter Ms Karen Kelman

25/09/2023 Letter from consultant Outpatient Letter NHS Tayside General Psychiatry (Mental Illness) Unknown Ms Kim Clark

16/09/2023 Prescription by another organisation Clinical Letter Constitution House, Dundee Pharmacy Mrs Kay Macdonald

Ms Stacey Leonard **28/04/1988** **Female** **369/88/128** **Permanent**

14/09/2023 Medication requested Lamotrigine 50mg tablets and Lamotrigine 100mg tablets Dr Tara Morley
06/09/2023 Result Lab Result Tayside Clinical Laboratory Services Biochemistry Ms Emma Morrison
17/08/2023 Outpatient clinic letter received OPC 02/08/23 from midwife requesting info on frequency of Lamotrigine level monitoring. See GP 26/05/23 gave econsult advice to patient regarding monitoring requirements, no frequency specified. Checked Maudsley and BNF which both advise monitoring of Lamotrigine during pregnancy and post natal. Maudsley states "frequent monitoring" but does not specify how often. Have added actionable comment to OPC requesting GP review monitoring and arrange any further monitoring required. Ms Ailsa Marshall
15/08/2023 Telephone encounter to advise of increase. Would like a new script Ms Alison Archer
15/08/2023 Outpatient clinic letter received from Dr Pell 11/08/23. To increase fluoxetine to 60mg daily Ms Alison Archer
11/08/2023 Letter from consultant Miscellaneous Medic NHS Tayside Psychiatry Dr Christopher PellMBChB, FRCPsych, PGDipMEdConsultant Psychiatrist (Locum) GMC: 6049875 Mrs Kay Macdonald
11/08/2023 Medication requested Outpatient Letter NHS Tayside General Psychiatry (Mental Illness) Unknown Mrs Laura Terrell
02/08/2023 Letter from consultant Outpatient Letter NHS Tayside Community Midwifery Unknown Ms Kim Clark
28/06/2023 Letter from consultant Clinic template NHS Tayside Genetics Dr Jonathan BergConsultant in Clinical GeneticsGMC Number 3324172 Ms Claire Greig
07/06/2023 Medication requested Lamotrigine 100 + 50mg & Fluoxetine.- req reauth & pls print Rx Dr Tara Morley
02/06/2023 Letter from consultant Antenatal booking record NHS Tayside Midwifery Unknown Mrs Jennifer Pickett
01/06/2023 Patient pregnant Ms Emma Morrison
01/06/2023 Letter from consultant Antenatal booking record NHS Tayside Midwifery Unknown Mrs Kay Macdonald
25/05/2023 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans
24/04/2023 Telephone encounter Reassuerd re USS, suggest small irregularily could represent fibroids. Awaiting gynae rv. Try mefenamic acid for pain Dr Harris Rana
18/04/2023 Result Imaging Report NHS Tayside Clinical Radiology Unknown Mr Trevor Gordon
17/04/2023 Result Lab Result Tayside Clinical Laboratory Services Microbiology Mrs Mairie Fergus
17/04/2023 Result Lab Result Tayside Clinical Laboratory Services Virology Mrs Mairie Fergus
13/04/2023 Referral for further care urgent to gynaecologyDear colleague,Ms Stacey Leonard is a 34 year old lady who presented with 6-7 months history of abdominal pain, irregular period and brownish discharge. She also complained of painful sex and itch down below. She has a history of CIN3 and had loop excision of cervix in 2016. On examination, she looked well. Her abdomen is soft with no mass palpable. She was tender around RIF and pubic region. I struggled to indentify the cervix with 3 different sizes of speculum. I can see a structure that shaped like a W from the right lateral wall - I wonder if this is the cervix but I couldnt find the os. I have sent away swabs and arranged USS pelvis for investigation of her presenting symptoms. However I would be grateful if you could examine her to advise if the structure visualised is actually a cervix or lump/ mass that requires further investigation. Many thanks,Dr Ang Dr Pei Sin Ang
13/04/2023 Consultation 6-7 months hx of abdominal pain pubic area and irregular period. brownish discharge. itch down below. painful sex. no PCB. cervical smear utd due 2025. hx of CIN 3. PU ok no dysuria. no fever. no vomitting. spoke to someone about same issue in Sept last year. O/E:looked well. walked in unaided. abdo soft no masses, tender RIF and pubic area. no guarding.chaperone offered patient declined. speculum up to medium long sized used - unable to confidently identify the cervix, a structure that shaped like a W on the right side visualised ? is this cervix, I cant see the os. swabs takenbimanual - no masses no tendernessPlan: swabs + USS pelvis refer gynae for examination Dr Pei Sin Ang
12/04/2023 eConsultation via online application Econsult request in docman. New abdominal pain and irregular pv bleeding/discharge. No red flags in econsult but due to abdominal pain best to see for examination.Thank you for your recent eConsult request.I have asked a member of the admin team to contact you to arrange an appointment for examination.Kind regardsDr Elliot Dr Jennifer Elliot
11/04/2023 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans
10/04/2023 Letter from consultant Outpatient Letter NHS Tayside General Psychiatry (Mental Illness) Unknown Ms Michele Webster
15/02/2023 Medication requested Please can you re-authorise and issue a script for Lamotrigine 100mg and 50mg tabs. sl Ms Sheena Lubbe
08/12/2022 Letter from consultant Clinic template Royal Victoria Hospital Paediatrics Mrs Mairie Fergus
07/12/2022 Letter from consultant Clinic template Royal Victoria Hospital Ms Emma Morrison
06/12/2022 Had a chat to patient call to pt ongoing IGTN advised re soaking salty water air dry - cover with further week abxs then review as nec wsg Ms Alexis Grewar
06/12/2022 Alert received from telehealth monitoring system econsult Ms Emma Morrison
29/11/2022 Encounter by computer link Thank you for your recent eConsult request.Good Evening Staceythis does sound infected so I will issue an antibiotic. However if there is no improvement with this please complete an econsult with photos attachedbest wishesCarol RobertsonANP Ms Carol Robertson
29/11/2022 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans
27/10/2022 Administration NOS Medication requested Lamotrigine 25mg tablets and Lamotrigine 100mg tablets also due medication review Dr Pei Sin Ang
26/10/2022 Medication requested Lamotrigine 25mg tablets and Lamotrigine 100mg tablets also due medication review. Dr Tara Morley
08/10/2022 Letter from consultant ENSEMBLE2 NHS Tayside Accident & Emergency Mrs Laura Terrell
05/10/2022 Letter from consultant Outpatient Letter NHS Tayside Community Psychiatry Unknown Ms Kim Clark
14/09/2022 Result Lab Result Tayside Clinical Laboratory Services Biochemistry Mrs Jennifer Pickett
14/09/2022 Result Lab Result Tayside Clinical Laboratory Services Haematology Mrs Jennifer Pickett
09/09/2022 Telephone encounter eConsult-irregular period last 6months. Used to be every 28days. Had a baby last year, period has been heavier since and now irregular. Bleeds for 10days, stops 10days then starts again and will be as heavy as the first period. Lower backache and lower abdo feels bruised and like a pressure. Feels tired and dizzy. Noticed a grape size fixed lump in groin a couple days ago. Not movable and no tenderness. ? enlarged lymp node.Mx- Bloods for FBC , U/EAdvised to do a pregnancy testF2F Review with blood resultsWSG Ms Fransisca Gomera-Zvikaramba

09/09/2022 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans
08/08/2022 Outpatient clinic letter received OPC CMHT 2/8/22EUPD Labile mood, PTSDLamotrigine increasing by 25mg every 2 weeks until on 150mg at nightRx issued for first 6 weeks and next rx added to repeat until ready for maintenance dose og 150mg to be added to rpt Mrs Sharon Robb
08/08/2022 Telephone encounter Call to pt re lamotrigine titration - she thought had to double every 2 weeks - explained increase by 25mg every 2 weeks. Aware to watch for rash and side effects. Also advised next titrtion added to repeat Mrs Sharon Robb
03/08/2022 Letter from consultant Clinic template Royal Victoria Hospital CMHT Mrs Jennifer Pickett
02/08/2022 Medication requested Outpatient Letter NHS Tayside General Psychiatry (Mental Illness) Unknown Mr Trevor Gordon
22/06/2022 Letter from consultant Clinic template Ninewells Hospital Obstetrics / Gynaecology Mrs Kay Macdonald
30/03/2022 Medication requested Aripiprazole 5mg tablets and Fluoxetine 20mg capsules Dr Tara Morley
07/03/2022 Triage Referral to gynaecologyDear colleagues, Many thanks for assessing this 33 year old para 6 lady who has requested referral for sterilisation. She had her last baby in September and tried the depot injection in October but has been using barrier methods recently. She feels that she has completed her family and also suffers from poor mental health (EUPD and PTSD). She was very clear that this was the right decision for her and her family. I have suggested continuing the use of barrier contraception alongside Evra (which she has asked to start today).Dr Kerr Dr Annabelle Kerr
07/03/2022 Alert received from telehealth monitoring system econsult Mrs Laura Terrell
28/02/2022 Medication requested Aripiprazole 5mg tablets Dr Tara Morley
16/02/2022 Unsuccessful attempt to contact patient by telephone Treid to phone pt to inform her of new script and directions but no answer Ms Rhona Watson
16/02/2022 Outpatient clinic letter received PIMHT RVH 08/2/22EUPDas per commQuetiapine reduced from 100mg to 50mg n ofr 3-4 nights then reduce to 1 n for a further 3-4 nights acute script for 12 issuedArpiprazole 5mg 1 m for a week then increase to 2 m if tolerated x 21 acute script issued. Fluoxetine to remain on repeat Ms Rhona Watson
09/02/2022 Letter from consultant Clinic template Royal Victoria Hospital Psychiatry Mrs Kay Macdonald
07/02/2022 Letter from consultant Clinic template Royal Victoria Hospital Psychiatry Ms Emma Morrison
24/01/2022 Letter from consultant ENSEMBLE NHS Tayside CMHT Mrs Kay Macdonald
21/01/2022 Letter from consultant Referral Letter NHS24 Adult Protection Ms Michele Webster
21/01/2022 Referral letter Admin Letter Adult Protection Committee Public Protection referral Mrs Mairie Fergus
21/01/2022 Out of hours patient call detail received Unscheduled Care Report Tayside Out of Hours Service Out of Hours Mrs Laura Terrell
21/01/2022 Referral for further care I am referring Stacey urgently to CMHT in view of a deterioration in her mental state. There was an intention to refer by a GP in October however this seems to have been missed in the system - details from October referral below:Referral back to CMHT (well known)Dr Colleagues,I would be veyr grateful if you would consider making contact with Stacey once again s she is requiring further input and support form your team. She stopped all her medication during her pregnancy, and delivered a baby boy 3 weeks ago. She is now keen to start back on medication as she really is struggling. SHe is feeling pressure from social work to be able to manage with out medicines and to present well, but feels her mental health is worsening. SHe doesnt have any suicidal ideation but feels her mood is low. She is obviously at a vulnerable point postnatally now and has had severe postnatal depression. She is well known to your team so I felt it was more appropriate that you pick her up again, after she didnt attend an appointment in the summer and thereefore isnt under follow up at present.She has been started beak on quetiapine and fluoxetine.Many thanksDr J CooperThe current crisis with her mental health involves a deteterioration over 2 weeks following [redacted] which has triggered childhood memories, [redacted]. Her sister [redacted] is with pt, Family members are planning to stay with her and her children to provide support over the weekend and ensure safety. She has self-referred to the CMHT and been advised that she needed to see her GP to consider referral for mood stabilisers. She has declined face-to-face assessment as does not think this would be helpful as really needing CMHT input. I would therefore be grateful for your urgent assessment regarding this. She continue on quetiapine 100mg nocte and fluoxetine 20mg od. KR Dr Alison Clement, GP Dr Alison Clement
21/01/2022 Telephone encounter Discussed information provided: sister [redacted] is with pt, she is in mental health crisis. She ahs already self referred to CMHT this morning and contacted the crisis team/OOH, their advice was to contact us for moodstabilisers. Additional issue is that pt has multiple children in her care, youngest is only a few months old, HV is Liz. D/W sister at patient's request. Poor mental health going on for 2 weeks, childhood trauma and PTSD, son been looking at porn regarding incest which has triggered great upset. Not currently under the CMHT, plan was to be referred in October but looks like that was missed due to an administrative error. Sister advises that family are supporting and both Stacey and children are safe with family members over weekend who are providing support. We agreed I would place an urgent referral to CMHT for support. Offered ftf assessment with Stacey tonight or Monday, sister does not feel would be helpful and Stacey unlikely to engage with this. Dr Alison Clement
09/12/2021 Medication requested Quetiapine 100mg tablets and Fluoxetine 20mg tablets Dr Tara Morley
07/12/2021 Letter from consultant Misc Template Ninewells Hospital Plastics Mrs Kay Macdonald
16/11/2021 SMS text message sent to patient This is a text message from Brechin Health Centre, We are currently running a patient survey. If you would like to participate, please visit our website to complete the survey, kind regards {Patient Group Over 16 With Mobile Number} Ms Michele Webster
16/11/2021 SMS text message sent to patient This is a text message from Brechin Health Centre. Did you know that you can now submit an E-Consult via our website? This service is available 24/7, kind regards {Patient Group Over 16 With Mobile Number} Ms Michele Webster
13/11/2021 Immunisation course maintain protection against SARS-CoV-2 MAINT C-19 Booster Pfizer (E Watson)
08/11/2021 Medication requested Quetiapine 100mg tablets and Fluoxetine 20mg capsules Dr Tara Morley
28/10/2021 Excision papillomatous lesion right scalp, excised under LA Ms Emma Morrison
28/10/2021 Letter from consultant Discharge template Stracathro Hospital Plastics Ms Michele Webster

13/10/2021 Administration NOS Referral back to CMHT (well known)Dr Colleagues,I would be veyr grateful if you would consider making contact with Stacey once again s she is requiring further input and support form your team. She stopped all her medication during her pregnancy, and delivered a baby boy 3 weeks ago. She is now keen to start back on medication as she really is struggling. SHe is feeling pressure from social work to be able to manage with out medicines and to present well, but feels her mental health is worsening. SHe doesnt have any suicidal ideation but feels her mood is low. She is obviously at a vulnerable point postnatally now and has had severe postnatal depression. She is well known to your team so I felt it was more appropriate that you pick her up again, after she didnt attend an appointment in the summer and thereefore isnt under follow up at present.She has been started bcak on quetiapine and fluoxetine.Many thanksDr J Cooper Dr Jessica Cooper

13/10/2021 Administration NOS Referral to Gynaecology Ninewells:Dear Dr,I would be very grateful if you would consider seeing Stacey for a BTL. She is clear that she has complted her family and her last pregnancy she conceived very shortly after her oler child's birth. She is keen to go ahead with a BTL. She has been offered depo-provera in the meantime.Many thanksDr J Cooper Dr Jessica Cooper

13/10/2021 Telephone encounter 3 weeks post natal.Stopped all meds due to pregnancy. Mnetal health struggling, tearful and feeling overwhelemed, unable relly to dscribe more than that, no SI.Manging well with baby although he seems to maye have CMPI.Wishing to restart quetiapine and fluoxetine. Seeing HV and SW weekly. Ref back to CMHT for supportalso wishing ref to gynae for BTL - for depo-provera in the meantime. Dr Jessica Cooper

13/10/2021 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans

12/10/2021 Prescription by another organisation Clinical Letter Community Pharmacy Pharmacy Ms Michele Webster

12/10/2021 Letter from consultant ENSEMBLE2 NHS Tayside Plastics Mrs Laura Terrell

05/10/2021 Failed encounter Going to voicemail, message left Dr Harris Rana

04/10/2021 Telephone encounter Called at 1453 - Phone recording states "sorry patient cant answer phone at the moment lease leave message" Dr Suschjainder Singh

24/09/2021 Discharge summary report Discharge Letter/Summary Ninewells Hospital Maternity/Midwifery Ms Emma Morrison

24/09/2021 Male baby 39+2/40, 3420g Ms Emma Morrison

24/09/2021 Spontaneous vaginal delivery male Ms Emma Morrison

24/09/2021 Discharge summary report Discharge Letter/Summary Opticians Obsterics Ms Emma Morrison

21/09/2021 Administration NOS Referral to plastic surgery Dear colleagues, Many thanks for your assessment of this girl who has a lesion on her scalp which is catching and bleeding when she brushes her hair. Please see the attached photos. I did initially wonder if it could be a BCC but she is quite young, however it is clearly going to continue to cause problems. Dr Kerr Dr Annabelle Kerr

21/09/2021 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans

20/09/2021 Triage e-consult: Enlarging growth on scalp "Thank you for your recent eConsult request.I would be grateful if you could submit a picture of this growth on your scalp.You would be able to attach a picture if you chose one of the following e-consult options : rash, mole or adminKind regards, Dr Chong" Dr Tara Morley

20/09/2021 Alert received from telehealth monitoring system econsult Mrs Melanie Cossans

24/08/2021 Telephone encounter with Stacey. She has not taken Fluoxetine or Quetiapine since being pregnant. Will remove from repeat. Folic and iron were dropped off to her via the midwife. Ms Alison Archer

24/08/2021 Medication reconciliation discharged from ward 38 Ninewells 22/08/21. Fluoxetine and Quetiapine listed, but not ordered from practice for some time. Also noted that patient taking Folic acid and Iron but not via practice. Will contact patient to confirm all. Ms Alison Archer

22/08/2021 Discharge summary report Discharge Letter/Summary NHS Tayside Obsterics Ms Michele Webster

19/08/2021 [D]Abdominal pain - acute abdominal pain syndrome Ms Emma Morrison

20/07/2021 DNA hospital appointment - Failed to attend appointment with CMHT Ms Emma Morrison

20/07/2021 Letter from consultant Miscellaneous Medic Stracathro Hospital Psychiatry Ms Emma Morrison

15/04/2021 Letter from consultant ENSEMBLE NHS Tayside Maternity/Midwifery Mrs Kay Macdonald

09/04/2021 Telephone triage encounter 077368227877 - clindamycin pessary making PV disharge worsePlan ; Try co-amoxiclav next Dr Yuen Chong

09/04/2021 Alert received from telehealth monitoring system econsult Mrs Kay Macdonald

02/04/2021 Triage 07368227877 - e-consult : 14w pregnant - BV "fishy" d/cTried OTC thrush rx to no availPlan : 1. try clindamycin pessary first2. May need co-amoxiclav next Dr Yuen Chong

02/04/2021 Alert received from telehealth monitoring system econsult Mrs Mairie Fergus

30/03/2021 Letter from consultant Clinic template Stracathro Hospital Psychiatry Ms Emma Morrison

11/03/2021 SMS text message sent to patient Link to https://www.medicinesinpregnancy.org/Medicine--pregnancy/Fluoxetine/Link to https://www.medicinesinpregnancy.org/Medicine--pregnancy/Quetiapine/ Mrs Helen Adamson

11/03/2021 SMS text message sent to patient Stacey - for information on medicines in pregnancy please look at Bumps website https://www.medicinesinpregnancy.org/ Mrs Helen Adamson

11/03/2021 Telephone encounter Phoned Stacey re continuing meds in pregnancy - pt has thought and thinks she does need to continue. Offered info leaflet from Bumps website answer all questions about use of both meds in pregnancy. Will text her the links, but to get back in touch if needs paper copy Mrs Helen Adamson

09/03/2021 Telephone encounter Wiht patient to discuss medication as not ordered since Jan 21 - She is not sure if she wants to take these during pregnancy - message passed for H.Adamson to call and discuss this on Thursday. Ms Fiona Steel

09/03/2021 Patient reviewed at hospital Communication from General Psychiatry Stracathro 08.03.21To continue to prescribe Fluoxetine 20mg daily and Quetiapine 100mg at night - reauthorised Ms Fiona Steel

08/03/2021 Letter from consultant ENSEMBLE NHS Tayside psychiatry Mrs Kay Macdonald

19/02/2021 Patient pregnant

16/02/2021 Letter from consultant ENSEMBLE NHS Tayside Maternity/Midwifery Mrs Mairie Fergus

Ms Stacey Leonard **28/04/1988** **Female** **369/88/128** **Permanent**

10/02/2021 Telephone encounter 07368227877 Believes might be having a miscarriage call was from patients psychriatric consultant who has asked for a gp to give pt a call- 8/12 postnatal- pos preg test 2 days- LMP 23/12/21- wee bit of brown spotting, with some small cramping, more on right side- would not terminate a pregnancy- chat re situation, phoned early pregnancy bleeding unit who will contact her Dr Sandy Rough
07/01/2021 Telephone encounter Message left for pt to call back - please advise rx to chemist tomorrow as per CMHT Mrs Sharon Robb
07/01/2021 Patient reviewed at hospital OPC CMHTrestart fluoxetine 20mg dailyrestart quetiapine 100mg dailyReview by clinic 1-2/12 Mrs Sharon Robb
06/01/2021 Letter from consultant ENSEMBLE NHS Tayside Mrs Kay Macdonald
31/12/2020 Telephone encounter Itchy ear for "months". Note Hx psoriasis and otitis externa although pt states that prev treatments have had very short lived benefit. ?fungal element. Advised to try acetic acid in first intance and given duration for swab. Dr Annabelle Kerr
31/12/2020 Alert received from telehealth monitoring system econsult Ms Michele Webster
13/11/2020 Result Lab Result Tayside Clinical Laboratory Services Microbiology Mrs Kay Macdonald
22/10/2020 Telephone encounter dental procedure on 8 October, still experiencing a lot of pain, taking co-codamol 30/500mgs which she thinks is too much, discussed options, Rx co-codamol 15/500mgs. Review prn. Mrs Elaine Clark
09/10/2020 Medication reconciliation EDD SHX oral & max faxNil changes to medsPts own analgesia Mrs Sharon Robb
08/10/2020 Full dental clearance + fil F/F immediate replacement Ms Emma Morrison
08/10/2020 Discharge summary report Immediate Discharge Letter Stracathro Hospital Accident & Emergency Ms Emma Morrison
04/09/2020 Telephone encounter thinks she has a chest infection, productive cough, green sputum, feels SOB on exertion and chest feels tight. Eating/drinking well, no fever, Rx amoxicillin, advised fluids and review if not settling/worse. Mrs Elaine Clark
03/09/2020 Telephone encounter Spoke to Stacey re meds - advised rx issued. She has a review in 2 - 3 months but no date as yet Mrs Sharon Robb
03/09/2020 Telephone encounter Message left with granny for Stacey to call back when free Mrs Sharon Robb
03/09/2020 Patient reviewed at hospital OPC CMHTSTOP sertraline & olanzapineContinue Fluoxetine - rx initially from CMHTContinue quetiapine 100mg for 2-3/12 then taper off - rx initially from CMHTFollow up by clinic Mrs Sharon Robb
02/09/2020 Medication requested ENSEMBLE NHS Tayside Psychology Mr Trevor Gordon
31/07/2020 Patient reviewed at hospital OPC CMHTSertraline increasde to 100mgCan be increased to 150mg if needed.Follow up by clinicCMHN Sandra Findlay can review if required Mrs Sharon Robb
31/07/2020 Letter from consultant ENSEMBLE NHS Tayside Mrs Kay Macdonald
20/07/2020 Abdominal pain right sided abdominal pain which woke her from sleep this morning at 4 am, assoc with nausea and soft stools, no urinary sx, no vomiting. Had paracetamol for pain. Had coffee this am, no food yet, normal for patient. 9 weeks post partum, on POP (orders online) No unwell contactsImp: Unlikely surgical cause for pain, manage conservatively with gentle diet and analgesia initially, strong WSG re contacting practice or OOH if not settling Dr E Mhaoileoin
10/07/2020 Seen by pharmacist OPC CMHTSertraline 50mg at nightContinue olanzapineUntil further review Mrs Sharon Robb
10/07/2020 Referral to pharmacist Docman Mrs Sharon Robb
09/07/2020 Letter from consultant ENSEMBLE NHS Tayside psychiatry Ms Emma Morrison
15/06/2020 Failed encounter for BP. Mrs Lois Armstrong
15/06/2020 Telephone encounter requesting contraception. HV says just get GP to Rx but I do think that she should be reviewed re BP first. Not breast feeding. ??OCP ??POP had pill 4 years ago but no record. Dr Alan Weir
01/06/2020 Medication requested ENSEMBLE NHS Tayside Maternity Ms Sheena Lubbe
29/05/2020 Telephone encounter Tried to phone patient about re-start of olanzapine. No answer. To phone back(Ruth pre-reg pharmacist) Ms P Pharmacist
29/05/2020 Referral to pharmacist Check of Ruth, pre reg pharmacist work. Miss Chloe Tennant
29/05/2020 Referral to pharmacist Docman - Outpatient comm to restart olanzapine 2.5mg daily for mood changes and agitation(Ruth, pre reg pharmacist) Ms P Pharmacist
28/05/2020 Letter from consultant ENSEMBLE NHS Tayside Ms Emma Morrison
16/05/2020 Parent of Aria Grant Dr Julie Dyker
16/05/2020 Spontaneous vaginal delivery female Ms Emma Morrison
16/05/2020 Discharge summary report Discharge Letter/Summary Ninewells Hospital Maternity/Midwifery Ms Emma Morrison
17/01/2020 Removed from waiting list from clinical Genetics Mr Trevor Gordon
17/01/2020 Discharge summary report Discharge Letter/Summary Ninewells Hospital Clinical Genetics Mrs Jennifer Pickett
30/12/2019 Patient reviewed approx 17w preg. midwife said to get abx for ?ear infectionnote sep/oct, stacey says its been ongoing for ages. says lots of discahrge. ongoing morning sickness. no worseo/e t36.4 bp 120/80 sats 100 p100both TM seen, NAD. no discharge. painful pinna on rightplantreat as otitis externaswab any dischargeanalgesapt declined further antiemeticswsg Dr Doctor Locum1
27/11/2019 Letter from consultant Clinic template Ninewells Hospital Obstetrics / Gynaecology Mrs Kay Macdonald
12/11/2019 Patient pregnant Ms Emma Morrison
12/11/2019 Letter from consultant Clinical Letter Angus Birthing Unit Maternity/Midwifery Ms Emma Morrison
04/11/2019 Letter from consultant Clinic template Ninewells Hospital General Surgery Ms Emma Morrison
21/10/2019 Nausea metoclopramide helped for the first few days then feels it is not helping again, no SE, not actually being sick at all, is nausea, had scan today and 7 weeks preg, just 1 pregnancy, pasing urine ok, bowels moved yesterday, no abdo paino/e hydrated, urine - no ketones, tr glucose, no other symptoms, has just had very sugary mealPlan - advised to book with midwives for further check of urine through pregnancy, change to prochlorperazine but as per guidelines might need more than 1 antiemetic - will let me know later in week if not helping Dr Laura Pole

Ms Stacey Leonard **28/04/1988** **Female** **369/88/128** **Permanent**

15/10/2019 Nausea early pregnancy, 5th pregnancy, has had previous problems with nausea, denies actual vomiting, just constant nausea, would feel better if she were sick as some relief, since seen yesterday has eaten meals and drinking plenty, is passing urine, has further early pregnancy scan next week, has tried natural remedies, cyclizine hasn't really helped the nausea, bowels are movingo/e hydrated, BP 100/64, urine yesterday negative to dipstick, had 4 kids with her to unable to provide sample but has not vomited so unlikely to change anythingPlan - change to metoclopramide, not taking any other medications at the moment, eating little and often to prevent drops in blood sugar, review if not helping/vomiting Dr Laura Pole

14/10/2019 Antenatal care 5th preganancy. Had bad vomiting with one before last. started being sick abut a week ago. Vomitng every time she eats. Managing fluids: Constant nausea. Unsure re weight but does not think has lost weight.Has tried wrist bands, peppermint, ginger etc. Nothing working. Has 4 kids to lookafter and feels is getting nothig done because feels rubbish. Urinalysis -ve. Try cyclizine as per CKS guidelines and review tomorrow as per same. If not keeping fluids down needs to be seen for reassessment. Dr Doctor Locum1

08/10/2019 Referral letter Referral Letter Ninewells General Medicine Miss Lucy Yeaman

04/10/2019 Telephone encounter phoned pt to advise have done ref to obs as per gyn request and also EPAS will be contacting her directly to arrange scan Dr Laura Pole

04/10/2019 Administration NOS Message back from midwives, I've read off the referral/MRI reasoning and advice back from gynae, they will contact pt to book in for early scan and obs. Contact details for pt given jp Dr Stewart Rooney

04/10/2019 Telephone encounter spoke to pt - serum HCG >1000, see reply from gyn - they think this is pregnancy, have given normal pregnancy advice now and advised RE pregnancy vitamins, but they are suggesting will need early scan via EPAS and also early obs involvement in terms of MRI having been done whilst pregnant, Stacey doesn't think she had contrastphoned and left message for EPAS as no answer Dr Laura Pole

02/10/2019 Result Lab Result Tayside Clinical Laboratory Services Biochemistry Mr Trevor Gordon

02/10/2019 Letter from consultant ENSEMBLE2 NHS Tayside Gynae Ms Sheena Lubbe

02/10/2019 Result Lab Result Tayside Clinical Laboratory Services Microbiology Ms Dorothy Black

30/09/2019 Patient reviewed ears - reduced hearing on L assoc with discharge, R ear NAD, some scarring of TM, L ear drum very dull, canal very red and inflamed and some pus, swab already taken - for otomize, checked BNF and no restrictions on prescribing in early pregnancy and topicalLMP 5/52 ago, what made her do test was after having had MRI and being asked about pregnancy risk, she got home and thought her period maybe was overdue and checked, had a positive test last thurs and positive test today, she is concerned could this be a false positive with the other issues, she has a raised Ca125 but MRI from last week appears to show only simple cyst and she would be too early in pregnancy for this to show up on MRI, I think it is more likely she is pregnant but have agreed to email her consultant and will check serum b-hcg - if period still not coming and positive serum think we need to book as per pregnancy Dr Laura Pole

30/09/2019 Hearing loss - few day history of left side hearing loss and some discharge from left ear, also had pelvic MRI last week and stated not pregnant- has since had positive pregnancy test and concerned, has 4 children already- does not know what to think, concerned test may be false due to horimones/gynae problem, note raised CA125, experiencing tender breasts but has these symptoms prior to period- now over a week late- pregnancy test carried out and positive, left ear canal inflamed, TM dull and pus noted. Plan- agreed review appointment with GP this afternoon to discuss pregnancy and review ear- as I am unable to prescribe for pregnant women, left ear swab sent. Patient happy with plan. Mr Nigel Clubb

04/09/2019 Respiratory tract infection productive cough with green phlegm for 2/52,smoke 20 cigarrettes daily, t 37.4c,pr78/min,rr18/min,o2sat98% on air,throat inflamed,scatterred creps through out both sides,heart s1,s2,abdomen soft,nontender,bs intact, strongly advised to register with stop smoking programme,tcb if no improvement. Dr 2 Locum

27/08/2019 Letter from consultant Clinic template Arbroath Royal Infirmary Obstetrics / Gynaecology Mr Trevor Gordon

14/08/2019 Result Lab Result Tayside Clinical Laboratory Services Biochemistry Mrs Kay Macdonald

05/07/2019 Had a chat to patient pain L uq breast 6/52. Not pregnant . See FH maternal breast cancer. Diffuse change LUQ/axilla refer Dr I M Mahon

05/07/2019 Telephone triage encounter Has found a left breast lump - present for 6 weeks - has persisted through the last period. Over the last week increasing pain in the breast. Discharge from nipple although longstanding. P. Agreed to see today to examine. Dr Jonathon Taylor

27/06/2019 Telephone encounter Voicemail message on mobile to advise dose increased and Rx sent to Boots Mrs Helen Adamson

27/06/2019 Medication reconciliation Op comm from Dr Blake to increase olanzapine dose to 7.5mg nocte Mrs Helen Adamson

27/06/2019 Referral to pharmacist DOCMAN workflow Mrs Helen Adamson

26/06/2019 Medication requested ENSEMBLE NHS Tayside CMHT Ms Dorothy Black

04/06/2019 Consultation Reviewed with blood results.Symptoms unchanged. CA125 is raised, and taking this together with the uncertain USS result, we agreed now should refer to gynae. I am not sure whether CA125 of 72 is highly suspicious or not, so will refer as urgent and they can re-prioritise if need be. S Moore Dr Locum Doctor

24/05/2019 Result Lab Result Tayside Clinical Laboratory Services Haematology Mrs Jennifer Pickett

24/05/2019 Result Lab Result Tayside Clinical Laboratory Services Biochemistry Mrs Jennifer Pickett

24/05/2019 Result Lab Result Tayside Clinical Laboratory Services Haematology Mrs Jennifer Pickett

24/05/2019 Administration NOS D/W Dr Taylor as patient said period started 4 days ago, said it might stop at weekend but start again by monday, advised to take bloods anyway. Mrs Christine Allan

20/05/2019 Administration NOS NOTE FOR BLOODS - Please check if patient currently has period. If menstruating please make a new appt to have bloods done after period finished. S Moore Dr Locum Doctor

20/05/2019 Telephone encounter Discussed the results of USS, which do not seem particularly conclusive. Small abnormalities include 1.5cm simple cyst and small amount of free fluid in puch of douglas. Not sure of significance and whether it can be related to symptoms. Recap of symptoms - Period type pain suprapubically and through to back which is constant and not cyclical. Periods are irregular in timing (3-4 weeks) and in heaviness - sometimes v heavy, sometimes v light. She gets a strong pressure type pain during periods. She experiences a large volume watery discharge from 1 week before through till one week after period. Patient given option of ref to gynae now but prefers to have bloods done first and ref depending on results. S Moore Dr Locum Doctor

10/05/2019 Administration NOS cyst with free fluid in pouch of douglas, and some hyperechoic foci which might be related to previous instrumentation, not sure what this means, phone appt to review symptoms and ?ref to gyn, ?also might be worth doing bloods including Ca125 Dr Laura Pole

07/05/2019 Medication started Prazosin by CMHT Mrs Sharon Robb

07/05/2019 Medication reconciliation OPC from CMHT - to continue olanzapine, sertraline and start prazosin increasing to 6mg at night. Mrs Sharon Robb

07/05/2019 Referral to pharmacist Docman Mrs Sharon Robb

07/05/2019 [X]Post - traumatic stress disorder Mrs Sharon Robb

03/05/2019 Medication requested ENSEMBLE NHS Tayside CMHT Ms Dorothy Black

03/05/2019 Medication requested ENSEMBLE NHS Tayside CMHT Ms Dorothy Black

01/05/2019 Result Result Stracathro Hospital Ultrasound Mr Trevor Gordon

17/03/2019 Result Lab Result Tayside Clinical Laboratory Services Microbiology Mrs Jennifer Pickett

15/03/2019 Result Lab Result Tayside Clinical Laboratory Services Virology Ms Sheena Lubbe

15/03/2019 C/O pelvic pain ongoing since August of last year, irregular periods, no IMB/PCB but deep dyspareunia, discharge usually watery or white, previous high grade CIN treated in 2017 and was put on 3 yearly recall at that point, is worried about cancer, says never got US appt through, no change in address, not on any contraception, in longterm relationship, LMP last weeko/e cervix visualised, scarred, swabs taken including STI screen with consent, bimanual no obviuos tenderness/masses, urine dipstick negative, preg test negativePlan - US, swabs, offered gyn ref at this point but she wants to wait until US result back Dr Laura Pole

08/03/2019 Telephone triage encounter tells me that has LIf pain like her ovary is swollen and sorebeen tested positive for Bv and treated but still has pain and also discharge and urge to pass urineongoing for many months reallytoday is day 4 of her period, these have been quite irregular too and more heavierwas seen last Sept 2018 and Tara sent to USS but DNA appt but pt states didn't get a lettercomplex and chronic presentationI feel not suitable for emergency appt and possibly not approapriate for routine appt in 3-4 weeks time so given appt with Dr Pole who she likes in 7 days time.?needs PV exam and USS re-requested. ?swabs need to be repeated? pt thinks needs to have smear done again but advised not due till 2022. Dr Tharmagajan Tharmachandirar

13/12/2018 Medication reconciliation OP comm from Dr Blake to restart Olanzapine 5mg nocte and start sertraline 50mg mane.CMHT nurse review on 10th Dec - Sandra Lindsay Mrs Helen Adamson

13/12/2018 Referral to pharmacist via DOCMAN Mrs Helen Adamson

12/12/2018 Medication requested ENSEMBLE NHS Tayside Ms Michele Webster

09/11/2018 Acute non suppurative otitis media 1 week hx of R painful/pressure in ear, discharge foulsmelling, well in self, longstanding hx of this and infections as a child/grommets, hearing no different with this pain although in general slightly reduced over past few monthso/e systemically well, L ear NAD, R ear canal very inflamed, some debris but no discharge to be able to swab at the moment, TM dulled and some fluid behind, looks slightly bulgingImp - cover more for OMPlan - amox, will try and get swab if possible, review if not settling/worseningmentioned ongoing issues with discharge, didn't get US appt, has had BV and treatment for this, suggested return for review/examination and will try and self-swab in interim for infection Dr Laura Pole

09/11/2018 Telephone triage encounter was looking for abx prescription for ear infection - pain in ear and foulsmelling discharge for about a week, systemically well, previous problems with this - would prefer for her to be seen and potentially swabbed before prescribing - will attend Dr Laura Pole

17/10/2018 DNA hospital appointment

17/10/2018 Letter from consultant Miscellaneous Medic Stracathro Hospital Psychology Ms Dorothy Black

04/09/2018 DNA hospital appointment - failed to attend radiology appointment Ms Emma Morrison

04/09/2018 Result Result Stracathro Hospital Ultrasound Ms Emma Morrison

15/08/2018 Result Lab Result Tayside Clinical Laboratory Services Virology Mrs Kay Macdonald

14/08/2018 Bacterial vaginitis see swab result - clue cells suggesting BV - for metronidazole Dr Laura Pole

13/08/2018 Result Lab Result Tayside Clinical Laboratory Services Microbiology Mrs Bank Nurse

10/08/2018 Patient reviewed ongoing pain RIF for several months cyclical pattern every 2 weeks lasts about 2 days. very severe. been getting spotting though the month within vaginal d/c. no urianry/bowel symptoms. bloods done in jan for this fine. not related to food. was meant to get a scan but seems may not have been ordered. I will organise uss. abdo SNT no mass, vaginal cavity appears healthy no offensive d/c swabs taken. chaperone offered and refused. consent obtained for vaginal uss. knows if pain returns worse than usual cocnerns unwell with it seek med advice Dr Tara Morley

30/07/2018 Infective otitis externa Micro now with sensitivities. Script done. Dr Stewart Rooney

28/07/2018 Result Lab Result Tayside Clinical Laboratory Services Microbiology Mr Trevor Gordon

27/07/2018 Telephone encounter .phoned micro as ear swab grown group A strep and pseudomonas but no sensitiviteis yet - i phoned to see if available - they are not so hold off prescribing for now Dr Tara Morley

26/07/2018 Low mood Dr Robert Mellish

26/07/2018 Medication requested See special request on docman from CMHT. sl Ms Sheena Lubbe

24/07/2018 Medication requested ENSEMBLE NHS Tayside CMHT Ms Sheena Lubbe

19/07/2018 Patient reviewed Had recurrent problem of foul smelling fluid leaking L ear - longstanding, saw GP in Montrose re this about 18 months ago and got a spray, no ENT input. Ear also painful (L). No other upper resp tract sxOE T 37.4 Throat - nad. R ear canal and TM - nad. L ear canal - erythromatous but looks like there is some exudate towards TM (actually looks behind TM although this wouldn't fit with the ear discharge)Happy to hand in swab so we can check exactly what organism causing possible recurring infection and treat accordingly. Thinks has cocodamol at home she will try in meantime. Discussed how to use swab. Dr Dr Locum3

19/07/2018 Telephone triage encounter Long standing problem with foul discharge from left ear.Ongoing for about 10 weeks. Has been using cotton buds and OTC rx with no improvement Worse today and was itchy this morning.P. Agreed to see to assess. Dr Jonathon Taylor

19/07/2018 Failed encounter - no answer when rang back Phoned 11:43 - no answer - message left. Dr Jonathon Taylor

03/05/2018 Letter from consultant Clinical Letter Dudhope Terrace Dundee Tayside Eating Disorder Services Ms Emma Morrison

03/05/2018 Urinary tract infection, site not specified NOS urinary frequency dysuria low back pain and low abdo pain. for urine sample Dr Penny Lockwood

Ms Stacey Leonard **28/04/1988** **Female** **369/88/128** **Permanent**

03/05/2018 Administration NOS asked to ring patient as she is querying UTI tried ringing but phone went over to answerphone message left advising patient to ringback if still wants advice Dr Penny Lockwood
05/04/2018 Administration NOS Swab shows heavy growth of anaerobes. Dr Stewart Rooney
05/04/2018 Result Lab Result Tayside Clinical Laboratory Services Microbiology Ms Dorothy Black
30/03/2018 Administration NOS pregnancy test neg Dr I M Mahon
30/03/2018 Vaginal discharge symptom OE uterine fullness PV ? candida ..no warts or white lumps. NB history of cerviacla cancer Dr I M Mahon
29/03/2018 Telephone triage encounter has had "white growth" in the vagina as well as smelly discharge for some time but getting worse. In view of Sx of " white growth " given appointment for tommorrow. Dr Sarab Hanna
17/03/2018 Notes summary on computer
06/02/2018 Letter from consultant Clinical Letter Dudhope Terrace Dundee Mental Health Mr Trevor Gordon
01/02/2018 Anorexia nervosa
19/01/2018 Patient MRE received from HB Dr Andrew Thomson
12/01/2018 Letter from consultant Admin Letter Letter to Doctor Letter to Doctor Mr Trevor Gordon
11/01/2018 Letter from consultant Lab Result Tayside Clinical Laboratory Services Haematology Miss Michelle Cronin
11/01/2018 Letter from consultant Lab Result Tayside Clinical Laboratory Services Biochemistry Miss Michelle Cronin
11/01/2018 Letter from consultant Lab Result Tayside Clinical Laboratory Services Biochemistry Miss Michelle Cronin
11/01/2018 Administration NOS Please do FBC,U&E, LFT, TFT, CRP, BONE, CA125, GLUCOSE reason abdo pain, low BMI Dr Jonathon Taylor
11/01/2018 Consultation 8 weeks of low right IF pain - no real pattern to symptoms. Regular periods with no IMB or PCB, no dysparunia.Also left leg pain - throbbing pain radated down to shin - past epidural and pain since. O. Thin, abdo SNT BS OK. No definate neurology left leg. A. ?cause. P. Agreed to bloods and refer to USS. Review with the results. Dr Jonathon Taylor
09/01/2018 Seen in eating disorder clinic
08/01/2018 Administration NOS Sandra Lindsay CPN (01356 692856) Phoned in on 08.01.18 to say she has concerns about her weight/?BMI as she has an eating disorder. Patient is also complaining of Muscle pain ?bloods to be done MH Dr Andrew Thomson
22/12/2017 Referral to eating disorders clinic
22/12/2017 Medication requested From Carseview Centre dd 21/12. Unable to put through clinical communication as no docman as yet - please see me, Sheena whoever picks this up. sl Ms Sheena Lubbe
22/12/2017 Alcohol screen - AUDIT C completed Mr S System Supervisor
22/12/2017 Body Mass Index NUM_RESULT = 18 Mr S System Supervisor
22/12/2017 Encounter by computer link Mr S System Supervisor
22/12/2017 Not interested in stopping smoking Mr S System Supervisor
22/12/2017 House rented from housing ass. Mr S System Supervisor
22/12/2017 Unemployed Mr S System Supervisor
22/12/2017 Patient's next of kin STEVEN GRANT Mr S System Supervisor
22/12/2017 Cohabiting Mr S System Supervisor
15/08/2017 Emotionally unstable personality
19/04/2017 Generalised anxiety disorder
04/10/2016 Fine needle aspiration of breast /axilla, right: benign cyst
15/08/2016 LLETZ - Large loop excision of transformation zone
04/08/2016 Vaginismus
04/08/2016 Diagnostic cystoscopy + biopsy: - CIN III
18/06/2016 [X]Post - traumatic stress disorder - related to childhood experiences
01/01/2016 Deliberate self-harm - 2017: cutting
02/05/2015 Incision and drainage of abscess /cyst, thigh, left
15/02/2015 Spontaneous vaginal delivery - female
22/06/2014 Anxiety states with low mood
11/07/2013 Spontaneous vaginal delivery - male
28/05/2011 Spontaneous vaginal delivery - male
18/04/2011 Acute pyelonephritis
18/04/2011 [X]Accidental drug overdose / other poisoning - accidental over dose of Solpadol in pregnancy
20/09/2010 Seen in breast clinic - early dusct estasia, left
27/05/2010 Social worker involved - with baby: failure to thrive secondary to mum's own eating disorder
31/12/2009 Suction termination of pregnancy
16/11/2009 Poor self esteem
16/11/2009 Seen in eating disorder clinic
14/10/2009 Low back pain
14/10/2009 Seen by mental health counsellor - depression, dysfunctional eating

Ms Stacey Leonard **28/04/1988** **Female** **369/88/128** **Permanent**

19/09/2009 Diagnostic laparoscopy - UGA. Gynae - NAD
27/05/2009 Dysfunctional uterine bleeding
31/03/2009 [X]Eating disorders
16/03/2009 Blepharitis
08/08/2008 Low mood
05/06/2008 Vacuum delivery - male
22/05/2008 Iron deficiency anaemia of pregnancy + folate
19/12/2007 Blood group O - RH D POSITIVE
28/06/2005 Self-harm - cutting/hair pulling/polydrug abuse
04/05/2005 Nondependent alcohol abuse, unspecified
04/05/2005 Depressed
01/02/2004 Acne vulgaris
16/10/1995 [D]Reactive lymphadenopathy
18/07/1995 Bilateral recession of medial recti muscles of eye - bilateral
12/04/1995 Social worker involved
12/04/1995 Looked after child
03/11/1994 History of sexual abuse /domestic + physical (pt + siblings) - involving family member - (pt does not like to discuss sexual abuse)
03/11/1994 Child on protection register - abuse/neglect
16/06/1992 Myringotomy and insertion of short term grommet - bilateral
02/03/1992 Convergent squint + hypentropia, left
01/11/1989 Poor social circumstances including mother with depression/issues + father in prison
01/11/1989 [D]Developmental delay
28/04/1988 Born by normal vaginal delivery
28/04/1988 Date records held from

Repeat Masters

Propranolol 80mg modified-release capsules Until: Last issued: 12/03/2026 Number of issues: 2 maximum 3 allowed
TAKE ONE CAPSULE IN THE MORNING

Aripiprazole 15mg tablets Until: Last issued: 12/03/2026 Number of issues: 1 maximum 3 allowed
1 TABLET EACH DAY IN THE MORNING ALONG WITH A 10MG TO MAKE A DOSE OF 25MG

Aripiprazole 10mg tablets Until: Last issued: 12/03/2026 Number of issues: 1 maximum 3 allowed
1 TABLET EACH DAY IN THE MORNING ALONG WITH A 15MG TO MAKE A DOSE OF 25MG

Desogestrel 75microgram tablets Until: Last issued: 17/12/2025 Number of issues: 1 maximum 2 allowed
TAKE ONE TABLET ONCE DAILY

Folic acid 5mg tablets Until: Last issued: 02/09/2025 Number of issues: 1 maximum 3 allowed
1 TABLET ONCE A DAY FOR 3 MONTHS

Hylo-Tear 0.1% eye drops preservative free
(Scope Ophthalmics Ltd) Until: Last issued: 14/10/2025 Number of issues: 1 maximum 11 allowed APPLY TO BOTH EYES UP TO 6X DAILY AS PER OPTICIAN

Lamotrigine 200mg tablets Until: Last issued: 12/03/2026 Number of issues: 2 maximum 3 allowed
TAKE ONE DAILY AT NIGHT AS ADVISED BY PYSCHIATRY

Lamotrigine 100mg tablets Until: Last issued: 12/03/2026 Number of issues: 2 maximum 3 allowed
TAKE ONE TABLET IN THE MORNING

Propranolol 40mg tablets Until: Last issued: 12/03/2026 Number of issues: 2 maximum 3 allowed
TAKE ONE TABLET IN THE EVENING

Acute and Repeat Issue Therapy

16/04/2026 issued Tranexamic acid 500mg tablets Supply: (60) tablet TWO TABLETS 3 TIMES A DAY FOR UP TO 4 DAYS, TO BE INITIATED WHEN MENSTRUATION HAS STARTED;

13/03/2026 issued Propranolol 40mg tablets Supply: (56) tablet TAKE TWO TABLETS IN THE MORNING (PROPRANOLOL 80MG MODIFIED RELEASE OUT OF STOCK). SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

12/03/2026 2 issued Propranolol 40mg tablets Supply: (28) tablet TAKE ONE TABLET IN THE EVENING

12/03/2026 2 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE TABLET IN THE MORNING

12/03/2026 2 issued Lamotrigine 200mg tablets Supply: (28) tablet TAKE ONE DAILY AT NIGHT AS ADVISED BY PYSCHIATRY

12/03/2026 1 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 15MG TO MAKE A DOSE OF 25MG

12/03/2026 1 issued Aripiprazole 15mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 10MG TO MAKE A DOSE OF 25MG

12/03/2026 2 issued Propranolol 80mg modified-release capsules Supply: (28) capsule TAKE ONE CAPSULE IN THE MORNING

09/02/2026 issued Trimethoprim 200mg tablets Supply: (6) tablet TAKE ONE TABLET TWICE DAILY FOR 3 DAYS

09/02/2026 issued Tranexamic acid 500mg tablets Supply: (60) tablet TWO TABLETS 3 TIMES A DAY FOR UP TO 4 DAYS, TO BE INITIATED WHEN MENSTRUATION HAS STARTED;

Ms Stacey Leonard **28/04/1988** **Female** **369/88/128** **Permanent**

14/01/2026 issued Propranolol 40mg tablets Supply: (56) tablet TAKE TWO TABLET(S) IN THE MORNING. PROPRANOLOL 80MG MR CAPS UNAVAILABLE. SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY
13/01/2026 1 issued Propranolol 80mg modified-release capsules Supply: (28) capsule TAKE ONE CAPSULE IN THE MORNING
09/01/2026 1 issued Lamotrigine 200mg tablets Supply: (28) tablet TAKE ONE DAILY AT NIGHT AS ADVISED BY PYSCHIATRY
09/01/2026 1 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE TABLET IN THE MORNING
09/01/2026 3 issued Aripiprazole 15mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 10MG TO MAKE A DOSE OF 25MG
09/01/2026 3 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 15MG TO MAKE A DOSE OF 25MG
17/12/2025 1 issued Desogestrel 75microgram tablets Supply: (84) tablet TAKE ONE TABLET ONCE DAILY
03/12/2025 3 issued Propranolol 80mg modified-release capsules Supply: (28) capsule TAKE ONE CAPSULE IN THE MORNING
28/11/2025 issued Propranolol 40mg tablets Supply: (56) tablet TWO TO BE TAKEN IN THE MORNING - PROPRANOLOL MR 80MG UNAVAILABLE
28/11/2025 1 issued Propranolol 40mg tablets Supply: (28) tablet TAKE ONE TABLET IN THE EVENING
28/11/2025 2 issued Propranolol 80mg modified-release capsules Supply: (28) capsule TAKE ONE CAPSULE IN THE MORNING
28/11/2025 2 issued Aripiprazole 15mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 10MG TO MAKE A DOSE OF 25MG
28/11/2025 2 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 15MG TO MAKE A DOSE OF 25MG
27/10/2025 1 issued Aripiprazole 15mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 10MG TO MAKE A DOSE OF 25MG
27/10/2025 1 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 15MG TO MAKE A DOSE OF 25MG
14/10/2025 1 issued Propranolol 80mg modified-release capsules Supply: (28) capsule TAKE ONE CAPSULE IN THE MORNING
14/10/2025 1 issued Hylo-Tear 0.1% eye drops preservative free (Scope Ophthalmics Ltd) Supply: (10) ml APPLY TO BOTH EYES UP TO 6X DAILY AS PER OPTICIAN
02/09/2025 1 issued Folic acid 5mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY FOR 3 MONTHS
29/08/2025 2 issued Propranolol 80mg modified-release capsules Supply: (28) capsule TAKE ONE CAPSULE IN THE MORNING
29/08/2025 2 issued Propranolol 40mg tablets Supply: (28) tablet TAKE ONE TABLET IN THE EVENING
29/08/2025 2 issued Lamotrigine 200mg tablets Supply: (28) tablet TAKE ONE DAILY AT NIGHT AS ADVISED BY PYSCHIATRY
29/08/2025 2 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE TABLET IN THE MORNING
29/08/2025 1 issued Aripiprazole 15mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 10MG TO MAKE A DOSE OF 25MG
29/08/2025 1 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 15MG TO MAKE A DOSE OF 25MG
27/08/2025 issued Desogestrel 75microgram tablets Supply: (84) tablet Take one tablet once daily
15/07/2025 3 issued Folic acid 5mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY FOR 3 MONTHS
25/06/2025 1 issued Lamotrigine 200mg tablets Supply: (28) tablet TAKE ONE DAILY AT NIGHT AS ADVISED BY PYSCHIATRY
25/06/2025 1 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE TABLET IN THE MORNING
25/06/2025 1 issued Propranolol 80mg modified-release capsules Supply: (28) capsule TAKE ONE CAPSULE IN THE MORNING
25/06/2025 1 issued Propranolol 40mg tablets Supply: (28) tablet TAKE ONE TABLET IN THE EVENING
24/06/2025 1 issued Hylo-Tear 0.1% eye drops preservative free (Scope Ophthalmics Ltd) Supply: (10) ml APPLY TO BOTH EYES UP TO 6X DAILY AS PER OPTICIAN
05/06/2025 5 issued Propranolol 40mg tablets Supply: (84) tablet ONE TABLET THREE TIMES DAILY FOR SYMPTOMS OF ANXIETY
05/06/2025 3 issued Lamotrigine 200mg tablets Supply: (28) tablet TAKE ONE DAILY AT NIGHT AS ADVISED BY PYSCHIATRY

Ms Stacey Leonard **28/04/1988** **Female** **369/88/128** **Permanent**

05/06/2025 2 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE TABLET IN THE MORNING
05/06/2025 3 issued Aripiprazole 15mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 10MG TO MAKE A DOSE OF 25MG
05/06/2025 3 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 15MG TO MAKE A DOSE OF 25MG
05/06/2025 2 issued Folic acid 5mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY FOR 3 MONTHS
07/05/2025 2 issued Lamotrigine 200mg tablets Supply: (28) tablet TAKE ONE DAILY AT NIGHT AS ADVISED BY PYSCHIATRY
07/05/2025 2 issued Aripiprazole 15mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 10MG TO MAKE A DOSE OF 25MG
07/05/2025 2 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 15MG TO MAKE A DOSE OF 25MG
17/04/2025 1 issued Folic acid 5mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY FOR 3 MONTHS
25/03/2025 issued Prazosin 500microgram tablets Supply: (60) tablet ONE TO BE TAKEN AT NIGHT FOR 1 WEEK THEN INCREASE WEEKLY BY ONE TABLET UNITL A TARGET DOSE OF 2MG (4 TABLETS) IS REACHED - PLEASE CONTACT THE PRACTISE FOR A FURTHER SUPPLY AS WILL NEED TO BE REVIEWED
24/03/2025 1 issued Lamotrigine 200mg tablets Supply: (28) tablet TAKE ONE DAILY AT NIGHT AS ADVISED BY PYSCHIATRY
24/03/2025 1 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE TABLET IN THE MORNING
24/03/2025 1 issued Aripiprazole 15mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 10MG TO MAKE A DOSE OF 25MG
24/03/2025 1 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 15MG TO MAKE A DOSE OF 25MG
21/03/2025 issued Menthol 2% in Aqueous cream Supply: (100) gram APPLY TWICE A DAY
20/03/2025 4 issued Propranolol 40mg tablets Supply: (84) tablet ONE TABLET THREE TIMES DAILY FOR SYMPTOMS OF ANXIETY
20/03/2025 1 issued Mirtazapine 30mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY AT NIGHT
14/02/2025 issued Permethrin 5% cream Supply: (60) gram USE AS DIRECTED
14/02/2025 issued Nystatin 100,000units/ml oral suspension Supply: (30) ml 1ML DROPPED INTO THE MOUTH FOUR TIMES A DAY
14/02/2025 issued Ivermectin 3mg tablets Supply: (4) tablet ONE IMMEDIATELY DOSE
13/02/2025 issued Flucloxacillin 500mg capsules Supply: (40) capsule 2 CAPSULES FOUR TIMES A DAY FOR SCALP INFECTION
07/02/2025 1 issued Duloxetine 60mg gastro-resistant capsules Supply: (28) capsule TAKE ONE CAPSULE IN THE MORNING
07/02/2025 1 issued Duloxetine 30mg gastro-resistant capsules Supply: (28) capsule TAKE ONE CAPSULE IN THE MORNING ALONG WITH 60MG CAPSULE (DAILY DOSE 90MG)
16/01/2025 issued Duloxetine 30mg gastro-resistant capsules Supply: (28) capsule TAKE ONE CAPSULE IN THE MONING FOR 5 DAYS THEN INCREASE TO TWO CAPSULES IN MORNING
15/01/2025 3 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 15MG TO MAKE A DOSE OF 25MG
15/01/2025 3 issued Aripiprazole 15mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 10MG TO MAKE A DOSE OF 25MG
15/01/2025 3 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE TABLET IN THE MORNING
15/01/2025 3 issued Lamotrigine 200mg tablets Supply: (28) tablet TAKE ONE DAILY AT NIGHT AS ADVISED BY PYSCHIATRY
15/01/2025 3 issued Propranolol 40mg tablets Supply: (84) tablet ONE TABLET THREE TIMES DAILY FOR SYMPTOMS OF ANXIETY
07/01/2025 issued Trimethoprim 200mg tablets Supply: (6) tablet 1 TWICE DAILY
11/12/2024 issued Betnovate 0.1% ointment (GlaxoSmithKline UK Ltd) Supply: (100) gram APPLY TWICE DAILY
11/12/2024 issued Protopic 0.03% ointment (LEO Pharma) Supply: (60) gram APPLY TWICE DAILY TO FACE
09/12/2024 issued Nexplanon 68mg implant (Organon Pharma (UK) Ltd) Supply: (1) device AS DIRECTED
05/12/2024 2 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 15MG TO MAKE A DOSE OF 25MG
05/12/2024 2 issued Aripiprazole 15mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 10MG TO MAKE A DOSE OF 25MG
05/12/2024 2 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE TABLET IN THE MORNING

05/12/2024 2 issued Lamotrigine 200mg tablets Supply: (28) tablet TAKE ONE DAILY AT NIGHT AS ADVISED BY PYSCHIATRY
05/12/2024 1 issued Fluoxetine 20mg capsules Supply: (168) capsule TAKE 3 CAPSULES DAILY
05/12/2024 2 issued Propranolol 40mg tablets Supply: (84) tablet ONE TABLET THREE TIMES DAILY FOR SYMPTOMS OF ANXIETY
11/11/2024 issued Flucloxacillin 500mg capsules Supply: (20) capsule 1 CAPSULE FOUR TIMES A DAY
06/11/2024 issued Permethrin 5% cream Supply: (60) gram USE AS DIRECTED
22/10/2024 1 issued Propranolol 40mg tablets Supply: (84) tablet ONE TABLET THREE TIMES DAILY FOR SYMPTOMS OF ANXIETY
17/10/2024 1 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 15MG TO MAKE A DOSE OF 25MG
17/10/2024 1 issued Aripiprazole 15mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 10MG TO MAKE A DOSE OF 25MG
17/10/2024 1 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE TABLET IN THE MORNING
17/10/2024 1 issued Lamotrigine 200mg tablets Supply: (28) tablet TAKE ONE DAILY AT NIGHT AS ADVISED BY PYSCHIATRY
08/10/2024 issued Betacap 0.1% scalp application (Dermal Laboratories Ltd) Supply: (100) ml APPLY NIGHTLY
08/10/2024 issued Flucloxacillin 500mg capsules Supply: (20) capsule 1 CAPSULE FOUR TIMES A DAY
06/09/2024 issued Flucloxacillin 500mg capsules Supply: (20) capsule 1 CAPSULE FOUR TIMES A DAY
27/08/2024 issued Propranolol 40mg tablets Supply: (84) tablet ONE TABLET THREE TIMES DAILY FOR SYMPTOMS OF ANXIETY
19/08/2024 issued Diazepam 2mg tablets Supply: (14) tablet ONE UPTO THREE TIMES DAILY IF REQUIRED FOR ANXIETY READ CODE 8CAJO: PATIENT ADVISED MEDICATION MAY AFFECT DRIVING Notes for patient: It is an offence to drive whilst taking this medicine if you feel drowsy, dizzy, unable to concentrate or make decisions. It is an offence to drive if you have more than a specified amount of this medicine in your body, whether your ability to drive is impaired or not. Please see Traffic Scotland website for more information
14/08/2024 3 issued Lamotrigine 200mg tablets Supply: (28) tablet TAKE ONE DAILY AT NIGHT AS ADVISED BY PYSCHIATRY
14/08/2024 3 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE TABLET IN THE MORNING
14/08/2024 3 issued Aripiprazole 15mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 10MG TO MAKE A DOSE OF 25MG
14/08/2024 3 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 15MG TO MAKE A DOSE OF 25MG
19/07/2024 issued Eumovate 0.05% cream (GlaxoSmithKline UK Ltd) Supply: (30) gram APPLY TWICE A DAY
19/07/2024 issued Epimax original cream (Aspire Pharma Ltd) Supply: (500) gram APPLY AS OFTEN AS NEEDED TO MOISTURISE DRY SKIN AND USE AS A BODY WASH. AVOID CONTACT WITH EYES.
25/06/2024 issued Fexofenadine 180mg tablets Supply: (30) tablet 1 TABLET ONCE A DAY
25/06/2024 issued Permethrin 5% cream Supply: (60) gram USE AS DIRECTED
31/05/2024 3 issued Fluoxetine 20mg capsules Supply: (168) capsule TAKE 3 CAPSULES DAILY
31/05/2024 2 issued Lamotrigine 200mg tablets Supply: (28) tablet TAKE ONE DAILY AT NIGHT AS ADVISED BY PYSCHIATRY
31/05/2024 2 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE TABLET IN THE MORNING
31/05/2024 2 issued Aripiprazole 15mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 10MG TO MAKE A DOSE OF 25MG
31/05/2024 2 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 15MG TO MAKE A DOSE OF 25MG
27/05/2024 issued Naproxen 250mg tablets Supply: (56) tablet 1 TABLET TWICE DAILY WITH OR AFTER FOOD, FOR UP TO 2 WEEKS
17/05/2024 issued Ofloxacin 400mg tablets Supply: (28) tablet ONE TABLET TWICE A DAY FOR 14 DAYS
17/05/2024 issued Metronidazole 400mg tablets Supply: (28) tablet 1 TABLET TWICE A DAY FOR 14 DAYS
15/04/2024 2 issued Fluoxetine 20mg capsules Supply: (168) capsule TAKE 3 CAPSULES DAILY
02/04/2024 1 issued Lamotrigine 200mg tablets Supply: (28) tablet TAKE ONE DAILY AT NIGHT AS ADVISED BY PYSCHIATRY

Ms Stacey Leonard **28/04/1988** **Female** **369/88/128** **Permanent**

02/04/2024 1 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE TABLET IN THE MORNING
02/04/2024 1 issued Aripiprazole 15mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 10MG TO MAKE A DOSE OF 25MG
02/04/2024 1 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY IN THE MORNING ALONG WITH A 15MG TO MAKE A DOSE OF 25MG
12/03/2024 1 issued Lamotrigine 200mg tablets Supply: (28) tablet TAKE ONE DAILY AS ADVISED BY PYSCHIATRY
04/03/2024 1 issued Aripiprazole 5mg tablets Supply: (28) tablet 1 TABLET EACH DAY (TAKE 20MG EACH DAY)
04/03/2024 1 issued Aripiprazole 15mg tablets Supply: (28) tablet 1 TABLET EACH DAY (20MG IN TOTAL EACH DAY)
13/02/2024 2 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL OF 150MG A DAY.
13/02/2024 2 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL 150MG A DAY.
13/02/2024 2 issued Aripiprazole 15mg tablets Supply: (28) tablet ONE TABLET EACH DAY IN THE MORNING
12/02/2024 1 issued Aripiprazole 15mg tablets Supply: (28) tablet ONE TABLET EACH DAY IN THE MORNING
15/01/2024 1 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL OF 150MG A DAY.
15/01/2024 1 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL 150MG A DAY.
15/01/2024 1 issued Fluoxetine 20mg capsules Supply: (168) capsule TAKE 3 CAPSULES DAILY
15/01/2024 3 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY AS DIRECTED BY PSYCHIATRY
28/12/2023 issued Germoloids suppositories (Bayer Plc) Supply: (24) suppository USE UP TO EVERY 4 HOURLY. MAX 4 DOSES/24 HOURS
28/12/2023 issued Laxido Orange oral powder sachets sugar free (Galen Ltd) Supply: (30) sachet TAKE 1-2 SACHETS PER DAY
22/11/2023 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY AS DIRECTED BY PSYCHIATRY . SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY
22/11/2023 3 issued Fluoxetine 20mg capsules Supply: (168) capsule TAKE 3 CAPSULES DAILY
22/11/2023 3 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL 150MG A DAY.
22/11/2023 3 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL OF 150MG A DAY.
22/11/2023 2 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY AS DIRECTED BY PSYCHIATRY
11/10/2023 2 issued Fluoxetine 20mg capsules Supply: (168) capsule TAKE 3 CAPSULES DAILY
11/10/2023 2 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL 150MG A DAY.
11/10/2023 2 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL OF 150MG A DAY.
11/10/2023 1 issued Aripiprazole 10mg tablets Supply: (28) tablet 1 TABLET EACH DAY AS DIRECTED BY PSYCHIATRY
27/09/2023 issued Aripiprazole 5mg tablets Supply: (28) tablet 1 TABLET IN THE MORNING FOR 2 WEEKS THEN INCREASE THE DOSE TO 2 TABLETS IN THE MORNING AND CONTINUE ON THIS DOSE
18/09/2023 1 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL 150MG A DAY.
18/09/2023 1 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL OF 150MG A DAY. .
16/09/2023 issued Lamotrigine 50mg tablets Supply: (14) tablet TAKE ONE DAILY. SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY
16/09/2023 issued Lamotrigine 100mg tablets Supply: (14) tablet TAKE ONE DAILY. SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY
17/08/2023 3 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL OF 150MG A DAY.
17/08/2023 3 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL 150MG A DAY.
15/08/2023 1 issued Fluoxetine 20mg capsules Supply: (168) capsule TAKE 3 CAPSULES DAILY

Ms Stacey Leonard **28/04/1988** **Female** **369/88/128** **Permanent**

13/07/2023 2 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL OF 150MG A DAY.
13/07/2023 2 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL 150MG A DAY.
08/06/2023 1 issued Fluoxetine 20mg capsules Supply: (120) capsule INCREASE DOSE TO 2 DAILY. TO TREAT LOW MOOD/DEPRESSION.
08/06/2023 1 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL OF 150MG A DAY.
08/06/2023 1 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL 150MG A DAY.
26/05/2023 issued Folic acid 5mg tablets Supply: (84) tablet 1 TABLET ONCE A DAY
24/04/2023 issued Mefenamic acid 250mg capsules Supply: (56) capsule 1 TABLET TWICE A DAY
18/04/2023 issued Clotrimazole 500mg pessaries Supply: (1) pessary INSERT 1 PESSARY AT NIGHT
14/04/2023 1 issued Fluoxetine 20mg capsules Supply: (120) capsule INCREASE DOSE TO 2 DAILY. TO TREAT LOW MOOD/DEPRESSION.
14/04/2023 3 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL 150MG A DAY.
14/04/2023 3 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL OF 150MG A DAY.
22/03/2023 2 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL OF 150MG A DAY.
22/03/2023 2 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL 150MG A DAY.
16/02/2023 1 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL OF 150MG A DAY.
16/02/2023 1 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL 150MG A DAY.
15/02/2023 2 issued Fluoxetine 20mg capsules Supply: (60) capsule TAKE ONE A DAY
20/01/2023 3 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL 150MG A DAY.
20/01/2023 3 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL OF 150MG A DAY.
13/12/2022 1 issued Fluoxetine 20mg capsules Supply: (60) capsule TAKE ONE A DAY
06/12/2022 issued Flucloxacillin 500mg capsules Supply: (28) capsule 1 CAPSULE FOUR TIMES A DAY
29/11/2022 issued Flucloxacillin 500mg capsules Supply: (28) capsule 1 CAPSULE FOUR TIMES A DAY
21/11/2022 2 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL 150MG A DAY.
21/11/2022 2 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL OF 150MG A DAY.
27/10/2022 1 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL 150MG A DAY.
27/10/2022 1 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL OF 150MG A DAY.
23/09/2022 1 issued Lamotrigine 100mg tablets Supply: (28) tablet TAKE AS PER INCREASING CHART BY 25MG EVERY 2 WEEKS. FOR MOOD AS ADVISED BY CLINIC Notes for patient: Week 7 & 8 - 1 x 100mg at nightWeek 9 & 10 - 1 x100mg & 1 x 25mg at nightWeek 11 onwards - 1 x 100mg & 1x 50mg at night - please request from surgery
08/09/2022 1 issued Lamotrigine 25mg tablets Supply: (14) tablet TAKE AS PER INCREASING CHART BY 25MG EVERY 2 WEEKS - FOR MOOD AS ADVISED BY CLINIC Notes for patient: Week 7 & 8 - 1 x 100mg at nightWeek 9 & 10 - 1 x 100mg & 1 x 25mg at nightWeek 11 onwards 1 x 100mg and 1 x 50mg at night - please request from surgery
08/08/2022 issued Lamotrigine 50mg tablets Supply: (28) tablet TAKE AS PER INCREASING CHART - BY 25MG EVERY 2 WEEKS. FOR MOOD AS ADVISED BY CLINIC Notes for patient: Week 1 & 2 - 1 x 25mg at nightWeek 3 & 4 - 1 x 50mg at nightWeek 5 & 6 - 1 x 25mg & 1 x 50mg (total 75mg) at nightPlease request next rx from surgery
08/08/2022 issued Lamotrigine 25mg tablets Supply: (28) tablet TAKE AS PER INCREASING CHART - BY 25MG EVERY TWO WEEKS. FOR MOOD AS ADVISED BY CLINIC Notes for patient: Week 1 & 2 - 1 x 25mg at nightWeek 3 & 4 - 1 x 50mg at nightWeek 5 & 6 - 1 x 25mg & 1 x 50mg (total 75mg) at night
31/03/2022 1 issued Fluoxetine 20mg capsules Supply: (28) capsule TAKE ONE TABLET DAILY
31/03/2022 issued Aripiprazole 5mg tablets Supply: (56) tablet TAKE 2 TABLETS IN THE MORNING
07/03/2022 issued Evra transdermal patches (Gedeon Richter (UK) Ltd) Supply: (9) patch 1 PATCH ONCE WEEKLY FOR 3 WEEKS FOLLOWED BY 1 PATCH FREE WEEK.
01/03/2022 issued Aripiprazole 5mg tablets Supply: (56) tablet TAKE 2 TABLETS IN THE MORNING

Ms Stacey Leonard **28/04/1988** **Female** **369/88/128** **Permanent**

28/02/2022 3 issued Fluoxetine 20mg capsules Supply: (28) capsule TAKE ONE TABLET DAILY
16/02/2022 issued Aripiprazole 5mg tablets Supply: (21) tablet ONE TABLET IN THE MORNING FOR A WEEK THEN INCREASE TO TWO IN THE MORNING IF TOLERATED
16/02/2022 issued Quetiapine 25mg tablets Supply: (12) tablet TWO TO BE TAKEN AT NIGHT FOR 3-4 NIGHTS THEN REDUCE TO ONE AT NIGHT FOR A FURTHER 3-4 NIGHTS
18/01/2022 2 issued Quetiapine 100mg tablets Supply: (28) tablet TAKE ONE TABLET AT NIGHT
18/01/2022 2 issued Fluoxetine 20mg capsules Supply: (28) capsule TAKE ONE TABLET DAILY
13/12/2021 1 issued Quetiapine 100mg tablets Supply: (28) tablet TAKE ONE TABLET AT NIGHT
13/12/2021 1 issued Fluoxetine 20mg capsules Supply: (28) capsule TAKE ONE TABLET DAILY
10/11/2021 issued Fluoxetine 20mg capsules Supply: (28) capsule TAKE ONE TABLET DAILY
10/11/2021 issued Quetiapine 100mg tablets Supply: (28) tablet TAKE ONE TABLET AT NIGHT
18/10/2021 issued Depo-Provera 150mg/1ml suspension for injection pre-filled syringes (Pfizer Ltd) Supply: (1) pre-filled disposable injection FOR ADMINISTRATION IN PRACTICE - UNABLE TO ADMINISTER HERSELF Notes for patient: Please book practice nurse appointment when ordering and collect injection from pharmacy to bring to appointment
13/10/2021 issued Depo-Provera 150mg/1ml suspension for injection pre-filled syringes (Pfizer Ltd) Supply: (1) pre-filled disposable injection FOR ADMINISTRATION IN PRACTICE - UNABLE TO ADMINISTER HERSELF Notes for patient: Please book practice nurse appointment when ordering and collect injection from pharmacy to bring to appointment
13/10/2021 issued Fluoxetine 20mg capsules Supply: (28) capsule TAKE ONE TABLET DAILY
13/10/2021 issued Quetiapine 100mg tablets Supply: (28) tablet TAKE ONE TABLET AT NIGHT
12/10/2021 issued Trimethoprim 200mg tablets Supply: (14) tablet 1 TWICE DAILY FOR 7 DAYS (HOSPITAL CLINIC)
09/04/2021 issued Co-amoxiclav 250mg/125mg tablets Supply: (21) tablet 1 TABLET THREE TIMES A DAY FOR VAGINAL DISCHARGE
02/04/2021 issued Clindamycin 2% vaginal cream Supply: (40) gram USE AT NIGHT FOR 3 TO 7 DAYS
07/01/2021 2 issued Fluoxetine 20mg capsules Supply: (28) capsule ONE TO BE TAKEN EVERY DAY AS ADVISED BY CMHT
07/01/2021 2 issued Quetiapine 100mg tablets Supply: (28) tablet TAKE ONE AT NIGHT AS ADVISED BY CMHT
31/12/2020 issued Acetic acid (glacial) 2% ear spray Supply: (5) ml USE ONE SPRAY INTO EACH AFFECTED EAR AT LEAST THREE TIMES DAILY
22/10/2020 issued Co-codamol 15mg/500mg tablets Supply: (56) tablet 1-2 TABLETS UP TO FOUR TIMES DAILY
04/09/2020 issued Amoxicillin 500mg capsules Supply: (15) capsule TAKE ONE CAPSULE THREE TIMES A DAY
03/09/2020 1 issued Quetiapine 100mg tablets Supply: (28) tablet TAKE ONE AT NIGHT AS ADVISED BY CMHT
03/09/2020 1 issued Fluoxetine 20mg capsules Supply: (28) capsule ONE TO BE TAKEN EVERY DAY AS ADVISED BY CMHT
03/08/2020 3 issued Olanzapine 2.5mg tablets Supply: (28) tablet ONE TABLET ONCE DAILY
03/08/2020 2 issued Sertraline 100mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY
31/07/2020 1 issued Sertraline 100mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY
20/07/2020 issued Co-codamol 30mg/500mg tablets Supply: (100) tablet TAKE 1-2 TABLETS UP TO FOUR TIMES A DAY. THIS DRUG IS FOR MODERATE TO SEVERE PAIN ONLY, NOT RECOMMENDED FOR LONG TERM USE DUE TO THE RISKS OF TOLERANCE AND ADDICTION.
10/07/2020 1 issued Sertraline 50mg tablets Supply: (28) tablet 1 TABLET AT NIGHT AS ADVISED BY CMHT
10/07/2020 2 issued Olanzapine 2.5mg tablets Supply: (28) tablet ONE TABLET ONCE DAILY
01/06/2020 issued Trimethoprim 200mg tablets Supply: (14) tablet 1 TWICE DAILY AS PER MIDWIFE . POSTNATAL POS URINE CULTURE
29/05/2020 1 issued Olanzapine 2.5mg tablets Supply: (28) tablet ONE TABLET ONCE DAILY

30/12/2019 issued Otomize ear spray (Ennogen Healthcare International Ltd) Supply: (5) ml 1 SPRAY THREE TIMES DAILY
21/10/2019 issued Prochlorperazine 5mg tablets Supply: (28) tablet 1 TABLET(S) 3 TIMES DAILY
15/10/2019 issued Metoclopramide 10mg tablets Supply: (28) tablet TAKE ONE TABLET THREE TIMES A DAY WHEN REQUIRED FOR RELIEF OF NAUSEA
14/10/2019 issued Cyclizine 50mg tablets Supply: (15) tablet 1 TABLET THREE TIMES DAILY
30/09/2019 issued Otomize ear spray (Ennogen Healthcare International Ltd) Supply: (5) ml 1 SPRAY THREE TIMES DAILY
04/09/2019 issued Amoxicillin 500mg capsules Supply: (21) capsule 1 THREE TIMES A DAY
27/06/2019 1 issued Olanzapine 7.5mg tablets Supply: (28) tablet TAKE ONE TABLET AT NIGHT AS ADVISED BY PSYCHIATRIST
07/05/2019 issued Prazosin 1mg tablets Supply: (70) tablet TAKE ONE AT NIGHT INCREASING BY ONE TABLET EVERY WEEK UNTIL ON SIX AT NIGHT Notes for patient: Week 1 - 1 x 1mgWeek 2 - 2 x 1mgWeek 3 - 3 x 1mgWeek 4 - 4 x 1mgWeek 5 - 5 x 1mgWeek 6 - 6 x 1mg
07/05/2019 2 issued Sertraline 50mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY IN THE MORNING
07/05/2019 2 issued Olanzapine 5mg tablets Supply: (28) tablet TAKE ONE TABLET AT NIGHT AS DIRECTED BY PSYCHIATRIST
13/12/2018 1 issued Sertraline 50mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY IN THE MORNING
13/12/2018 1 issued Olanzapine 5mg tablets Supply: (28) tablet TAKE ONE TABLET AT NIGHT AS DIRECTED BY PSYCHIATRIST
09/11/2018 issued Amoxicillin 500mg capsules Supply: (21) capsule 1 THREE TIMES A DAY
14/08/2018 issued Metronidazole 400mg tablets Supply: (14) tablet 1 TABLET TWICE DAILY
30/07/2018 issued Ciprofloxacin 2mg/ml ear drops 0.25ml unit dose preservative free Supply: (15) unit dose APPLY 2 DROPS TWICE A DAY FOR 1 WEEK
26/07/2018 1 issued Olanzapine 5mg tablets Supply: (28) tablet TAKE ONE TABLET(S) AT NIGHT
03/05/2018 issued Trimethoprim 200mg tablets Supply: (10) tablet 1 TWICE DAILY
05/04/2018 issued Metronidazole 400mg tablets Supply: (14) tablet 1 TABLET TWICE DAILY
11/01/2018 issued Omeprazole 20mg gastro-resistant capsules Supply: (28) capsule 1 CAPSULE ONCE A DAY WHILE TAKING NAPROXEN
11/01/2018 issued Naproxen 500mg tablets Supply: (56) tablet 1 TABLET TWICE DAILY
22/12/2017 issued Olanzapine 5mg tablets Supply: (56) tablet TAKE ONE TABLET(S) EVERY DAY
22/12/2017 issued Sertraline 50mg tablets Supply: (56) tablet 1 TABLET ONCE A DAY

Recall

27/12/2025 Recall on 18/12/2030 for Cervical smear - human papillomavirus negative with Dr Tara Morley Status:Outstanding
Recall Advice: Routine Recall - 5 years
11/12/2024 Recall on 11/12/2027 for Insertion of subcutaneous contraceptive with Dr Rachael Hamilton Status:Outstanding

18/10/2021 Recall on 10/01/2022 for Depo-provera injection given with Mrs Wendy Gordon Status:Complete

26/11/2020 Recall on 11/11/2025 for Cervical smear - human papillomavirus negative with Dr Julie Dyker Status:Complete
Recall Advice: Routine Recall - 5 years

Consultation

28/04/2026	Results recording	Dr Tara Morley
28/04/2026	Administration	Dr Rachael Hamilton
28/04/2026	Third Party Consultation	Ms Michele Webster
27/04/2026	Third Party Consultation	Mrs Mairie Fergus
27/04/2026	Other	Dr Amy Tewson
27/04/2026	Surgery consultation	Dr Federated User
24/04/2026	Administration	Mrs Mairie Fergus
23/04/2026	Administration	Ms Claire Greig
17/04/2026	Third Party Consultation	Mrs Mairie Fergus
16/04/2026	Other	Dr Amy Tewson
10/04/2026	Administration	Mrs Melanie Cossans
10/04/2026	Surgery consultation	Dr Kris Mclaughlin
09/04/2026	Third Party Consultation	Mrs Melanie Cossans
01/04/2026	eConsultation	Dr Auto Medlink

Ms Stacey Leonard **28/04/1988** **Female** **369/88/128** **Permanent**

25/03/2026	Other	Ms Julie Elliott
25/03/2026	Administration	Ms Kim Clark
24/03/2026	Other	Ms Julie Elliott
23/03/2026	Telephone call to a patient	Ms Susan Clark
20/03/2026	Third Party Consultation	Mrs Melanie Cossans
17/03/2026	Third Party Consultation	Ms Julie Elliott
17/03/2026	Administration	Ms Kim Clark
12/03/2026	Other	Ms Julie Elliott
10/03/2026	Administration	Ms Michele Webster
10/03/2026	Third Party Consultation	Mrs Kay Macdonald
06/03/2026	Other	Ms Emma Morrison
06/03/2026	Other	Ms Emma Morrison
06/03/2026	Other	Ms Emma Morrison
05/03/2026	Third Party Consultation	Mr Trevor Gordon
16/02/2026	Administration	Ms Michele Webster
15/02/2026	Third Party Consultation	Mrs Laura Terrell
12/02/2026	Third Party Consultation	Ms Julie Elliott
12/02/2026	Third Party Consultation	Ms Julie Elliott
12/02/2026	Third Party Consultation	Ms Michele Webster
09/02/2026	Telephone call to a patient	Dr Nicholas Heath
09/02/2026	Telephone call to a patient	Dr Jonathon Taylor
09/02/2026	Telephone call to a patient	Dr Jonathon Taylor
09/02/2026	Third Party Consultation	Mrs Melanie Cossans
19/01/2026	Third Party Consultation	Mrs Melanie Cossans
15/01/2026	Third Party Consultation	Ms Julie Elliott
15/01/2026	Administration	Mrs Mairie Fergus
13/01/2026	Other	Dr Ronan Mclellan
09/01/2026	Administration	Ms Claire Greig
09/01/2026	Administration	Ms Claire Greig
27/12/2025	Results recording	Dr Tara Morley
18/12/2025	Surgery consultation	Mrs Lois Armstrong
17/12/2025	Administration	Mrs Mairie Fergus
17/12/2025	Other	Dr Kelly Cheesman
16/12/2025	Third Party Consultation	Mrs Melanie Cossans
16/12/2025	Telephone call to a patient	Ms Susan Clark
11/12/2025	Administration	Mrs Lois Armstrong
03/12/2025	Administration	Ms Kim Clark
03/12/2025	Administration	Mrs Kay Macdonald
28/11/2025	Medicine Management	Mrs Sharon Robb
28/11/2025	Repeat Issue	Ms Claire Greig
31/10/2025	Clinic	Mrs Charlene Dickson
27/10/2025	Administration	Ms Kim Clark
24/10/2025	Third Party Consultation	Ms Julie Elliott
14/10/2025	Administration	Ms Kim Clark
23/09/2025	Administration	Mrs Melanie Cossans
23/09/2025	Third Party Consultation	Mrs Melanie Cossans
12/09/2025	Administration	Ms Michele Webster
02/09/2025	Other	Dr Catherine Holmes
29/08/2025	Repeat Issue	Ms Claire Greig
27/08/2025	Other	Dr Eva Vesela
12/08/2025	Telephone call to a patient	Ms Susan Clark
12/08/2025	Third Party Consultation	Mrs Melanie Cossans
12/08/2025	Telephone call to a patient	Ms Susan Clark
11/08/2025	Third Party Consultation	Mrs Melanie Cossans
20/07/2025	Other	Ms Emma Morrison
15/07/2025	Repeat Issue	Ms Claire Greig
25/06/2025	Other	Ms Julie Elliott
25/06/2025	Medicine Management	Ms Karen Ross
25/06/2025	Administration	Ms Ellie Sutton
24/06/2025	Other	Ms Julie Elliott
24/06/2025	Third Party Consultation	Ms Kim Clark
24/06/2025	Other	Ms Emma Morrison
24/06/2025	Administration	Dr Sarah Hastings
24/06/2025	Third Party Consultation	Mrs Kay Macdonald
24/06/2025	Third Party Consultation	Mrs Kay Macdonald
05/06/2025	Telephone call to a patient	Ms Victoria Williams
05/06/2025	Third Party Consultation	Ms Michele Webster
07/05/2025	Repeat Issue	Mr Trevor Gordon
01/05/2025	Other	Ms Emma Morrison
01/05/2025	Administration	Ms Michele Webster
30/04/2025	Third Party Consultation	Mrs Kay Macdonald
30/04/2025	Administration	Mrs Kay Macdonald
29/04/2025	Administration	Mrs Kay Macdonald

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29/04/2025	Third Party Consultation	Ms Sheena Lubbe
23/04/2025	Third Party Consultation	Ms Kim Clark
22/04/2025	Results recording	Dr Tara Morley
21/04/2025	Third Party Consultation	Mrs Mairie Fergus
18/04/2025	Third Party Consultation	Mrs Mairie Fergus
18/04/2025	Third Party Consultation	Mrs Mairie Fergus
17/04/2025	Administration	Ms Claire Greig
17/04/2025	Administration	Dr Sarah Hastings
17/04/2025	Third Party Consultation	Mrs Kay Macdonald
17/04/2025	Results recording	Dr Tara Morley
17/04/2025	Results recording	Dr Tara Morley
16/04/2025	Surgery consultation	Dr Federated User
16/04/2025	Third Party Consultation	Ms Sheena Lubbe
08/04/2025	Administration	Ms Kim Clark
03/04/2025	Administration	Mrs Mairie Fergus
03/04/2025	Repeat Issue	Mr Trevor Gordon
02/04/2025	Surgery consultation	Dr Tara Morley
02/04/2025	Third Party Consultation	Mrs Kay Macdonald
27/03/2025	Other	Ms Emma Morrison
26/03/2025	Other	Ms Emma Morrison
25/03/2025	Repeat Issue	Mr Trevor Gordon
25/03/2025	Medicine Management	Ms Rhona Watson
25/03/2025	Third Party Consultation	Ms Emma Morrison
24/03/2025	Medicine Management	Dr Thomas Mcmain
21/03/2025	Triage	Dr Chris Urwin
21/03/2025	Third Party Consultation	Mrs Sharon Robertson
20/03/2025	Repeat Issue	Ms Claire Greig
20/03/2025	Other	Dr Catherine Holmes
20/03/2025	Third Party Consultation	Mrs Melanie Cossans
13/03/2025	Medicine Management	Mx Misbah Ramzan
12/03/2025	Other	Ms Emma Morrison
12/03/2025	Third Party Consultation	Mrs Melanie Cossans
12/03/2025	Third Party Consultation	Ms Michele Webster
04/03/2025	Other	Mrs Michelle Hutchison
14/02/2025	Surgery consultation	Dr Thomas Mcmain
14/02/2025	Administration	Ms Claire Greig
13/02/2025	Surgery consultation	Dr Tara Morley
13/02/2025	Third Party Consultation	Mrs Melanie Cossans
07/02/2025	Administration	Mrs Kay Macdonald
06/02/2025	Other	Ms Emma Morrison
05/02/2025	Medicine Management	Ms Karen Ross
04/02/2025	Third Party Consultation	Ms Julie Elliott
16/01/2025	Administration	Mrs Mairie Fergus
16/01/2025	Telephone call to a patient	Ms Patricia Mitchell
15/01/2025	Repeat Issue	Mr Trevor Gordon
14/01/2025	Other	Ms Emma Morrison
14/01/2025	Third Party Consultation	Ms Sheena Lubbe
10/01/2025	Third Party Consultation	Mrs Kay Macdonald
07/01/2025	Administration	Dr Sarah Hastings
07/01/2025	Surgery consultation	Dr Sarah Hastings
07/01/2025	Administration	Ms Kim Clark
07/01/2025	Third Party Consultation	Ms Michele Webster
07/01/2025	Administration	Dr Sarah Hastings
12/12/2024	Administration	Dr Sarah Hastings
11/12/2024	Telephone call to a patient	Dr Rachael Hamilton
09/12/2024	Repeat Issue	Mr Trevor Gordon
09/12/2024	Telephone call to a patient	Dr Rachael Hamilton
05/12/2024	Repeat Issue	Mr Trevor Gordon
04/12/2024	Telephone call to a patient	Ms Susan Clark
04/12/2024	Administration	Dr Sarah Hastings
03/12/2024	Third Party Consultation	Mrs Melanie Cossans
02/12/2024	Telephone call to a patient	Ms Susan Clark
29/11/2024	Administration	Mrs Laura Terrell
29/11/2024	Administration	Mrs Laura Terrell
28/11/2024	Results recording	Dr Tara Morley
28/11/2024	Results recording	Dr Tara Morley
28/11/2024	Third Party Consultation	Ms Sheena Lubbe
28/11/2024	Third Party Consultation	Mrs Mairie Fergus
27/11/2024	Surgery consultation	Mrs Shirley Thomson
25/11/2024	Telephone call to a patient	Ms Susan Clark
25/11/2024	Third Party Consultation	Mrs Melanie Cossans
12/11/2024	Administration	Ms Claire Greig
11/11/2024	Telephone call to a patient	Ms Victoria Williams

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10/11/2024	Third Party Consultation	Ms Emma Morrison
06/11/2024	Telephone call to a patient	Miss Zoe Mcclements
04/11/2024	Telephone call to a patient	Ms Susan Clark
01/11/2024	Third Party Consultation	Mrs Melanie Cossans
22/10/2024	Emergency Consultation	Dr Jahangir Khan
17/10/2024	Repeat Issue	Mrs Mairie Fergus
08/10/2024	eConsultation	Dr Thomas Mcmain
08/10/2024	Third Party Consultation	Mrs Melanie Cossans
06/09/2024	Other	Ms Julie Elliott
06/09/2024	Other	Ms Julie Elliott
06/09/2024	Telephone call to a patient	Dr Joyce Ngai
06/09/2024	Other	Ms Julie Elliott
06/09/2024	eConsultation	Dr Joyce Ngai
05/09/2024	Third Party Consultation	Mrs Melanie Cossans
27/08/2024	Emergency Consultation	Dr Jahangir Khan
25/08/2024	Other	Dr Amy Tewson
22/08/2024	Other	Dr Amy Tewson
19/08/2024	Telephone call to a patient	Dr Rachael Hamilton
14/08/2024	Administration	Ms Kim Clark
13/08/2024	Administration	Ms Claire Greig
13/08/2024	Repeat Issue	Mr Trevor Gordon
13/08/2024	Administration	Mr Trevor Gordon
11/08/2024	Third Party Consultation	Mrs Laura Terrell
19/07/2024	Third Party Consultation	Dr Thomas Mcmain
15/07/2024	Telephone call to a patient	Dr Rachael Hamilton
10/07/2024	Other	Mrs Michelle Hutchison
10/07/2024	Administration	Dr Rachael Hamilton
05/07/2024	Third Party Consultation	Ms Claire Greig
27/06/2024	Administration	Mrs Mairie Fergus
25/06/2024	Triage	Ms Alexis Grewar
25/06/2024	Third Party Consultation	Mrs Melanie Cossans
20/06/2024	Third Party Consultation	Ms Sheena Lubbe
20/06/2024	Administration	Ms Sheena Lubbe
18/06/2024	Referral Letter	Ms Sheena Lubbe
18/06/2024	Administration	Ms Sheena Lubbe
17/06/2024	Other	Dr Amy Tewson
13/06/2024	Surgery consultation	Dr Kris Mclaughlin
13/06/2024	Third Party Consultation	Mrs Melanie Cossans
12/06/2024	Administration	Mrs Mairie Fergus
12/06/2024	Other	Ms Emma Morrison
11/06/2024	Administration	Mr Trevor Gordon
11/06/2024	Third Party Consultation	Mrs Kay Macdonald
31/05/2024	Administration	Mrs Kay Macdonald
31/05/2024	Administration	Ms Kim Clark
27/05/2024	Other	Ms Melanie Benson
27/05/2024	Other	Ms Melanie Benson
27/05/2024	Third Party Consultation	Mrs Melanie Cossans
24/05/2024	Administration	Dr Meaza Tewelde
22/05/2024	Administration	Mrs Kay Macdonald
21/05/2024	Third Party Consultation	Mrs Kay Macdonald
21/05/2024	Third Party Consultation	Mrs Kay Macdonald
17/05/2024	Surgery consultation	Dr Meaza Tewelde
16/05/2024	Other	Ms Julie Elliott
16/05/2024	Surgery consultation	Dr Kris Mclaughlin
15/05/2024	Third Party Consultation	Mrs Melanie Cossans
22/04/2024	Other	Ms Emma Morrison
19/04/2024	Third Party Consultation	Ms Julie Elliott
15/04/2024	Repeat Issue	Mr Trevor Gordon
02/04/2024	Administration	Mr Trevor Gordon
02/04/2024	Medicine Management	Ms Jill Low
29/03/2024	Third Party Consultation	Ms Kim Clark
20/03/2024	Administration	Mrs Mairie Fergus
18/03/2024	Telephone call to a patient	Dr Rachael Hamilton
14/03/2024	Other	Ms Emma Morrison
12/03/2024	Administration	Mrs Kay Macdonald
11/03/2024	Third Party Consultation	Ms Michele Webster
04/03/2024	Telephone call to a patient	Dr Rachael Hamilton
19/02/2024	Surgery consultation	Dr Federated User
19/02/2024	Other	Ms Emma Morrison
19/02/2024	Telephone call to a patient	Dr Rachael Hamilton
16/02/2024	Third Party Consultation	Mrs Michelle Hutchison
13/02/2024	Administration	Ms Claire Greig
13/02/2024	Other	Ms Julie Elliott

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12/02/2024	Other	Mrs Michelle Hutchison
12/02/2024	Medicine Management	Ms Rhona Watson
09/02/2024	Third Party Consultation	Mrs Mairie Fergus
05/02/2024	Telephone call to a patient	Dr Rachael Hamilton
02/02/2024	Administration	Mrs Kay Macdonald
26/01/2024	Administration	Mrs Kay Macdonald
16/01/2024	Other	Ms Emma Morrison
15/01/2024	Repeat Issue	Mrs Sharon Robertson
10/01/2024	Other	Ms Emma Morrison
05/01/2024	Third Party Consultation	Mr Trevor Gordon
05/01/2024	Other	Ms Emma Morrison
02/01/2024	Third Party Consultation	Mrs Laura Terrell
29/12/2023	Medicine Management	Ms Jenna Murray
29/12/2023	Third Party Consultation	Mrs Michelle Hutchison
28/12/2023	Other	Dr Ronan Mclellan
27/12/2023	Medicine Management	Ms Jill Low
27/12/2023	Other	Ms Emma Morrison
24/12/2023	Third Party Consultation	Mrs Laura Terrell
24/12/2023	Third Party Consultation	Mrs Laura Terrell
28/11/2023	Third Party Consultation	Mrs Kay Macdonald
28/11/2023	Other	Mrs Michelle Hutchison
22/11/2023	Administration	Ms Claire Greig
13/11/2023	Data Transferred from other system	
25/10/2023	Administration	Ms Michele Webster
11/10/2023	Administration	Ms Sheena Lubbe
28/09/2023	Administration	Ms Claire Greig
27/09/2023	Telephone call to a patient	Ms Karen Kelman
25/09/2023	Third Party Consultation	Ms Kim Clark
25/09/2023	Other	Ms Emma Morrison
22/09/2023	Third Party Consultation	Mrs Kay Macdonald
22/09/2023	Administration	Ms Claire Greig
18/09/2023	Other	Dr Eva Vesela
14/09/2023	Repeat Issue	Mr Trevor Gordon
07/09/2023	Third Party Consultation	Mrs Kay Macdonald
07/09/2023	Results recording	Dr Tara Morley
07/09/2023	Third Party Consultation	Ms Emma Morrison
04/09/2023	Surgery consultation	Mrs Denise Harrison
18/08/2023	Medicine Management	Dr Gail Osprey
17/08/2023	Administration	Ms Kim Clark
17/08/2023	Medicine Management	Ms Ailsa Marshall
17/08/2023	Residential Home Visit	Mrs Mairie Fergus
15/08/2023	Administration	Ms Kim Clark
15/08/2023	Telephone call to a patient	Ms Alison Archer
11/08/2023	Third Party Consultation	Mrs Laura Terrell
02/08/2023	Data Transferred from other system	
02/08/2023	Third Party Consultation	Ms Kim Clark
13/07/2023	Repeat Issue	Mrs Mairie Fergus
06/07/2023	Other	Ms Emma Morrison
28/06/2023	Third Party Consultation	Ms Claire Greig
08/06/2023	Other	Dr Jahangir Khan
07/06/2023	Repeat Issue	Mrs Mairie Fergus
05/06/2023	Other	Ms Emma Morrison
02/06/2023	Other	Ms Emma Morrison
02/06/2023	Third Party Consultation	Mrs Jennifer Pickett
02/06/2023	Third Party Consultation	Mrs Kay Macdonald
26/05/2023	Other	Dr Marc Quinn
25/05/2023	Third Party Consultation	Mrs Melanie Cossans
09/05/2023	Telephone call to a patient	Dr Harris Rana
24/04/2023	Telephone call to a patient	Dr Harris Rana
19/04/2023	Third Party Consultation	Mr Trevor Gordon
18/04/2023	Administration	Mrs Mairie Fergus
18/04/2023	Other	Dr Catherine Holmes
18/04/2023	Third Party Consultation	Mrs Mairie Fergus
18/04/2023	Third Party Consultation	Mrs Mairie Fergus
14/04/2023	Telephone call to a patient	Dr Neil Raitt
14/04/2023	Referral Letter	Ms Sheena Lubbe
14/04/2023	Administration	Ms Sheena Lubbe
13/04/2023	Surgery consultation	Dr Pei Sin Ang
12/04/2023	eConsultation	Dr Jennifer Elliot
11/04/2023	Third Party Consultation	Mrs Melanie Cossans
11/04/2023	Third Party Consultation	Ms Michele Webster
22/03/2023	Repeat Issue	Mrs Jennifer Pickett
16/02/2023	Other	Dr Catherine Holmes

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15/02/2023	Administration	Ms Sheena Lubbe
20/01/2023	Administration	Ms Claire Greig
29/12/2022	Other	Ms Emma Morrison
22/12/2022	Third Party Consultation	Mrs Mairie Fergus
13/12/2022	Administration	Mrs Mairie Fergus
13/12/2022	Administration	Ms Kim Clark
12/12/2022	Other	Dr Catherine Holmes
09/12/2022	Other	Ms Emma Morrison
08/12/2022	Third Party Consultation	Ms Emma Morrison
06/12/2022	Triage	Ms Alexis Grewar
06/12/2022	Third Party Consultation	Ms Emma Morrison
29/11/2022	eConsultation	Ms Carol Robertson
29/11/2022	Third Party Consultation	Mrs Melanie Cossans
21/11/2022	Repeat Issue	Mrs Jennifer Pickett
06/11/2022	Other	Ms Lauren Lafferty
06/11/2022	Other	Ms Lauren Lafferty
27/10/2022	Medicine Management	Dr Pei Sin Ang
26/10/2022	Repeat Issue	Mr Trevor Gordon
11/10/2022	Other	Ms Emma Morrison
09/10/2022	Third Party Consultation	Mrs Laura Terrell
06/10/2022	Other	Ms Emma Morrison
05/10/2022	Third Party Consultation	Ms Kim Clark
23/09/2022	Repeat Issue	Mrs Jennifer Pickett
14/09/2022	Third Party Consultation	Mrs Jennifer Pickett
14/09/2022	Third Party Consultation	Mrs Jennifer Pickett
14/09/2022	Results recording	Dr Tara Morley
14/09/2022	Results recording	Dr Tara Morley
13/09/2022	Other	Mr Lee Wright
09/09/2022	Surgery consultation	Dr Kris Mclaughlin
09/09/2022	Other	Ms Fransisca Gomera-Zvikaramba
09/09/2022	Third Party Consultation	Mrs Melanie Cossans
08/09/2022	Administration	Mrs Jennifer Pickett
12/08/2022	Other	Ms Emma Morrison
08/08/2022	Repeat Issue	Mr Trevor Gordon
08/08/2022	Medicine Management	Mrs Sharon Robb
04/08/2022	Third Party Consultation	Mrs Jennifer Pickett
04/08/2022	Medicine Management	Ms Morag Stuart
03/08/2022	Third Party Consultation	Mr Trevor Gordon
23/06/2022	Other	Ms Emma Morrison
23/06/2022	Third Party Consultation	Mrs Kay Macdonald
31/03/2022	Other	Dr Jahangir Khan
30/03/2022	Repeat Issue	Mr Trevor Gordon
07/03/2022	Referral Letter	Ms Sheena Lubbe
07/03/2022	Administration	Ms Sheena Lubbe
07/03/2022	Triage	Dr Annabelle Kerr
07/03/2022	Third Party Consultation	Mrs Laura Terrell
01/03/2022	Telephone call to a patient	Dr Harris Rana
28/02/2022	Repeat Issue	Mr Trevor Gordon
16/02/2022	Other	Ms Julie Elliott
16/02/2022	Medicine Management	Ms Rhona Watson
16/02/2022	Medicine Management	Ms Rhona Watson
14/02/2022	Other	Ms Emma Morrison
10/02/2022	Third Party Consultation	Mrs Kay Macdonald
08/02/2022	Third Party Consultation	Ms Emma Morrison
03/02/2022	Other	Ms Emma Morrison
28/01/2022	Third Party Consultation	Ms Michele Webster
25/01/2022	Third Party Consultation	Mrs Mairie Fergus
24/01/2022	Third Party Consultation	Mrs Kay Macdonald
22/01/2022	Third Party Consultation	Mrs Laura Terrell
21/01/2022	Administration	Mrs Laura Terrell
21/01/2022	Surgery consultation	Dr Alison Clement
21/01/2022	Other	Ms Julie Elliott
18/01/2022	Repeat Issue	Mrs Jennifer Pickett
16/12/2021	Other	Ms Emma Morrison
14/12/2021	Third Party Consultation	Mrs Kay Macdonald
13/12/2021	Administration	Ms Claire Greig
11/12/2021	Surgery consultation	Dr Alison Clement
09/12/2021	Administration	Mrs Kay Macdonald
17/11/2021	Third Party Consultation	Ms Michele Webster
16/11/2021	Administration	Ms Michele Webster
16/11/2021	Administration	Ms Michele Webster
16/11/2021	Other	Ms Michele Webster
15/11/2021	Other	Ms Emma Morrison

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13/11/2021	Data Transferred from other system	
13/11/2021	Data Transferred from other system	
12/11/2021	Third Party Consultation	Ms Michele Webster
10/11/2021	Other	Dr Senerat Abeyawardena
08/11/2021	Repeat Issue	Mr Trevor Gordon
18/10/2021	Other	Mrs Wendy Gordon
14/10/2021	Administration	Ms Claire Greig
13/10/2021	Triage	Dr Jessica Cooper
13/10/2021	Third Party Consultation	Mrs Laura Terrell
13/10/2021	Administration	Mrs Laura Terrell
13/10/2021	Third Party Consultation	Mrs Melanie Cossans
12/10/2021	Administration	Mrs Laura Terrell
05/10/2021	Telephone call to a patient	Dr Harris Rana
04/10/2021	Telephone call to a patient	Dr Suschjainder Singh
30/09/2021	Third Party Consultation	Ms Emma Morrison
27/09/2021	Third Party Consultation	Ms Emma Morrison
23/09/2021	Referral Letter	Ms Sheena Lubbe
23/09/2021	Administration	Ms Sheena Lubbe
21/09/2021	Triage	Dr Annabelle Kerr
21/09/2021	Third Party Consultation	Mrs Melanie Cossans
20/09/2021	Third Party Consultation	Mrs Melanie Cossans
27/08/2021	Other	Ms Emma Morrison
24/08/2021	Other	Ms Alison Archer
24/08/2021	Third Party Consultation	Ms Emma Morrison
23/08/2021	Third Party Consultation	Ms Michele Webster
29/04/2021	Administration	Mrs Kay Macdonald
19/04/2021	Other	Ms Emma Morrison
15/04/2021	Administration	Mrs Kay Macdonald
15/04/2021	Third Party Consultation	Mrs Kay Macdonald
09/04/2021	Triage	Dr Yuen Chong
09/04/2021	Third Party Consultation	Mrs Kay Macdonald
02/04/2021	Triage	Dr Yuen Chong
02/04/2021	Third Party Consultation	Mrs Mairie Fergus
30/03/2021	Third Party Consultation	Ms Emma Morrison
11/03/2021	Medicine Management	Mrs Helen Adamson
09/03/2021	Other	Ms Fiona Steel
08/03/2021	Other	Ms Emma Morrison
08/03/2021	Third Party Consultation	Mrs Kay Macdonald
24/02/2021	Administration	Mrs Kay Macdonald
19/02/2021	Administration	Mrs Laura Terrell
19/02/2021	Other	Ms Michele Webster
16/02/2021	Other	Ms Emma Morrison
16/02/2021	Third Party Consultation	Mrs Mairie Fergus
16/02/2021	Administration	Mrs Mairie Fergus
10/02/2021	Telephone call from a patient	Dr Sandy Rough
19/01/2021	Other	Ms Emma Morrison
07/01/2021	Medicine Management	Mrs Sharon Robb
06/01/2021	Third Party Consultation	Mrs Kay Macdonald
05/01/2021	Administration	Ms Claire Greig
05/01/2021	Administration	Ms Kim Clark
31/12/2020	Triage	Dr Annabelle Kerr
31/12/2020	Third Party Consultation	Ms Michele Webster
30/12/2020	Administration	Mrs Mairie Fergus
26/11/2020	Results recording	Dr Julie Dyker
13/11/2020	Third Party Consultation	Mrs Kay Macdonald
11/11/2020	Surgery consultation	Mrs Lois Armstrong
22/10/2020	Surgery consultation	Mrs Elaine Clark
12/10/2020	Other	Ms Emma Morrison
09/10/2020	Medicine Management	Mrs Sharon Robb
09/10/2020	Third Party Consultation	Ms Emma Morrison
04/09/2020	Surgery consultation	Mrs Elaine Clark
03/09/2020	Medicine Management	Mrs Sharon Robb
03/09/2020	Medicine Management	Mrs Sharon Robb
02/09/2020	Third Party Consultation	Mr Trevor Gordon
02/09/2020	Repeat Issue	Mrs Jennifer Pickett
04/08/2020	Other	Ms Emma Morrison
03/08/2020	Repeat Issue	Mr Trevor Gordon
31/07/2020	Medicine Management	Mrs Sharon Robb
31/07/2020	Other	Miss Chloe Tennant
31/07/2020	Third Party Consultation	Mrs Kay Macdonald
20/07/2020	Telephone call to a patient	Dr E Mhaoileoin
10/07/2020	Mail to patient	Mrs Sharon Robb
09/07/2020	Third Party Consultation	Ms Emma Morrison

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15/06/2020	Administration	Mrs Lois Armstrong
15/06/2020	Surgery consultation	Dr Alan Weir
01/06/2020	Third Party Consultation	Ms Sheena Lubbe
01/06/2020	Surgery consultation	Dr Rebecca Forrester
29/05/2020	Medicine Management	Ms P Pharmacist
29/05/2020	Other	Miss Chloe Tennant
29/05/2020	Medicine Management	Ms P Pharmacist
28/05/2020	Third Party Consultation	Ms Emma Morrison
28/05/2020	Repeat Issue	Mrs Jennifer Pickett
19/05/2020	Third Party Consultation	Ms Emma Morrison
23/01/2020	Other	Ms Emma Morrison
22/01/2020	Administration	Mr Trevor Gordon
22/01/2020	Third Party Consultation	Mrs Jennifer Pickett
30/12/2019	Surgery consultation	Dr Doctor Locum1
03/12/2019	Other	Ms Emma Morrison
02/12/2019	Third Party Consultation	Mrs Kay Macdonald
15/11/2019	Other	Ms Emma Morrison
14/11/2019	Third Party Consultation	Ms Emma Morrison
11/11/2019	Third Party Consultation	Miss Lucy Yeaman
07/11/2019	Other	Ms Emma Morrison
05/11/2019	Third Party Consultation	Ms Emma Morrison
21/10/2019	Surgery consultation	Dr Laura Pole
15/10/2019	Surgery consultation	Dr Laura Pole
14/10/2019	Surgery consultation	Dr Doctor Locum1
04/10/2019	Administration	Dr Laura Pole
04/10/2019	Referral Letter	Dr Laura Pole
04/10/2019	Administration	Mrs Jennifer Pickett
04/10/2019	Administration	Dr Laura Pole
03/10/2019	Third Party Consultation	Mr Trevor Gordon
03/10/2019	Third Party Consultation	Ms Sheena Lubbe
03/10/2019	Administration	Ms Sheena Lubbe
02/10/2019	Third Party Consultation	Ms Dorothy Black
02/10/2019	Results recording	Dr Laura Pole
02/10/2019	Surgery consultation	Mrs Denise Harrison
30/09/2019	Referral Letter	Dr Laura Pole
30/09/2019	Surgery consultation	Dr Laura Pole
30/09/2019	Surgery consultation	Mr Nigel Clubb
04/09/2019	Surgery consultation	Dr 2 Locum
03/09/2019	Other	Ms Emma Morrison
03/09/2019	Third Party Consultation	Mr Trevor Gordon
16/08/2019	Administration	Mrs Kay Macdonald
15/08/2019	Other	Mrs Rachel Forbes
15/08/2019	Third Party Consultation	Mrs Kay Macdonald
15/08/2019	Results recording	Dr Laura Pole
14/08/2019	Surgery consultation	Mrs Denise Harrison
08/07/2019	Referral Letter	Ms Sheena Lubbe
08/07/2019	Administration	Ms Sheena Lubbe
05/07/2019	Surgery consultation	Dr I M Mahon
05/07/2019	Telephone call to a patient	Dr Jonathon Taylor
27/06/2019	Medicine Management	Mrs Helen Adamson
26/06/2019	Third Party Consultation	Ms Dorothy Black
05/06/2019	Referral Letter	Ms Sheena Lubbe
05/06/2019	Administration	Ms Sheena Lubbe
04/06/2019	Surgery consultation	Dr Locum Doctor
27/05/2019	Third Party Consultation	Mrs Jennifer Pickett
27/05/2019	Third Party Consultation	Mrs Jennifer Pickett
27/05/2019	Third Party Consultation	Mrs Jennifer Pickett
25/05/2019	Results recording	Dr Stewart Rooney
24/05/2019	Results recording	Dr Stewart Rooney
24/05/2019	Results recording	Dr Stewart Rooney
24/05/2019	Clinic	Mrs Christine Allan
20/05/2019	Administration	Mrs Jennifer Pickett
20/05/2019	Surgery consultation	Dr Locum Doctor
10/05/2019	Administration	Dr Laura Pole
09/05/2019	Other	Ms Emma Morrison
07/05/2019	Medicine Management	Mrs Sharon Robb
03/05/2019	Third Party Consultation	Ms Dorothy Black
03/05/2019	Third Party Consultation	Ms Dorothy Black
02/05/2019	Third Party Consultation	Mr Trevor Gordon
12/04/2019	Administration	Mrs Kay Macdonald
19/03/2019	Third Party Consultation	Ms Sheena Lubbe
18/03/2019	Third Party Consultation	Mrs Jennifer Pickett
15/03/2019	Surgery consultation	Dr Laura Pole

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08/03/2019	Other	Dr Tharmagajan Tharmachandirar
13/12/2018	Medicine Management	Mrs Helen Adamson
13/12/2018	Third Party Consultation	Ms Michele Webster
09/11/2018	Surgery consultation	Dr Laura Pole
09/11/2018	Triage	Dr Laura Pole
28/10/2018	Administration	Mrs Laura Terrell
18/10/2018	Third Party Consultation	Ms Dorothy Black
07/09/2018	Third Party Consultation	Ms Emma Morrison
16/08/2018	Third Party Consultation	Mrs Kay Macdonald
14/08/2018	Administration	Dr Laura Pole
14/08/2018	Third Party Consultation	Mrs Bank Nurse
10/08/2018	Surgery consultation	Dr Tara Morley
30/07/2018	Other	Mrs Andrea Brown
30/07/2018	Administration	Dr Stewart Rooney
30/07/2018	Third Party Consultation	Mr Trevor Gordon
27/07/2018	Surgery consultation	Dr Tara Morley
26/07/2018	Medicine Management	Dr Robert Mellish
26/07/2018	Third Party Consultation	Ms Sheena Lubbe
26/07/2018	Repeat Issue	Ms Sheena Lubbe
25/07/2018	Administration	Mrs Christine Allan
19/07/2018	Surgery consultation	Dr Dr Locum3
19/07/2018	Triage	Dr Jonathon Taylor
19/07/2018	Telephone call to a patient	Dr Jonathon Taylor
08/05/2018	Third Party Consultation	Ms Emma Morrison
03/05/2018	Surgery consultation	Dr Penny Lockwood
03/05/2018	Triage	Dr Penny Lockwood
23/04/2018	Other	Mrs Andrea Brown
19/04/2018	Administration	Mrs Michelle Hutchison
05/04/2018	Administration	Dr Stewart Rooney
05/04/2018	Third Party Consultation	Ms Dorothy Black
30/03/2018	Surgery consultation	Dr I M Mahon
29/03/2018	Telephone call to a patient	Dr Sarab Hanna
17/03/2018	Other	Ms Lorna Black
19/02/2018	Other	Ms Lorna Black
13/02/2018	Third Party Consultation	Mr Trevor Gordon
19/01/2018	Other	Mr Trevor Gordon
15/01/2018	Third Party Consultation	Mr Trevor Gordon
12/01/2018	Third Party Consultation	Miss Michelle Cronin
12/01/2018	Third Party Consultation	Miss Michelle Cronin
12/01/2018	Third Party Consultation	Miss Michelle Cronin
11/01/2018	Results recording	Dr Andrew Thomson
11/01/2018	Results recording	Dr Andrew Thomson
11/01/2018	Clinic	Mrs Christine Allan
11/01/2018	Surgery consultation	Dr Jonathon Taylor
08/01/2018	Administration	Mrs Michelle Hutchison
27/12/2017	Administration	Mrs Christine Allan
22/12/2017	Surgery consultation	Dr Robert Mellish
22/12/2017	Repeat Issue	Ms Sheena Lubbe
22/12/2017	Administration	Mrs Michelle Hutchison
22/12/2017	Surgery consultation	Mr S System Supervisor

Blood pressure

31/10/2025 10:06.00	BP 105/70	taken Sitting	from Left	Cuff: Standard	recall due:	O/E - blood pressure reading
31/10/2025 10:03.00	BP 108/69	taken Sitting	from Left	Cuff: Standard	recall due:	O/E - blood pressure reading
07/01/2025 17:35.00	BP 110/70	taken Sitting		Cuff: Standard	recall due:	O/E - blood pressure reading
22/12/2017	BP 95/61	taken Sitting		Cuff: Standard	recall due:	O/E - blood pressure reading
10/02/2014	BP 112/78				recall due:	O/E - blood pressure reading

Referrals

18/06/2024 Refer for Referral for further care at department of with UBRN:N
by: Dr Amy Tewson

14/04/2023 Refer for Referral for further care at department of with UBRN:N
by: Dr Pei Sin Ang

07/03/2022 Refer for Referral for further care at department of with UBRN:N
by: Dr Annabelle Kerr

23/09/2021 Refer for Referral for further care at department of with
by: Dr Annabelle Kerr

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08/07/2019 Refer for Referral for further care at department of with
by: Dr I M Mahon
05/06/2019 Refer for Referral for further care at department of with
by: Dr Stewart Rooney

Cervical Cytology

18/12/2025 reported 27/12/2025 Cervical smear - human papillomavirus negative
Dr Tara Morley
18/12/2025 Ca cervix - screen done
Attended for cervical screening. Chaperone offered and declined. Verbal consent. Small disposable speculum used. Cervix visualised. Mrs Lois Armstrong
11/11/2020 reported 26/11/2020 Cervical smear - human papillomavirus negative
Dr Julie Dyker
11/11/2020 Ca cervix - screen done
LMP: 26/10/20 Cervix appears normal, small speculum used. Found smear quite painful. Also noticed some discharge and itch over last few weeks has tried OTC treatments. Swab taken today. Mrs Lois Armstrong

Smoking

22/12/2017 Smoker cigarettes per day Heavy smoker - 20-39 cigs/day
Mr S System Supervisor
22/12/2017 Smoker cigarettes per day Current smoker
Mr S System Supervisor

Alcohol

22/12/2017 Life teetotaler units per week Teetotaller
Mr S System Supervisor

Weight

09/01/2018	Weight: 44.3 kgs	BMI: 18.4	O/E - weight
22/12/2017	Weight: 43.2 kgs	BMI: 18	O/E - weight
16/11/2009	Weight: 45.6 kgs	BMI: 18.7	O/E - weight

Height

22/12/2017 Height: 1.549 metres O/E - height Mr S System Supervisor
16/11/2009 Height: 1.56 metres O/E - height

Contraception

11/12/2024 Insertion of subcutaneous contraceptive First service recall due: 11/12/2027 Nexplanon inserted (Lot B108926 EXP 11/2028) using sterile technique into left arm. 2ml of 1% Lidocaine used Batch no 332501, exp 08/20263 steristrips applied and dressing Informed that would be effective as contraception after 7 years.Re-call set for 3 yearsLeaflet given Dr Rachael Hamilton
18/10/2021 Depo-provera injection given First service recall due: im injection given in right buttock. 3 wks post partum and no hx dvt/pe, breast CA and non smoker. 12 wk date given and rx issued and to bring back in jan. to use contraceptive cover for 1st 1 wkbn- ew9260 exp/09/23 Mrs Wendy Gordon
18/10/2021 Depo-provera injection given First service recall due: 10/01/2022
Mrs Wendy Gordon

Immunisations

13/11/2023	FLUQIVC	Stage: 1	Given		Due 13/11/2023	Batch: 3029227 FLU - Seqirus UK (Angus Community Midwives)
02/08/2023	DTIPV	Stage: 1	Given		Due 02/08/2023	Batch: AC39B163AA DTI - Boostrix IPV (Angus Community Midwives)
13/11/2021	COVPFIZER	Stage: 1	Given		Due 13/11/2021	Batch: FK0596 C-19 Booster Pfizer (Montrose Town Hall)
15/04/2021	PERTUSISP_OH	Stage: 0	Given	Routine Measure	Due	Batch: AC39B142BE exp 07/22
16/02/2021	FLUSOHP	Stage: 0	Given	Routine Measure	Due 16/02/2022	Batch: P100253416 Exp 6/21 Given @ Matty Arb
13/06/2007	MUMPS	Stage: B	Given	Routine Measure	Due	
13/06/2007	RUBELLA	Stage: B	Given	Routine Measure	Due	
13/06/2007	MEASLES	Stage: B	Given	Routine Measure	Due	
24/05/2007	TYPTYPHERIX	Stage: 1	Given	Special Risk Group	Due 24/05/2010	
24/05/2007	HEPA2	Stage: 1	Given	Special Risk Group	Due 24/11/2007	
19/03/2003	POLIO	Stage: B2	Given	Routine Measure	Due	
19/03/2003	TETANUS	Stage: B2	Given	Routine Measure	Due	

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19/03/2003	DIPHTHERIA	Stage: B2	Given	Routine Measure	Due
19/12/1999	RUBELLA	Stage: 0	Given	Routine Measure	Due 19/04/2002
19/12/1999	MEASLES	Stage: 0	Given	Routine Measure	Due 19/04/2002
30/08/1996	POLIO	Stage: B	Given	Routine Measure	Due 30/08/2006
30/08/1996	TETANUS	Stage: B	Given	Routine Measure	Due 30/08/2000
30/08/1996	DIPHTHERIA	Stage: B	Given	Routine Measure	Due 30/08/2000
26/03/1992	MUMPS	Stage: 1	Given	Routine Measure	Due 26/07/1994
26/03/1992	RUBELLA	Stage: 1	Given	Routine Measure	Due 19/04/2002
26/03/1992	MEASLES	Stage: 1	Given	Routine Measure	Due 19/04/2002
28/09/1991	POLIO	Stage: 3	Given	Routine Measure	Due 28/09/1994
28/09/1991	PERTUSSIS	Stage: 3	Given	Routine Measure	Due 28/09/1994
28/09/1991	TETANUS	Stage: 3	Given	Routine Measure	Due 28/09/1994
28/09/1991	DIPHTHERIA	Stage: 3	Given	Routine Measure	Due 28/09/1994
13/07/1990	POLIO	Stage: 2	Given	Routine Measure	Due 10/08/1990
13/07/1990	PERTUSSIS	Stage: 2	Given	Routine Measure	Due 10/08/1990
13/07/1990	TETANUS	Stage: 2	Given	Routine Measure	Due 10/08/1990
13/07/1990	DIPHTHERIA	Stage: 2	Given	Routine Measure	Due 10/08/1990
03/11/1988	POLIO	Stage: 1	Given	Routine Measure	Due 01/12/1988
03/11/1988	PERTUSSIS	Stage: 1	Given	Routine Measure	Due 01/12/1988
03/11/1988	TETANUS	Stage: 1	Given	Routine Measure	Due 01/12/1988
03/11/1988	DIPHTHERIA	Stage: 1	Given	Routine Measure	Due 01/12/1988

Albumin

27/04/2026	Serum albumin	= 41 g/L	Albumin -
16/04/2025	Serum albumin	= 37 g/L	
27/11/2024	Serum albumin	= 39 g/L	
13/09/2022	Serum albumin	= 40 g/L	
24/05/2019	Serum albumin	= 39 g/L	
11/01/2018	Serum albumin	= 38 g/L	

Alkaline Phosphatase

27/04/2026	Serum alkaline phosphatase	= 58 U/L	ALP - U/L
16/04/2025	Serum alkaline phosphatase	= 64 U/L	U/L
27/11/2024	Serum alkaline phosphatase	= 48 U/L	U/L
13/09/2022	Serum alkaline phosphatase	= 52 U/L	U/L
24/05/2019	Serum alkaline phosphatase	= 48 U/L	U/L
11/01/2018	Serum alkaline phosphatase	= 52 U/L	U/L

Alanine Aminotransferase

27/04/2026	Serum alanine aminotransferase level	= 13 U/L	ALT - U/L
16/04/2025	Serum alanine aminotransferase level	= 12 U/L	Serum ALT level - U/L
27/11/2024	Serum alanine aminotransferase level	= 11 U/L	Serum ALT level - U/L
13/09/2022	Serum alanine aminotransferase level	< 9 U/L	Serum ALT level - U/L
24/05/2019	Serum alanine aminotransferase level	< 9 U/L	Serum ALT level - U/L
11/01/2018	Serum alanine aminotransferase level	= 9 U/L	Serum ALT level - U/L

B12 Levels

16/04/2025	Serum vitamin B12	= 390 ng/L	ng/l - Results may be unreliable if sample older than 48h

Bilirubin

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27/04/2026	Serum total bilirubin level	= 20 umol/L		Total Bilirubin -
16/04/2025	Serum total bilirubin level	= 9 umol/L		
27/11/2024	Serum total bilirubin level	= 15 umol/L		
13/09/2022	Serum total bilirubin level	= 14 umol/L		
24/05/2019	Serum total bilirubin level	= 8 umol/L		
11/01/2018	Serum total bilirubin level	= 5 umol/L		

Calcium

27/04/2026	Serum calcium	= 2.41 mmol/L		Calcium -
27/11/2024	Serum calcium	= 2.36 mmol/L		
13/09/2022	Serum calcium	= 2.29 mmol/L		
24/05/2019	Serum calcium	= 2.36 mmol/L		
11/01/2018	Serum calcium	= 2.25 mmol/L		

Calcium adjusted

27/04/2026	Corrected serum calcium level	= 2.4 mmol/L		Adjusted Calcium -
27/11/2024	Corrected serum calcium level	= 2.37 mmol/L		
13/09/2022	Corrected serum calcium level	= 2.28 mmol/L		
24/05/2019	Corrected serum calcium level	= 2.37 mmol/L		
11/01/2018	Corrected serum calcium level	= 2.27 mmol/L		

Serum creatinine

27/04/2026	Serum creatinine	= 91 umol/L	Above high reference limit	
Creatinine (Enzymatic) - - Insufficient historical creatinine data to assessAKI risk				
16/04/2025	Serum creatinine	= 84 umol/L	Above high reference limit	
27/11/2024	Serum creatinine	= 95 umol/L	Above high reference limit	
13/09/2022	Serum creatinine	= 78 umol/L		
24/05/2019	Serum creatinine	= 75 umol/L		
11/01/2018	Serum creatinine	= 75 umol/L		

Eosinophil count

27/04/2026	Eosinophil count	= 0.4 10*9/L		Eosinophils -
16/04/2025	Eosinophil count	= 0.53 10*9/L	Above high reference limit x10^9/L	
27/11/2024	Eosinophil count	= 1.03 10*9/L	Above high reference limit x10^9/L	
13/09/2022	Eosinophil count	= 0.28 10*9/L		x10^9/L
24/05/2019	Eosinophil count	= 0.33 10*9/L		x10^9/L
11/01/2018	Eosinophil count	= 0.32 10*9/L		x10^9/L

Serum iron tests

27/11/2024	Serum iron level	= 12 umol/L		

Serum ferritin

16/04/2025	Serum ferritin	= 20 ug/L		
27/11/2024	Serum ferritin	= 31 ug/L		

Folate level

16/04/2025	Serum folate	= 2.7 ug/L	Below low reference limit ug/l	

Follicle Stimulating Hormone

13/09/2022	Serum FSH level	= 5.7 U/L		U/L
24/05/2019	Serum FSH level	= 8 U/L		U/L

Gamma Glutamyl Transpeptidase

27/04/2026	Serum gamma-glutamyl transferase level	= 22 U/L		GGT - U/L - LFT results within iLFT reference intervals.

Haemoglobin

27/04/2026	Haemoglobin estimation	= 144 g/L		Haemoglobin -
16/04/2025	Haemoglobin estimation	= 135 g/L		
27/11/2024	Haemoglobin estimation	= 133 g/L		
13/09/2022	Haemoglobin estimation	= 127 g/L		
24/05/2019	Haemoglobin estimation	= 141 g/L		
11/01/2018	Haemoglobin estimation	= 143 g/L		

Human Chorionic Gonadotrophin

27/11/2024	Serum total HCG level	< 2 U/L		U/L
02/10/2019	Serum total HCG level	= 1084 U/L	Above high reference limit U/L	

Luteinising Hormone

13/09/2022	Serum LH level	= 2.7 U/L		U/L
24/05/2019	Serum LH level	= 6.5 U/L		U/L

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Mean corpuscular haemoglobin

27/04/2026	Mean corpusc. haemoglobin(MCH)	= 29.8 pg		MCH -
16/04/2025	Mean corpusc. haemoglobin(MCH)	= 29.9 pg		
27/11/2024	Mean corpusc. haemoglobin(MCH)	= 29.2 pg		
13/09/2022	Mean corpusc. haemoglobin(MCH)	= 29.6 pg		
24/05/2019	Mean corpusc. haemoglobin(MCH)	= 31 pg		
11/01/2018	Mean corpusc. haemoglobin(MCH)	= 30.9 pg		

MCH Hb Concentration

27/04/2026	Mean corpusc. Hb. conc. (MCHC)	= 328 g/L		MCHC -
16/04/2025	Mean corpusc. Hb. conc. (MCHC)	= 328 g/L		
27/11/2024	Mean corpusc. Hb. conc. (MCHC)	= 321 g/L		
13/09/2022	Mean corpusc. Hb. conc. (MCHC)	= 327 g/L		
24/05/2019	Mean corpusc. Hb. conc. (MCHC)	= 338 g/L		
11/01/2018	Mean corpusc. Hb. conc. (MCHC)	= 340 g/L		

Mean corpuscular volume

27/04/2026	Mean corpuscular volume (MCV)	= 90.9 fL		MCV -
16/04/2025	Mean corpuscular volume (MCV)	= 91.2 fL		fl
27/11/2024	Mean corpuscular volume (MCV)	= 90.9 fL		fl
13/09/2022	Mean corpuscular volume (MCV)	= 90.7 fL		fl
24/05/2019	Mean corpuscular volume (MCV)	= 91.7 fL		fl
11/01/2018	Mean corpuscular volume (MCV)	= 90.8 fL		fl

Monocyte count

27/04/2026	Monocyte count	= 0.5 10*9/L		Monocytes -
16/04/2025	Monocyte count	= 0.4 10*9/L		x10^9/L
27/11/2024	Monocyte count	= 0.6 10*9/L		x10^9/L
13/09/2022	Monocyte count	= 0.5 10*9/L		x10^9/L
24/05/2019	Monocyte count	= 0.4 10*9/L		x10^9/L
11/01/2018	Monocyte count	= 0.5 10*9/L		x10^9/L

Neutrophil count

27/04/2026	Neutrophil count	= 5.8 10*9/L		Neutrophils -
16/04/2025	Neutrophil count	= 5.8 10*9/L		x10^9/L
27/11/2024	Neutrophil count	= 4.4 10*9/L		x10^9/L
13/09/2022	Neutrophil count	= 4.5 10*9/L		x10^9/L
24/05/2019	Neutrophil count	= 3.7 10*9/L		x10^9/L
11/01/2018	Neutrophil count	= 3.6 10*9/L		x10^9/L

Platelets

27/04/2026	Platelet count	= 285 10*9/L		Platelets -
16/04/2025	Platelet count	= 261 10*9/L		x10^9/L
27/11/2024	Platelet count	= 268 10*9/L		x10^9/L
13/09/2022	Platelet count	= 306 10*9/L		x10^9/L
24/05/2019	Platelet count	= 222 10*9/L		x10^9/L
11/01/2018	Platelet count	= 263 10*9/L		x10^9/L

Potassium

27/04/2026	Serum potassium	= 4.3 mmol/L		Potassium -
16/04/2025	Serum potassium	= 4.3 mmol/L		
27/11/2024	Serum potassium	= 5 mmol/L		
13/09/2022	Serum potassium	= 4 mmol/L		
24/05/2019	Serum potassium	= 4.8 mmol/L		
11/01/2018	Serum potassium	= 4.8 mmol/L		

Prolactin level

24/05/2019	Serum prolactin level	= 138 mU/L		mU/L

Red blood cell count

27/04/2026	Red blood cell (RBC) count	= 4.82 10*12/L	Above high reference limit	RBC -
16/04/2025	Red blood cell (RBC) count	= 4.5 10*12/L		x10^12/L
27/11/2024	Red blood cell (RBC) count	= 4.55 10*12/L		x10^12/L
13/09/2022	Red blood cell (RBC) count	= 4.3 10*12/L		x10^12/L
24/05/2019	Red blood cell (RBC) count	= 4.55 10*12/L		x10^12/L
11/01/2018	Red blood cell (RBC) count	= 4.62 10*12/L		x10^12/L

Sodium

27/04/2026	Serum sodium	= 141 mmol/L		Sodium -
16/04/2025	Serum sodium	= 141 mmol/L		
27/11/2024	Serum sodium	= 138 mmol/L		
13/09/2022	Serum sodium	= 139 mmol/L		
24/05/2019	Serum sodium	= 137 mmol/L		
11/01/2018	Serum sodium	= 142 mmol/L		

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Testosterone

13/09/2022 Serum testosterone = 0.6 nmol/L Pre-menopausal Testosterone (0.4 - 2.1 nmol/L)Post-menopausal Testosterone (<0.24 - 1.7 nmol/L)

24/05/2019 Serum testosterone = 0.7 nmol/L Pre-menopausal Testosterone (0.4 - 2.1 nmol/L)Post-menopausal Testosterone (<0.24 - 1.7 nmol/L)

Thyroid Stimulating Hormone

27/04/2026 Serum TSH level = 2.45 mU/L Thyroid stimulating hormone - mU/L

16/04/2025 Serum TSH level = 2.49 mU/L mU/L

27/11/2024 Serum TSH level = 3.22 mU/L mU/L

13/09/2022 Serum TSH level = 2.07 mU/L mU/L

24/05/2019 Serum TSH level = 2.47 mU/L mU/L

11/01/2018 Serum TSH level = 3.82 mU/L mU/L

White blood count

27/04/2026 Total white cell count = 8.6 10*9/L White Cell Count - x10^9/L

16/04/2025 Total white cell count = 9.4 10*9/L x10^9/L

27/11/2024 Total white cell count = 7.9 10*9/L x10^9/L

13/09/2022 Total white cell count = 8.6 10*9/L x10^9/L

24/05/2019 Total white cell count = 6.8 10*9/L x10^9/L

11/01/2018 Total white cell count = 7.3 10*9/L x10^9/L

Lymphocyte count

27/04/2026 Lymphocyte count = 2 10*9/L Lymphocytes - x10^9/L

16/04/2025 Lymphocyte count = 2.7 10*9/L x10^9/L

27/11/2024 Lymphocyte count = 1.8 10*9/L x10^9/L

13/09/2022 Lymphocyte count = 3.2 10*9/L x10^9/L

24/05/2019 Lymphocyte count = 2.3 10*9/L x10^9/L

11/01/2018 Lymphocyte count = 2.9 10*9/L x10^9/L

B12 & Folate level

16/04/2025 B12/folate level = <none>

Blood glucose

16/04/2025 Plasma glucose level = 5.5 mmol/L

11/01/2018 Plasma glucose level = 4.2 mmol/L

Bone studies

27/11/2024 Bone profile = <none>

13/09/2022 Bone profile = <none>

24/05/2019 Bone profile = <none>

11/01/2018 Bone profile = <none>

Drug levels

04/09/2023 Serum lamotrigine level = 1.2 mg/L

04/09/2023 Serum lamotrigine level = Therapeutic range (epilepsy) 1-4Maximum drug efficacy (Bipolar disorder) 3-14(trough specimen taken pre dose or minimum 6 hrspost dose)

Full blood count

16/04/2025 Full blood count - FBC = <none>

27/11/2024 Full blood count - FBC = <none>

13/09/2022 Full blood count - FBC = <none>

24/05/2019 Full blood count - FBC = <none>

11/01/2018 Full blood count - FBC = <none>

Iron studies

27/11/2024 Serum iron tests = <none>

Liver Function tests

16/04/2025 Liver function test = <none>

27/11/2024 Liver function test = <none>

13/09/2022 Liver function test = <none>

24/05/2019 Liver function test = <none>

11/01/2018 Liver function test = <none>

Pelvic ultra-sound

11/06/2024 U-S pelvic scan transvaginal please see docman for full report

Other Diagnostic Imaging

07/05/2019 Ultrasound scan --Us Pelvis transabdominal, US pelvis transvaginal please see docman for full report

Ankle X-ray

08/10/2022 Ankle X-ray left

Fasting glucose

Ms Stacey Leonard **28/04/1988** **Female** **369/88/128** **Permanent**

27/04/2026 Fasting Plasma fasting glucose level = 5.1 mmol/L Glucose (Fasting - Plasma) -
27/11/2024 Fasting Plasma fasting glucose level = 5 mmol/L

Plasma viscosity
24/05/2019 Plasma viscosity = 1.65 mPa.s mPa.s:

C Reactive protein
27/04/2026 Plasma C reactive protein = 1.2 mg/L C-reactive protein -
27/11/2024 Plasma C reactive protein < 0.5 mg/L
24/05/2019 Plasma C reactive protein < 4 mg/L
11/01/2018 Plasma C reactive protein < 4 mg/L

Exercise
22/12/2017 GPPAQ physical activity index: active Mr S System Supervisor

Blood group
19/12/2007 Blood group O Blood group: O+ - RhD POSITI VE

Urinalysis - Glucose
27/12/2017 Urine glucose test negative =

Urinalysis - Protein
27/12/2017 Urine protein test negative =

Family History
22/12/2017 No FH: Glaucoma of Glaucoma Mr S System Supervisor
22/12/2017 FH: Asthma of Asthma Brother Mr S System Supervisor
22/12/2017 FH: Epilepsy of Epilepsy Mr S System Supervisor
22/12/2017 No FH: Stroke/TIA of Cerebrovascular disease Mr S System Supervisor
22/12/2017 No FH: Hypertension of Hypertensive disease Mr S System Supervisor
22/12/2017 No family history diabetes of Diabetes mellitus Mr S System Supervisor
12/10/1994 FH: Depression of Depressive disorder NEC /mental health issues - mother (various admissions for same)
01/11/1989 FH: Twin pregnancy of Twin pregnancy - maternal grandmother

Other Laboratory tests
27/04/2026 Biochemical test = 30 m*2 BMI provided - kg/m*2
27/04/2026 Biochemical test = INTELLIGENT LIVER PATHWAY
27/04/2026 Biochemical test = CREATININE AND ELECTROLYTES
27/04/2026 Biochemical test = Weekly alcohol intake - <15
27/04/2026 Biochemical test = ANAEMIA SCREEN
27/04/2026 Biochemical test = TSH
27/04/2026 Biochemical test = C-REACTIVE PROTEIN
27/04/2026 Biochemical test = BONE PROFILE
27/04/2026 Biochemical test = GLUCOSE (FASTING - PLASMA)
16/04/2025 Biochemical test = <none>
27/11/2024 Transferrin saturation index = 21 % Below low reference limit
27/11/2024 Biochemical test = <none>
13/09/2022 Biochemical test = <none>
24/05/2019 Biochemical test = <none>
11/01/2018 Biochemical test = <none>

Delivery Details - Mother
24/09/2021 Recorded: 27/09/2021 Male baby
16/05/2020 Recorded: 19/05/2020 Female baby 37 weeks, SVD, 2340 grams, bottle feeding

Pulse (CVS/BP)
31/10/2025 O/E - pulse rate 61 beats/min Mrs Charlene Dickson
07/01/2025 O/E - pulse rate 62 beats/min Dr Sarah Hastings
22/12/2017 O/E - pulse rate 77 beats/min Mr S System Supervisor

Maternity plan
01/06/2023 Maternity Plan: GP: Ms Emma Morrison Consultant: Hospital:
Midwife: LMP: 05/04/23 EDD: 09/01/24

Ms Stacey Leonard **28/04/1988** **Female** **369/88/128** **Permanent**

26/05/2023 Maternity Plan: GP: Dr Marc Quinn Consultant: Hospital:
Midwife: see eConsultThank you for your recent eConsult request. When on lamotrigine in pregnancy, we can monitor the levels in your blood to ensure things are stable, as pregnancy can put the levels up and down sometimes. I've added some blood tests to your notes, please make a routine appointment for a blood test. I've also sent a prescription to your nominated pharmacy for folic acid, which is sensible to take at the start of pregnancy, particularly when you're on lamotrogine. This helps prevent birth defects. Many thanks MQ
19/02/2021 Maternity Plan: GP: Consultant: Hospital:
Midwife:
12/11/2019 Maternity Plan: GP: Ms Emma Morrison Consultant: Hospital:
Midwife: LMP: ? EDD: 06/06/20

Packed Cell Volume

27/04/2026	Haematocrit	= 0.438 ratio	
16/04/2025	Haematocrit	= 0.411 ratio	
27/11/2024	Haematocrit	= 0.413 ratio	
13/09/2022	Haematocrit	= 0.39 ratio	
24/05/2019	Haematocrit	= 0.417 ratio	
11/01/2018	Haematocrit	= 0.419 ratio	

Basophil count

27/04/2026	Basophil count	= 0 10*9/L	Basophils -
16/04/2025	Basophil count	= 0 10*9/L	x10^9/L
27/11/2024	Basophil count	= 0.1 10*9/L	x10^9/L
13/09/2022	Basophil count	= 0 10*9/L	x10^9/L
24/05/2019	Basophil count	= 0.1 10*9/L	x10^9/L
11/01/2018	Basophil count	= 0.1 10*9/L	x10^9/L

Chemical function tests

16/04/2025 Acute kidney injury warning stage = AKI warning stage - Not detected: May not exclude AKI in all cases
27/11/2024 Acute kidney injury warning stage = AKI warning stage - Not detected: May not exclude AKI in all cases
13/09/2022 Acute kidney injury warning stage = AKI warning stage - NOT AVAILABLE
24/05/2019 Acute kidney injury warning stage AKI warning stage - NOT AVAILABLE
11/01/2018 Acute kidney injury warning stage AKI warning stage - Not detected: but may not exclude AKI in all cases

Other autoantibodies

16/04/2025 Tissue transglutaminase IgA level < 0.2 U/mL Tissu transglutaminase IgA lev - u/ml

Scoring Test Result

22/12/2017 Score: 0 Method: for: Mr S System Supervisor

Tumour Markers

14/08/2019	CA125 level	= 50 kU/L	Above high reference limit kU/L	
24/05/2019	CA125 level	= 72 kU/L	Above high reference limit kU/L	
11/01/2018	CA125 level	= 24 kU/L		kU/L

Enzymes/Specific proteins

27/11/2024 Serum transferrin = 2.33 g/L

Procedures, Specimens and Samples

27/04/2026 Blood sample taken bloods obtained with consent from left arm on first attempt with no issues
16/04/2025 Blood sample taken Consent obtained, sample taken L arm, 1st attempt with nil concerns
19/02/2024 Blood sample taken bloods taken from left arm 1 attempt, no issues

Repeat Medication Review

02/09/2025 Medication review done Under cmht Due: 02/09/2026 by: Dr Catherine Holmes Dr Pei Sin Ang
22/08/2024 Medication review done Under cmht and recent gp review Due: 22/08/2025 Complete: 02/09/2025 by: Dr Catherine Holmes Next review: 02/09/2026 Dr Pei Sin Ang
19/08/2024 Medication review with patient Due: 19/08/2025 Complete: 19/08/2024 by: Dr Rachael Hamilton Dr Neil Raitt
19/08/2024 Medication review with patient Due: 19/08/2025 Complete: 19/08/2024 by: Dr Rachael Hamilton Next review: 19/08/2025 Dr Neil Raitt

Ms Stacey Leonard **28/04/1988** **Female** **369/88/128** **Permanent**

14/04/2023 Medication review with patient Patient reports on fluoxetine for some months without benefit. Motivation is very poor. No problems with meds. In first inst suggest increase to 40mg daily and review 1m. Due: 14/04/2024 Complete: 19/08/2024 by: Dr Rachael Hamilton Next review: 19/08/2025 Dr Neil Raitt
14/04/2023 Medication review with patient Patient reports on fluoxetine for some months without benefit. Motivation is very poor. No problems with meds. In first inst suggest increase to 40mg daily and review 1m. Due: 14/04/2024 Complete: 14/04/2023 by: Dr Neil Raitt Next review: 14/04/2024 Dr Neil Raitt
27/10/2022 Medication review done seen by pysch recently and started on lamotrigine Aug 22 for EUPD, PTSD. due review with psych, not made changes to medication. Due: 27/10/2023 Complete: 22/08/2024 by: Dr Amy Tewson Next review: 22/08/2025 Dr Pei Sin Ang
27/10/2022 Medication review done seen by pysch recently and started on lamotrigine Aug 22 for EUPD, PTSD. due review with psych, not made changes to medication. Due: 27/10/2023 Complete: 27/10/2022 by: Dr Pei Sin Ang Next review: 27/10/2023 Dr Pei Sin Ang

Glomerular Filtration Rate

27/04/2026 eGFR using creatinine (CKD-EPI) per 1.73 square metres = 69 mL/min/1.73m*2 eGFR result (EPI) - - Provided acute kidney injury has been excluded -this eGFR is consistent with CKD stage G2 - mildreduction in eGFR compared to young adult
16/04/2025 GFR calculated abbreviated MDRD adj for African Americ origin = mL/min GFR calctd abbtd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA
16/04/2025 GFR calculated abbreviated MDRD > 60 mL/min GFR calculated abbreviatd MDRD - - eGFR should not be used to assess renal functionfor any drug dosing in over 75s or extremes of BMIand for DOAC dosing in those with an eGFR lessthan 60ml/min.
27/11/2024 GFR calculated abbreviated MDRD adj for African Americ origin = mL/min GFR calctd abbtd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA
27/11/2024 GFR calculated abbreviated MDRD > 60 mL/min GFR calculated abbreviatd MDRD - - eGFR should not be used to assess renal functionfor any drug dosing in over 75s or extremes of BMIand for DOAC dosing in those with an eGFR lessthan 60ml/min.
13/09/2022 GFR calculated abbreviated MDRD adj for African Americ origin = mL/min GFR calctd abbtd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA
13/09/2022 GFR calculated abbreviated MDRD > 60 mL/min GFR calculated abbreviatd MDRD - - eGFR should not be used to assess renal functionfor any drug dosing in over 75s or extremes of BMIand for DOAC dosing in those with an eGFR lessthan 60ml/min.
24/05/2019 GFR calculated abbreviated MDRD adj for African Americ origin = mL/min GFR calctd abbtd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA
24/05/2019 GFR calculated abbreviated MDRD > 60 mL/min GFR calculated abbreviatd MDRD -
11/01/2018 GFR calculated abbreviated MDRD adj for African Americ origin = mL/min GFR calctd abbtd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA
11/01/2018 GFR calculated abbreviated MDRD > 60 mL/min GFR calculated abbreviatd MDRD -

Ethnicity

22/12/2017 Ethnicity: British or mixed British - ethnic category 2001 census Mr S System Supervisor

Language Spoken

22/12/2017 Language Spoken: English Preferred: No Mr S System Supervisor

Total patients for report 1

Tayside Clinical Laboratory Services

CHI:	2804880060	**DOB:**	28/04/1988	**Sex:**	F
Surname:	LEONARD		**Forename:**	STACEY	
Requestor:	kmmclaughlin		**Clinician:**	MORLEY, Tara	
Location:	Brechin Health Centre				

NHS Tayside

Clinical Details:
TATT ?cause; BS WPE on T4?: NO

Report Body:

Test	Result	Flag	Units	Ref Range
CREATININE AND ELECTROLYTES				
Sodium	141		mmol/L	133 - 146
Potassium	4.3		mmol/L	3.5 - 5.3
Creatinine (Enzymatic)	91	H	umol/L	44 - 80
Comment	Insufficient historical creatinine data to assess AKI risk			
eGFR result (EPI)	69		mL/min/1.73m*2	
Comment	Provided acute kidney injury has been excluded - this eGFR is consistent with CKD stage G2 - mild reduction in eGFR compared to young adult			
C-reactive protein	1.2		mg/L	0 - 10
INTELLIGENT LIVER PATHWAY				
ALT	13		U/L	0 - 55
Total Bilirubin	20		umol/L	0 - 21
GGT	22		U/L	3 - 73
Comment	LFT results within iLFT reference intervals.			
BMI provided	30		kg/m*2	
Weekly alcohol intake	<15			
BONE PROFILE				
Albumin	41		g/L	35 - 50
ALP	58		U/L	30 - 130
Calcium	2.41		mmol/L	2.10 - 2.55
Adjusted Calcium	2.40		mmol/L	2.10 - 2.55
Glucose (Fasting - Plasma)	5.1		mmol/L	3.3 - 5.8
Thyroid stimulating hormone	2.45		mU/L	0.4 - 4.0
ANAEMIA SCREEN				
Haemoglobin	144		g/L	120 - 160
White Cell Count	8.6		10*9/L	4.0 - 11.0
Platelets	285		10*9/L	150 - 400
RBC	4.82	H	10*12/L	3.8 - 4.8
Haematocrit	0.438			0.37 - 0.47
MCV	90.9		fL	85 - 105

Specimen Collected:	27/04/2026 08:18	**Specimen Booked in:**	27/04/2026 12:48	**Report Released:**	27/04/2026 16:38
Laboratory:	Blood Sciences	**Laboratory No:**	26B10151124		
Specimen Type:	Blood				

Tayside Clinical Laboratory Services

CHI:	2804880060	**DOB:**	28/04/1988	**Sex:**	F
Surname:	LEONARD		**Forename:**	STACEY	
Requestor:	kmmclaughlin		**Clinician:**	MORLEY, Tara	
Location:	Brechin Health Centre				

NHS Tayside

Test	Result	Flag	Units	Ref Range
MCH	29.8		pg	27 - 32
MCHC	328		g/L	320 - 360
Neutrophils	5.8		10*9/L	2.0 - 7.5
Lymphocytes	2.0		10*9/L	1.5 - 4.0
Monocytes	0.5		10*9/L	0.2 - 0.8
Eosinophils	0.4		10*9/L	0.00 - 0.40
Basophils	0.0		10*9/L	0.0 - 0.1
Tissue transglutaminase IgA antibody	To follow			

** END OF REPORT **

Specimen Collected:	27/04/2026 08:18	**Specimen Booked in:**	27/04/2026 12:48	**Report Released:**	27/04/2026 16:38
Laboratory:	Blood Sciences	**Laboratory No:**	26B10151124		
Specimen Type:	Blood				

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services

CHI:	2804880060	**DOB:**	28/04/1988	**Sex:**	F
Surname:	LEONARD		**Forename:**	STACEY	
Requestor:	kmmclaughlin		**Clinician:**	MORLEY, Tara	
Location:	Brechin Health Centre				

NHS Tayside

Clinical Details:
TATT ?cause; BS WPE on T4?: NO

Report Body:

Test	Result	Flag	Units	Ref Range
CREATININE AND ELECTROLYTES				
Sodium	To follow		mmol/L	133 - 146
Potassium	To follow		mmol/L	3.5 - 5.3
Creatinine (Enzymatic)	To follow		umol/L	44 - 80
Comment	Insufficient historical creatinine data to assess AKI risk			
eGFR result (EPI)	To follow		mL/min/1.73m*2	
Comment	Provided acute kidney injury has been excluded - this eGFR is consistent with CKD stage G2 - mild reduction in eGFR compared to young adult			
C-reactive protein	1.2		mg/L	0 - 10
INTELLIGENT LIVER PATHWAY				
ALT	To follow		U/L	0 - 55
Total Bilirubin	To follow		umol/L	0 - 21
GGT	To follow		U/L	3 - 73
Comment	LFT results within iLFT reference intervals.			
BMI provided	To follow		kg/m*2	
Weekly alcohol intake	To follow			
BONE PROFILE				
Albumin	To follow		g/L	35 - 50
ALP	To follow		U/L	30 - 130
Calcium	2.41		mmol/L	2.10 - 2.55
Adjusted Calcium	2.40		mmol/L	2.10 - 2.55
Glucose (Fasting - Plasma)	5.1		mmol/L	3.3 - 5.8
Thyroid stimulating hormone	2.45		mU/L	0.4 - 4.0
ANAEMIA SCREEN				
Haemoglobin	To follow			
White Cell Count	To follow			
Platelets	To follow			
RBC	To follow			
Haematocrit	To follow			
MCV	To follow			

Specimen Collected:	27/04/2026 08:18	**Specimen Booked in:**	27/04/2026 12:48	**Report Released:**	27/04/2026 13:37
Laboratory:	Blood Sciences	**Laboratory No:**	26B10151124		
Specimen Type:	Blood				

Tayside Clinical Laboratory Services

CHI:	2804880060	**DOB:**	28/04/1988	**Sex:**	F
Surname:	LEONARD		**Forename:**	STACEY	
Requestor:	kmmclaughlin		**Clinician:**	MORLEY, Tara	
Location:	Brechin Health Centre				

NHS Tayside

Test	Result	Flag	Units	Ref Range
MCH	To follow			
MCHC	To follow			
Neutrophils	To follow		10*9/L	
Lymphocytes	To follow		10*9/L	
Monocytes	To follow		10*9/L	
Eosinophils	To follow		10*9/L	
Basophils	To follow		10*9/L	
Tissue transglutaminase IgA antibody	To follow			

** END OF REPORT **

Specimen Collected:	27/04/2026 08:18	**Specimen Booked in:**	27/04/2026 12:48	**Report Released:**	27/04/2026 13:37
Laboratory:	Blood Sciences	**Laboratory No:**	26B10151124		
Specimen Type:	Blood				

NHS Confidential: Personal data about a patient

NHS
Tayside

AL Tewson
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

16/04/2026

Dear Colleague

Please see the following outcome from the vetting process.

Patient Name: Stacey Louise Leonard
CHI Number: 2804880060
Referral Date: 16/04/2026

Referral Source: General Practitioner

Referral Priority was: Routine
Vetted Priority is: Back to Referrer

ADVICE TO REFERRER
Vetted By: Genito-urinary - Contraception

Please note: If the vetting outcome is Redirecting Referral then the vetted by specialty will show as the redirected to specialty and not the specialty originally referred to.

Comment (Please add comments below for the referrer as required)

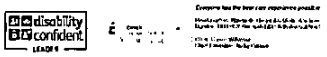
Lamotrigine and Nexplanon interact mutually- the implant increased lamotrigine levels (and increased risk of toxicity) and lamotrigine reduces the effectivness of the implant, putting her at risk of pregnancy. She would require extra contraception like condoms, at least in the 3 weeks prior to a coil insertion.

Please specify that additional support she might require, including who is to organise this.

Yours sincerely
Dr Heike Gleser

disability confident LEADER

NHS
Tayside



NHS Confidential: Personal data about a patient

Practice Message ID: **JLDXFXYNBS** eConsult ID: **brechinmedicalpractice**

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 37) Tiredness

Some answers may need urgent attention

Some answers may need close attention

eConsult reference number: **25D5C38E**

Submitted on: **09-04-2026 at 14:12:53**

Contact phone:
07731805886

Contact email:
stacdecrill1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Friday, 10th of April. A same-day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **HNZJRM**

(The "Click here" link and PIN for this consultation will expire on Thursday, 23rd of April)

PHQ-9: **6 Major Depressive Disorder is likely**

GAD-7: **6 Generalized Anxiety Disorder is likely**

IDEAS, CONCERNS AND EXPECTATIONS:

	Please tell us in a few words how we can help.	**The patient said** *"Im so tired all the time struggling to keep myself awake through the day"*
	Have you tried anything for this?	**No**
	Is there any particular help you would like?	**Yes**
	Please tell us what help you would like.	**The patient said** *"Bloods to check im not anemic"*
	Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	**No**

CLINICAL QUESTIONS:

	Please describe your symptoms.	**The patient said** *"Extreme fatigue."*
	How long have you had tiredness for?	**The patient said** *"Few months"*
	Can you lift up both arms as much as normal?	**Yes**
	Has your face fallen on one side?	**No**
	Can you smile normally?	**Yes**
	Is your speech slurred?	**No**
	Have you had a temperature of 38 degrees C (100.4 degrees F) or above during this illness?	**No**
	Have you had profuse sweating, severe chills or uncontrollable shaking?	**No**
	Have you had any night sweats during this illness?	**No**

Are you feeling drowsy or confused?	No
Do you have an excessive, unexplainable thirst?	No
Do you get chest pain, or pain in the neck or jaw when walking or exercising?	No
Has your heartbeat become faster or irregular?	Yes
Has your breathing got worse during this illness?	No
Have you noticed any stool (poo) that is black and sticky?	No
Have you noticed blood in your stool (poo)?	No
Have you noticed a change in your bowel habit over the past 6 weeks?	No
Have you had any problems with passing urine (peeing) during this illness?	No
Have you noticed blood in your urine (pee)?	No
Do you have heavy periods?	Yes
Have you had a headache during this illness?	No
Have you had any problems with your sleep during this illness?	No
Do you snore?	Yes
Have you had any unexplained weight loss in the last 6 months?	No
Have you had any unexplained weight gain in the last 6 months?	Yes

PHQ-2 6

Over the last two weeks, how often have you been bothered by any of the following problems?

Over the last 2 weeks, how often have you had little interest or pleasure in doing things?	Nearly every day
Over the last 2 weeks, how often have you felt down, depressed, or hopeless?	Nearly every day

GAD-2 6

Over the last two weeks, how often have you been bothered by any of the following problems?

Over the last 2 weeks, how often have you felt nervous, anxious or on edge?	Nearly every day
Over the last 2 weeks, how often have you not been able to stop or control worrying?	Nearly every day
On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	Skip this
Is there anything you would like to tell us that we have not asked?	No

HEALTH HISTORY AND QOF QUESTIONS:

Do you have any allergies?	No
Are you, or is there a chance you might be, pregnant?	No
Have you given birth in the last 12 weeks?	No
Have you had a miscarriage in the last 12 weeks?	No

	Have you had a termination in the last 12 weeks?	**No**
	Are you breastfeeding?	**No**
	Have you or anyone in your household had COVID in the last 1 month?	**Not sure**
	What's the best way to contact you?	**Email**

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a **prescription** and ask reception to inform the patient	You may signpost to an **alternate service** via reception (e.g. pharmacy)	You may wish to **telephone the patient** to close the consultation	You may ask reception to **book an appointment** with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

Practice Message ID: **JLDXFXYNBS** eConsult ID: **brechinmedicalpractice**

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 37) Bleeding

Some answers may need urgent attention

Some answers may need close attention

eConsult reference number: **1775A448**

Submitted on: **20-03-2026 at 09:21:25**

Contact phone:
07731805886

Contact email:
stacdecril1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Monday, 23rd of March. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **N56DT2**

(The "Click here" link and PIN for this consultation will expire on Tuesday, 7th of April)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	**The patient said** *"Really heavy bleeding had pills to stop it last month can I havr them again please. Is there anything I can use longer term. As so heavy and painful."*
Have you tried anything for this?	**Yes**
Please tell us what you have tried.	**The patient said** *"Implant and pill"*
Is there any particular help you would like?	**Yes**
Please tell us what help you would like.	**The patient said** *"Same as last time"*
Would you like help from a particular person at the surgery? **If the person that you requested is not available, another member of the team at the practice will contact you.**	**No**

CLINICAL QUESTIONS:

Please describe your symptoms.	**The patient said** *"Heavy painful period. Sore tight chest."*
How long have you had this bleeding problem for?	**The patient said** *"Day 5"*
Are you currently bleeding?	**Yes**
Are you having heavy bleeding that won't stop?	**No**
Is the bleeding a result of a fall or injury?	**No**
Have you had a temperature of 38 degrees C (100.4 degrees F) or above during this illness?	**No**
Have you had profuse sweating, severe chills or uncontrollable shaking?	**No**
Does your skin look blue, mottled or abnormally pale?	**No**
Are you feeling drowsy or confused?	**No**

	Are you having difficulty breathing?	**No**
	Are you bruising easily with minimal or no injury?	**No**
	Have you coughed up any blood?	**No**
	Have you vomited any blood?	**No**
	Do you have blood in your urine (pee)?	**Yes**
	Do you have a blood clotting disorder (such as haemophilia)?	**No**
	Do you take blood thinning medication?	**No**
	Where are you bleeding from?	**Vagina**
	Are you, or is there a chance you might be, pregnant?	**No**
	If there is any chance that you might be pregnant, please do a pregnancy test. If the test is positive please contact your GP or 111 for urgent advice.	**Okay, I understand**
	How do you know that you are not pregnant?	**The patient said** *"implant and pill. Negative test"*
	Have you given birth in the last 4 weeks?	**No**
	Have you had a miscarriage in the last 4 weeks?	**No**
	Have you had a termination in the last 4 weeks?	**No**
	Are you postmenopausal (gone through the change and your periods have stopped)?	**No**
	Do you have heavy periods?	**Yes**
	Do you usually pass large blood clots?	**No**
	Do you regularly take time off work or studying because of your heavy periods?	**No**
	Do you have any bleeding between periods?	**Yes**
	Are your periods very painful?	**Yes**
	Are your periods regular?	**No**
	Please describe your periods.	**The patient said** *"Bleed stop fir a week. Bleed a few days stop"*
	What was the date of the first day of your last period?	**The patient said** *"15/03/2026"*
	How many days do you bleed for (for example: 5 days)?	**The patient said** *"10"*
	On average, how many days or weeks are in between the first day of bleeding until the next first day of bleeding (for example: 28 days)?	**The patient said** *"20"*
	Are you sexually active?	**Yes**
	Do you have any pain or discomfort during sex?	**Yes**
	Do you have any bleeding after sex?	**Yes**
	Do you have any abnormal vaginal discharge?	**No**
	Are you currently on any regular contraception?	**Yes**
	Please state what contraception you take (including long acting contraception such as the coil or the depot injection).	**The patient said** *"implant and pill"*
	How long have you been taking your contraception?	**The patient said** *"1 and a half year"*
	Are you taking hormone replacement therapy (HRT)?	**No**

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	Have you ever had a smear test?	**Yes**
💬	When was your last smear test?	**The patient said** *"12 weeks ago"*
💬	Have you ever had an abnormal smear test?	**Yes**
💬	Please tell us when you had an abnormal smear test and what the results were.	**The patient said** *"2015 con3"*
	Have you had any unexplained weight loss in the last 3 months?	**No**
	On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	**Skip this**
	Is there anything you would like to tell us that we have not asked?	**Yes**
💬	What else would you like to tell us?	**The patient said** *"I also have the start of a chest infection I think. Heavy tight chest. Taste of blood when I cough"*

HEALTH HISTORY AND QOF QUESTIONS:

	Do you have any allergies?	**No**
	Are you breastfeeding?	**No**
	Have you or anyone in your household had COVID in the last 1 month?	**No**
	What's the best way to contact you?	**Email**

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a **prescription** and ask reception to inform the patient	You may signpost to an **alternate service** via reception (e.g. pharmacy)	You may wish to **telephone the patient** to close the consultation	You may ask reception to **book an appointment** with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Tayside Communication to GP

Ward/Clinic	NHS TAYSIDE ADULT PROTECTION TEAM	CHI	2804880060
Hospital	Murray Royal Hospital	Surname	LEONARD
Clinician	Hazel Wilson-Davy	First Name	STACEY
Specialty	GENERAL NURSING	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	05/03/2026	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

Provisional/Diagnosis is: I am writing to advise the above-named person registered under your care was discussed at Multi-Agency Risk Assessment Conference (MARAC) on 04.03.26g.

Comment/Recommendations: MARAC is a multi-agency homicide prevention response for very high-risk cases of domestic abuse.

NHS Tayside health representatives attend each MARAC in partnership with statutory and third sector organisations to consider risk mitigation and safety planning. Relevant and proportionate health information is shared in this context.

This information is being shared with yourselves as part of the risk mitigation/safety plan for Stacey, given they may have contact with yourselves.

Stacey has been identified as a high-risk victim of domestic abuse in context of a relationship with ongoing incidents and risk.

Risks identified include:
ESCALATION in frequency
ESCALATION in severity
VICTIMS PERCEPTION OF RISK
SUBSTANCE MISUSE
MENTAL HEALTH
SUICIDE IDEATION
ISOLATION
HARM TO CHILDREN
HISTORY OF VIOLENCE

Protective factors:
Occurrence on the property
Working mobile phone
Social Work Children and Families Involved/CPCC Planned
Open to health visitor

Can I ask you to please file this letter in Staceys records.

This information must not be shared beyond clinicians who require this context should Stacey

NHS Tayside Communication to GP

Name: LEONARD STACEY CHI: 2804880060 Clinic Date: 05/03/2026

Ward/Clinic: NHS TAYSIDE ADULT PROTECTION TEAM

seek support from the surgery in the future.

Please keep in mind the above situation may have had a negative impact on Staceys physical and/or mental health.

You may wish to add an alert to your recording system identifying Stacey as a HIGH RISK VICTIM OF DOMESTIC ABUSE.

Further information and advice can be obtained by contacting NHS Tayside Adult Protection Team TAY.adultprotectionteam@nhs.scot 01738 562471.

Thanks

Follow up by clinic required: No

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.					

Is any Medication to be discontinued: No

NHS Confidential: Personal data about a patient

NHS Tayside

Ophthalmology Department
Specialist Surgery
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Dr TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date	06/03/2026
Clinic Date	05/03/2026
Your Ref	
Our Ref	SJC/LAB/ 2804880060
Enquiries to	Sze Jing Chuah
Extension	40527
Direct Line	01382 740527
Email	lesleyann.brown@nhs.scot

Dear Dr Morley

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

The above patient was seen in the Ophthalmology Department on 05/03/2026.
Our findings were as follows:

Consultant: Dr. M. El-Abiary

Diagnoses:
1. Left contact lens keratitis, now settled
2. Dry eyes

Visual Acuity:
Right 6/24 to 6/9 with pinhole
Left 6/60 to 6/18 with pinhole

Management:
Worsening advice to seek advice from Optician if getting worse

Treatment:
Predsol weaning dose
Evolve HA hourly

Outcome:
Discharged

Yours sincerely

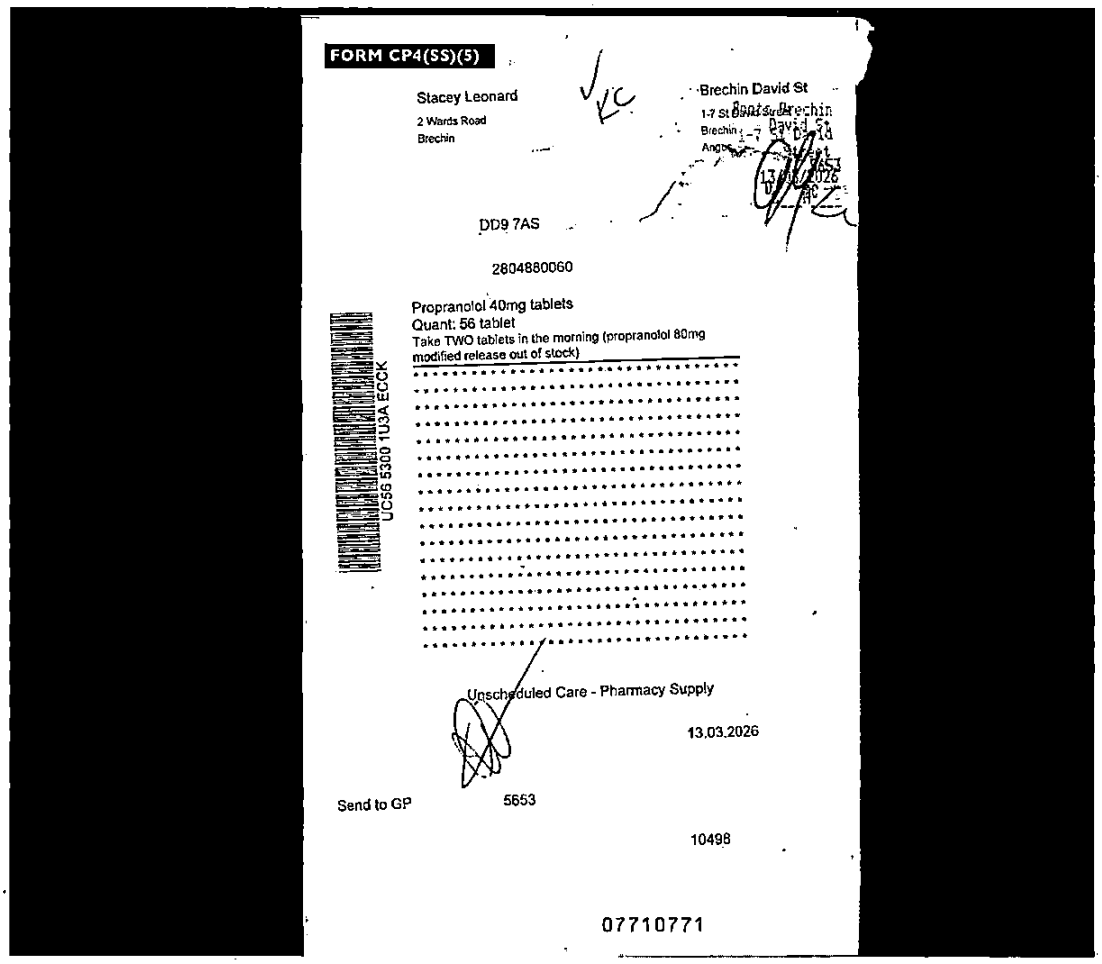
Authorised on 10/03/2026 10:05:18 by SZE JING CHUAH.

SZE JING CHUAH
ST2 IN OPHTHALMOLOGY

The Department of Ophthalmology supports the use of generic eye drops unless a brand agent is specifically requested for a particular patient.

NHS Confidential: Personal data about a patient

R148 Confidential: Personal data about a patient



FORM CP4(SS)(5)

Stacey Leonard
2 Wards Road
Brechin

DD9 7AS

Brechin David St
1-7 St David St
Brechin
Angus

13/03/2026

2804880060

UC56 5300 1U3A ECCK

Propranolol 40mg tablets
Quant: 56 tablet
Take TWO tablets in the morning (propranolol 80mg modified release out of stock)

Unscheduled Care - Pharmacy Supply

13.03.2026

Send to GP 5653

10498

07710771

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : LEONARD, Stacey
CHI No : 2804880060 Clinician: - NOT GIVEN
DoB : 28 Apr 1988 Sex: F Brechin Health Centre
Post Code: DD9 7AS

GenitalSwabSite: High Vaginal Swab Seen with Susan as chaperone Note econsult PV bleeding last 4/52 1-2 pads per day Painful sex last 3/52 Last sex 3/7 with
26B501709 Date/Time of Specimen: 09 Feb 2026 17:55
VAGINAL SWAB

Culture:
No growth of pathogenic bacteria
No Candida Isolated

- NO Trichomonas seen
- No Clue cells seen

Date of Report: 12 Feb 2026 Page 1 of 4 AUTH:
BRECHIN NG

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : LEONARD, Stacey
CHI No : 2804880060 Clinician: - NOT GIVEN
DoB : 28 Apr 1988 Sex: F Brechin Health Centre
Post Code: DD9 7AS

regular male partner No other genital symptoms Feeling well Obs normal Abdo soft, mild RLQ tenderness Small clot in cervical os Swabs taken No other
26B501709 Date/Time of Specimen: 09 Feb 2026 17:55
VAGINAL SWAB

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : LEONARD, Stacey
CHI No : 2804880060 Clinician: - NOT GIVEN
DoB : 28 Apr 1988 Sex: F Brechin Health Centre
Post Code: DD9 7AS

obvious pathology Urine dip +ve blood, leukocytes and nitrites Suggest Empiric trimethoprim and TXA while awaiting swab results Supportive and worsening
26B501709 Date/Time of Specimen: 09 Feb 2026 17:55
VAGINAL SWAB

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : LEONARD, Stacey
CHI No : 2804880060 Clinician: - NOT GIVEN
DoB : 28 Apr 1988 Sex: F Brechin Health Centre
Post Code: DD9 7AS

advice given Happy wiht this. NPH

26B501709 Date/Time of Specimen: 09 Feb 2026 17:55
VAGINAL SWAB

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Name : LEONARD, Stacey
CHI No : 2804880060 Clinician: - NOT GIVEN
DoB : 28 Apr 1988 Sex: F Brechin Health Centre
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advice given Happy wiht this. NPH

26B501709 Date/Time of Specimen: 09 Feb 2026 17:55
VAGINAL SWAB

NHS Confidential: Personal data about a patient

NHS Tayside

Ophthalmology Department
Specialist Surgery
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Dr TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date	13/02/2026
Clinic Date	12/02/2026
Your Ref	
Our Ref	LH/LAB/ 2804880060
Enquiries to	Lamia Hamidovic
Extension	40527
Direct Line	01382 740527
Email	lesleyann.brown@nhs.scot

Dear Dr Morley

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

The above patient was seen in the Ophthalmology Department on 12/02/2026.
Our findings were as follows:

Consultant: Dr. M. El-Abiary

Diagnoses:
1. Left contact lens keratitis
2. Left amblyopia

Impression:
1. Contact lens keratitis healing just with subepithelial scarring now
2. Superior temporal to the pupil about 1mm in size

Visual Acuity:
Right 6/9
Left 6/60 on pinhole 6/24

Treatment:
Stop Exocin
Start Maxidex drop taper 3 times a day for a week, twice a day for a week, once a day for a week, then stop.

Outcome:
Follow up in 3 weeks
Discharge then if all clear

Yours sincerelyAuthorised on 13/02/2026 17:28:04 by LAMIA HAMIDOVIC.

LAMIA HAMIDOVIC
ST3 IN OPHTHALMOLOGY

The Department of Ophthalmology supports the use of generic eye drops unless a brand agent is specifically requested for a particular patient.

NHS Confidential: Personal data about a patient

Practice Message ID:JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

eConsult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 37) Back problem

Some answers may need close attention

eConsult reference number: **B49D6F2B**

Submitted on: **19-01-2026 at 08:30:11**

Contact phone:
07731805886

Contact email:
stacdecrill1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Tuesday, 20th of January. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **W5FLZJ**

(The "Click here" link and PIN for this consultation will expire on Friday, 6th of February)

Start Back Score
Medium risk Total:4 Sub score:3

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	**The patient said** *"I think i. have a kidney infection."*
Have you tried anything for this?	**Yes**
Please tell us what you have tried.	**The patient said** *"Paracetamol ibuprofen"*
Is there any particular help you would like?	**No**
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	**No**

CLINICAL QUESTIONS:

This form isn't right for everyone. Call 999 or go to A&E if any of the following symptoms have started or got worse in the last 2 weeks and are unrelated to any previous issues e.g. gynaecological, prostate or urinary tract infection. If you are unsure, contact 111 immediately. • **Loss of feeling/pins and needles between your inner thighs or genitals** • **Numbness in or around your back passage or buttocks** • **Altered feeling when using toilet paper to wipe yourself** • **Increasing difficulty when you try to urinate** • **Increasing difficulty when you try to stop or control your flow of urine** • **Loss of sensation when you pass urine** • **Leaking urine or recent need to use pads** • **Not knowing when your bladder is either full or empty** • **Inability to stop a bowel movement or leaking** • **Loss of sensation when you pass a bowel motion** • **Loss of sensation in genitals during sexual intercourse**	**I'm NOT experiencing any of these**
How long have you had your back problem for?	**The patient said** *"Since Friday"*
Please describe your symptoms.	**The patient said** *"Pain in lower back"*
Is your back painful?	**Yes**
Do you have pain in the middle or top part of your back?	**No**
Does your back pain move into your chest?	**No**
Does your back pain move into your abdomen (tummy)?	**No**
How does your back pain affect you?	**The pain sometimes distracts me but I can do usual activities.**
Does your back pain wake you up at night?	**No**
Did you injure your back?	**No**
Have you had a temperature of 38 degrees C (100.4 degrees F) or above during the last 24 hours?	**No**
Have you had profuse sweating, severe chills or uncontrollable shaking?	**No**
Have you vomited (been sick) more than once?	**No**
Is there blood in your urine (pee)?	**No**
Is your urine (pee) cloudy?	**Yes**
Does it burn or sting when you pass urine (pee)?	**No**
Are you passing urine (peeing) more than normal?	**No**
Are you, or is there a chance you might be, pregnant?	**No**
If there is any chance that you might be pregnant, please do a pregnancy test. If the test is positive, please contact your GP or 111 for urgent advice.	**Okay, I understand**
How do you know that you are not pregnant?	**The patient said** *"Implant and pill"*

	Do you have pain in your lower back?	Yes
STarT Score: Medium	**The STarT Back Score is calculated from the next 9 questions**	
	During the last 2 weeks, has your back pain spread down your leg(s)?	No
!	During the last 2 weeks, have you had pain in your shoulder or neck?	Yes
	During the last 2 weeks, have you only been able to walk short distances because of your back pain?	No
	During the last 2 weeks, have you dressed more slowly than usual because of your back pain?	No
!	Do you think it's not really safe for a person with a condition like yours to be physically active?	Yes
	During the last 2 weeks, have worrying thoughts gone through your mind a lot?	No
	Do you feel that your back pain is terrible and it's never going to get any better?	No
!	In general, during the last 2 weeks, have you not enjoyed all the things you used to enjoy?	I have not enjoyed all the things I used to enjoy
!	Overall, how bothersome has your back pain been in the last 2 weeks?	Very much
	Have you had any unexplained weight loss in the last 3 months?	No
	On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	Skip this
	Is there anything you would like to tell us that we have not asked?	No

HEALTH HISTORY AND QOF QUESTIONS:

Do you have any allergies?	No
Are you breastfeeding?	No
Have you or anyone in your household had COVID in the last 1 month?	No
What's the best way to contact you?	Email

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a prescription and ask reception to inform the patient	You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

Practice Message ID:JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 37) Periods

Some answers may need urgent attention

Some answers may need close attention

eConsult reference number: **C020C639**

Submitted on: **09-02-2026 at 06:42:24**

Contact phone:
07731805886

Contact email:
stacdecril1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Tuesday, 10th of February. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **ZVHJ2K**

(The "Click here" link and PIN for this consultation will expire on Wednesday, 25th of February)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	**The patient said** *"I am on week 4 of bleeding despite using the pill and an implant. Just looking for something to stop bleed"*
Have you tried anything for this?	**No**
Is there any particular help you would like?	**Yes**
Please tell us what help you would like.	**The patient said** *"Something to stop bleed"*
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	**No**

CLINICAL QUESTIONS:

Please describe your symptoms.	**The patient said** *"Heavy prolonged bleeding."*
Do you think there is any chance that you might be pregnant?	**No**
If there is any chance that you might be pregnant, please do a pregnancy test. If the test is positive please contact your GP or 111 for urgent advice.	**Okay, I understand**
How do you know that you are not pregnant?	**The patient said** *"2 forms of contraception"*
Do you normally have periods?	**Yes**
Are your periods regular?	**No**
Please tell us about your irregular periods.	**The patient said** *"Had bleeding every other week. Started the pill and it settled. Now I cant stop bleeding"*
What was the date of the first day of your last period?	**14/01/2026**
How many days do you usually bleed for in your periods (for example: 5 days)?	**The patient said** *"5"*

On average how many days or weeks from first day of bleed to the next first day of bleed (for example: 28 days)?	**The patient said** *"14-21"*
Are your periods heavy?	**Yes**
Please tell us about your heavy periods.	**The patient said** *"Painful,red flow. Not pouring out."*
Are your periods painful?	**Yes**
Please tell us about your painful periods.	**The patient said** *"Really heavy pelvic stabbing pain, bad cramps usually. But not this time. Just won't stop"*
Do you want to delay your period?	**No**
Are you using regular contraception?	**Yes**
What contraception are you using?	**The patient said** *"Implant and pill"*
Are you using hormone replacement therapy (HRT)?	**No**
Have you had any unexplained vaginal bleeding?	**Yes**
Please tell us more about your unexplained vaginal bleeding.	**The patient said** *"Weeks long."*
Are you sexually active?	**Yes**
Have you had a sexual health check in the last 12 months?	**No**
Have you given birth in the last 12 weeks?	**No**
Have you had a miscarriage in the last 12 weeks?	**No**
Have you had a termination in the last 12 weeks?	**No**
Tell us your weight (optional)	**58kg (9st 2lb)**
Tell us your height (optional)	**155cm (5ft 1in)**
BMI score and category	**24.1 (Healthy)**
Do you get headaches or migraines?	**No**
Do you smoke?	**No**
Please select which best describes your smoking status.	**I gave up more than 1 year ago**
Have you ever had a blood clot?	**No**
Have any of your parent(s) or sibling(s) ever been diagnosed with a blood clot?	**Yes**
Please tell us which family members have been affected by blood clots and the age at diagnosis if known.	**The patient said** *"Mum 57"*
Have you ever had breast cancer?	**No**
Have any of your parent(s) or sibling(s) been diagnosed with breast cancer?	**No**
On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	**Skip this**
Is there anything you would like to tell us that we have not asked?	**No**

HEALTH HISTORY AND QOF QUESTIONS:

Do you have any allergies?	No
Are you breastfeeding?	No
Have you or anyone in your household had COVID in the last 1 month?	No
What's the best way to contact you?	Email

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a prescription and ask reception to inform the patient

You may signpost to an alternate service via reception (e.g. pharmacy)

You may wish to telephone the patient to close the consultation

You may ask reception to book an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services	VIROLOGY	Telephone 01382 632559		Internal Ext.32559
Name: LEONARD	Stacey	Sex: F	PID: 2804980060	DoB: 28 Apr 1998
Brechin Health Centre		Clinician:	- NOT GIVEN	Lab No: 26V303373 BRECHIN NG

Chlamydia trachomatis	Negative
N.gonorrhoeae	Negative

Lab.Comments:

Sample type:
Vulval-Vaginal Swab

Sample Date/Time
05 Feb 2026 17:55

Clin.Details: CT/NG symptoms: Discharge, Bleeding, Dysuria
Seen with Susan as chaperone Note econsult PV bleeding last 4/52 1-2 pads per day Painful sex last 3/52 Last sex 3/7 with regular male partner No other genital symptoms Feeling well Obs

Request Entered: 11 Feb 2026 09:06 Report Printed: 11 Feb 2026 13:42

NHS Confidential: Personal data about a patient

Ø URGENT Ø

Optometry Referral ~~/ Prescribing Request to Tayside GP~~

Patient Name: STIRLEY LEONARD	DOB / CHI Number 28/4/88	Optometrist: D. McIntosh
Patient Address: 2 WANDS RD DD9 7AS	Date of Exam: 24/10/25	Practice Address: David Robinson Eyecare 16 St David Street Brechin, DD9 6EQ

Vision	Right	Left	Findings
Unaided VA			
Corrected VA			

☐ Patient has been referred directly to Hospital Eye Service

☑ Referral to Hospital Eye Service not required

Investigations

☐ No Investigations required by GP ☑ Investigation may be required by GP

Suggested investigations ☑ Glucose ☑ Cholesterol ☑ Blood Pressure

☐ Other .....

☐ Patient has been informed to contact the General Practice to make appointment

Treatment

☑ No treatment required by GP ☐ Treatment suggestion/s to GP

FIRST LINE TREATMENT	IF FIRST LINE TREATMENT NOT SUITABLE
☐ Carbomer 980	Carmellose sodium 0.5%
☐ VitA pos - Liquid paraffin	☐ Unit dose. ☐ Optive ☐ Optive plus
☐ Xailin Night - White soft paraffin	Sodium hyaluronate ☐ 0.1% Hylo tear ☐ 0.2% Hylo forte (Hylo drops restricted to use >6x day)
Notes and Directions	

8/52 Hx of amaurosis fugax, Rt. Blacking out (complete) in the Rt ~~eye~~ for a few seconds often & linked to very stressful periods. Unfortunately a very stressful spell now. Perhaps a bp monitor for a few days would be best?

Thank you

NHS Confidential: Personal data about a patient

Practice Message ID: **JLDXFXYNBS** eConsult ID: **brechinmedicalpractice**

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 37) Bleeding

Some answers may need urgent attention

Some answers may need close attention

eConsult reference number: **C1C2606D**

Submitted on: **16-12-2025 at 12:31:31**

Contact phone:
07731805886

Contact email:
stacdocrill1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Wednesday, 17th of December. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **QNNYVL**

(The "Click here" link and PIN for this consultation will expire on Friday, 2nd of January)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	**The patient said** *"Just need a repeat prescription for the pill to control bleeding."*
Have you tried anything for this?	**Yes**
Please tell us what you have tried.	**The patient said** *"Implant. Also tried the pill but its not on repeat."*
Is there any particular help you would like?	**Yes**
Please tell us what help you would like.	**The patient said** *"Repeat prescription please"*
Would you like help from a particular person at the surgery? **If the person that you requested is not available, another member of the team at the practice will contact you.**	**No**

CLINICAL QUESTIONS:

Please describe your symptoms.	**The patient said** *"Heavy bleeding. Although this stops with the pill. I still have bloody discharge."*
How long have you had this bleeding problem for?	**The patient said** *"Almost a year"*
Are you currently bleeding?	**Yes**
Are you having heavy bleeding that won't stop?	**No**
Is the bleeding a result of a fall or injury?	**No**
Have you had a temperature of 38 degrees C (100.4 degrees F) or above during this illness?	**No**
Have you had profuse sweating, severe chills or uncontrollable shaking?	**No**
Does your skin look blue, mottled or abnormally pale?	**No**
Are you feeling drowsy or confused?	**No**
Are you having difficulty breathing?	**No**

	Are you bruising easily with minimal or no injury?	No
	Have you coughed up any blood?	No
	Have you vomited any blood?	No
	Do you have blood in your urine (pee)?	Yes
	Do you have a blood clotting disorder (such as haemophilia)?	No
	Do you take blood thinning medication?	No
	Where are you bleeding from?	Vagina
	Are you, or is there a chance you might be, pregnant?	No
	If there is any chance that you might be pregnant, please do a pregnancy test. If the test is positive please contact your GP or 111 for urgent advice.	Okay, I understand
	How do you know that you are not pregnant?	The patient said *"Have implant, constant period"*
	Have you given birth in the last 4 weeks?	No
	Have you had a miscarriage in the last 4 weeks?	No
	Have you had a termination in the last 4 weeks?	No
	Are you postmenopausal (gone through the change and your periods have stopped)?	No
	Do you have heavy periods?	Yes
	Do you usually pass large blood clots?	No
	Do you regularly take time off work or studying because of your heavy periods?	No
	Do you have any bleeding between periods?	Yes
	Are your periods very painful?	Yes
	Are your periods regular?	No
	Please describe your periods.	The patient said *"Constantly have bloody discharge, or heavy bleeding. Although its helped by the pill"*
	What was the date of the first day of your last period?	The patient said *"Na"*
	How many days do you bleed for (for example: 5 days)?	The patient said *"Na"*
	On average, how many days or weeks are in between the first day of bleeding until the next first day of bleeding (for example: 28 days)?	The patient said *"Constant"*
	Are you sexually active?	Yes
	Do you have any pain or discomfort during sex?	Yes
	Do you have any bleeding after sex?	Yes
	Do you have any abnormal vaginal discharge?	Yes
	Please tell us more about your abnormal vaginal discharge.	The patient said *"Bloody"*
	Are you currently on any regular contraception?	Yes
	Please state what contraception you take (including long acting contraception such as the coil or the depot injection).	The patient said *"Implant"*
	How long have you been taking your contraception?	The patient said *"Almost a year"*

	Are you taking hormone replacement therapy (HRT)?	No
	Have you ever had a smear test?	Yes
	When was your last smear test?	The patient said "2020"
	Have you ever had an abnormal smear test?	Yes
	Please tell us when you had an abnormal smear test and what the results were.	The patient said "Cin3"
	Have you had any unexplained weight loss in the last 3 months?	No
	On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	Skip this
	Is there anything you would like to tell us that we have not asked?	No

HEALTH HISTORY AND QOF QUESTIONS:

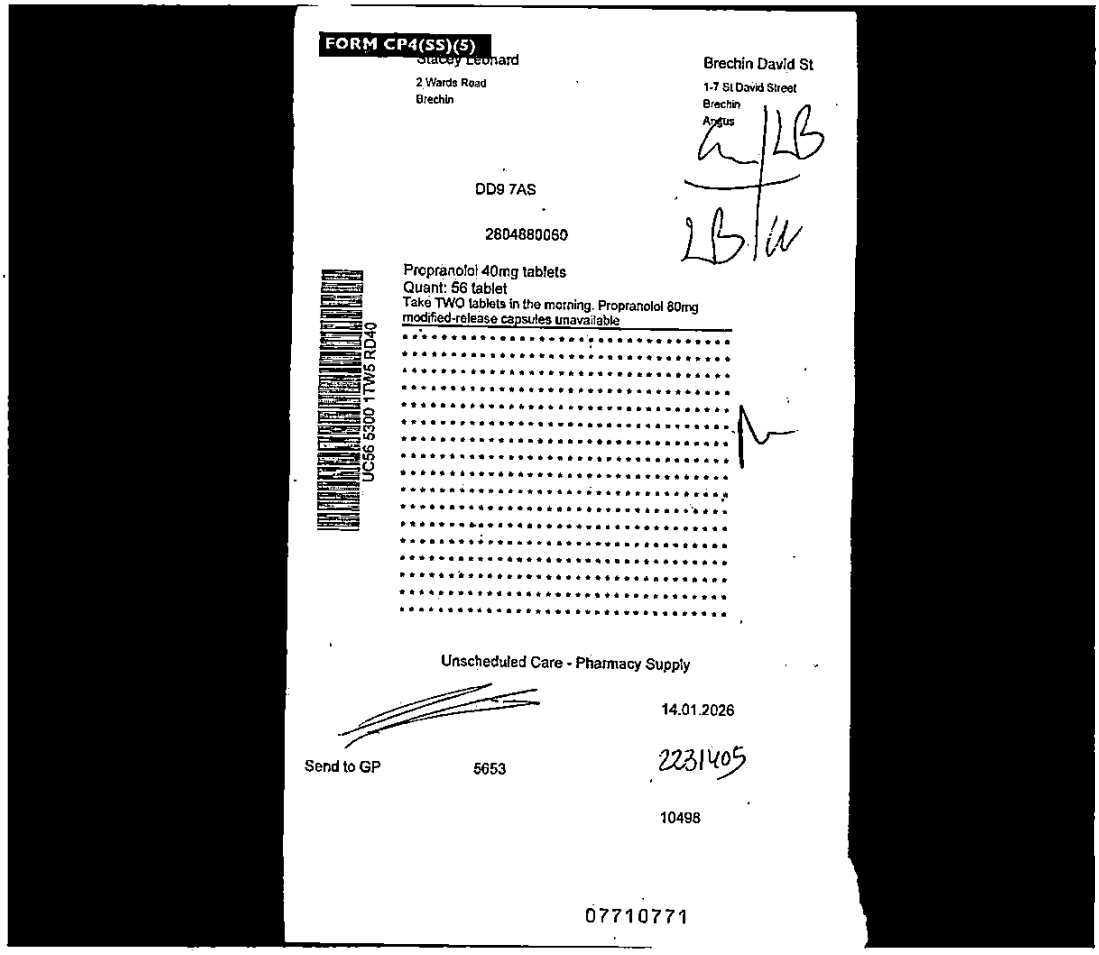
	Do you have any allergies?	No
	Are you breastfeeding?	No
	Have you or anyone in your household had COVID in the last 1 month?	No
	What's the best way to contact you?	Email

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a prescription and ask reception to inform the patient	You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient



FORM CP4(SS)(5)

Stacey Leonard
2 Wards Road
Brechin

DD9 7AS

2804880060

Brechin David St
1-7 St David Street
Brechin
Angus

LB
LB

Propranolol 40mg tablets
Quant: 56 tablet
Take TWO tablets in the morning. Propranolol 80mg modified-release capsules unavailable

UC56 5300 1TW5 RD40

Unscheduled Care - Pharmacy Supply

14.01.2026

Send to GP

5653

2231405

10498

07710771

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 37) Contraception

Some answers may need urgent attention

Some answers may need close attention

eConsult reference number: **077D68E1**

Submitted on: **11-08-2025 at 15:12:48**

Contact phone:
07731805886

Contact email:
stacdecrll1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Tuesday, 12th of August. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **796TZC**

(The "Click here" link and PIN for this consultation will expire on Tuesday, 26th of August)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	**The patient said** *"Need the pill to counter act the bleeding from the implant please."*
Have you tried anything for this?	**No**
Is there any particular help you would like?	**Yes**
Please tell us what help you would like.	**The patient said** *"Something to stop the continious bleeding. Its mentally and physically draining."*
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	**No**

CLINICAL QUESTIONS:

Do you want emergency contraception?	**No**
Do you think there is any chance that you might be pregnant?	**No**
If there is any chance that you might be pregnant, please do a pregnancy test. If the test is positive please contact your GP or 111 for urgent advice.	**Okay, I understand**
How do you know that you are not pregnant?	**The patient said** *"Bleed all the time. Have Impaint"*
Have you given birth in the last 12 weeks?	**No**
Have you had a miscarriage in the last 12 weeks?	**No**
Have you had a termination in the last 12 weeks?	**No**
Tell us your weight (optional)	58kg (9st 1lb)
Tell us your height (optional)	155cm (5ft 1in)
BMI score and category	24.1 (Healthy)
Do you know your blood pressure reading from the last month?	**No**

	What contraception are you using?	**Implant contraceptive device**
	Why are you taking contraception?	**Birth control**
	Do you have periods?	**Yes**
	Are your periods regular?	**Yes**
	What was the date of the first day of your last period?	**11/08/2025**
	How many days do you usually bleed for in your periods (for example: 5 days)?	**The patient said** *"3 weeks"*
	On average how many days or weeks from first day of bleed to the next first day of bleed (for example: 28 days)?	**The patient said** *"10"*
	Have you had any unexplained vaginal bleeding?	**No**
	Have you had a sexual health check in the last 12 months?	**No**
	Do you get headaches or migraines?	**Yes**
	Have your headaches or migraines got worse?	**No**
	How often do you get your headaches or migraines?	**The patient said** *"Daily"*
	When your headaches happen, do you have to take medication to make them better?	**No**
	Do you get any visual symptoms, weakness or numbness associated with your headaches or migraines when they occur?	**Yes**
	Do you smoke?	**No**
	Please select which best describes your smoking status.	**I gave up more than 1 year ago**
	Have you ever had a blood clot?	**No**
	Have any of your parent(s) or sibling(s) ever been diagnosed with a blood clot?	**No**
	Have you ever had breast cancer?	**No**
	Have any of your parent(s) or sibling(s) been diagnosed with breast cancer?	**No**
	The question we're about to ask may feel very sensitive. It is important that we ask this question, so that clinical staff can make the right assessment. Your answers are completely confidential.	**Okay, I understand**
	Do you feel at risk of violence or abuse?	**No**
	Is there anything else you would like to tell us that we have not asked?	**No**
	On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	**Skip this**
	For your safety, we will email you information about your contraception. It is important that you read this.	**Okay, I understand**

HEALTH HISTORY AND QOF QUESTIONS:

	Do you have any allergies?	**No**
	Are you breastfeeding?	**No**
	Have you or anyone in your household had COVID in the last 1 month?	**No**

What's the best way to contact you? **Email**

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a prescription and ask reception to inform the patient	You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

Practice Message ID:JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 37) Mouth ulcer

Some answers may need urgent attention

Some answers may need close attention

1 photo(s) included

eConsult reference number: **9647475A**

Submitted on: **12-08-2025 at 07:38:09**

Contact phone:
07731805886

Contact email:
stacdecril1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Wednesday, 13th of August. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **CR89PZ**

(The "Click here" link and PIN for this consultation will expire on Tuesday, 26th of August)

IDEAS, CONCERNS AND EXPECTATIONS:

Before we ask you detailed questions about your condition, please tell us what would you like to achieve from this consultation?	**The patient said** *"Have my mouth seen. Put my mind at rest ots not something serious"*
How much is this bothering you?	**The patient said** *"just keep over thinking it. Someghing more serious. Wont go away."*
Have you tried anything for this in the past?	**No**
Are you trying anything now?	**No**
Is there any particular treatment you would like to try now?	**Yes**
What treatment would you like to try?	**The patient said** *"Anything"*
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	**No**

CLINICAL QUESTIONS:

Have you discussed your mouth ulcers with a doctor?	**No**
Please describe your current symptoms.	**The patient said** *"Denture wearer,had nearky a year"*
How long have you had this problem?	**More than 3 weeks**

On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	**I understand, I want to upload photos**
How many mouth ulcers do you have?	**The patient said** *"1"*
Do you have any ulcers on any other part of your body?	**Yes**
What other parts of your body have ulcers?	**The patient said** *"Eye but was treated successfully"*
Do you have Crohn's Disease?	**No**
Is there a lump in your mouth or neck that has changed in the last 3 weeks?	**No**
Do you have white patches in your mouth?	**Yes**
Do you chew tobacco or betel nut (paan)?	**No**
Do you have a swelling in your mouth which lasts more than 3 weeks?	**No**
Do you have any difficulty swallowing?	**No**
Do you think you might be anaemic (have a low blood count causing tiredness and paler skin) or have been in the past?	**Yes**
Are you spitting up blood?	**No**
Are you coughing up blood?	**No**
Have you seen a doctor or nurse about your current mouth ulcer problem?	**Yes**
When did you see a doctor or nurse about this problem and what was the result?	**The patient said** *"Referal to dundee dental but that was 6 months ago"*
Is there anything else you think we should know?	**No**

HEALTH HISTORY AND QOF QUESTIONS:

Do you have any allergies?	**No**
Are you, or is there a chance you might be, pregnant?	**No**
Are you breastfeeding?	**No**
Have you or anyone in your household had COVID in the last 1 month?	**No**
What's the best way to contact you?	**Email**

1 photo(s) included on the following page(s)

Upload a photo(s) of your problem and describe what's being shown, including which part of the body. You can upload as many as 4 photos.

The patient said:
"Ulcer area"



STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a prescription and ask reception to inform the patient	You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

Practice Message ID:JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 37) Administrative help

eConsult reference number: **77760D56**

Submitted on: **23-09-2025 at 08:20:25**

Contact phone:
07731805886

Contact email:
stacdecril1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Friday, 26th of September. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **928KRW**

(The "Click here" link and PIN for this consultation will expire on Friday, 10th of October)

CLINICAL QUESTIONS:

On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	**Skip this**

IDEAS, CONCERNS AND EXPECTATIONS:

What administrative issue can we help you with?	**Other requests for documents or paperwork**
What other administrative issue can we help you with?	**The patient said** *"Referral to psychology please."*

HEALTH HISTORY AND QOF QUESTIONS:

What's the best way to contact you?	**Email**

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You may signpost to an **alternate service** via reception (e.g. pharmacy)

You may wish to **telephone the patient** to close the consultation

You may ask reception to **book an appointment** with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 37) Depression

Some answers may need urgent attention

Some answers may need close attention

eConsult reference number: **38BAADAC**

Submitted on: **05-06-2025 at 06:28:38**

Contact phone:
07731805886

Contact email:
stacdecril1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Friday, 6th of June. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **5WBYDH**

(The "Click here" link and PIN for this consultation will expire on Saturday, 21st of June)

PHQ-9
21 Severe depression

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	**The patient said** *"I need a repeat prescription for my medication urgently. I would use the online thing but I've run out of most medications and I can't remember what they are called."*
Have you tried anything for this?	**Yes**
Please tell us what you have tried.	**The patient said** *"Tried looking for prescription that comes with medication but I can not locate."*
Is there any particular help you would like?	**Yes**
Please tell us what help you would like.	**The patient said** *"Prescription urgently. Can collect. Really struggling at the moment. Very flat. Compulsive thoughts."*
Would you like help from a particular person at the surgery? **If the person that you requested is not available, another member of the team at the practice will contact you.**	**No**

CLINICAL QUESTIONS:

The questions we're about to ask may feel very sensitive. It is important that we ask these questions, so that clinical staff can make the right assessment. Your answers are completely confidential.	**Okay, I understand**
How long have these symptoms or concerns been going on?	**The patient said** *"About a week. Only getting worse. Ashamed to ask and speak out. Feeling child like."*
In the last few days, have you had thoughts of suicide or self-harm, or have you thought about hurting someone else?	**No**
This consultation is designed to review your depression, anxiety or panic attacks. Please complete the sections that are relevant to you.	**Okay, I understand**
Are you contacting us about your low mood or depression?	**Yes**

PHQ-9 21	Over the last two weeks, how often have you been bothered by any of the following problems?	
	Over the last two weeks, how often have you had little interest or pleasure in doing things?	Nearly every day
	Over the last two weeks, how often have you felt down, depressed, or hopeless?	Nearly every day
	Over the last two weeks, how often have you had trouble falling or staying asleep, or sleeping too much?	Nearly every day
	Over the last two weeks, how often have you felt tired or had little energy?	Nearly every day
	Over the last two weeks, how often have you had poor appetite or have overeaten?	Nearly every day
	Over the last two weeks, how often have you felt bad about yourself - or that you are a failure or have let yourself or your family down?	Nearly every day
	Over the last two weeks, how often have you had trouble concentrating on things, such as reading the newspaper or watching television?	More than half the days
	Over the last two weeks, how often have you felt as if you are moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	Not at all
	Over the last two weeks, how often have you had thoughts that you would be better off dead, or of hurting yourself in some way?	Several days
	Are you contacting us about your anxiety symptoms?	No
	Are you contacting us about your panic attacks?	No
	Are you taking any medication(s) for your depression or anxiety?	Yes
	Do you think this medication(s) is helping?	Yes
	Do you take your medication(s) exactly as prescribed?	Yes
	Do you have any side effects with your medication(s)?	No
	Are you having any talking, counselling or cognitive behavioural therapy (CBT)?	Yes

HEALTH HISTORY AND QOF QUESTIONS:

9	In the last year, have you bet more than you could afford to lose? Or has someone in your household bet more than they could afford to lose?	Yes *We sent this patient a link to a gambling problem support site*
	Do you have any allergies?	No
	Are you, or is there a chance you might be, pregnant?	No
	Are you breastfeeding?	No
	Have you or anyone in your household had COVID in the last 1 month?	No
	What's the best way to respond to this request?	No preference

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a **prescription** and ask reception to inform the patient

You may signpost to an **alternate service** via reception (e.g. pharmacy)

You may wish to **telephone the patient** to close the consultation

You may ask reception to **book an appointment** with GP or nurse

If you need to report a clinical incident, you can do so here: https://eConsult.net/clinical-incident-reporting/

NHS Confidential: Personal data should be protected

Optometry Referral / Prescribing Request to Tayside GP

Patient Name: STACEY LEONARD	DOB / CHI Number 28/4/88	Optometrist: D. McIntosh
Patient Address: 2 WARDS RD DD9 7AS	Date of Exam: 21/6/25	Practice Address: David Robinson Eyecare 16 St David Street Brechin, DD9 6EQ

Vision	Right	Left	Findings
Unaided VA			Dry eyes
Corrected VA			

☐ Patient has been referred directly to Hospital Eye Service

☑ Referral to Hospital Eye Service not required

Investigations

☑ No investigations required by GP ☐ Investigation may be required by GP

Suggested Investigations ☐ Glucose ☐ Cholesterol ☐ Blood Pressure

☐ Other .....

☐ Patient has been informed to contact the General Practice to make appointment

Treatment

☐ No treatment required by GP ☑ Treatment suggestion/s to GP

FIRST LINE TREATMENT	IF FIRST LINE TREATMENT NOT SUITABLE
☐ Carbomer 980	Carmellose sodium 0.5%
☐ VitA pos - Liquid paraffin	☐ Unit dose. ☐ Optive ☐ Optive plus
☐ Xailin Night - White soft paraffin	Sodium hyaluronate
	☑ 0.1% Hylo tear ☐ 0.2% Hylo forte (Hylo drops restricted to use >6x day)
Notes and Directions	

Please add Hylo Tears to the repeat Rx for use up to 6x/day BE.

Thank you

NHS Tayside Communication to GP

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Christopher Pell	First Name	STACEY
Specialty	GENERAL PSYCHIATRY (MENTAL ILLNESS)	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	23/06/2025	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

Provisional/Diagnosis is: EUPD, depression, PTSD

Comment/Recommendations: Please increase lamotrigine by 50mg in the morning. Please alter propranolol to give MR 80mg once daily in the morning, and 40mg IR at night.

Follow up by clinic required: No

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	Lamotrigine	100mg	100mg in the morning and 200mg at night	mood	ongoing
2.	Propranolol MR	80mg	in themorning	anxiety	ongoing
3.	Propranolol	40mg	in the evening	anxiety	ongoing

Is any Medication to be discontinued: No

Christopher Pell | Consultant Psychiatrist | Tel:01356 692819;01356692862
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside

General Adult Psychiatry
NHS Tayside

Stracathro Hospital
Brechin
Angus
DD9 7QA
Phone No: 01356 692856
Fax:
www.nhstayside.scot.nhs.uk

Dr TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Clinic Date:	23/06/2025
Date Dictated	24/06/2025
Date Typed:	24/06/2025
Your Ref:	
Our Ref:	CP/YM/ 2804880060
Enquiries to:	Medical Secretary
Extension:	
Direct Line:	
Email:	tay.cmhangussec@nhs.scot

Dear Dr Morley

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

Diagnosis
1. PTSD (6B40)
2. Recurrent Depression (6A71)
3. EUPD (6D10, 6D11)
4. Previous Eating Disorder

Current Medication
1. Lamotrigine 50mgs mane & 200mg nocte
2. Aripiprazole 25mgs once daily
3. Propranolol 40mgs 3 times daily
4. Folic Acid 5mgs once daily

Medication Changes
1. I would be grateful if you could increase the Lamotrigine to 100mgs mane & 200mgs nocte.
2. I would be grateful if you could convert the Propranolol to 80mgs MR dose plus 40mgs once daily at night.

Situation
I saw Stacey for review today, 23 June 2025 at the Links Health Centre Outpatient Department. She was accompanied to the appointment by Social Worker Leanne Herald.

Background
Please see previous correspondence.

Assessment
Stacey continues to struggle with the difficult situation in which she finds herself. She has started to make moves to get new accommodation and is trying to end the relationship she has with her current partner. She tells me he is continuing to make her doubt herself and it sounds as though he is trying to shift the blame and make Stacey change her mind about ending things. Stacey reports that she gets no peace or time for herself as even when she is trying to sleep he will wake her and want to talk about their relationship. When her children are at school and nursery he will want to sit and talk things through with her. Stacey gets no alone time at bedtime as the children are still in her room to sleep as well.

NHS Tayside

Despite all of this, Stacey remains hopeful that when she gets her own place things will become more straightforward and that she will have some time for herself when her youngest is at nursery. She is seeking support from Woman's Aid but is waiting to hear back from them as to when they will have a worker available. In the meantime she is being supported with housing applications and has an appointment on Thursday that Leanne will assist her with. I have advised that if she needs any letters of medical support then I can prepare this based on her mental health history.

In the meantime Stacey would value something to help lift her mood. She is realistic in that she acknowledges this is a difficult situation for her and that understandably she will be feeling low. I have suggested that we look at increasing the Lamotrigine again as this is something that she has tolerated well and which has been effective for her in the past. She also describes increased anxiety particularly with more profuse sweating which she feels is independent of the warmer weather. I have suggested that we could change to the modified release Propranolol and leave the final 40mg dose at the end of the day to help overnight. She may also wish to seek some advice from GP around the excess sweating if it continues.

On examination today, Stacey's mental state was essentially unchanged from the last time. She spoke a little bit more spontaneously as she was accompanied by her worker rather than her partner. Her appearance was reasonably well kempt and there was no evidence of psychosis. She clearly appears to have some difficulties with thoughts of not wanting to be here but will not act on these due to the protective effects of her children.

Recommendations

1. I have put the changes to medication through as an ensemble request and Stacey will keep in touch with her other team members as to how these changes are going for her.
2. I will see Stacey again in clinic when able and can provide a letter of support for housing should this be needed.

Yours sincerely

Authorised on 24/06/2025 11:08:13 by Dr Christopher Pell.

Dr Christopher Pell
MBChB, FRCPsych, PGDipMEd
Consultant Psychiatrist (Locum)
GMC: 6049875

NHS Confidential: Personal data about a patient

NHS Tayside

Ophthalmology Department
Specialist Surgery
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Dr TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date	29/04/2025
Clinic Date	28/04/2025
Your Ref	
Our Ref	SJC/LR/MPI/ 2804880060
Enquiries to	Dr. Sze Jing Chuah
Extension	40527
Direct Line	(01382) 740527
Email	Linda.Robertson4@nhs.scot

Dear Dr Morley

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

This patient was reviewed in the Ophthalmology Department on 28.04.25.
Our findings were as follows:

Consultant: **Dr D. Zeinelabedien**

Diagnoses:
Left contact lens keratitis measuring 0.3mm in size off axis

Visual Acuity:
Right 6/7.5
Left 6/18

Treatment:
Hourly Exocin for 48 hours and then four times a day for one week

Outcome:
To see Opticians in two weeks to ensure resolved
Open access for Acute Referral Clinic with us lasting 3 weeks

Yours sincerely

Authorised on 30/04/2025 12:50:39 by SZE JING CHUAH.

SZE JING CHUAH
ST2 IN OPHTHALMOLOGY

The Department of Ophthalmology supports the use of generic eye drops unless a brand agent is specifically requested for a particular patient.

NHS Confidential: Personal data about a patient

NHS Tayside

TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

28/04/2025

Dear Colleague

Please see the following outcome from the vetting process.

Patient Name: Stacey Louise Leonard
CHI Number: 2804880060
Referral Date: 28/04/2025

Referral Source: General Practitioner

Referral Priority was: Urgent
Vetted Priority is: Urgent

ACUTE REFERRAL CENTRE URGENT
Vetted By: Ophthalmology

Please note: If the vetting outcome is Redirecting Referral then the vetted by specialty will show as the redirected to specialty and not the specialty originally referred to.

Comment (Please add comments below for the referrer as required)

Yours sincerely

disability confident LEADER

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01382 632539 — Internal Ext.32539

Name: LEONARD Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: 1252655577

Brechin Health Centre — Clinician: Dr Tara MORLEY — BRECHIN MORT2G

IgA Tissue Transglutaminase	<0.2	u/ml	(0-4)	

Lab.Comments: Important - a negative TTG result is only valid for out ruling coeliac disease if this individual is eating gluten containing foods twice a day, for the previous 6 weeks.

Sample is blood unless otherwise stated.

Sample Date/Time
16 Apr 2025 12:21

Clin.Details: On T47: No
chronic oral ulceration.

Request Entered: 16 Apr 2025 15:36 — Report Printed: 22 Apr 2025 08:55

NHS Confidential: Personal data about a patient

NHS Tayside

General Adult Psychiatry
NHS Tayside
Carseview Centre
4 Tom McDonald Avenue
Dundee
DD2 1NH
www.nhstayside.scot.nhs.uk

Dr TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date typed	17/04/2025 by Dr Mhairi Hunter
Clinic Date	
Your Ref	
Our Ref	MH/ 2804880060
Enquiries to	Dr Mhairi Hunter
Extension	58295
Direct Line	01382 660111
Email	Email

Dear Dr Morley

Stacey Leonard D.O.B/CHI 28.04.88/0060
2 Wards Road, Brechin, Angus, DD9 7AS

DISCHARGE LETTER – MULBERRY WARD , CARSEVIEW CENTRE, DUNDEE

Date of Admission: 03/03/2025

Date of Discharge: 11/03/2025

MHA Status on Discharge: Informal

RMO During Admission: Dr Hani Zakri

Diagnosis on Discharge:
Posttraumatic Stress Disorder
Depressive Illness

Medication on Discharge:
Aripiprazole 25mg OD
Duloxetine 30mg OD – *currently being down-titrated, to be discontinued 17/03/2025.*
Lamotrigine 200mg OD (AM)
Lamotrigine 50mg OD (PM)
Mirtazapine 30mg OD (PM)
Propranalol 40mg TDS

Follow-up: CMHT & Angus Discharge Team.

CIRCUMSTANCES OF ADMISSION

Stacey Leonard was admitted to the Mulberry Ward of Carseview Centre on 03/03/25. This was a planned voluntary admission for stabilisation and further psychiatric assessment by the MDT. Prior to admission Stacey reported distress and deterioration in her mental health state to stressors in the community. These included relationship struggles; reports that she is in a "controlling and coercive" relationship, having 7 children and recent development of a gambling addiction in which she had lost £10000. She noted "fleeting" thoughts of suicidal ideation prior to admission.

On admission, Stacey described a "serious" gambling addiction which has affected her whole family. She is now in debt but has not been able to stop gambling. She has been unable to fund food shopping + her partner nearly had to sell his car secondary to debt. She has attempted to block her own access to these sites, but ended up setting up further international accounts to facilitate addiction.

Dr Morley

Stacey Leonard D.O.B/CHI 28.04.88/0060
2 Wards Road, Brechin, Angus, DD9 7AS

Stacey described her mood as "terrible" prior to admission. She notes chronic low mood and poor sleep, only managing 15 minute periods before waking up to gamble. Her appetite has been greatly reduced secondary to anxiety, only managing 1 meal per day. She no longer has enjoyment in usual hobbies or in gambling. She has been housebound secondary to mood.

On admission Stacey denied thoughts of self-harm, but was unable to visualise a picture for herself. She previously was able to enjoy spending time with her children, but struggles to do so now. [redacted]

Stacey was admitted to Carseview with the aims to optimise her medication and titrate until therapeutic, engage in anxiety stabilisation work and provide support for gambling addiction.

MENTAL STATE EXAMINATION ON ADMISSION

Appearance & Behaviour
Wearing housecoat, blemishes on skin, appears markedly older than stated age, white + grey hair, teary eyed but maintaining eye contact.

Speech
Speech low volume + slow rate, not blunted or showing poverty. Normal tone.

Mood & Affect
Mood subjectively and objectively low. Blunted affect.

Thoughts
Thought content revolving around gambling and home life. Mild poverty of speech + delayed responses.

Perception
Nil perceptual disturbances, not responding to unseen stimuli.

Cognition
Not formally tested.

Insight
Insight intact and remarkably good. Stacey understands severity of gambling adduction and aware that stopping gambling would improve her mood.

PAST PSYCHIATRIC HISTORY

PTSD (2016)
EUPD (2017)
Anorecia nervosa (2018)
Anxiety (2014)
DSH (2016)

Dr Morley

Stacey Leonard D.O.B/CHI 28.04.88/0060
2 Wards Road, Brechin, Angus, DD9 7AS

PAST MEDICAL HISTORY

Nil of note.

PERSONAL & FAMILY HISTORY

Stacey notes abuse from birth until the age of 5, where she was put into permanent care. [redacted]

She lives in a small flat with her partner and 6 of her children. [redacted] Stacey's partner works while she and her older children look after the other children. She has struggled with motivation in this secondary to her mood.

DRUG & ALCOHOL HISTORY

Drinks alcohol x1L per day x5 days per week. Denies taking other substances.

FORENSIC HISTORY

Nil of note.

PROGRESS DURING ADMISSION

It was the impression of the medical team that the deterioration in her mental health was a combination of the aforementioned social factors in conjunction with depressive illness. Stacey appeared settled and did not show any signs of agitation or distress on the ward during her stay. Her mood slowly improved throughout admission. She denied ongoing suicidal ideation on admission. Stacey abstained from gambling throughout her admission.

Stacey was started on mirtazapine prior to admission to Carseview, notes no side effects from this. Her duloxetine is being slowly weaned, dose on discharge was 30mg OD, due to stop completely on 17/03/25.

Stacey went out on pass for the weekend during admission, where she celebrated her daughter's birthday. She notes that this went well.

Stacey wished to be discharged home on 10/03/25 as she was missing her children and was struggling with the ward environment. She was advised by her RMO at this time, that given significant stressors at home she should consider remaining an inpatient for a while longer, but could go out on passes as she wished. However, Stacey continued to wish to go home and so was discharged on 11/03/25, with the support of the MDT. She has capacity and she made an informed decision. Follow up was arranged with the CMHT and Angus Discharge Team. She has ongoing involvement with the TCA team regarding her gambling.

Yours sincerely

Authorised on 18/04/2025 15:42:27 by Hani Zakri.

Dr Mhairi Hunter
FY1 in Psychiatry

Co-Author/Edited by: Dr Hani Zakri
Locum Consultant Psychiatrist

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: C252655577

Brechin Health Centre — Clinician: Dr Tara MORLEY — BRECHIN MORT2G

SODIUM	141		mmol/L	(133-146)	
POTASSIUM	4.3		mmol/L	(3.5-5.3)	
CREATININE	84	>	umol/L	(44-80)	
ESTIMATED GFR	GT60		mL/min		

eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.

CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	12		U/L	(5-55)	
BILIRUBINS	9		umol/L	(0-21)	
ALKALINE PHOSPHATASE	64		U/L	(30-130)	
ALBUMIN	37		g/L	(35-50)	
GLUCOSE (preserved tube)	5.5		mmol/L	(3.3-5.8)	
TSH	2.49		mU/L	(0.4-4.0)	
FERRITIN	20		ug/L	(13-150)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
16 Apr 2025 12:21

Clin.Details: On T4?: No
chronic oral ulceration.

Request Entered: 16 Apr 2025 15:36 — Report Printed: 16 Apr 2025 17:05

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C252655577

Brechin Health Centre Clinician: Dr Tara MORLEY BRECHIN MORT2G

AKI Not detected: May not exclude AKI in all cases

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
16 Apr 2025 12:21

Clin.Details: On T4?: No
chronic oral ulceration.

Request Entered: 16 Apr 2025 15:36 Report Printed: 16 Apr 2025 17:05

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: H252655577
Brechin Health Centre — Clinician: Dr Tara MORLEY — BRECHIN MORT2G .

HGB	135	g/L	(120-160)	WBC	9.4	x10^9/L	(4.0-11.0)
RBC	4.50	x10^12/L	(3.8-4.8)	NE#	5.8	x10^9/L	(2.0-7.5)
HCT	0.411		(0.37-0.47)	LY#	2.7	x10^9/L	(1.5-4.0)
MCV	91.2	fl	(85-105)	MO#	0.4	x10^9/L	(0.2-0.8)
MCH	29.9	pg	(27-32)	EO#	0.53 H	x10^9/L	(0.0-0.4)
MCC	328	g/L	(320-360)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	261	x10^9/L	(150-400)

Serum Folate	2.7 L	ug/l	(3.1-17.5)	
B12	390	ng/l	(200-940)	

Results may be unreliable if sample older than 48h

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
16 Apr 2025 12:21

Clin.Details: On T4?: No
chronic oral ulceration.

Request Entered: 16 Apr 2025 15:36 — Report Printed: 16 Apr 2025 17:06

NHS Confidential: Personal data about a patient

NHS Tayside

TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

15/04/2025

Dear Colleague

Please see the following outcome from the vetting process.

Patient Name: Stacey Louise Leonard
CHI Number: 2804880060
Referral Date: 15/04/2025

Referral Source: Community Health Service (excluding Optometrist/Optician and Allied Health Professional (AHP)

Referral Priority was: Routine
Vetted Priority is: Routine

ORAL MEDICINE ROUTINE
Vetted By: Oral Medicine

Please note: If the vetting outcome is Redirecting Referral then the vetted by specialty will show as the redirected to specialty and not the specialty originally referred to.

Comment (Please add comments below for the referrer as required)

Yours sincerely
Ms Elizabeth Theaker

disability confident LEADER

Everyone has the right to the best care anywhere

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: C252655577
Brechin Health Centre — Clinician: Dr Tara MORLEY — BRECHIN MORT2G

SODIUM	141		mmol/L	(133-146)	
POTASSIUM	4.3		mmol/L	(3.5-5.3)	
CREATININE	84	>	umol/L	(44-80)	
ESTIMATED GFR	GT60		mL/min		
	eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.				
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	12		U/L	(5-55)	
BILIRUBINS	9		umol/L	(0-21)	
ALKALINE PHOSPHATASE	64		U/L	(30-130)	
ALBUMIN	37		g/L	(35-50)	
AKI	Not detected: May not exclude AKI in all cases				
GLUCOSE (preserved tube)	TO FOLLOW				
TSH	TO FOLLOW				

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
16 Apr 2025 12:21

Clin.Details: On T4?: No
chronic oral ulceration.

Request Entered: 16 Apr 2025 15:36 — Report Printed: 16 Apr 2025 16:19

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C252655577

Brechin Health Centre Clinician: Dr Tara MORLEY BRECHIN MORT2G

FERRITIN TO FOLLOW

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
16 Apr 2025 12:21

Clin.Details: On T47: No chronic oral ulceration.

Request Entered: 16 Apr 2025 15:36 Report Printed: 16 Apr 2025 16:19

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 36) Abdominal (tummy) pain

Some answers may need urgent attention

Some answers may need close attention

eConsult reference number: **B2EFA972**

Submitted on: **20-03-2025 at 08:41:23**

Contact phone:
07731805886

Contact email:
stacdecril1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD97AS

RESPONSE NEEDED BY:
6:30PM on Friday, 21st of March. A same-day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **BBNKJ8**

(This "Click here" link and PIN for this consultation will expire on Sunday, 6th of April)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	**The patient said** *"Have left sided tummy pain with rapid weight gain"*
Have you tried anything for this?	Yes
Please tell us what you have tried.	**The patient said** *"Paracetamol"*
Is there any particular help you would like?	**Yes**
Please tell us what help you would like.	**The patient said** *"Examination"*
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	**No**

CLINICAL QUESTIONS:

Please describe your symptoms.	**The patient said** *"Stabbing pain,"*
Has a doctor told you you have an abdominal aortic aneurysm (AAA)?	**No**
Are you, or is there a chance you might be, pregnant?	**No**
If there is any chance that you might be pregnant, please do a pregnancy test. If the test is positive please contact your GP or 111 for urgent advice.	**Okay, I understand**
How do you know that you are not pregnant?	**The patient said** *"Got implant"*
Have you given birth in the last 12 weeks?	**No**
Have you had a miscarriage in the last 12 weeks?	**No**
Have you had a termination in the last 12 weeks?	**No**

How bad is your abdominal (tummy) pain?	**The pain interrupts or causes me to avoid my usual activities. It's hard to ignore.**
How long have you had your abdominal (tummy) pain for?	**3 days or more**
How long have you had the abdominal (tummy) pain for?	**The patient said** *"3 weeks"*
Does your abdominal (tummy) pain move into your chest?	**No**
Does your abdominal (tummy) pain move into your back?	**Yes**
Have you had a temperature of 38 degrees C (100.4 degrees F) or above during this illness?	**Yes**
Have you had bad chills, excessive sweating, or shivering you can't control?	**No**
Have you passed urine (peed) in the last 12 hours?	**Yes**
Have you been able to drink fluids in the last 12 hours?	**Yes, I can drink as normal**
Have you been vomiting (being sick)?	**Yes**
Is your vomit green, black or blood-stained (red)?	**No**
Have you vomited (been sick) within the last 12 hours?	**Yes**
How often are you vomiting?	**2-4 times a day**
Are you still able to pass wind (fart) from your bottom?	**Yes**
Have you noticed a change in your bowel habit over the past 3 weeks?	**Yes**
Please tell us about your change in bowel habit.	**The patient said** *"More frequent softer movements"*
Have you passed any stool (poo) that is black or sticky (like tar)?	**No**
Have you noticed blood in your stool (poo)?	**No**
Does your skin and the whites of your eyes look yellow (jaundiced)?	**No**
Is there a lump or swelling in your groin?	**Yes**
Is this lump or swelling hard?	**No**
Is this lump or swelling painful?	**No**
Do you have any concerns with your urine (pee)?	**No**
Do you have any unexplained, irregular vaginal bleeding?	**Yes**
Please tell us more about your vaginal bleeding.	**The patient said** *"Spotting irregular"*
Have you had any unexplained weight loss in the last 3 months?	**No**
Have you had any bloating or swelling of your abdomen (tummy) that has lasted longer than a month?	**Yes**

On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	Skip this
Is there anything else you would like to tell us that we have not asked?	No

HEALTH HISTORY AND QOF QUESTIONS:

Do you have any allergies?	No
Are you breastfeeding?	No
Have you or anyone in your household had COVID in the last 1 month?	No
What's the best way to respond to this request?	Email

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a prescription and ask reception to inform the patient	You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

NHS Tayside

General Adult Psychiatry
NHS Tayside
Stracathro Hospital
Brechin
Angus
DD9 7QA
www.nhstayside.scot.nhs.uk

Dr TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date	07/03/2025
Clinic Date	28/02/2025
Your Ref	2804880060
Our Ref	SS/HD/
Enquiries to	Medical Secretary
Extension	65819
Direct Line	01356 692819

Dear Dr Morley

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

I had the pleasure of reviewing this patient as an urgent assessment on 28 February 2025. She was accompanied by her Social Worker, Lisa Kidd. She reported being everywhere and that she was not feeling well. She was depressed and said that her moods were all over the place, having a lot of stress from family and otherwise. She reported that since her conflict in her family, where her son reported mishandlings from her partner, she started gambling and now it has become an addiction where she has spent over £10,000 and lost it. She does not know how to get out however asked about suicidalities she said she feels there is no sense of living but she can not do anything in the direction of suicide because she has six children. The family is a protective factor to her. She denied any psychotic symptoms and at the question of admission she told me she wants to think about it and therefore since there were no fulfilment of the criteria for detention I could not admit her or convince her to go to hospital voluntarily, but she was willing to think about it and probably we will organise it on Monday. She was willing to take the antidepressant, Mirtazapine, which has sedative effects which will help her sleep better since one of her biggest problems was lack of sleep. I therefore decided to prescribe her Mirtazapine 15mg to be taken once daily at night and meanwhile reflects on her being admitted to hospital voluntary which would improve her mental health in the hospital setting.

Yours sincerely

Authorised on 20/03/2025 17:29:54 by Samwiri Senfuma.

Dr Samwiri Senfuma
Locum Consultant Psychiatrist

NHS Tayside Communication to GP

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Christopher Pell	First Name	STACEY
Specialty	GENERAL PSYCHIATRY (MENTAL ILLNESS)	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	24/03/2025	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

Provisional/Diagnosis is: PTSD, nightmares, flashbacks.

Comment/Recommendations: Please can Stacey have som eprazosin to try and improve her sleep. She will be cautioned about low BP symptoms to watch for as she is also on propranolol, and thi may need to be reduced. Please start at 500micrograms, and increase by 500micrograms weekly to a dose of 2mg. Many thanks.

Follow up by clinic required: No

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	Prazosin	500micrograms	one tablet at night	PTSD	1 week then increase weekly by 1tab until at 2mg

Is any Medication to be discontinued: No

Christopher Pell | Consultant Psychiatrist | Tel:01356 692819:01356692862
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

Outlook

FAO GP - Stacey Leonard bloods request

From Ellis MaCaulay <Ellis.Macaulay@nhs.scot>
Date Wed 02/04/2025 09:47
To TAY brechin <TAY.brechin@nhs.scot>

Dear Colleague,

Re: Stacey Leonard 28/04/1988

I would be most grateful if you would arrange to see Stacey for bloods (FBC, Haematinics and anti-TTG) in relation to her recurrent oral ulceration.

Stacey has on several occasions reporting oral ulceration. The ulcers appear in different areas of her mouth and usually last for around 2 weeks. On recent occasion, Stacey attended with an ulcer in lower midline buccal sulcus which was still present after 2 week review and so she has been referred to OMFS for review. She reports this ulcer has been present for over 4 weeks.

In the meantime, I would be most grateful if you would complete the bloods as above and check for any other underlying cause.

Thank you very much in advance.

Kind regards,

Ellis Macaulay
Dental Officer
Springfield Medical Centre, Arbroath

NHS Confidential: Personal data about a patient

Practice Message ID: **JLDXFXYNBS** eConsult ID: **brechinmedicalpractice**

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leon (Female, Age 36) Dandruff

eConsult reference number: **87EE90D4**

Submitted on: **13-02-2025 at 06:45:45**

Contact phone:
07731805886

Contact email:
stacdecril1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Friday, 14th of February. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **YN6SQF**

(The "Click here" link and PIN for this consultation will expire on Sunday, 2nd of March)

IDEAS, CONCERNS AND EXPECTATIONS:

Before we ask you detailed questions about your condition, please tell us what would you like to achieve from this consultation?	**The patient said** *"Antibiotics for scalp infection"*
How much is this bothering you?	**The patient said** *"Tremendously, Burning scalp, flaky weepy smelly scalp"*
Have you tried anything for this in the past?	**Yes**
Please tell us what those treatments were	**The patient said** *"Antibiotics shampoo"*
Did they work?	**Yes**
Are you trying anything now?	**No**
Is there any particular treatment you would like to try now?	**Yes**
What treatment would you like to try?	**The patient said** *"Antibiotics"*
Would you like help from a particular person at the surgery? **If the person that you requested is not available, another member of the team at the practice will contact you.**	**No**

CLINICAL QUESTIONS:

Have you seen your GP about your dandruff?	**Yes**
When were you diagnosed with dandruff and how was it treated?	**The patient said** *"Na"*
Please describe your symptoms (the appearance of your scalp condition).	**The patient said** *"Flaky smelly tangled weepy"*
How long have you had this problem?	**more than 6 months**
Do you have eczema, psoriasis or another skin problem that affects your scalp?	**No**
Have you developed any scabs or weeping from the scalp?	**Yes**

Please tell us more about any scabs or weeping you have developed on your scalp.	The patient said *"Smelly bleeding"*
Do you have any lumps on your scalp?	No
Do you have a rash on your scalp or hairline?	No
Do you have a rash anywhere else on your body?	No
Do you have any patches of baldness or hair loss?	No
Is there anything else you think we should know?	No

HEALTH HISTORY AND QOF QUESTIONS:

Do you have any allergies?	No
Are you, or is there a chance you might be, pregnant?	No
Are you breastfeeding?	No
Have you or anyone in your household had COVID in the last 1 month?	No
What's the best way to respond to this request?	Email

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a prescription and ask reception to inform the patient	You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

NHS Initial Discharge Communication NHS

STACEY LEONARD 2 WARDS ROAD, BRECHIN, DD9 7AS *GP Practice: Brechin Medical Practice, Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN*	CHI: 2804880060 Born: 28/04/1988

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	03/03/2025	**Discharge**	11/03/2025
Specialty	General Psychiatry (Mental Illness)	**Consultant**	Dr Hani Zakri (6128832)
From	Mulberry Unit Carseview Centre Dundee	**Destination**	Home

Diagnoses

Post-traumatic stress disorder	
Depressive illness	

Operations/Procedures

Actions Required for Primary Care

Communication to Primary Care

Dear Doctor,

Stacey was admitted to Carseview Centre on 03/03/2025 informally for stabilisation of her mental health and further psychiatric assessment by her MDT. On admission her medications were optimised and she engaged in safety and stabilisation work with the ward team. It was the impression of the medical team her deterioration in her mental health was a combination of social factors in conjunction with her depressive illness. Her Duloxetine is being slowly discontinued (due to finish completely by 17/03/2025) and she has been cross titrated to Mirtazapine (final dose of 30mg OD). Stacey has successfully managed her passes well and is missing her children. She was reviewed by the MDT who were happy for her to be discharged with support from CMHT and Angus Discharge team.

Kind regards,

Mulberry Ward

Medications

Drug & Formulation	Dose	How to take	How long to take	Supply	Dispensary
Aripiprazole 10mg tablets		1 TABLET EACH DAY IN THE MORNING ALONG WITH A 15MG TO MAKE A DOSE OF 25MG		Hospital Pharmacy	please supply 2 weeks
Aripiprazole 15mg tablets		1 TABLET EACH DAY IN THE MORNING ALONG WITH A 10MG TO MAKE A DOSE OF 25MG		Hospital Pharmacy	please supply 2 weeks
Duloxetine 30mg gastro-resistant capsules		TAKE ONE CAPSULE IN THE MORNING		Hospital Pharmacy	please supply 6 doses - to stop after dose on 17/3/25

NHS | Initial Discharge Communication | NHS

STACEY LEONARD 2 WARDS ROAD, BRECHIN, DD9 7AS *GP Practice: Brechin Medical Practice, Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN*	CHI: 2804880060 Born: 28/04/1988

Lamotrigine 200mg tablets		TAKE ONE DAILY AT NIGHT AS ADVISED BY PYSCHIATRY		Hospital Pharmacy	please supply 2 weeks
Lamotrigine 50mg tablets		TAKE ONE TABLET IN THE MORNING		Hospital Pharmacy	please supply 2 weeks
Mirtazapine 30mg tablets		TAKE ONE TABLET ONCE DAILY AT NIGHT		Hospital Pharmacy	please supply 2 weeks
Propranolol 40mg tablets		ONE TABLET THREE TIMES DAILY FOR SYMPTOMS OF ANXIETY		Hospital Pharmacy	40mg three times a day - please supply 2 weeks

Discontinued Medication

Medication Notes

Duloxetine currently being down-titrated. Duloxetine to be kept at 30mg OD this week until 17/03/2025 and then discontinued.

Allergies

	Allergy, unspecified	07/07/2010

Deleted Allergies

Follow Up Arrangements

Final Discharge Comments

Pharmacy

Pharmacist note: duloxetine reducing (reduced to 30mg daily from 10/3/25) with plan to stop after dose on 17/3/25. Mirtazapine dose increased to 30mg night from 10/3/25. Other medication continues as before. AGeekie 11/3/25

Pharmacy Check Type: **Professional check**

Pharmacist checked prescription with limited access to information. Please contact prescriber for any queries

Copy To

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Dr Topias Hokkanen	CT1	11/03/2025 09:33:17
Pharmacy Sign Off	Amanda Geekie	Principal Clinical Pharmacist	11/03/2025 10:38:14
Final Sign Off			

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

eConsult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 36) Mouth ulcer

Some answers may need urgent attention

Some answers may need more attention

1 photo(s) included

eConsult reference number: **08A97799**

Submitted on: **12-03-2025 at 06:21:00**

Contact phone:
07731805886

Contact email:
stacdecrill1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD97AS

RESPONSE NEEDED BY:
6:30PM on Thursday, 13th of March. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **DDSH66**

(The "Click here" link and PIN for this consultation will expire on Wednesday, 26th of March)

IDEAS, CONCERNS AND EXPECTATIONS:

Before we ask you detailed questions about your condition, please tell us what would you like to achieve from this consultation?	**The patient said** *"Some relief"*
How much is this bothering you?	**The patient said** *"Affected my diet."*
Have you tried anything for this in the past?	**Yes**
Please tell us what those treatments were	**The patient said** *"Mouthwash, salt water, wearing no dentures"*
Did they work?	**No**
Are you trying anything now?	**Yes**
Please tell us what those treatments are	**The patient said** *"4 weeks ago"*
Are they working?	**No**
Is there any particular treatment you would like to try now?	**No**
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	**No**

CLINICAL QUESTIONS:

Have you discussed your mouth ulcers with a doctor?	**No**
Please describe your current symptoms.	**The patient said** *"So sore. Been 4 weeks now. Spreading along gums"*
How long have you had this problem?	**More than 3 weeks**

On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	**I understand, I want to upload photos**
How many mouth ulcers do you have?	**The patient said "27"**
Do you have any ulcers on any other part of your body?	**No**
Do you have Crohn's Disease?	**No**
Is there a lump in your mouth or neck that has changed in the last 3 weeks?	**No**
Do you have white patches in your mouth?	**No**
Do you chew tobacco or betel nut (paan)?	**No**
Do you have a swelling in your mouth which lasts more than 3 weeks?	**No**
Do you have any difficulty swallowing?	**No**
Do you think you might be anaemic (have a low blood count causing tiredness and paler skin) or have been in the past?	**Yes**
Are you spitting up blood?	**No**
Are you coughing up blood?	**No**
Have you seen a doctor or nurse about your current mouth ulcer problem?	**No**
Is there anything else you think we should know?	**No**

HEALTH HISTORY AND QOF QUESTIONS:

Do you have any allergies?	**No**
Are you, or is there a chance you might be, pregnant?	**No**
Are you breastfeeding?	**No**
Have you or anyone in your household had COVID in the last 1 month?	**No**
What's the best way to respond to this request?	**Email**

1 photo(s) included on the following page(s)

Upload a photo(s) of your problem and describe what's being shown, including which part of the body. You can upload as many as 4 photos.

The patient said:
"So sore"



STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient aprescription and ask reception to inform the patient	You may signpost to analternate service via reception (e.g. pharmacy)	You may wish totelephone the patient to close the consultation	You may ask reception tobook an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : LEONARD, Stacey
CHI No : 2804880060 Clinician: Dr Sarah JEFFERIES
DoB : 28 Apr 1988 Sex: F Brechin Health Centre
Post Code: DD9 7AS

Symptoms of UTI?: No Test reason: OTHER REASON FOR TESTING Test reason: Abdo pain non specific, Antibiotic Therapy: Trimethoprim Antibiotic allergies: NKDA
25B200985 Date/Time of Specimen: 07 Jan 2025 17:40
Midstream Urine

Urine Culture:
No Significant Bacteriuria

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : LEONARD, Stacey
CHI No : 2804880060 Clinician: Dr Sarah JEFFERIES
DoB : 28 Apr 1988 Sex: F Brechin Health Centre
Post Code: DD9 7AS

eGFR value (last 3 mths): GT60 Non specific abdo pain Leucocytes +++ on dipstick
25B200985 Date/Time of Specimen: 07 Jan 2025 17:40
Midstream Urine

NHS Tayside Communication to GP

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Christopher Pell	First Name	STACEY
Specialty	GENERAL PSYCHIATRY (MENTAL ILLNESS)	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	13/01/2025	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

Provisional/Diagnosis is: Depression

Comment/Recommendations: Stacey continues to struggle with her low mood despite maximal fluoxetine. Please stop the Fluoxetine (this can be done abruptly) and after 5 days start Duloxetine 30mg, increasing by day 10 to 60mg. Many thanks.

Follow up by clinic required: No

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	Duloxetine	30mg	once daily in the morning	mood/anxiety	5 days then increase to 60mg
2.	Duloxetine	60mg	once daily in the morning	mood/anxiety	ongoing thereafter

Is any Medication to be discontinued: Yes

Medication to be discontinued: Stop Fluoxetine

Christopher Pell | Consultant Psychiatrist | Tel:01356 692819:01356692862
Ninewells Switch Board Tel:01382 660111

NHS Tayside Communication to GP

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Christopher Pell	First Name	STACEY
Specialty	GENERAL PSYCHIATRY (MENTAL ILLNESS)	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	04/02/2025	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

Provisional/Diagnosis is: Depression

Comment/Recommendations: Please increase Duloxetine to 90mg once daily. Many thanks.

Follow up by clinic required: No

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	Duloxetine	90mg	once daily in the morning	mood	ongoing

Is any Medication to be discontinued: No

Christopher Pell | Consultant Psychiatrist | Tel:01356 692819;01356692862
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: C242326641
Brechin Health Centre — Clinician: Nurse Susan CLARK — BRECHIN CLAS4N

SODIUM	138		mmol/L	(133-146)	
POTASSIUM	5.0		mmol/L	(3.5-5.3)	
CREATININE	95	>	umol/L	(44-80)	
ESTIMATED GFR	GT60		mL/min		

eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.

CKD Stage — IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA

ALT	11		U/L	(5-55)	
BILIRUBINS	15		umol/L	(0-21)	
ALKALINE PHOSPHATASE	48		U/L	(30-130)	
ALBUMIN	39		g/L	(35-50)	
CALCIUM	2.36		mmol/L	(2.10-2.55)	
CALCIUM (CORRECTED)	2.37		mmol/L	(2.10-2.55)	
TSH	3.22		mU/L	(0.4-4.0)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
27 Nov 2024 08:45

Clin.Details: On T4?: No
WAS SURE SHE WAS PREGNANT TEST -VE, HAS 7 KIDS FEELS THE EXACT SAME, LIGHT HEADED, NAUSEA, tiredness period is due , not late as yet, baseline bloods and HCG to check

Request Entered: 27 Nov 2024 12:33 — Report Printed: 27 Nov 2024 13:19

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: C242326641

Brechin Health Centre — Clinician: Nurse Susan CLARK — BRECHIN CLAS4N

C-REACTIVE PROTEIN	LT0.5		mg/L	(0.0-10.0)	
IRON	12		umol/L	(6-32)	
TRANSFERRIN	2.33		g/L	(2.00-4.00)	
% SATN OF TRANSFERRIN	21	<	%	(22-55)	
FERRITIN	31		ug/L	(13-150)	
TOTAL HCG	LT2		U/L	(0-5)	
FASTING GLUCOSE	5.8		mmol/L	(3.3-5.8)	
AKI	Not detected: May not exclude AKI in all cases				

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
27 Nov 2024 08:45

Clin.Details: On T47: No
WAS SURE SHE WAS PREGNANT TEST -VE, HAS 7 KIDS FEELS THE EXACT SAME, LIGHT HEADED, NAUSEA, tiredness period is due , not late as yet, baseline bloods and HCG to check

Request Entered: 27 Nov 2024 12:33 — Report Printed: 27 Nov 2024 13:19

NHS Confidential: Personal data about a patient

Scan to notes

Outlook

Contraceptive Review - Stacey Leonard

From GenPra Website <notification@genpra.net>
Date Fri 29/11/2024 14:05
To TAY gp10498clinical <TAY.gp10498clinical@nhs.scot>

Brechin Medical Practice

First Name	Stacey
Last Name	Leonard
Email	stacdecril1610@gmail.com
Date of birth	28/04/1988
Phone Number	07731805886
Do you smoke?	Ex-smoker
Do use an e-Cigarette	No
Unit of measurement	Metric
Height	156
Weight	54
Hidden Field (Imperial height to centimeters)	0
Hidden Field (Imperial weight to metric)	0
BMI	22.2
BMI Prime	0.89
Have you been correctly and consistently been using a reliable form of contraception?	No
What was the date of your last period (first day of bleeding)	02/11/2024
Are your periods regular?	Yes
Are you sexually active?	Yes
Do you feel you may be at risk of a sexually transmitted infection (STI)?	No
Is there a risk you could be pregnant?	Yes

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Have you given birth, had a miscarriage or termination in the past 6 months?	No
Are you currently breastfeeding?	No
Are your cervical smears up to date?	Yes
Have you experienced any irregular or unusual vaginal bleeding or bleeding after intercourse?	No
Do you suffer from migraine headaches?	No
Do you have diabetes?	No
Do you have any blood clotting illnesses/abnormalities?	No
Have you ever been diagnosed with epilepsy?	No
Have you ever been told you have rheumatic disease such as lupus?	No
Do you have gallbladder or liver disease?	No
Have you noticed a new or changing breast lump?	No
Have you or a family member ever been diagnosed with cancer of the breast, womb or ovary?	Yes
Who was diagnosed with cancer and what was the age at diagnosis?	[redacted]
Have you, your parents or siblings been diagnosed with heart disease or a stroke?	No
Have you or any family members had a deep vein thrombosis (DVT) or Pulmonary Embolus (PE)? (blood clot in leg or lung)	No
Are you generally immobile or struggle to mobilise e.g. wheelchair use, debilitating illness?	No
Have you had surgery in the past 6 months?	No
Do you take any medication that is NOT prescribed or that you buy over the counter?	No
What would be your preferred method of contraception?	Implant
	I consent to the practice collecting and storing my data from this form.

GenPra Workflow Notification

Please do not click on any links unless you are sure it is safe to do so and scan any attachments before opening.

NHS Confidential: Personal data about a patient

Practice Message ID:JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 36) Abdominal (tummy) pain

Some answers may need urgent attention

Some answers may need close attention

eConsult reference number: **3BD2F6D5**

Submitted on: **07-01-2025 at 07:27:14**

Contact phone:
07731805886

Contact email:
stacdecrll1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD97AS

RESPONSE NEEDED BY:
6:30PM on Wednesday, 8th of January. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **BBNPSX**

(The "Click here" link and PIN for this consultation will expire on Friday, 24th of January)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	**The patient said** *"Really sorry tummy on right side, late period negative pregnancy test"*
Have you tried anything for this?	**Yes**
Please tell us what you have tried.	**The patient said** *"Paracetamol"*
Is there any particular help you would like?	**No**
Would you like help from a particular person at the surgery? **If the person that you requested is not available, another member of the team at the practice will contact you.**	**No**

CLINICAL QUESTIONS:

Please describe your symptoms.	**The patient said** *"Sharp pain, R side"*
Has a doctor told you you have an abdominal aortic aneurysm (AAA)?	**No**
Are you, or is there a chance you might be, pregnant?	**No**
If there is any chance that you might be pregnant, please do a pregnancy test. If the test is positive please contact your GP or 111 for urgent advice.	**Okay, I understand**
How do you know that you are not pregnant?	**The patient said** *"Implant Negative test"*
Have you given birth in the last 12 weeks?	**No**
Have you had a miscarriage in the last 12 weeks?	**No**
Have you had a termination in the last 12 weeks?	**No**
How bad is your abdominal (tummy) pain?	**The pain interrupts or causes me to avoid my usual activities. It's hard to ignore.**

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How long have you had your abdominal (tummy) pain for?	Less than 3 days
Is your abdominal (tummy) pain getting worse over the past 24 hours?	No
Does your abdominal (tummy) pain move into your chest?	No
Does your abdominal (tummy) pain move into your back?	No
Have you had a temperature of 38 degrees C (100.4 degrees F) or above during this illness?	No
Have you had bad chills, excessive sweating, or shivering you can't control?	No
Have you passed urine (peed) in the last 12 hours?	Yes
Have you been able to drink fluids in the last 12 hours?	Yes, I can drink as normal
Have you been vomiting (being sick)?	No
Have you noticed a change in your bowel habit over the past 3 weeks?	No
What are your bowel movements like?	The patient said *"Normal"*
Have you passed any stool (poo) that is black or sticky (like tar)?	No
Have you noticed blood in your stool (poo)?	No
Does your skin and the whites of your eyes look yellow (jaundiced)?	No
Is there a lump or swelling in your groin?	Yes
Is this lump or swelling hard?	No
Is this lump or swelling painful?	No
Do you have any concerns with your urine (pee)?	No
Do you have any unexplained, irregular vaginal bleeding?	Yes
Please tell us more about your vaginal bleeding.	The patient said *"Spotting* *Heavy feeling."*
Have you had any unexplained weight loss in the last 3 months?	No
Have you had any bloating or swelling of your abdomen (tummy) that has lasted longer than a month?	No
On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	Skip this
Is there anything else you would like to tell us that we have not asked?	No

HEALTH HISTORY AND QOF QUESTIONS:

Do you have any allergies?	No
Are you breastfeeding?	No
Have you or anyone in your household had COVID in the last 1 month?	No
What's the best way to respond to this request?	Email

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a **prescription** and ask reception to inform the patient	You may signpost to an **alternate service** via reception (e.g. pharmacy)	You may wish to **telephone the patient** to close the consultation	You may ask reception to **book an appointment** with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : LEONARD, Stacey
CHI No : 2804880060 Clinician: Nurse Zoe MCCLEMENTS
DoB : 28 Apr 1988 Sex: F Brechin Health Centre
Post Code: DD9 7AS

Site: head Antibiotic Therapy: nil Antibiotic allergies: nil scabs to head weeping ? scabies and has head lice
24B723536 Date/Time of Specimen: 06 Nov 2024 13:01
WOUND SWAB

	Sensitivities	1
	Flucloxacillin	S
Culture:	Erythromycin	S
1) Profuse Growth of Staphylococcus aureus	Doxycycline	S

Date of Report: 08 Nov 2024 AUTH: bayh
BRECHIN CLEZ1N

NHS Confidential: Personal data about a patient

Practice Message ID:JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 36) Contraception

Some answers may need clear attention

1 photo(s) included

eConsult reference number: **EA5E2E42**

Submitted on: **25-11-2024 at 09:47:21**

Contact phone:
07731805886

Contact email:
stacdecrill1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD97AS

RESPONSE NEEDED BY:
6:30PM on Tuesday, 26th of November. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **B2Y9XC**

(The "Click here" link and PIN for this consultation will expire on Wednesday, 11th of December)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	**The patient said** *"I have been feeling extremely unwell recently in the mornings all the usual pregnancy symptoms but negative test. Think I need some bloods done please."*
Have you tried anything for this?	**Yes**
Please tell us what you have tried.	**The patient said** *"Home test"*
Is there any particular help you would like?	**Yes**
Please tell us what help you would like.	**The patient said** *"Bloods to check hcg levels"*
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	**No**

CLINICAL QUESTIONS:

Do you want emergency contraception?	**No**
Do you think there is any chance that you might be pregnant?	**No**
If there is any chance that you might be pregnant, please do a pregnancy test. If the test is positive please contact your GP or 111 for urgent advice.	**Okay, I understand**
How do you know that you are not pregnant?	**The patient said** *"Test negative"*
Have you given birth in the last 12 weeks?	**No**
Have you had a miscarriage in the last 12 weeks?	**No**
Have you had a termination in the last 12 weeks?	**No**

NHS Confidential: Personal data about a patient

Tell us your weight (optional)	58kg (9st 2lb)
Tell us your height (optional)	155cm (5ft 1in)
BMI score and category	24.1 (Healthy)
Do you know your blood pressure reading from the last month?	No
What contraception are you using?	Condoms
Why are you taking contraception?	Birth control
Do you have periods?	Yes
Are your periods regular?	No
Please tell us about your irregular periods.	The patient said *"Vary from 21 days to 34"*
What was the date of the first day of your last period?	25/10/2024
How many days do you usually bleed for in your periods (for example: 5 days)?	The patient said *"3-5"*
On average how many days or weeks from first day of bleed to the next first day of bleed (for example: 28 days)?	The patient said *"24"*
Have you had any unexplained vaginal bleeding?	No
Have you had a sexual health check in the last 12 months?	No
Do you get headaches or migraines?	No
Do you smoke?	No
Please select which best describes your smoking status.	I gave up more than 1 year ago
Have you ever had a blood clot?	No
Have any of your parent(s) or sibling(s) ever been diagnosed with a blood clot?	No
Have you ever had breast cancer?	No
Have any of your parent(s) or sibling(s) been diagnosed with breast cancer?	Yes
Please tell us which family members have been affected by breast cancer and the age at diagnosis if known	The patient said *"Aunt and mum"*
The question we're about to ask may feel very sensitive. It is important that we ask this question, so that clinical staff can make the right assessment. Your answers are completely confidential.	Okay, I understand
Do you feel at risk of violence or abuse?	No
Is there anything else you would like to tell us that we have not asked?	No
On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	I understand, I want to upload photos
For your safety, we will email you information about your contraception. It is important that you read this.	Okay, I understand

HEALTH HISTORY AND QOF QUESTIONS:

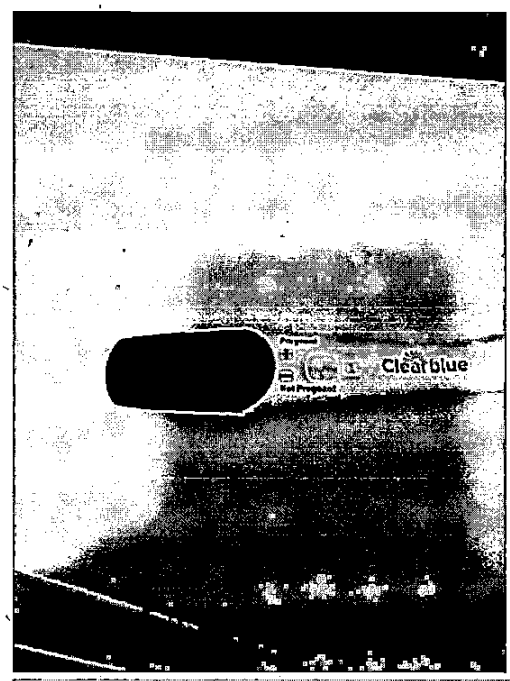
Do you have any allergies?	No
Are you breastfeeding?	No

Have you or anyone in your household had COVID in the last 1 month?	Not sure
What's the best way to respond to this request?	Text message

1 photo(s) included on the following page(s)

If you think it would help, you can upload a photo(s) to tell us more about your request, for example a photo of your pill packet, or a photo of a skin rash. If you do add photos, describe what they're showing and on what part of the body. You can upload up to 4 photos.

The patient said:
"Evap line? Not sure."



STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a prescription and ask reception to inform the patient	You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: H242326641
Brechin Health Centre — Clinician: Nurse Susan CLARK — BRECHIN CLAS4N

HGB	133	g/L	(120-160)	WBC	7.9	x10^9/L	(4.0-11.0)
RBC	4.55	x10^12/L	(3.8-4.8)	NE#	4.4	x10^9/L	(2.0-7.5)
HCT	0.413		(0.37-0.47)	LY#	1.8	x10^9/L	(1.5-4.0)
MCV	90.9	fl	(85-105)	MO#	0.6	x10^9/L	(0.2-0.8)
MCH	29.2	pg	(27-32)	EO#	1.03 H	x10^9/L	(0.0-0.4)
MCC	321	g/L	(320-360)	BA#	0.1	x10^9/L	(0.0-0.1)
				PLT	268	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
27 Nov 2024 08:45

Clin.Details: On T4?: No
WAS SURE SHE WAS PREGNANT TEST -VE, HAS 7 KIDS FEELS THE EXACT SAME, LIGHT HEADED, NAUSEA, tiredness period is due , not late as yet, baseline bloods and HCG to check

Request Entered: 27 Nov 2024 12:33 — Report Printed: 27 Nov 2024 13:04

NHS Confidential: Personal data about a patient

Practice Message ID:JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

eConsult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 36) Rash, spots and skin problems

Some answers may need urgent attention

Some answers may need due attention

2 photo(s) uploaded

eConsult reference number: **B36CB760**

Submitted on: **01-11-2024 at 05:50:39**

Contact phone:
07731805886

Contact email:
stacdecril1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD97AS

RESPONSE NEEDED BY:
6:30PM on Monday, 4th of November. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **C7FMWF**

(The "Click here" link and PIN for this consultation will expire on Friday, 15th of November)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	**The patient said** *"Really itchy skin, smelly scalp"*
Have you tried anything for this?	**Yes**
Please tell us what you have tried.	**The patient said** *"Anti histamine, lotion for scalp prescribed about a fortnight ago"*
Is there any particular help you would like?	**No**
Would you like help from a particular person at the surgery? **If the person that you requested is not available, another member of the team at the practice will contact you.**	**No**

CLINICAL QUESTIONS:

On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care. • may be seen by male or female practice staff. • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	**I understand, I want to upload photos**
Please describe your symptoms.	**The patient said** *"Itchy* *Smelly scalp* *Sore skin* *Burning scalp"*
Since this rash or skin problem started, are you having difficulty breathing?	**No**
Since this rash or skin problem started, is your face, or your lips or tongue swollen?	**No**

How long have you had the rash or skin problem for?	**Longer than 6 weeks**
Please tell us which parts of your body are affected by your skin problem.	**The patient said** *"Arms legs scalp hands feet"*
Is the skin problem spreading?	**Yes**
Is the skin problem there all the time or does it come and go?	**All the time**
Have you noticed a particular pattern(s) or trigger(s) with your skin problem?	**Yes**
What pattern(s) or trigger(s) have you noticed with your skin problem?	**The patient said** *"Stress agitation"*
Is your skin problem or rash itchy?	**Yes**
Have you had a high temperature (fever)?	**No**
Have you had any profuse sweating, severe chills, or uncontrollable shivering?	**No**
Are you feeling drowsy?	**No**
Are you feeling confused?	**No**
Are you much more sensitive to bright lights since your rash started?	**No**
Do you have a new, unexplained stiff neck?	**No**
Does your skin problem or rash look like any of these? Please select all that apply.	**It's bleeding** **It's leaking fluid** **It's yellow and crusty**
Please tell us what colour the fluid is.	**The patient said** *"Clear"*
How does the rash or skin problem feel when you touch it? Please select all that apply.	**The skin is sore to touch or painful** **Other**
Please tell us how the surface of your skin feels.	**The patient said** *"Smooth"*
Have you been in contact with anyone with a similar rash or skin problem?	**No**
Is there anything else you would like to tell us that we have not asked?	**No**

HEALTH HISTORY AND QOF QUESTIONS:

Do you have any allergies?	**No**
Are you, or is there a chance you might be, pregnant?	**No**
Are you breastfeeding?	**No**
Have you or anyone in your household had COVID in the last 1 month?	**No**
What's the best way to respond to this request?	**Email**

2 photo(s) included on the following page(s)

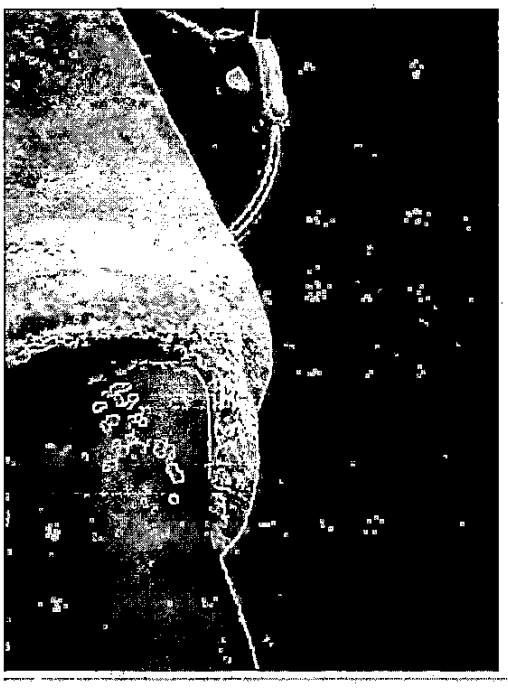
If possible, please upload a photo(s) of your problem. If you do add photos, describe what they're showing and on what part of the body. You can upload up to 4 photos.

The patient said:
"Hands scaling"



If possible, please upload a photo(s) of your problem. If you do add photos, describe what they're showing and on what part of the body. You can upload up to 4 photos.

The patient said:
"Foot"



STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a prescription and ask reception to inform the patient	You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 36) Lumps

Some items may need due attention

2 photo(s) included

eConsult reference number: **A0F383CD**

Submitted on: **05-09-2024 at 12:54:09**

Contact phone:
07731805886

Contact email:
stacdecrill1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Friday, 6th of September. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **FJ6PWB**

(The "Click here" link and PIN for this consultation will expire on Friday, 20th of September)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help:	**The patient said** *"Lump on cheek bone. Cyst like"*
Have you tried anything for this?	**No**
Is there any particular help you would like?	**Yes**
Please tell us what help you would like.	**The patient said** *"Removed"*
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	**No**

CLINICAL QUESTIONS:

On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	**I understand, I want to upload photos**
Please describe your symptoms.	**The patient said** *"Pea sized. Infected now"*
How long have you had the lump(s) for?	**The patient said** *"Months only infected yesterday"*
Where is the lump(s)?	**Face, neck, mouth or tongue**
Are you having difficulty swallowing?	**No**
Are you having difficulty breathing?	**No**

	Is your eyelid(s) swollen?	No
	Is the lump(s) a result of a fall or injury?	No
	Do you think you have been bitten or stung?	No
!	Is the lump(s) red or hot to touch?	Yes
	Is the redness getting worse?	No
	Is the lump(s) over a joint?	No
	Have you had a temperature of 38 degrees C (100.4 degrees F) or above during this illness?	No
	Have you had profuse sweating, severe chills or uncontrollable shaking?	No
	Have you had any night sweats during this illness?	No
	Is there any pus or blood leaking from the lump(s)?	No
	Are you feeling drowsy or confused?	No
	Is the lump(s) getting bigger?	No
!	Is the lump(s) painful?	Yes
	Have you had any unexplained weight loss in the last 3 months?	No
	Is there anything else you would like to tell us that we have not asked?	No

HEALTH HISTORY AND QOF QUESTIONS:

	Do you have any allergies?	No
	Are you, or is there a chance you might be, pregnant?	No
	Have you given birth in the last 12 weeks?	No
	Have you had a miscarriage in the last 12 weeks?	No
	Have you had a termination in the last 12 weeks?	No
	Are you breastfeeding?	No
	Have you or anyone in your household had COVID in the last 1 month?	No
	What's the best way to respond to this request?	Email

2 photo(s) included on the following page(s)

If possible, please upload a photo(s) of your problem. If you do add photos, describe what they're showing and on what part of the body. You can upload up to 4 photos.

The patient said:
"Cyst"



If possible, please upload a photo(s) of your problem. If you do add photos, describe what they're showing and on what part of the body. You can upload up to 4 photos.

The patient said:
"Front view"



STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a **prescription** and ask reception to inform the patient	You may signpost to an **alternate service** via reception (e.g. pharmacy)	You may wish to **telephone the patient** to close the consultation	You may ask reception to **book an appointment** with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 36) Rash, spots and skin problems

Some answers may need urgent attention

Some answers may need more attention

eConsult reference number: **7C7C6F8B**

Submitted on: **04-10-2024 at 10:30:18**

Contact phone:
07731805886

Contact email:
stacdecril1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD97AS

RESPONSE NEEDED BY:
6:30PM on Tuesday, 8th of October. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: XZSQKM

(The "Click here" link and PIN for this consultation will expire on Saturday, 19th of October)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	**The patient said** *"Something for scalp"*
Have you tried anything for this?	**Yes**
Please tell us what you have tried.	**The patient said** *"Tgel, antibacterial dog shampoo head and shoulders. Normal shampoo. Nothing works"*
Is there any particular help you would like?	**No**
Would you like help from a particular person at the surgery? **If the person that you requested is not available, another member of the team at the practice will contact you.**	**No**

CLINICAL QUESTIONS:

On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	**Skip this**
Please describe your symptoms.	**The patient said** *"Rotten scalp. Smells fleshy, weaps itchy flaky"*
Since this rash or skin problem started, are you having difficulty breathing?	**No**
Since this rash or skin problem started, is your face, or your lips or tongue swollen?	**No**
How long have you had the rash or skin problem for?	**Longer than 6 weeks**
Please tell us which parts of your body are affected by your skin problem.	**The patient said** *"Scalp"*

	Is the skin problem spreading?	No
	Is the skin problem there all the time or does it come and go?	All the time
	Have you noticed a particular pattern(s) or trigger(s) with your skin problem?	Yes
	What pattern(s) or trigger(s) have you noticed with your skin problem?	The patient said *"Stress, weather"*
	Is your skin problem or rash itchy?	Yes
	Have you had a high temperature (fever)?	No
	Have you had any profuse sweating, severe chills, or uncontrollable shivering?	No
	Are you feeling drowsy?	No
	Are you feeling confused?	No
	Are you much more sensitive to bright lights since your rash started?	No
	Do you have a new, unexplained stiff neck?	No
	Does your skin problem or rash look like any of these? Please select all that apply.	It's bleeding It's leaking fluid It's yellow and crusty Other
	Please tell us what colour the fluid is.	The patient said *"Bloody"*
	Please tell us more about the appearance of the skin problem.	The patient said *"Flaky."*
	How does the rash or skin problem feel when you touch it? Please select all that apply.	The skin is sore to touch or painful The skin feels flaky and scaly
	Have you been in contact with anyone with a similar rash or skin problem?	No
	Is there anything else you would like to tell us that we have not asked?	No

HEALTH HISTORY AND QOF QUESTIONS:

	Do you have any allergies?	No
	Are you, or is there a chance you might be, pregnant?	No
	Are you breastfeeding?	No
	Have you or anyone in your household had COVID in the last 1 month?	No
	What's the best way to respond to this request?	Email

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a **prescription** and ask reception to inform the patient

You may signpost to an **alternate service** via reception (e.g. pharmacy)

You may wish to **telephone the patient** to close the consultation

You may ask reception to **book an appointment** with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Tayside Communication to GP

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Karen Mitchell	First Name	STACEY
Specialty	GENERAL PSYCHIATRY (MENTAL ILLNESS)	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	11/08/2024	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

Provisional/Diagnosis is: CMHT - Agitation/distress, request for as required medication

Comment/Recommendations:

The above patient is experiencing increased agitation/distress [redacted] Stacey was brought up in a care setting following abuse as a child so finds this re-traumatizing and as if she has failed her son. She is experiencing physical symptoms of anxiety such as nausea,paranoia and racing heart. She is also having difficulty eating and sleeping. Any consideration made for as required medication would be much appreciated, she will continue to be monitored by CMHT. Many thanks.

Follow up by clinic required: No

Specific Monitoring Required: No

Karen Mitchell | Community Mental Health Nurse | Tel:01356 692856
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

Dundee Health & Social Care Partnership

Tayside Sexual & Reproductive Health Services
Dundee Health & Social Care Partnership
South Block, Level 7
Ninewells Hospital
Dundee
DD1 9SY

01382 425542

www.nhstayside.scot.nhs.uk

NHS Tayside

PRIVATE & CONFIDENTIAL
Dr Amy Tewson
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date	01/07/2024
Clinic Date	01/07/2024
Your Ref	
Our Ref	AN05958555/ET/ 2804880060
Enquiries to	Secretary/JG
Extension	
Direct Line	
Email	

Dear Dr Tewson

Stacey Leonard, DOB: 28/04/1988, 2 Wards Road, Brechin, Angus, DD9 7AS

COMPLEX CLINIC 1 JULY 2024

I tried to get hold of this lady today to give advice, after her referral in by yourselves, unfortunately after trying on several occasions, I could not get hold of her on her mobile and her house number wasn't working. I thought I would write back with advice.

I note that she was looking at contraception as she is waiting for sterilisation – she has 7 children. I note that she is on Lamotrigine and Aripiprazole.

With a view to contraceptive options, you are correct there guidance around the use of combined oral contraceptives and POP and Lamotrigine. With a view to the combined hormonal contraceptive, we are concerned particularly about the effect of the Pill on Lamotrigine and it reduces Lamotrigine levels whilst on the Pill and then Lamotrigine levels can rise up in pill free intervals. This can be a particularly problem obviously when those patients have epilepsy, as that might increase the risk of seizures. With the POP there is some evidence about Lamotrigine making the POP less effective. Obviously, if it was the only option contraceptive wise then she could use a POP it but should be advised to use condoms alongside. DMPA is a possible option with a view to contraceptive. , there may be an effect on Lamotrigine with it causing an increase in Lamotrigine levels but with a view to the DMPA being less effective, there is no significant evidence around this. With a view to the implant, obviously I can see it causing worsening bleeding for her. Again, there is potentially some effect of Lamotrigine on the effectiveness of the implant.

You mentioned that she has irregular, persistent PV bleeding and an ultrasound suggesting Adenomyosis. An IUS would maybe be a good option, with a view to her symptoms and contraceptive wise it being effective along with the Lamotrigine but I can she has declined this.Sterilisation would'nt improve her problems with bleeding .

I hope this information is helpful to you when you speak to her next.

Yours sincerely

Dr Joanne Green

disability confident EMPLOYER

contact SCOTLAND BSL

Everyone has the best care experience possible
Headquarters: Ninewells Hospital & Medical School
Dundee DD1 9SY (for mail) DD2 1UB (for sat nav)

LGBT CHARTER MARK

Chairman: Lorna Birse-Stewart
Chief Executive: Grant Archibald

NHS Confidential. Personal data about a patient

Speciality Doctor, Sexual and Reproductive Health

Authorised on 02/07/2024 21:16:38 by Joanne Green.

disability confident EMPLOYER

contact SCOTLAND BSL

Everyone has the best care experience possible
Headquarters: Ninewells Hospital & Medical School
Dundee DD1 9SY (for mail) DD2 1UB (for sat nav)

Chairman: Lorna Birse-Stewart
Chief Executive: Grant Archibald

NHS Confidential: Personal data about a patient

Practice Message ID: **JLDXFXYNBS** eConsult ID: **brechinmedicalpractice**

Brechin Health Centre

eConsult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 36) Rash, spots and skin problems

Some answers may need urgent attention

Some answers may need more attention

2 Photos included

eConsult reference number: **42AADIAC**

Submitted on: **24-06-2024 at 19:34:30**

Contact phone:
07731805886

Contact email:
stacdecril1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 wards Road, Brechin, DD97AS

RESPONSE NEEDED BY:
6:30PM on Tuesday, 25th of June. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: C8V68C

(The "Click here" link and PIN for this consultation will expire on Thursday, 11th of July)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	**The patient said** *"Something to stop crazy itching"*
Have you tried anything for this?	**No**
Is there any particular help you would like?	**No**
Would you like help from a particular person at the surgery? **If the person that you requested is not available, another member of the team at the practice will contact you.**	**No**

CLINICAL QUESTIONS:

On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	**I understand, I want to upload photos**
Please describe your symptoms.	**The patient said** *"Constantly itchy"*
Since this rash or skin problem started, are you having difficulty breathing?	**No**
Since this rash or skin problem started, is your face, or your lips or tongue swollen?	**No**
How long have you had the rash or skin problem for?	**Longer than 6 weeks**
Please tell us which parts of your body are affected by your skin problem.	**The patient said** *"Legs, feet, arms, neck face"*

Is the skin problem spreading?	Yes
Is the skin problem there all the time or does it come and go?	All the time
Have you noticed a particular pattern(s) or trigger(s) with your skin problem?	No
Is your skin problem or rash itchy?	Yes
Have you had a high temperature (fever)?	No
Have you had any profuse sweating, severe chills, or uncontrollable shivering?	No
Are you feeling drowsy?	No
Are you feeling confused?	No
Are you much more sensitive to bright lights since your rash started?	No
Do you have a new, unexplained stiff neck?	No
Does your skin problem or rash look like any of these? Please select all that apply.	It's bleeding
How does the rash or skin problem feel when you touch it? Please select all that apply.	The skin is sore to touch or painful
Have you been in contact with anyone with a similar rash or skin problem?	No
Is there anything else you would like to tell us that we have not asked?	No

HEALTH HISTORY AND QOF QUESTIONS:

Do you have any allergies?	No
Are you, or is there a chance you might be, pregnant?	No
Are you breastfeeding?	No
Have you or anyone in your household had COVID in the last 1 month?	No
What's the best way to respond to this request?	Email

2 photo(s) included on the following page(s)

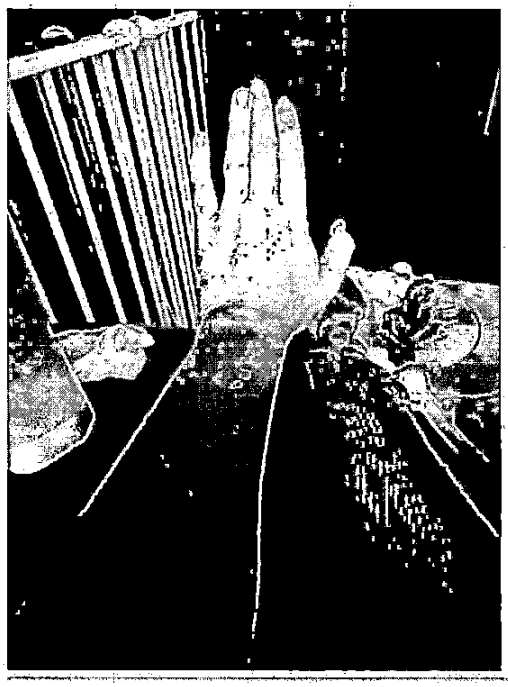
If possible, please upload a photo(s) of your problem. If you do add photos, describe what they're showing and on what part of the body. You can upload up to 4 photos.

The patient said:
"Wrist"



If possible, please upload a photo(s) of your problem. If you do add photos, describe what they're showing and on what part of the body. You can upload up to 4 photos.

The patient said:
"Arm"



STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a prescription and ask reception to inform the patient	You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

NHS Tayside

TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

19/06/2024

Dear Colleague

Thank you for your referral. Please see the following outcome from the vetting process.

COMPLEX SRH

Patient Name: Stacey Louise Leonard

CHI Number: 2804880060

Referral Date: 18/06/2024

FSRH (Faculty of Sexual & Reproductive Healthcare) recommends with regards to hormonal contraception, that individuals using lamotrigine who commence a progestogen-only contraceptive should be vigilant for signs of lamotrigine toxicity (dizziness, ataxia, diplopia) as progestogen can increase lamotrigine levels (and therefore risk of toxicity). The FSRH also suggest considering monitoring serum lamotrigine levels when the progestogen is stopped.

On the other hand, oestrogen reduces lamotrigine levels (and therefore the risk of seizures or worsening of mental health issues). Additionally, the effectiveness of CHC, POP and the implant might be reduced.

The FSRH suggest that when hormonal contraception is started or stopped by an individual using lamotrigine, this should be done in consultation with the individual's GP or neurologist/ psychiatrist so that any dose adjustments required can be made.

I have arranged a soon telephone consultation about her contraceptive options. I hope this is acceptable for you and your patient.

disability confident LEADER

NHS
Tayside

Yours sincerely

Dr Heike Gleser

disability confident LEADER

NHS Confidential: Personal data about a patient

LEONARD, STACEY
2 WARDS ROAD, BRECHIN, DD9 7AS
Ref. Locn. : GENERAL PRACTITIONER
Ref. Source : BRECHIN HEALTH CENTRE, INFIRMARY STREET, BRECHIN, DD9 7AN
Referrer : GP Locum

DoB : 28-Apr-1988
Hosp. No. :
CRIS No. : 580345
CHI No. : 2804880060

VERIFIED Verified By : SHONA McAULEY 11-Jun-2024
Typed By : SHONAM 11-Jun-2024

Clinical History :
PV bleed + dyspareunia since March 2024, 5 m postpartum. swabs and USS in wok up
ENTERED BY: Meaza Tewelde (Medical)BLEEP: 01738 627117

VERIFIED Verified By : SHONA McAULEY 11-Jun-2024
Typed By : SHONAM 11-Jun-2024

Ultrasound Pelvis transvaginal :
Verbal consent obtained, chaperone present.
Anteverted uterus. The uterus measures 89 mm in uterocervical length by 57 mm x 50 mm.
The myometrial echo pattern is very patchy and very heterogenous with "venetian blind" sign. There is a particular patchy, globular bulkiness of the anterior myometrium when compared to the posterior myometrium. Appearances may represent adenomyosis.
No gross focal pathology.
Normal appearances of both ovaries.

Event Number : E-7726575
Copy To : .
Examinations : **Ultrasound Pelvis transvaginal**

Examination Date : **11-Jun-2024**
Attendance Number : 8

NHS Confidential: Personal data about a patient

LEONARD, STACEY
2 WARDS ROAD, BRECHIN, DD9 7AS
Ref. Locn. : GENERAL PRACTITIONER
Ref. Source : BRECHIN HEALTH CENTRE, INFIRMARY STREET, BRECHIN, DD9 7AN
Referrer : GP Locum

DoB : 28-Apr-1988
Hosp. No. :
CRIS No. : 580345
CHI No. : 2804880060

No adnexal mass or free fluid.

Summary: No focal pathology seen. Perhaps features to suggest adenomyosis

Shona McAuley, Clinical Specialist Sonographer RA55790

Event Number : E-7726575
Copy To : .
Examinations : Ultrasound Pelvis transvaginal

Examination Date : 11-Jun-2024
Attendance Number : 8

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 36) Administrative help

eConsult reference number: **2E93DECB**

Submitted on: **12-06-2024 at 18:02:14**

Contact phone:
07731805886

Contact email:
stacdecrill1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD97AS

RESPONSE NEEDED BY:
6:30PM on Monday, 17th of June. A same-day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **LCFXKK**

(The "Click here" link and PIN for this consultation will expire on Thursday, 27th of June)

CLINICAL QUESTIONS:

On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	**Skip this**

IDEAS, CONCERNS AND EXPECTATIONS:

What administrative issue can we help you with?	**Discuss a recent test(s)**
What test result(s) would you like to discuss?	**The patient said** *"Ultrasound"*
Where did you have the test(s) done?	**The patient said** *"Stracathro"*
When did you have the test(s) done?	**The patient said** *"Yesterday"*
Why did you have the test(s) done?	**The patient said** *"Suspect pid?"*
Please tell us what you would like to discuss regarding your test(s).	**The patient said** *"Need to know. Anxiety is sky high. Anxious crying itching going insane"*

HEALTH HISTORY AND QOF QUESTIONS:

What's the best way to respond to this request?	**Email**

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : LEONARD, Stacey
CHI No : 2804880060 Clinician: . G P LOCUM
DoB : 28 Apr 1988 Sex: F Brechin Health Centre
Post Code: DD9 7AS

Site: HVS Test reason:: PV bleed + dyspareunia since March 2024 PV bleed + dyspareunia since March 2024, 5 m postpartum. swabs and USS in wok up
24B505968 Date/Time of Specimen: 17 May 2024 12:50
VAGINAL SWAB

Culture:
No growth of pathogenic bacteria
No Candida Isolated

- NO Trichomonas seen
- No Clue cells seen

Date of Report: 19 May 2024 AUTH:
BRECHIN LOC

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services	VIROLOGY	Telephone 01382 632559		Internal Ext.32559
Name: LEONARD	Stacey	Sex: F	PID: 2804880060	DoB: 28 Apr 1988
Brechin Health Centre		Clinician: . G P LOCUM		Lab No: 24V309540 BRECHIN LOC

Chlamydia trachomatis	Negative
N.gonorrhoeae	Negative

Lab.Comments:

Sample type:
High Vaginal Swab

Sample Date/Time
17 May 2024 12:51

Clin.Details: CT/NG symptoms: Bleeding, Pelvic pain
PV bleed + dyspareunia since March
2024, 5 m postpartum. swabs and USS in
wok up

Request Entered: 20 May 2024 09:47 Report Printed: 20 May 2024 14:25

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 36) Vaginal problem

Some answers may need urgent attention

Some answers may need clinical attention

eConsult reference number: **E0FD1522**

Submitted on: **27-05-2024 at 11:03:27**

Contact phone:
07731805886

Contact email:
stacdecrll1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD97AS

RESPONSE NEEDED BY:
6:30PM on Wednesday, 29th of May. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **KCKY6N**

(The "Click here" link and PIN for this consultation will expire on Friday, 14th of June)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	**The patient said** *"Started with nausea and struggling to urinate"*
Have you tried anything for this?	**No**
Is there any particular help you would like?	**No**
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	**No**

CLINICAL QUESTIONS:

The questions we're about to ask may feel very sensitive. It is important that we ask these questions, so that clinical staff can make the right assessment. Your answers are completely confidential.	**Okay, I understand**
Please describe your symptoms.	**The patient said** *"Horrible sickly feelingin tummy. Still bleeding from vagina despite use of anti bionics. Struggling to urinate. Bleeding heavier when moving bowels"*
Have you had an injury to your abdomen (tummy) or your genital area?	**No**
Could you have been sexually assaulted?	**No**
Do you have anything stuck in your vagina?	**No**
Have you had a temperature of 38 degrees C (100.4 degrees F) or above during this illness?	**No**
Have you had any profuse sweating, severe chills, or uncontrollable shivering?	**No**
Are you pregnant or is there any chance you might be pregnant?	**No**
Do you have any pain?	**Yes**
Do you have pain in your abdomen (tummy)?	**Yes**

	How long have you had your abdominal (tummy) pain for?	**3 days or more**
	Do you have pain in your kidney area (your sides or your lower back)?	**Yes**
	Do you have pain in your vulva?	**Yes**
	How does your pain affect you?	**The pain interrupts or causes me to avoid my usual activities. It's hard to ignore.**
	Do you have normal regular periods?	**No**
	Please tell us more about why you do not have normal regular periods.	**The patient said** *"Irregular bleeding for months."*
	Do you have any new, unexplained or irregular vaginal bleeding?	**Yes**
	Please tell us more about your new, unexplained or irregular vaginal bleeding.	**The patient said** *"Pid? Was black now more red. Persistent tho"*
	Do you have a rash or skin problem on your vulva?	**No**
	Have you had sex in the past 3 months?	**Yes**
	Do you have pain during sex?	**Yes**
	Have you had vaginal sex in the past 3 months?	**Yes**
	Do you feel pain deep in your pelvis when you are having vaginal sex?	**Yes**
	Do you have any lump(s) or swelling on your vulva?	**No**
	Do you have any abnormal vaginal discharge?	**Yes**
	Please tell us more about your abnormal vaginal discharge.	**The patient said** *"Black"*
	Have you passed urine (peed) in the last 12 hours?	**Yes**
	Do you have any urine problems (problems with your pee)?	**Yes**
	Is there blood in your urine (pee)?	**Yes**
	Do you have a urinary catheter?	**No**
	Does it burn or sting when you pass urine (pee)?	**No**
	Are you passing urine (peeing) more often than normal?	**No**
	Do you get sudden urges to pass urine (pee)?	**No**
	Do you sometimes pass urine (pee) accidentally?	**No**
	Do you feel any heaviness or discomfort in your vagina, or feel like a lump is coming down?	**Yes**
	Are you able to push any lump back into the vagina?	**No**
	Have you had any unexplained weight loss in the last 3 months?	**No**
	Have you had any bloating or swelling of your abdomen (tummy) that has lasted longer than a month?	**Yes**
	Have you ever had a smear test?	**No**
	Is there anything else you would like to tell us that we have not asked?	**No**

NHS Confidential: Personal data about a patient

HEALTH HISTORY AND QOF QUESTIONS:

	Do you have any allergies?	No
	Are you breastfeeding?	No
❶	Have you or anyone in your household had COVID in the last 1 month?	Not sure
	What's the best way to respond to this request?	Email

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a prescription and ask reception to inform the patient	You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Tayside Communication to GP

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Christopher Pell	First Name	STACEY
Specialty	GENERAL PSYCHIATRY (MENTAL ILLNESS)	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	29/03/2024	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

Provisional/Diagnosis is:

1. Emotionally unstable personality disorder (6D10.1)
2. Post traumatic stress disorder (6B40)
3. Postpartum depression (6E20)

Comment/Recommendations: Please increase lamotrigine to 250mg daily nocte, please also increase aripiprazole to 25mg mane. I have also instructed her to take her fluoxetine and aripiprazole in the mornings to avoid any stimulating effects and aid sleep.

Follow up by clinic required: No

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	Lamotrigine	50mg	one daily inthe morning	mood	ongoing
2.	Lamotrigine	200mg	one daily at night	mood	ongoing
3.	Aripiprazole	25mg	one daily inthe morning	mood	ongoing

Is any Medication to be discontinued: No

Christopher Pell | Consultant Psychiatrist | Tel:01356 692819:01356692862
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

Practice Message ID: **JLDXFXYNBS** eConsult ID: **brechinmedicalpractice**

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 36) Periods

Some answers may need urgent attention

Some answers may need urgent attention

eConsult reference number: **2A390AD8**

Submitted on: **15-05-2024 at 13:17:18**

Contact phone:
07731805886

Contact email:
stacdecril1610@googlemail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Thursday, 16th of May. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **K6GC5N**

(The "Click here" link and PIN for this consultation will expire on Saturday, 1st of June)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	**The patient said** *"Black discharge upon wiping after a month long period"*
Have you tried anything for this?	**No**
Is there any particular help you would like?	**No**
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	**No**

CLINICAL QUESTIONS:

Please describe your symptoms.	**The patient said** *"Month long period Black discharge upon wiping. Painful vagina heavy and throbbing"*
Do you think there is any chance that you might be pregnant?	**No**
If there is any chance that you might be pregnant, please do a pregnancy test. If the test is positive please contact your GP or 111 for urgent advice.	**Okay, I understand**
How do you know that you are not pregnant?	**The patient said** *"Negative test"*
Do you normally have periods?	**Yes**
Are your periods regular?	**Yes**
What was the date of the first day of your last period?	**18/03/2024**
How many days do you usually bleed for in your periods (for example: 5 days)?	**The patient said** *"5"*
On average how many days or weeks from first day of bleed to the next first day of bleed (for example: 28 days)?	**The patient said** *"24"*
Are your periods heavy?	**No**

Are your periods painful?	Yes
Please tell us about your painful periods.	The patient said *"Sore vagina tummy pain"*
Are you using regular contraception?	No
Are you using hormone replacement therapy (HRT)?	No
Have you had any unexplained vaginal bleeding?	Yes
Please tell us more about your unexplained vaginal bleeding.	The patient said *"Black discharge"*
Are you sexually active?	Yes
Have you had a sexual health check in the last 12 months?	No
Have you given birth in the last 12 weeks?	No
Have you had a miscarriage in the last 12 weeks?	No
Have you had a termination in the last 12 weeks?	No
Do you get headaches or migraines?	No
Do you smoke?	No
Please select which best describes your smoking status.	I gave up more than 1 year ago
Have you ever had a blood clot?	No
Have any of your parent(s) or sibling(s) ever been diagnosed with a blood clot?	Yes
Please tell us which family members have been affected by blood clots and the age at diagnosis if known.	The patient said *"Mum at 54"*
Have you ever had breast cancer?	No
Have any of your parent(s) or sibling(s) been diagnosed with breast cancer?	No
On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care. • may be seen by male or female practice staff. • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	Skip this
Is there anything else you would like to tell us that we have not asked?	Yes
What else would you like to tell us?	The patient said *"Had 3 babies since last smear due Jan 2025 if that's any relevance"*

HEALTH HISTORY AND QOF QUESTIONS:

Do you have any allergies?	Yes
Please tell us what you are allergic to.	The patient said *"Latex"*
Are you breastfeeding?	No
Have you or anyone in your household had COVID in the last 1 month?	No
What's the best way to respond to this request?	Text message

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a prescription and ask reception to inform the patient	You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

NHS Tayside

General Adult Psychiatry
NHS Tayside
Stracathro Hospital
Brechin
Angus
DD9 7QA

Phone No: 01356 692856

www.nhstayside.scot.nhs.uk

Dr TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Clinic Date:	29/03/2024
Date Dictated	02/04/2024
Date Typed:	09/04/2024
Your Ref:	
Our Ref:	CP/BD / 2804880060
Enquiries to:	Medical Secretary
Extension:	65819
Direct Line:	01356 692819
Email:	tay.cmhangussec@nhs.scot

Dear Dr Morley

Stacey Leonard, 2 Wards Road, Brechin, DD9 7AS DOB: 28/04/1988

Diagnoses
1. Emotionally Unstable Personality Disorder (6D10.1)
2. Post Traumatic Stress Disorder (6B40)
3. Postpartum Depression (6E20)

Current Medication
1. Lamotrigine 200mgs once daily at night
2. Aripiprazole 20mgs once daily in the morning
3. Fluoxetine 60mgs once daily in the morning

Medication changes
Please increase Aripiprazole to 25mgs once daily
Please increase Lamotrigine to 50mgs in the morning, 200mgs at night

Situation
I saw Stacey for review today the 29th March at the Stracathro Outpatient Department.

Background
Please see my last letter from February.

Assessment
Stacey continues to have difficulties with her oldest 2 children although the second eldest has been a bit more settled since a move of school. Her oldest child [redacted] continues to cause considerable disruption making false allegations and telling the neighbours that Stacey is abusive towards him. They had police involvement recently as he had run away from home. Stacey is at a bit of a loss how to manage him. She tells me that the Social Workers have ended their contact because "they can't help". She tells me that he is open to the CAMHS Service. For Stacey herself she is still caught up in managing her household and the constant stressors and strains of this. When she does try to find some time for herself she takes to her room her family will come looking for her to see if she is okay. She is not able to get much respite at the moment. Despite all of this she tells me that the younger 2 children are doing okay and the little one is progressing fine. Stacey was a little bit more animated and bright in her appearance. She was able to smile and was not tearful during the appointment. She feels subjectively that things have not got worse but they have not yet improved. She continues to have support from her CPN Karen Mitchell. I note that her bloods were all normal which is reassuring.

NHS
Tayside

On examination today Stacey was casually dressed. She made reasonable eye contact and her tone was more reactive. She was able to smile at points. There was no thought disorder or any psychotic symptomatology. She feels her mood is still quite flat. Objectively there was more reactivity noted. Her insight remains good.

Recommendations
As above I would be grateful if her Lamotrigine and Aripiprazole could be increased further as this does seem to have made a little bit of a difference to her. I have advised her about taking these in the morning and she will try this as a first step to improve her sleep rather than any sleeping tablets currently. She is aware that a short course of Zopiclone be reasonable but is wary of this as she needs to be awake during the night for her children if there is no further improvement then it may be necessary to review her Fluoxetine and try an alternative antidepressant. She will continue to have support from her CPN who is due to see her on the 4th April 2023. Inpatient admission or Mother and Baby Unit would remain and option for her should the situation destabilise or her risk increase. I will see Stacey again in 2-3 months time.

Yours sincerely

Authorised on 19/04/2024 14:46:03 by Dr Christopher Pell.

Dr Christopher Pell
MBChB, FRCPsych, PGDipMEd
Consultant Psychiatrist (Locum)
GMC: 6049875

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Christopher Pell	First Name	STACEY
Specialty	GENERAL PSYCHIATRY (MENTAL ILLNESS)	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	16/02/2024	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

Provisional/Diagnosis is:

EUPD, likely PND

Comment/Recommendations: Please increase lamotrigine to 200mg daily, and aripiprazole to 20mg mane.

Follow up by clinic required: No

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	Lamotrigine	200mg	at night	mood	ongoing
2.	Aripiprazole	20mg	in the morning	mood	ongoing

Is any Medication to be discontinued: No

Christopher Pell | Consultant Psychiatrist | Tel:01356 692819:01356692862
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside

General Adult Psychiatry
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Phone No: 01356 692856

www.nhstayside.scot.nhs.uk

Dr TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Clinic Date:	16/02/2024
Date Dictated	16/02/2024
Date Typed:	22/02/2024
Your Ref:	
Our Ref:	CP/BD / 2804880060
Enquiries to:	Medical Secretary
Extension:	65819
Direct Line:	01356 692819
Email:	tay.cmhangussec@nhs.scot

Dear Dr Morley

Stacey Leonard, 2 Wards Road, Brechin, DD9 7AS DOB: 28/04/1988

Diagnoses
1. Emotionally unstable personality disorder (6D10.1)
2. Post traumatic stress disorder (6B40)
3. Likely postpartum depression (6E20)

Current Medication
1. Lamotrigine 150mgs once daily at night
2. Aripiprazole 15mgs once daily in the morning
3. Fluoxetine 60mgs once daily in the morning

Medication Changes
1. Please increase Aripiprazole to 20mgs once daily
2. Please increase lamotrigine to 200mgs daily
3. I have given Stacey a handwritten prescription to take away today for a week's supply to tide her over the weekend.

Situation
I saw Stacey for review today the 16th February 2024 at the Stracathro Outpatients Department Psychiatric Clinic.

Background
Please see previous correspondence. Stacey has had a number of stressors through recent months. She is mum to 4 children the youngest of whom is 8 weeks. Her mood has been low and she has reported a lot of negative thinking in the last few weeks.

Assessment
Stacey reports feeling pervasively low in mood. She finds that she has little energy or motivation and no spark. She is finding it very difficult to keep on top of things around the home as she feels exhausted. She is sleeping well overnight and there is no insomnia. She has noticed an increase in her appetite and has been snacking on chocolate and crisps rather than eating healthy meals. She finds that she is cold a lot of the time and finds there are days when it is a struggle to heat up and stay warm. She has noticed a lot of dry skin around her face. She did not report any hair thinning and there was no obvious proptosis or goitre but I do wonder about her thyroid function. Stacey reports negative thinking. She feels that her family would be better off without her but can see that

NHS Tayside

logically and rationally they do need her. Her strongest protective factor is her 8 week old and she appears appropriately attuned to the baby's needs. She is aware that the baby has had some difficulties with feeding and is due to see Speech and Language with the baby on Monday. Stacey has some suicidal thinking and had got as far as making plans on how to end her life. She does not have any intent to act on these and does not want to leave her children without a mum. She reports a lot of negative thinking and some worthlessness. Given the choice she would like things to improve and to get back on track in a positive way and she is motivated to get help and support. She does not report any overtly psychotic symptomatology today and I think the negative thinking is a reflection of her low mood.

On examination today Stacey was casually dressed in appropriate clothing. Her hair was tied back in a ponytail and looked somewhat dry. Stacey's eye contact was reasonable it was reduced at times but she was able to maintain this during the conversation. She spoke with normal rate but with a monotone. Content was depressive in theme but she expressed warmness and hope of positives in the future. There was no evidence of formal thought disorder nor were there any strongly delusional or altered perceptions evident. Content of thought was mood congruent with some overvalued ideas around negatively and hopelessness. She had suicidal thoughts as detailed above but no active plans and some protective factors. Her mood was low and objectively she was flat throughout the consultation. There was a little bit of reactivity at points. She has good insight into her difficulties and is keen to find a positive way forward. She was open to the idea of blood tests for potential hypothyroidism.

Recommendations
I have put a request on the ICE system for bloods to be taken to try and rule out any other organic factors contributing. She is due to see her CPN next week on the 21st and this will be another point at which to consider hospital care if need be. In the meantime I have increased her Aripiprazole and Lamotrigine. If there is little response to this then we may need to consider other alternatives next week. I will arrange to see Stacey again in 2-4 weeks time but will keep in contact with her CPN and if any new concerns emerge we may need to look at her going into hospital for a period of treatment.

Yours sincerely

Authorised on 11/03/2024 10:51:36 by Dr Christopher Pell.

Dr Christopher Pell
MBChB, FRCPsych, PGDipMEd
Consultant Psychiatrist (Locum)
GMC: 6049875

Ninewells Hospital Maternity

NHS Tayside

Transfer of Care from Community to Health Visitor

LEONARD, STACEY (CHI: 2804880060 | PMS Number: 2804880060)
28 Apr 88 (Age at Birth: 35) | 2 WARDS ROAD, BRECHIN, DD9 7AS | 07731805886 (mobile)
G8 P7+1 | Baby 1 DOB: 22 Dec 23 at 17:41 (37+4/40) | No. of Babies: 1 | Booking BMI: 22.43 | Current BMI: 24.06 | Blood Group: O+ | Hb at 37+4: 134g/L | PN 1wk, 2d | Current Care: HV

Postnatal Key Details

Date/time gave birth	22 Dec 23 at 17:41
Baby 1 Outcome	Livebirth
Baby 1 Birthweight	2700
Baby 1 Sex	Male
Location of birth	Ninewells Hospital Maternity
Primary Language Spoken	English
Interpreter/Communication Professional Required	No
Hb (g/dL)	13.4 (22 Dec 23 at 13:09)
FGM	None
Smoking Status	Gave up more than 6 weeks ago (22 Dec 23 at 15:28)

Internal Transfers

18 Dec 23 at 21:00	Reason not recorded
22 Dec 23 at 21:35	Reason not recorded
22 Dec 23 at 21:36	For postnatal care - woman reasons, For postnatal care - baby reasons

Mental Health (recorded 22 Dec 23 at 15:28)

Past month - Have you felt down, depressed or hopeless?	(Not Recorded)
Past month - Have you had little interest or pleasure in doing things?	(Not Recorded)
Is this something you feel you need or want help with?	(Not Recorded)
Past month - Have you been feeling nervous, anxious or on edge?	(Not Recorded)
Past month - Have you not been able to stop or control worrying?	(Not Recorded)

Circle of Care

Delivery plan	Midwife Unit	Intended Location of Birth	(Not Recorded)
Lead Professional	Stuart, Alison	Lead Professional's telephone	(Not Recorded)
Named Midwife	Alison Stuart	Named Consultant	Greg Caldwell
Team	Blue Team	Hospital Contacts	Maternity Unit Contact numbers can be found in the main menu of the app or website.
GP Name	MORLEY, TARA	GP Practice	Brechin Medical Practice
GP Address	Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN	GP Practice Code	10498
Mental Health Worker	KAREN MITCHELL (, 07929737935)		

Transfer of Care Details

Date of Discharge	31 Dec 23	Transferred By	Louise Cromar
How was Transfer done	Email	Discharged From	(Not Recorded)
Discharge Destination	Home (usual residence)	Telephone	01356 622497
Mobile Telephone	07731805886	Baby 1 transferred with mother	Yes
Baby 1 Details	LEONARD, Baby (2212231873)		

Risk Assessment

Recorded: 31 Dec 23 at 13:15

Risk	High	Current Postnatal	Grand Multiparity
Intrapartum	IOL, Antepartum haemorrhage	Current Pregnancy	Antepartum haemorrhage, Intermediate risk of preterm birth
Previous Obstetric	Previous Antepartum haemorrhage, Previous Prolonged ROM, Previous Parity more than 5	Previous Baby	Previous FGR, Previous SGA < 10th centile, Previous Low Birthweight (< 2.5kg), Previous Congenital Abnormality
Medical	Previous Group B Strep infection, Latex Allergy (Medical)		
Mental Health	Anxiety, Family member with serious Mental Health condition, Previous depression, Previous postnatal depression	Gynaecological	Large Fibroids, Previous Uterine Surgery, Previous Cervical Surgery
		Anaesthetic	Latex allergy (Anaesthetic)
Social	Current/Previous Social Services Involvement	Health Plan Indicator Allocated	Core

Ninewells Hospital Maternity

NHS Tayside

Secondary PPH

No blood loss has been recorded

Labour and Birth Summary

Number of Babies	1	Date and Time of Birth	22 Dec 23 at 17:41
Gestation at Birth	37+4/40	Onset of Labour	Induced - Successful
Final Type of Birth	Vaginal Birth	Baby 1 Mode of Birth	Normal, spontaneous vertex vaginal birth, occipito-anterior
Baby 1 Birth Assisted By	Tanya Hiles	Place of Birth	NHS hospital - Shared (Consultant/GP/Midwife)
Locations of Birth	Ninewells Hospital Maternity	Date and Time Placenta Birthed	22 Dec 23 at 17:54
Placental Birth Method	Controlled Cord Traction	Episiotomy	No
Tear	1st Degree Tear - Injury to perineal skin only	Other Trauma to Vaginal Tract	Labial Graze
Perineum Repair Required	No	Estimated Blood Loss (mls)	150
Analgesia/Anaesthetic	Entonox	2nd stage problems	None
RoM Duration	2 Hours + 6 Mins	Duration of third stage	0 hrs 13 mins

Medical History

Gynaecological: Fibroids, LLETZ/LEEP Biopsy

Surgical History

Previous Anaesthetic(s) (excluding Childbirth): GA

Non-obstetric Operations: Other: Drainage of left thigh abccess, eye surgery to tighten muscle in eye in childhood, LLetzs treatment 2017, teeth removal 2020

Latest Postnatal Observations

Recorded: 31 Dec 23 at 13:15

Breasts	No problems	Nipples	No problems
Lochia Amount	Scanty	Lochia Description	Brown
Uterus	not palpated	Perineum	Clean and Healing

Latest Postnatal Meows Observations

Recorded: 22 Dec 23 at 17:59

Blood pressure	134/85	Temperature (°C)	36.5
Pulse (bpm)	67	Respirations	15
O2 Saturations	96	MEOWS Score	0

Contraception Discussed

Chosen method of contraception: Injectable progesterone only method

Has injection been prescribed: Yes

Follow Up Appointments

No Relevant Information Recorded

Recorded Appointment Notes

01 Jan 24 (Booked)

Location: Obstetrics Post Natal Community Midwives Monday All Day Angus

Additional Information

Additional Notes

Stacey appeared low in mood and weepy at visit today, would not go into any detail as to why mood was so down but just reports feeling overwhelmed at present. Is already being seen by mental health services and reports taking her medication as prescribed. Ensured Stacey was not having thoughts of harming herself or her children, and Stacey aware if these thoughts occurred to contact Crisis Team. I enquired if her partner knew how she was feeling and she reports that he is feeling the same, I asked if I could do anything to help them but Stacey declined this. States she will 'be fine'. Aware can contact the midwives unit at any point if she wishes further support.

Discussed contraception - Stacey received depo injection before leaving NW.

Stacey aware of safe sleeping and ICON.

Stacey aware to register Bear's birth at registrars within 3 weeks of his birth, and register at GP afterwards. Happy for handover to HV.

Ninewells Hospital Maternity

NHS Tayside

Postnatal Diabetes Management Plan

No Relevant Information Recorded

NHS Tayside Communication to GP

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Christopher Pell	First Name	STACEY
Specialty	GENERAL PSYCHIATRY (MENTAL ILLNESS)	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	08/02/2024	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

Provisional/Diagnosis is: EUPD, depression

Comment/Recommendations: Please increase aripiprazole to 15mg daily. I am arranging to see her next week. Many thanks.

Follow up by clinic required: No

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	Aripiprazole	15mg	once daily in the morning	mood	ongoing

Is any Medication to be discontinued: No

NHS Confidential: Personal data about a patient

FOR PHARMACY USE

Checked by:

.....

Clinical Pharmacist

Patient Counselled:

.....(Initials)

Medicines Required On Ward

Date.....

Time.....

.....2nd Fold.....

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

.....Hosp./Inf.

To Dr. .....

.....

.....

ALWAYS USE BALLPOINT PEN

HOSPITAL: NW WARD/CLINIC: .....

D D M M Y Y
2 8 0 4 8 8 0 0 6 0 CHI N

Surname: LEONARD

First Name: STACEY M. Sta

Address: .....

.....

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor)

Date Placed on Waiting List: ..... (if appropriate) Date of Admission: .....

** Delete as appropriate*

Type of Admission: Elective /Emergency / Urgent / Transfer

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT

When Medicines are to be dispensed All copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: UTI

PRINCIPAL OPERATION / PROCEDURES:

OTHER CONDITIONS:

1. .....
2. .....
3. .....

OTHER OPERATIONS / PROCEDURES:

....1st Fold....

7 days supply will be dispensed unless stated otherwise in box provided

Days	MEDICINE TREATMENT ON DISCHARGE: NAME OF MEDICINE	DOSE	Times of Administration (Mark √): 8 10 12 14 16 18 20 22 24	DURATION OF TREATMENT	DISPENSED BY PHARMACY: Number	Brand Names (for information only)
7	TRIMETHOPRIM	200mg	8 ✓ 14 ✓ 20 ✓	7 days		

29 DEC 2023

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge

DISCONTINUED MEDICINE	REASON DISCONTINUED
1.	
2.	
3.	
4.	

INFORMATION / ADVICE TO PATIENT	☑ YES ☐ NO IF YES, SPECIFY	KNOWN ALLERGIES:
CARE ARRANGEMENTS ON DISCHARGE (TICK BOX)	NONE ☐ DISTRICT NURSE ☐ SOCIAL WORK ☐ HOME HELP/ RELATIVES ☐	

FOLLOW-UP APPOINTMENT	DATE	TIME	CLINIC	DELETE AS APPROPRIATE / GIVEN / TO BE SENT	RESULTS AWAITED: YES ☐ NO ☐ IF YES, SPECIFY:

FOR FURTHER INFORMATION CONTACT: ..... (NAME) ..... (STATUS) ..... (TEL NO

Final Distribution:
WHITE - GP
PINK - Pharmacy
YELLOW - Case Records
BLUE - Audit/Coding

Signature: ..... Status: ST1

..... PANDE ..... Consultant Date: 20/12/23

Dispensed By: .....

Checked By: .....

Date: 20/12/23

THB(MR)26
4 Part Set

NHS Confidential: Personal data about a patient

Initial Discharge Communication

STACEY LEONARD 2 WARDS ROAD, BRECHIN, DD9 7AS GP Practice: Brechin Medical Practice, Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN	CHI: 2804880060 Born: 28/04/1988

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	20/12/2023	**Discharge**	23/12/2023
Specialty	Obstetrics	**Consultant**	Dr Pauline Lynch (3265123)
From	Ward 38 North Ninewells Hospital	**Destination**	Home

Diagnoses

Spontaenous vaginal delivery

Operations/Procedures

Actions Required for Primary Care

Communication to Primary Care

Dear Colleague,

Stacey delivered a baby boy by SVD on 22/12/23 at 17:41, following an IOL for GBS at 37+4. Details are summarised below.
Gestation 37+4
Birth weight 2700g
EBL 150ml
Complications: Nil
VTE risk: Intermediate. For 10 days of prophylactic LMWH
Contraception: Sayana press.

Thank you for the ongoing care.
Kind regards,
Ward 38

Medications

This prescription has not been reviewed by a Pharmacist

Drug & Formulation	Dose	How to take	How long to take	Supply	Dispensary
Aripiprazole 10mg tablets		1 TABLET EACH DAY AS DIRECTED BY PSYCHIATRY		Own at Home	
Dalteparin sodium 5,000units/0.2ml solution for injection pre-filled syringes	5,000 units	Take OD	10 Days	TTO	
Fluoxetine 20mg capsules		TAKE 3 CAPSULES DAILY		Own at Home	
Lamotrigine 100mg tablets		TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL OF 150MG A DAY.		Own at Home	

NHS | Initial Discharge Communication | NHS

STACEY LEONARD 2 WARDS ROAD, BRECHIN, DD9 7AS *GP Practice: Brechin Medical Practice, Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN*	CHI: 2804880060 Born: 28/04/1988

Lamotrigine 50mg tablets		TAKE ONE A DAY AS ADVISED BY PSYCH. TOTAL 150MG A DAY.		Own at Home	
Trimethoprim 200mg tablets	200mg	Take BD	Total 7 days. Last dose 26/12/23	Hospital Pharmacy	

Discontinued Medication

Medication Notes

Allergies

	Allergy, unspecified	07/07/2010

Deleted Allergies

Follow Up Arrangements

Final Discharge Comments

Pharmacy

Copy To

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Rupali Prakash	FY1 2022	23/12/2023 10:44:18
Pharmacy Sign Off			
Final Sign Off			

Ninewells Hospital Maternity

NHS Tayside

Transferred to Postnatal Community Care - PATIENT COPY

LEONARD, STACEY (CHI: 2804880060 | PMS Number: 2804880060)
28 Apr 88 (Age at Birth: 35) | 2 WARDS ROAD, BRECHIN, DD9 7AS | 07731805886 (mobile)
G8 P7+1 | Baby 1 DOB: 22 Dec 23 at 17:41 [37+4/40] | No. of Babies: 1 | Booking BMI: 22.43 | Current BMI: 24.06 | Blood Group: O+ | Hb at 37+4: 134g/L | PN 18hrs | Current Care: Hospital

Postnatal Key Details

Date/time gave birth	22 Dec 23 at 17:41
Baby 1 Outcome	Livebirth
Baby 1 Birthweight	2700
Baby 1 Sex	Male
Location of birth	Ninewells Hospital Maternity
Primary Language Spoken	English
Interpreter/Communication Professional Required	No
Hb (g/dL)	13.4 (22 Dec 23 at 13:09)
FGM	None
Smoking Status	Gave up more than 6 weeks ago (22 Dec 23 at 15:28)
Internal Transfers	
18 Dec 23 at 21:00	Reason not recorded
22 Dec 23 at 21:35	Reason not recorded
22 Dec 23 at 21:36	For postnatal care - woman reasons, For postnatal care - baby reasons
Mental Health (recorded 22 Dec 23 at 15:28)	
Past month - Have you felt down, depressed or hopeless?	(Not Recorded)
Past month - Have you had little interest or pleasure in doing things?	(Not Recorded)
Is this something you feel you need or want help with?	(Not Recorded)
Past month - Have you been feeling nervous, anxious or on edge?	(Not Recorded)
Past month - Have you not been able to stop or control worrying?	(Not Recorded)

Circle of Care

Delivery plan	Midwife Unit	Intended Location of Birth	(Not Recorded)
Lead Professional	Stuart, Alison	Lead Professional's telephone	(Not Recorded)
Named Midwife	Alison Stuart	Named Consultant	Greg Caldwell
Team	Blue Team	Hospital Contacts	Maternity Unit Contact numbers can be found in the main menu of the app or website.
GP Name	MORLEY, TARA	GP Practice	Brechin Medical Practice
GP Address	Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN	GP Practice Code	10498

Transfer of Care Details

Date of Discharge	23 Dec 23	Transferred By	Erin Gilroy
How was Transfer done	Face to face	Discharged From	Postnatal Ward
Discharge Destination	Home (usual residence)	Telephone	01356 622497
Mobile Telephone	07731805886	Baby 1 transferred with mother	Yes
Baby 1 Details	LEONARD, Baby (2212231873)		

Risk Assessment

Recorded: 22 Dec 23 at 19:31

Risk	High	Current Postnatal	Grand Multiparity
Intrapartum	IOL, Antepartum haemorrhage	Current Pregnancy	Antepartum haemorrhage, Intermediate risk of preterm birth
Previous Obstetric	Previous Antepartum haemorrhage, Previous Prolonged ROM, Previous Parity more than 5	Previous Baby	Previous FGR, Previous SGA < 10th centile, Previous Low Birthweight (< 2.5kg), Previous Congenital Abnormality
Medical	Previous Group B Strep infection, Latex Allergy (Medical)		
Mental Health	Anxiety, Family member with serious Mental Health condition, Previous depression, Previous postnatal depression	Gynaecological	Large Fibroids, Previous Uterine Surgery, Previous Cervical Surgery
		Anaesthetic	Latex allergy (Anaesthetic)
Health Plan Indicator Allocated	Core		

Secondary PPH

No blood loss has been recorded

Ninewells Hospital Maternity

NHS Tayside

Labour and Birth Summary

Number of Babies	1	Date and Time of Birth	22 Dec 23 at 17:41
Gestation at Birth	37+4/40	Onset of Labour	Induced - Successful
Final Type of Birth	Vaginal Birth	Baby 1 Mode of Birth	Normal, spontaneous vertex vaginal birth, occipito-anterior
Baby 1 Birth Assisted By	Tanya Hiles		
Locations of Birth	Ninewells Hospital Maternity	Place of Birth	NHS hospital - Shared (Consultant/GP/Midwife)
Placental Birth Method	Controlled Cord Traction	Date and Time Placenta Birthed	22 Dec 23 at 17:54
Tear	1st Degree Tear - Injury to perineal skin only	Episiotomy	No
Perineum Repair Required	No	Other Trauma to Vaginal Tract	Labial Graze
Analgesia/Anaesthetic	Entonox	Estimated Blood Loss (mls)	150
RoM Duration	2 Hours + 6 Mins	2nd stage problems	None
		Duration of third stage	0 hrs 13 mins

Medical History

Gynaecological: Fibroids, LLETZ/LEEP Biopsy

Surgical History

Previous Anaesthetic(s) (excluding Childbirth): GA

Non-obstetric Operations: Other: Drainage of left thigh abccess, eye surgery to tighten muscle in eye in childhood, LLetzs treatment 2017, teeth removal 2020

Latest Postnatal Observations

Recorded: 23 Dec 23 at 08:45

Blood pressure	109/57	Temperature (°C)	36.7
Pulse (bpm)	77	Breasts	No problems
Nipples	No problems	Lochia Amount	Average
Lochia Description	Bright red, Dark red	Uterus	Firm (Well Contracted)
Perineum	Clean and Healing		

Latest Postnatal Meows Observations

Recorded: 22 Dec 23 at 17:59

Blood pressure	134/85	Temperature (°C)	36.5
Pulse (bpm)	67	Respirations	15
O2 Saturations	96	MEOWS Score	0

Contraception Discussed

Chosen method of contraception: Injectable progesterone only method

Has injection been prescribed: Yes

Follow Up Appointments

Anaesthetic follow up required: N/A

Additional Information

Additional Notes: Stacey is well today following an SVD of a baby boy. Had minimal blood loss. No concerns.

Has fragmin home with her for 10 days.

Blood Tests and Results

Blood Tests and Results: 01 Jun 23 at 14:06

Offered:	Antibodies, Blood Group and Rhesus Factor, FBC, Ferritin, Folate, Haemoglobinopathy - Mother, Hepatitis B, HIV, Lamotrigine Levels, Syphilis, Vit B12	Accepted:	Antibodies, Blood Group and Rhesus Factor, FBC, Ferritin, Folate, Haemoglobinopathy - Mother, Hepatitis B, HIV, Lamotrigine Levels, Syphilis, Vit B12
Antibodies:	No antibodies present	Blood Group and Rhesus Factor:	O+
Ferritin:	7	Mother's Haemoglobinopathy:	Normal
Lamotrigine levels:	1.30mg/l	Hb (g/dL):	12.1
WCC:	7.00	Platelets:	271.00
Folate:	2.6	Vit B12:	292

Ninewells Hospital Maternity

NHS Tayside

Blood Tests and Results: 01 Jun 23 at 14:08

Offered:	Down's Syndrome (T21), Edwards (T18) and Patau's (T13) Syndromes	**Declined (Status Known):**	Down's Syndrome (T21), Edwards (T18) and Patau's (T13) Syndromes
Date/Time Declined:	01 Jun 23 at 14:08		

Blood Tests and Results: 02 Aug 23 at 10:52

Location:	Midwifery Led Unit	**Offered:**	Lamotrigine Levels
Accepted:	Lamotrigine Levels	**Lamotrigine levels:**	1.10mg/l

Blood Tests and Results: 18 Oct 23 at 10:23

Location:	Antenatal Clinic	**Offered:**	Antibodies, Blood Group and Rhesus Factor, FBC
Accepted:	Antibodies, Blood Group and Rhesus Factor, FBC	**Antibodies:**	No antibodies present
Blood Group and Rhesus Factor:	O+	**Hb (g/dL):**	10.1
WCC:	11.50	**Platelets:**	329.00

Blood Tests and Results: 03 Nov 23 at 12:00

Location:	Midwifery Led Unit	**Offered:**	FBC
Accepted:	FBC	**Hb (g/dL):**	9.9
WCC:	10.10	**Platelets:**	337.00
Haematocrit:	0.31	**MCV:**	83.1

Blood Tests and Results: 08 Dec 23 at 11:45

Location:	Antenatal Clinic	**Offered:**	Blood Glucose (Random), FBC, HbA1C
Accepted:	Blood Glucose (Random), FBC, HbA1C	**Hb (g/dL):**	12.6
WCC:	8.90	**Platelets:**	243.00
Haematocrit:	0.39	**MCV:**	89.5
HbA1C:	26.0	**Blood Glucose:**	4.9

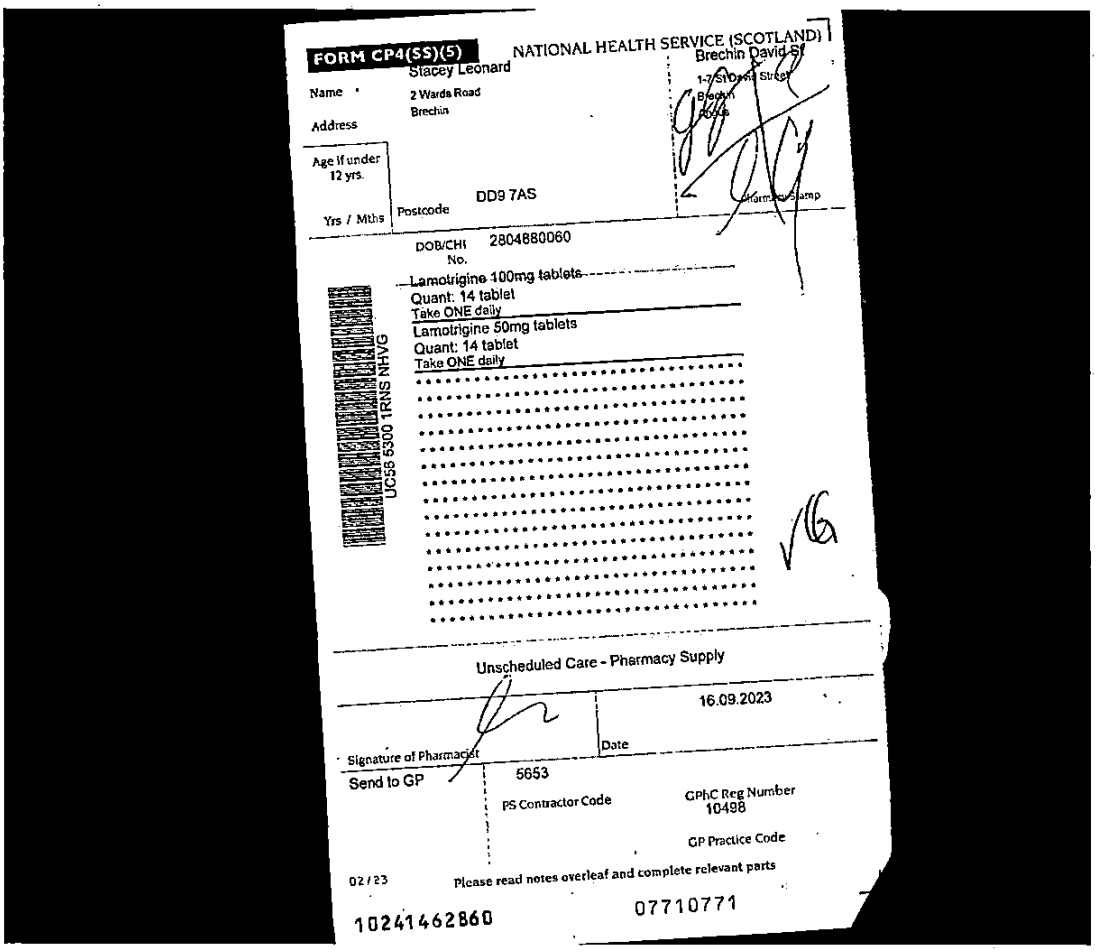
Blood Tests and Results: 22 Dec 23 at 13:09

Location:	Delivery Suite	**Offered:**	FBC, Group and Save, Urea and Electrolytes
Accepted:	FBC, Group and Save, Urea and Electrolytes	**Hb (g/dL):**	13.4
WCC:	7.90	**Platelets:**	205.00
Sodium:	136	**Potassium:**	4.30
Urea:	2.30	**Results Outstanding:**	Creatinine, Uric Acid, Urine Alb Creatinine Ratio (AC

Medication TTOs

TTOs Given Yes

NHS Confidential: Personal data about a patient



FORM CP4(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name Stacey Leonard

Address 2 Wards Road
Brechin

Age if under 12 yrs. Yrs / Mths

Postcode DD9 7AS

Brechin David St
1-7 St David Street
Brechin
DD9

Pharmacy Stamp

DOB/CHI No. 2804880060

Lamotrigine 100mg tablets
Quant: 14 tablet
Take ONE daily

Lamotrigine 50mg tablets
Quant: 14 tablet
Take ONE daily

UC58 5300 1RNS NHVG

Unscheduled Care - Pharmacy Supply

Signature of Pharmacist

16.09.2023
Date

Send to GP

5653
PS Contractor Code

GPhC Reg Number
10498

GP Practice Code

02 / 23

Please read notes overleaf and complete relevant parts

10241462860

07710771

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Christopher Pell	First Name	STACEY
Specialty	GENERAL PSYCHIATRY (MENTAL ILLNESS)	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	25/09/2023	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: Depression, hallucinosis, pregnancy

Comment/Recommendations: Please add in aripiprazole 5mg, increasing to 10mg in the morning after 2 weeks.

Follow up by clinic required: No

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	Aripiprazole	5mg	once daily in the morning	mood	for 2 weeks then increase to 10mg

Is any Medication to be discontinued: No

Christopher Pell | Consultant Psychiatrist | Tel:01356 692819~01356 692862
Ninewells Switch Board Tel:01382 660111

[redacted]

FORM CP4(SS)(5)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name: Stacey Leonard

Address: 2 Wards Road, Brechin

Age if under 12 yrs. Yrs / Mths

Postcode: DD9 7AS

Brechin David St
1-7 St David Street
Brechin
Angus

Pharmacy stamp

DOB/CHI No. 2804860060

UC56 5300 1RXE 9VU3

Aripiprazole 10mg tablets
Quant: 5 tablet
Take ONE tablet each day as directed by psychiatry

Unscheduled Care - Pharmacy Supply

Signature of Pharmacist

Date: 22.11.2023

Send to GP

PS Contractor Code: 5653

GPhC Reg Number: 10498

GP Practice Code

02/23

Please read notes overleaf and complete relevant parts

10241473247 07710771

[redacted]

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: C231291674

Brechin Health Centre — Clinician: . G P LOCUM — BRECHIN LOC

LAMOTRIGINE	1.2	mg/L	(	1.0-4.0)

Lab.Comments: LAMOTRIGINE performed by Birmingham City Hospital
Therapeutic range (epilepsy) 1-4
Maximum drug efficacy (Bipolar disorder) 3-14
(trough specimen taken pre dose or minimum 6 hrs post dose)

Sample is blood unless otherwise stated

Sample Date/Time
04 Sep 2023 09:30

Clin.Details: regular monitoring while in pregnancy, repeat in 1m

Request Entered: 04 Sep 2023 12:14 — Report Printed: 06 Sep 2023 16:12

NHS Confidential: Personal data about a patient

NHS Tayside

General Adult Psychiatry
NHS Tayside
Stracathro Hospital
Brechin
Angus
DD9 7QA

www.nhstayside.scot.nhs.uk

Dr TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Clinic Date:	11/08/2023
Date Dictated	11/08/2023
Date Typed:	23/08/2023
Your Ref:	
Our Ref:	CP/BD / 2804880060
Enquiries to:	Medical Secretary
Extension:	65856
Direct Line:	01356 692856
Email:	Tay.cmhangusec@nhs.scot

Dear Dr Morley

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

Diagnoses
1. Emotionally Unstable Personality Disorder (F60.3)
2. Post Traumatic Stress Disorder (F43.1)

Current Medication
Fluoxetine 40mgs once daily
Lamotrigine 150mgs daily

Medication Changes
Please increase Fluoxetine to 60mgs once daily

Situation
I saw Stacey for the first time today at the Stracathro Psychiatric Clinic on the 11th August 2023. She was accompanied to the appointment by her partner [redacted]

Background
Please see previous correspondence. I note that Stacey has been open to the Perinatal Mental Health Team as well as the Community Mental Health Team and has the abovementioned diagnoses. She is currently 20 weeks pregnant and has had pervasive low mood, lack of energy, poor motivation and tiredness. I note that her recent bloods in June show that she is anaemic with low iron stores. She has not been managing to take her iron supplements.

Assessment
Stacey describes feeling low in energy and lacking motivation. She feels that everything is a struggle. She is more irritable and brittle and spends her time sitting on the couch. She cannot concentrate on the television. She has short bursts where she can get things done but then feels wiped out afterwards. She feels bad because she knows that this has an effect on her husband who is having to do more of the household tasks and care of the children. During the day she will struggle with negative thoughts, feelings of guilt and worthlessness. At night time Stacey will get some respite during her sleep but finds that she is tossing and turning quite a lot and unable to settle. She did report enjoyment and times when her mood lifts this will be for a period of hours at a time before crashing again. She also experiences intense spikes of other emotions such as anger, frustration and anxiety. These are also quite short lived with low mood being the predominant emotional state.

NHS Tayside

Stacey does not report any frank psychotic symptoms. She has some internal monologue and struggles to put positive thoughts against the negative ones that creep in. She has some fleeting times at night when she thinks she hears alarms ringing or smells smoke. With regards to her physical health Stacey has dry skin. She does not report any hair loss. She feels cold quite a lot of the time. She feels low in energy and looks pale.

On examination today Stacey was casually dressed. She admits that she has not been managing to wash maybe showering once every two weeks and malodour was evident. She had reduced eye contact, rapport was easily established and she did respond to humour during the appointment. She was able to smile and laugh on a couple of occasions. There was no thought disorder and no other psychotic phenomenology. Her mood is subjectively depressed objectively she looks weary. Her mood was reactive. Stacey has good insight into her difficulties and was able to see how we might make some positive changes going forwards. She was able to rationalise the negative thoughts and was able to place herself in her husband's shoes and see that she would be doing the same thing if it was he that were struggling. I did not formally assess her cognition.

Recommendations
I have encouraged Stacey to take her iron supplements as I think this will be a key reason why she is low in energy, exhausted and not managing to get much done. I have suggested that we initially maximise the fluoxetine and given that she is in the 2nd trimester this should be reasonably okay and avoids the addition of any other pharmaceutical agents. If there is no response to the fluoxetine then we would have the option to either change her onto a different antidepressant or to augment with Aripiprazole. Stacey has previously had Quetiapine which she does not like due to weight gain. She also had had Sertraline in the past but again had a bad reaction with this with her mood becoming elevated. I will see Stacey again in 2-3 months time once these medication changes have had a chance if there are further concerns in the meantime then she will be able to contact her CMHT and Perinatal Mental Health Nurses for advice. I will copy this letter to Dr Dey at the Perinatal Mental Health Services for information at this stage.

Yours sincerely

Authorised on 07/09/2023 10:40:56 by Dr Christopher Pell.

Dr Christopher Pell
MBChB, FRCPsych, PGDipMEd
Consultant Psychiatrist (Locum)
GMC: 6049875

(P) Dr Richard Day, Consultant Psychiatrist, Perinatal & Infant Mental Health Team, Royal Victoria Hospital, Jedburgh Road, DD2 1SP

NHS Tayside Communication to GP

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Christopher Pell	First Name	STACEY
Specialty	GENERAL PSYCHIATRY (MENTAL ILLNESS)	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	11/08/2023	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: EUPD, low mood, 20 wks pregnant

Comment/Recommendations: Please increase Fluoxetine to 60mg o.d.

Follow up by clinic required: No

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	Fluoxetine	60mg	once daily	mood	ongoing

Is any Medication to be discontinued: No

Christopher Pell | Consultant Psychiatrist | Tel:01356 692819~01356 692862
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic	MATTY	CHI	2804880060
Hospital	Arbroath Infirmary	Surname	LEONARD
Clinician	Lorna Ford	First Name	STACEY
Specialty	COMMUNITY MIDWIFERY	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	02/08/2023	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: Hi there, Could I please ask if regular lamotrigine levels require to be monitored for this woman? If so could I please ask you to arrange, I have taken a level today and at booking of her pregnancy. Thanks, Lorna Ford, Midwife

Comment/Recommendations:

Follow up by clinic required: No

Specific Monitoring Required: No

Lorna Ford | Midwife | Tel:01241822537
Ninewells Switch Board Tel:01382 660111

Arbroath Infirmary
Rosemount Road, Arbroath, DD11 2AT. Tel: 01241 822537.

NHS Tayside

Antenatal Booking Summary - CLINICAL COPY

LEONARD, STACEY (CHI: 2804880060 | PMS Number: 2804880060)
28 Apr 88 (Current Age: 35) | 2 WARDS ROAD, BRECHIN, DD9 7AS | 07731805886 (mobile)
G8 P6+1 | LMP: 05 Apr 23 | Booked: 01 Jun 23 at 13:21 | EDD (Dates): 09 Jan 24 | Current Gest: 8+3 | Babies on scan: ? |
Booking BMI: 22.43 | Current BMI: 22.43 | Blood Group: ?

Key Booking Information

Registered GP Name:	MORLEY, TARA	Registered GP Practice:	Brechin Medical Practice
Registered GP Address:	Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN	Named Midwife:	Lorna Ford
		Intended Location of Birth (Booking):	Arbroath Infirmary
Named Midwife's telephone:	Not Recorded		
Intended Location of Birth (Latest):	Arbroath Infirmary		

Risk Assessment

Recorded: 02 Jun 23 at 10:17

Risk	High	Current Pregnancy	Intermediate risk of preterm birth
Previous Obstetric	Previous Antepartum haemorrhage, Previous Prolonged ROM, Previous Parity more than 5	Previous Baby	Previous FGR, Previous SGA < 10th centile, Previous Low Birthweight (< 2.5kg), Previous Congenital Abnormality
Medical	Previous Group B Strep infection, Latex Allergy (Medical)	Gynaecological	Large Fibroids, Previous Cervical Surgery
Mental Health	Anxiety, Family member with serious Mental Health condition, Previous depression, Previous postnatal depression	Anaesthetic	Latex allergy (Anaesthetic)
		Health Plan Indicator Allocated	Core
Social	Current/Previous Social Services Involvement		

General Health History

Allergies and Adverse Reactions	Latex (Moderate), Latex (Moderate),
Diet Type	Conventional
Would Accept Blood Transfusion	Yes
Would Accept Blood Products	Yes
Previous Infections and Childhood Illnesses	Group B Streptococcus, Chickenpox

Medical History

Gynaecological Fibroids, LLETZ/LEEP Biopsy

Surgical History

Previous Anaesthetic(s) (excluding Childbirth)	GA
Non-obstetric Operations	Other: Drainage of left thigh abccess, eye surgery to tighten muscle in eye in childhood, LLetzs treatment 2017, teeth removal 2020

Cervical Smear History

Last Smear	Within the last 3 years	Result	Normal
Ever Referred for Colposcopy	Yes	Ever Had A LLETZ/LEEP Biopsy	Yes

Family Health History

Baby's Parents Blood Relatives	No
Any Family Health Issues	Yes
Asthma	Mother's blood family
Allergies	Mother's blood family
Learning Difficulties or Special Needs	Mother's blood family
Postnatal Depression - Blood Relatives Only	Yes
Mental Health Problems	Mother's blood family: sister ASD

TB Risk Assessment

Has a Family Member had TB within the last 5 years	No
Is your (the baby's) family likely to live for more than one month in a High Prevalence Area	No
Has either parent moved from a high prevalence area and not been immunised	No
Either parent of the baby or any grandparent born in high prevalance area	No

Arbroath Infirmary
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NHS Tayside

Mental Health

Mental Health Problems: Anxiety, Borderline Personality disorder, Depression - in past
Previous Mental Health Referrals: Out-patient GP
Any current treatment: Yes
Details: on fluoxetine and lamotrigine
Woman or a female blood relative has had manic depression/bi-polar illness, or had high and low mood swings requiring treatment (not depressive disorder)?: Yes
Relationship: Aunt
Lifestyle Update (Past Month) - 02 Jun 23 at 10:18
Down, depressed or hopeless: (Not Recorded)
Additional Mental Health Notes: Declan attending family therapy with Stacey, early days but seems to be going well, attending school and is on medication

Recreational Drugs and Substances

Ever Used Drugs: No
Ever Overdosed: Yes
Was Overdose Intentional: Accidental
Overdose Details: paracetamol during pregnancy with Riley during a kidney infection
Overdose Drug Known: No
Ever Self Harmed: No
Current Partner Using Drugs: No
Partner Currently/Has Attended an Addiction Service: No

Alcohol

Average Units Per Week Before Conception: 0
Average Units Per Week Since Conception: 0
Average Units Per Week (Current Partner): 0
Latest Update: 02 Jun 23 at 10:18 (8+3/40)

Smoking

Current Smoking Status	Previous Smoker	Smoker at Booking	No
Number a day at Booking	(Not Recorded)	Number of Smokers In Household	0

Medication

		Recorded: 02 Jun 23 at 10:23	
Drugs Given	Lamotrigine	Clinical Notes	150mg OD
		Recorded: 02 Jun 23 at 10:23	
Drugs Given	Fluoxetine (Prozac)	Clinical Notes	40mg OD

Children

Sex	Boy	[redacted]	
Age	14		
Sex	Boy	[redacted]	
Age	12		
Sex	Boy	[redacted]	
Age	9		
Sex	Girl	[redacted]	
Age	8		

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NHS Tayside

[redacted]

Sex Girl
Age 3

[redacted]

Sex Boy
Age 1

Additional Children

No Relevant Information Recorded

Confidential Social Issues

Date and time completed 01 Jun 23 at 13:16
Gestation 8+2/40
Completed by Lorna Ford
Anyone else that lives in the household No
Any Household Member has had SS Support in the past Yes
Any Household Member has current SS Support Yes
Ever Needed Social Work Assistance Yes
Social Work Assistance Details All children were placed on CP register, emotional neglect, Declan's behavior and lack of attendance at school. All taken off in Jan. Declan just about to be discharged from SW care.
Any Previous Children Yes
Previous Child(ren) Subject to Child Protection Plan Yes
Previous Child(ren) Child Protection Plan Start Date 01 Jul 22 at 00:00
Previous Child(ren) Child Protection Plan End Date 01 Jan 24 at 00:00
Cause for Concern Yes
Cause for Concern Details PRAM due to previous history, Stacey understands and agrees to this
Significant Issues In Either Parents Childhood Yes
Has Been Looked After or Accommodated in Childhood Yes
GP and H/V been Notified Yes

Confidential Domestic Issues

Asked - 01 Jun 23 at 13:16

Current domestic abuse	No	Previous domestic abuse	No

Asked - 02 Jun 23 at 10:17

Current domestic abuse	No	Previous domestic abuse	No

Confidential Medical Issues

Female Genital Mutilation None

FGM

Have you been cut	No	Female Genital Mutilation	None

Communication and Mobility

No Relevant Information Recorded

Other Registration Details

Marital Status (at Booking)	Other (inc Cohabiting and Stable Relationship)	Support Status (at Booking)	Lives with husband/partner/family
Accommodation	Housing association rental	Religion	00R121 - None
Woman's Country of Birth	United Kingdom of Great Britain and Northern Ireland	Woman's Ethnic Group (SMR02)	1A. Scottish
Woman's Citizenship	British Citizen	Woman's Employment Status	Unemployed - with benefits
Biological Father's Employment Status	Self Employed	Email Address	stacdecril1610@gmail.com

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Rosemount Road, Arbroath, DD11 2AT. Tel: 01241 822537.

NHS Tayside

Other Contacts

Next of Kin: [redacted]
Next of Kin Mobile Number:
Next of Kin Address: [redacted]
Next of Kin Relationship:

Biological Father's Details

Biological Father Is Current Partner: Yes
Forename: [redacted]
Address:
Date of Birth:
Ethnic Category:
Occupation:
Details Known:
Surname:
Contact Number:
Age at Booking:
Employment Status:
Citizenship:

Circle of Care

Delivery plan	Midwife Unit	Intended Location of Birth	Arbroath Infirmary
Named Midwife	Lorna Ford	Named Consultant	Pauline Lynch
Team	Blue Team	Hospital Contacts	Maternity Unit Contact numbers can be found in the main menu of the app or website.
GP Name	MORLEY, TARA	GP Practice	Brechin Medical Practice
GP Address	Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN	GP Practice Code	10498

Care Plan at Booking

Delivery plan Midwife Unit
Hospital Community Midwife Is Attached To Arbroath Infirmary

Obstetric History

2008 Ges: 39+4 | Type of Birth: Ventouse (1) | Outcome: Livebirth (1) | DECLAN ELLIS | Maternal Problems (Post Birth): Postnatal Depression | Current Status: Alive (1) | 2800g | [INTERGROWTH Centile, 9.1]

Place of Birth:	UK Hospital	Hospital of Birth:	Ninewells Hospital Maternity
Maternal Problems in Pregnancy:	None	Onset of Labour:	Spontaneous
Maternal Problems in Labour:	None	Maternal Problems Post Birth:	Postnatal Depression
Perineum	2nd Degree Tear - Perineal muscles but not involving the anal sphincter.	Anaesthetic	Combined Spinal/Epidural
Additional Notes	?PTL at 28 weeks, given steroids Doesn't think had medication for PND perineal infection PN EBL 200MLS		

DECLAN ELLIS : 05 Jun 08

Gestation at Birth	39 weeks, 4 days	Outcome	Livebirth
Sex	Boy	Current Status	Alive
Any Problems	Other: autism	Problems in Pregnancy	FGR / SGA
Problems in Labour	Fetal distress	Type of Birth	Ventouse
Birthweight	2800	Where is the Child Now?	Living with Parents
Reason for Ventouse	Fetal distress	Abnormalities	None

2009 Ges: 8+5 | Outcome: ToP (1)

Gestation	8+5	Reason	Social

2011 Ges: 39+5 | Type of Birth: Vaginal (1) | Outcome: Livebirth (1) | RILEY ELLIS | Current Status: Alive (1) | 3160g | [INTERGROWTH Centile, 32]

Place of Birth:	UK Hospital	Hospital of Birth:	Montrose Royal Infirmary
Maternal Problems in Pregnancy:	None	Onset of Labour:	Spontaneous
Maternal Problems in Labour:	None	Maternal Problems Post Birth:	None
Perineum	1st Degree Tear - Injury to perineal skin only	Anaesthetic	None
Additional Notes	EBL <500MLS		

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NHS Tayside

[redacted]

Place of Birth:	UK Hospital	Hospital of Birth:	Ninewells Hospital Maternity
Maternal Problems in Pregnancy:	None	Onset of Labour:	Spontaneous
Maternal Problems in Labour:	None	Maternal Problems Post Birth:	Postnatal Depression
Perineum	Intact	Anaesthetic	None
Additional Notes	Felt PND was not as bad this time EBL 200mls		

ODIN GRANT : 24 Dec 21

Gestation at Birth	39 weeks, 2 days	Outcome	Livebirth
Sex	Boy	Current Status	Alive
Any Problems	None	Problems in Pregnancy	None
Problems in Labour	None	Type of Birth	Normal
Birthweight	3420	Where is the Child Now?	Living with Parents
Abnormalities	Other: axenfeld-Rieger syndrome		

Obstetric History Summary

Gravida/Parity:	G8 P6+1	Livebirths	6
Total registerable babies	6	Total registerable pregnancies	6
Terminations	1	Total Non-Registerable Births	1
Caesarean Sections	0		
Unknown Current Status	0	Neonatal, Infant and child deaths	0

Current Pregnancy Details

Certainty of LMP	Yes
LMP	05 Apr 23 at 00:00
EDD by Dates	09 Jan 24
Agreed EDD	01 Jan 01
Date of Antenatal Booking Appointment or Express Booking	01 Jun 23
Gestation at Booking	Gestation 8Weeks, 2Days
Age at Booking	35
Any Vaginal Bleeding Since LMP	Lighter than usual

Menstruation, Fertility and Contraception

Menstruation Length	Min:24 Max:25	Planned Pregnancy	No
Previous Contraception	Condom		

Scans Offered

01 Jun 23 at 13:16

Offered	Viability scans, Dating, Nuchal Translucency, Invasive, Anomaly/Detailed, Fetal Growth/Doppler, Cervical Length, Placental site scan, Other	Accepted	Viability scans, Dating, Nuchal Translucency, Invasive, Anomaly/Detailed, Fetal Growth/Doppler, Cervical Length, Placental site scan, Other
Declined	None		

Booking Bloods

Bloods	Offered / Explained	Accepted / Declined	Date Taken	Results	Reviewed by
Blood Group	Yes	Accepted	02 Jun 23 at 10:22		
Antibodies	Yes	Accepted	02 Jun 23 at 10:22		
Other Antibodies	Yes	Accepted	02 Jun 23 at 10:22		
Hb	Yes	Accepted	02 Jun 23 at 10:22		
Platelets	Yes	Accepted	02 Jun 23 at 10:22		
Hep B	Yes	Accepted	02 Jun 23 at 10:22		
HIV	Yes	Accepted	02 Jun 23 at 10:22		

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Bloods	Offered / Explained	Accepted / Declined	Date Taken	Results	Reviewed by
Syphilis	Yes	Accepted	02 Jun 23 at 10:22		
Rubella	No				
Haemoglobin - Mother	Yes	Accepted	02 Jun 23 at 10:22		
Haemoglobin - Father	No				
Ferritin	Yes	Accepted	02 Jun 23 at 10:22		
Thyroid TSH	No				
Thyroid Total T4	No				
Thyroid Free T3	No				
Thyroid Free T4	No				

1st Trimester Screening

Bloods	Offered / Explained	Accepted / Declined	Date Taken	Baby Risk	Reviewed by
Down's Syndrome	Yes	Declined			
Edwards and Patau	Yes	Declined			

Urinalysis

Date of Urinalyis	02 Jun 23 at 10:17	**Outcome**	NAD
MSU Date	01 Jun 23 at 14:08	**MSU Sent**	MSU

Observations

Recorded: 01 Jun 23 at 13:16

Contact Us

Maternity Unit

- 01382 632069 | Early Pregnancy Asessment Clinic (Mon-Fri 8.30am-4.30pm. For advice at other times contact Ninewells Hospital at the number below and ask for Ward 36)
- 01241 822537 | Arbroath Midwifery Unit
- 01382 632019 | Ninewells Ultrasound Department
- 01382 660111 | Hospital Switchboard
- 01382 632075 | Ninewells Triage

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 35) Pregnancy

eConsult reference number: 87B99F5F

Submitted on: 25-05-2023 at 11:37:11

Contact phone:
07731805886

Contact email:
staceecril1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Friday, 26th of May. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: WFMQBL

(The "Click here" link and PIN for this consultation will expire on Thursday, 8th of June)

2 Major Depressive Disorder is unlikely

2 Generalized Anxiety Disorder is unlikely

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	The patient said *"Medication review"*
Have you tried anything for this?	No
Is there any particular help you would like?	No
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	No

CLINICAL QUESTIONS:

When was the first day of your last menstrual period (LMP)?	The patient said *"04/04/2023"*
What is your estimated due date (EDD)?	The patient said *"05/01/2024"*
How many weeks pregnant are you?	The patient said *"7"*
Is your query about an administrative issue?	No
Is your query about a medication request or issue?	Yes
Please tell us more about your medication request or issue.	The patient said *"Review of lamotrigine and its use in pregnancy. GMH advised I speak to go"*
Are you bleeding from your vagina?	No
Do you have any concerns about any possible genetic problems with your baby?	No
Are you happy and wanting to continue with this pregnancy?	Yes
Is your baby moving as much as normal?	I have not felt my baby move yet

NHS Confidential: Personal data about a patient

Is your query regarding a new symptom?	No
PHQ-2 2 Over the last two weeks, how often have you been bothered by any of the following problems?	
Over the last 2 weeks, how often have you had little interest or pleasure in doing things?	Several days
Over the last 2 weeks, how often have you felt down, depressed, or hopeless?	Several days
GAD-2 2 Over the last two weeks, how often have you been bothered by any of the following problems?	
Over the last 2 weeks, how often have you felt nervous, anxious or on edge?	Several days
Over the last 2 weeks, how often have you not been able to stop or control worrying?	Several days
Do you feel at risk of violence?	No
On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care. • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	Skip this
Is there anything else you would like to tell us that we have not asked?	No

HEALTH HISTORY AND QOF QUESTIONS:

Do you have any allergies?	No
Are you breastfeeding?	No
Have you or anyone in your household had COVID in the last 1 month?	No
What's the best way to respond to this request?	Email

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a prescription and ask reception to inform the patient	You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

If you wish to manage your consultation service hours, you can visit:
https://brechinmedicalpractice.webgp.com/manage/JLDXFXYNBS

Arbroath Infirmary
Rosemount Road, Arbroath, DD11 2AT. Tel: 01241 822537.

NHS Tayside

Antenatal Booking Summary - CLINICAL COPY

LEONARD, STACEY (CHI: 2804880060 | PMS Number: 2804880060)
28 Apr 88 (Current Age: 35) | 2 WARDS ROAD, BRECHIN, DD9 7AS | 07731805886 (mobile)
G8 P6+1 | LMP: 05 Apr 23 | Booked: 01 Jun 23 at 13:21 | EDD (Dates): 09 Jan 24 | Current Gest: 8+2 | Babies on scan: 7 | Booking BMI: 7 | Blood Group: ?

Key Booking Information

Registered GP Name:	MORLEY, TARA	Registered GP Practice:	Brechin Medical Practice
Registered GP Address:	Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN	Named Midwife:	Lorna Ford
		Intended Location of Birth (Booking):	Arbroath Infirmary
Named Midwife's telephone:	Not Recorded		
Intended Location of Birth (Latest):	Arbroath Infirmary		

Risk Assessment

Recorded: 01 Jun 23 at 13:16

Risk	High	Current Pregnancy	Intermediate risk of preterm birth
Previous Obstetric	Previous Antepartum haemorrhage, Previous Prolonged ROM, Previous Parity more than 5	Previous Baby	Previous FGR, Previous SGA < 10th centile, Previous Low Birthweight (< 2.5kg), Previous Congenital Abnormality
Medical	Previous Group B Strep infection, Latex Allergy (Medical)	Gynaecological	Large Fibroids, Previous Cervical Surgery
Mental Health	Anxiety, Family member with serious Mental Health condition, Previous depression, Previous postnatal depression	Anaesthetic	Latex allergy (Anaesthetic)
Health Plan Indicator Allocated	Core		

General Health History

Allergies and Adverse Reactions	Latex (Moderate), Latex (Moderate),
Diet Type	Conventional
Would Accept Blood Transfusion	Yes
Would Accept Blood Products	Yes
Previous Infections and Childhood Illnesses	Group B Streptococcus, Chickenpox

Medical History

Gynaecological	Fibroids, LLETZ/LEEP Biopsy

Surgical History

Previous Anaesthetic(s) (excluding Childbirth)	GA
Non-obstetric Operations	Other: Drainage of left thigh abccess, eye surgery to tighten muscle in eye in childhood, LLetzs treatment 2017, teeth removal 2020

Cervical Smear History

Last Smear	Within the last 3 years	Result	Normal
Ever Referred for Colposcopy	Yes	Ever Had A LLETZ/LEEP Biopsy	Yes

Family Health History

Baby's Parents Blood Relatives	No
Any Family Health Issues	Yes
Asthma	Mother's blood family
Allergies	Mother's blood family
Learning Difficulties or Special Needs	Mother's blood family
Postnatal Depression - Blood Relatives Only	Yes
Mental Health Problems	Mother's blood family; sister ASD

TB Risk Assessment

Has a Family Member had TB within the last 5 years	No
Is your (the baby's) family likely to live for more than one month in a High Prevalence Area	No
Has either parent moved from a high prevalence area and not been immunised	No
Either parent of the baby or any grandparent born in high prevalance area	No

Arbroath Infirmary
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NHS Tayside

Mental Health

Mental Health Problems: Anxiety, Borderline Personality disorder, Depression - in past
Previous Mental Health Referrals: Out-patient GP
Any current treatment: Yes
Details: on fluoxetine and lamotrigine
Woman or a female blood relative has had manic depression/bi-polar illness, or had high and low mood swings requiring treatment (not depressive disorder)?: Yes
Relationship: Aunt

Recreational Drugs and Substances

Ever Used Drugs: No
Ever Overdosed: Yes
Was Overdose Intentional: Accidental
Overdose Details: paracetamol during pregnancy with Riley during a kidney infection
Overdose Drug Known: No
Ever Self Harmed: No
Current Partner Using Drugs: No
Partner Currently/Has Attended an Addiction Service: No

Alcohol

Average Units Per Week Before Conception: 0
Average Units Per Week Since Conception: 0
Average Units Per Week (Current Partner): 0

Smoking

Smoker at Booking: No
Number of Smokers in Household: 0
Number a day at Booking: (Not Recorded)

Medication

No Relevant Information Recorded

Children

[redacted]
Sex: Boy
Age: 14

[redacted]
Sex: Boy
Age: 12

[redacted]
Sex: Boy
Age: 9

[redacted]
Sex: Girl
Age: 8

[redacted]
Sex: Girl
Age: 3

[redacted]
Sex: Boy
Age: 1

Arbroath Infirmary
Rosemount Road, Arbroath, DD11 2AT. Tel: 01241 822537.

NHS Tayside

Additional Children

No Relevant Information Recorded

Confidential Social Issues

Date and time completed 01 Jun 23 at 13:16
Gestation 8+2/40
Completed by Lorna Ford
Anyone else that lives in the household No
Any Household Member has had SS Support in the past Yes
Any Household Member has current SS Support Yes
Ever Needed Social Work Assistance Yes
Social Work Assistance Details All children were placed on CP register, emotional neglect, [redacted] behavior and lack of attendance at school. All taken off in Jan. [redacted] just about to be discharged from SW care.
Any Previous Children Yes
Previous Child(ren) Subject to Child Protection Plan Yes
Previous Child(ren) Child Protection Plan Start Date 01 Jul 22 at 00:00
Previous Child(ren) Child Protection Plan End Date 01 Jan 24 at 00:00
Cause for Concern Yes
Cause for Concern Details PRAM due to previous history, Stacey understands and agrees to this
Significant Issues in Either Parents Childhood Yes
Has Been Looked After or Accommodated in Childhood Yes
GP and H/V been Notified Yes

Confidential Domestic Issues

Asked - 01 Jun 23 at 13:16

Current domestic abuse	No	Previous domestic abuse	No

Confidential Medical Issues

Female Genital Mutilation None

FGM

Have you been cut	No	Female Genital Mutilation	None

Communication and Mobility

No Relevant Information Recorded

Other Registration Details

Marital Status (at Booking)	Other (inc Cohabiting and Stable Relationship)	Support Status (at Booking)	Lives with husband/partner/family
Accommodation	Housing association rental	Religion	00R121 - None
Woman's Country of Birth	United Kingdom of Great Britain and Northern Ireland	Woman's Ethnic Group (SMR02)	1A. Scottish
Woman's Citizenship	British Citizen	Woman's Employment Status	Unemployed - with benefits
Biological Father's Employment Status	Self Employed	Email Address	stacdecril1610@gmail.com

Other Contacts

Next of Kin: [redacted]
Next of Kin Mobile Number: [redacted]

Biological Father's Details

Biological Father is Current Partner [redacted]
Forename [redacted]
[redacted]
Citiz[redacted]

Arbroath Infirmary
Rosemount Road, Arbroath, DD11 2AT. Tel: 01241 822537.

NHS Tayside

Gestation at Birth	39 weeks, 2 days	Outcome	Livebirth
Sex	Boy	Current Status	Alive
Any Problems	None	Problems in Pregnancy	None
Problems in Labour	None	Type of Birth	Normal
Birthweight	3420	Where is the Child Now?	Living with Parents
Abnormalities	Other: axenfeld-Rieger syndrome		

Obstetric History Summary

Gravida/Parity:	G8 P6+1	Livebirths	6
Total registerable babies	6	Total registerable pregnancies	6
Terminations	1	Total	1
Caesarean Sections	0	Non-Registerable Births	
Unknown Current Status	0	Neonatal, Infant and child deaths	0

Current Pregnancy Details

Certainty of LMP	Yes
LMP	05 Apr 23 at 00:00
EDD by Dates	09 Jan 24
Agreed EDD	01 Jan 01
Date of Antenatal Booking Appointment or Express Booking	01 Jun 23
Gestation at Booking	Gestation 8Weeks, 2Days
Age at Booking	35
Any Vaginal Bleeding Since LMP	Lighter than usual

Menstruation, Fertility and Contraception

Menstruation Length	Min:24 Max:25	Planned Pregnancy	No
Previous Contraception	Condom		

Scans Offered

01 Jun 23 at 13:16

Offered	Viability scans, Dating, Nuchal Translucency, Invasive, Anomaly/Detailed, Fetal Growth/Doppler, Cervical Length, Placental site scan, Other	Accepted	Viability scans, Dating, Nuchal Translucency, Invasive, Anomaly/Detailed, Fetal Growth/Doppler, Cervical Length, Placental site scan, Other
Declined	None		

Booking Bloods

Bloods	Offered / Explained	Accepted / Declined	Date Taken	Results	Reviewed by
Blood Group	Yes	Accepted			
Antibodies	Yes	Accepted			
Other Antibodies	Yes	Accepted			
Hb	Yes	Accepted			
Platelets	Yes	Accepted			
Hep B	Yes	Accepted			
HIV	Yes	Accepted			
Syphilis	Yes	Accepted			
Rubella	No				
Haemoglobin - Mother	Yes	Accepted			
Haemoglobin - Father	No				
Ferritin	Yes	Accepted			

Arbroath Infirmary
Rosemount Road, Arbroath, DD11 2AT. Tel: 01241 822537.

NHS Tayside

Bloods	Offered / Explained	Accepted / Declined	Date Taken	Results	Reviewed by
Thyroid TSH	No				
Thyroid Total T4	No				
Thyroid Free T3	No				
Thyroid Free T4	No				

1st Trimester Screening

Bloods	Offered / Explained	Accepted / Declined	Date Taken	Baby Risk	Reviewed by
Down's Syndrome	Yes	Declined			
Edwards and Patau	Yes	Declined			

Urinalysis

MSU Date 01 Jun 23 at 14:08 **MSU Sent** MSU

Observations

Recorded: 01 Jun 23 at 13:16

Contact Us

Maternity Unit

- 01382 632069 | Early Pregnancy Asessment Clinic (Mon-Fri 8.30am-4.30pm. For advice at other times contact Ninewells Hospital at the number below and ask for Ward 36)
- 01241 822537 | Arbroath Midwifery Unit
- 01382 632019 | Ninewells Ultrasound Department
- 01382 660111 | Hospital Switchboard
- 01382 632075 | Ninewells Triage

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services | VIROLOGY | Telephone 01382 632559 | Internal Ext.32559

Name: LEONARD Stacey | Sex: F | PID: 2804880060 | DoB: 28 Apr 1988

Brechin Health Centre | Clinician: Dr Pei Sin ANG | Lab No: 23V306857 | EPECHIN ANGPIG

Chlamydia trachomatis	Negative
N.gonorrhoeae	Negative

Lab.Comments:

Sample type:
Vulval-Vaginal Swab

Sample Date/Time
13 Apr 2023 15:30

Clin.Details: CT/NG symptoms: Bleeding, Pelvic pain
6-7 months hx of abdo pain, irregular
period and discharge. ? gynae pathology

Request Entered: 17 Apr 2023 09:30 Report Printed: 17 Apr 2023 15:07

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : LEONARD, Stacey
CHI No : 2804880060 Clinician: Dr Pei Sin ANG
DoB : 28 Apr 1988 Sex: F Brechin Health Centre
Post Code: DD9 7AS

Site: LVS Test reason:: irregular period. abdo pain. 6-7 months hx of abdo pain, irregular period and discharge. ? gynae pathology
23B504520 Date/Time of Specimen: 13 Apr 2023 15:30
VAGINAL SWAB

Culture:
1) Growth of Candida
No growth of pathogenic bacteria

- NO Trichomonas seen
- No Clue cells seen

Thrush is a clinical diagnosis.
Please assess for signs/symptoms of candidiasis.
Swabs are of limited utility - empirical
treatment recommended if symptomatic.

Date of Report: 16 Apr 2023 AUTH: monp
BRECHIN ANGP1G

NHS Confidential: Personal data about a patient

LEONARD, STACEY
2 WARDS ROAD, BRECHIN, DD9 7AS
Ref. Locn. : GENERAL PRACTITIONER
Ref. Source : BRECHIN HEALTH CENTRE, INFIRMARY STREET, BRECHIN, DD9 7AN
Referrer : DR PEI SIN ANG

DoB : 28-Apr-1988
Hosp. No. :
CRIS No. : 580345
CHI No. : 2804880060

VERIFIED Verified By : VICKI SOUTAR 18-Apr-2023
Typed By : VSOUTAR 18-Apr-2023

Clinical History :

6-7 months hx of abdo pain, irregular period and discharge. ? gynae pathology
ENTERED BY: Pei Sin Ang (medical)

BLEEP: 01356 624411

VERIFIED Verified By : VICKI SOUTAR 18-Apr-2023
Typed By : VSOUTAR 18-Apr-2023

Ultrasound Pelvis transvaginal :

Scan performed with the patient's verbal consent and chaperone present. LMP 13 days.

The uterus is normal in size and shape. The myometrium has an overall heterogenous appearance. A

Event Number : E-7286797
Copy To : ,
Examinations : **Ultrasound Pelvis transvaginal**

Examination Date : **18-Apr-2023**
Attendance Number : 7

NHS Confidential: Personal data about a patient

LEONARD, STACEY
2 WARDS ROAD, BRECHIN, DD9 7AS
Ref. Locn. : GENERAL PRACTITIONER
Ref. Source : BRECHIN HEALTH CENTRE, INFIRMARY STREET, BRECHIN, DD9 7AN
Referrer : DR PEI SIN ANG

DoB : 28-Apr-1988
Hosp. No. :
CRIS No. : 580345
CHI No. : 2804880060

small trace of fluid is noted within the endometrial cavity. There is an area of irregularity at the fundal endometrium which may represent a small submucosal fibroid indenting or a polyp, difficult to assess. Normal appearance of the ovaries. No adnexal mass. A small amount of pelvic free fluid is noted. The patient states a Gynaecological referral has been made.

Vicki Taylor, Sonographer (RA55744)

Event Number : E-7286797
Copy To : ,
Examinations : **Ultrasound Pelvis transvaginal**

Examination Date : **18-Apr-2023**
Attendance Number : 7

NHS Tayside Communication to GP

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Karen Mitchell	First Name	STACEY
Specialty	GENERAL PSYCHIATRY (MENTAL ILLNESS)	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	10/04/2023	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: CMHT - Medication review request

Comment/Recommendations: The above patient has been on my caseload for a number of months following transfer from peri-natal mental health team. She was commenced on Fluoxetine and noted some improvement in her mood. I have completed a request for this to be reviewed for increase by our psychiatrist but unfortunately there has been a delay in this due to medic contingency. Stacey is appearing objectively low in mood during assessment. Would you possibly consider reviewing this first level anti-depressant? Many thanks in advance.

Follow up by clinic required: No

Specific Monitoring Required: No

Karen Mitchell | Community Mental Health Nurse | Tel:01356692856
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 34) Vaginal problem

Some answers may need urgent attention

Some answers may need urgent attention

eConsult reference number: **7119C280**

Submitted on: **11-04-2023 at 09:51:19**

Contact phone:
07731805886

Contact email:
staceecrill1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Wednesday, 12th of April. A same-day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: YGFYFW

(The "Click here" link and PIN for this consultation will expire on Thursday, 27th of April)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	The patient said *"Advice on relieving symptoms"*
Have you tried anything for this?	Yes
Please tell us what you have tried.	The patient said *"Canesten, Ky jelly,bacterial vaginosis treatment"*
Is there any particular help you would like?	No
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	No

CLINICAL QUESTIONS:

The questions we're about to ask may feel very sensitive. It is important that we ask these questions, so that clinical staff can make the right assessment. Your answers are completely confidential.	Okay, I understand
Please describe your symptoms. *	The patient said *"Vaginal dryness/itching especially clitoris.* *Brown discharge in between periods.* *Right sided tummy pain. Back ache"*
Have you had an injury to your abdomen (tummy) or your genital area?	No
Could you have been sexually assaulted?	No
Do you have anything stuck in your vagina?	No
Have you had a temperature of 38 degrees C (100.4 degrees F) or above during this illness?	No
Have you had any profuse sweating, severe chills, or uncontrollable shivering?	No
Are you pregnant or is there any chance you might be pregnant?	No
Do you have any pain?	Yes

NHS Confidential: Personal data about a patient

Do you have pain in your abdomen (tummy)?	Yes
How long have you had your abdominal (tummy) pain for?	3 days or more
Do you have pain in your kidney area (your sides or your lower back)?	No
Do you have pain in your vulva?	Yes
How does your pain affect you?	The pain sometimes distracts me but I can do my usual activities.
Do you have normal regular periods?	No
Please tell us more about why you do not have normal regular periods.	The patient said *"Irregular periods, vary in length and frequency"*
Do you have any new, unexplained or irregular vaginal bleeding?	Yes
Please tell us more about your new, unexplained or irregular vaginal bleeding.	The patient said *"Brown discharge, random short bleeds upon wiping but not enough for a sanitary towel."*
Do you have a rash or skin problem on your vulva?	No
Have you had sex in the past 3 months?	Yes
Do you have pain during sex?	Yes
Have you had vaginal sex in the past 3 months?	Yes
Do you feel pain deep in your pelvis when you are having vaginal sex?	No
Do you have any lump(s) or swelling on your vulva?	No
Do you have any abnormal vaginal discharge?	Yes
Please tell us more about your abnormal vaginal discharge.	The patient said *"Really dry"*
Have you passed urine (pee'd) in the last 12 hours?	Yes
Do you have any urine problems (problems with your pee)?	No
Do you feel any heaviness or discomfort in your vagina, or feel like a lump is coming down?	No
Have you had any unexplained weight loss in the last 3 months?	No
Have you had any bloating or swelling of your abdomen (tummy) that has lasted longer than a month?	Yes
Have you ever had a smear test?	Yes
When was your last smear test?	The patient said *"Jan 2020"*
Have you ever had an abnormal smear test?	Yes
Please tell us when you had an abnormal smear test and what the results were.	The patient said *"2017 cin3 letz treatment Aug 2017"*
Is there anything else you would like to tell us that we have not asked?	No

HEALTH HISTORY AND QOF QUESTIONS:

Do you have any allergies?	No
Are you breastfeeding?	No
Have you or anyone in your household had COVID in the last 1 month?	No

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What's the best way to respond to this request? Email

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a **prescription** and ask reception to inform the patient	You may signpost to an **alternate service** via reception (e.g. pharmacy)	You may wish to **telephone** the patient to close the consultation	You may ask reception to **book an** appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

If you wish to manage your consultation service hours, you can visit:
https://brechinmedicalpractice.webgp.com/manage/JLDXFXYNBS

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 34) Foot problem

Some symptoms may need same day help

2 photo(s) included

eConsult reference number: EDD6E6EC

Submitted on: 06-12-2022 at 10:32:10

Contact phone:
07731805886

Contact email:
staedecril1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD97AS

RESPONSE NEEDED BY:
6:30PM on Wednesday, 7th of December. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: 7YNFCF

(The "Click here" link and PIN for this consultation will expire on Tuesday, 20th of December)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	The patient said *"Painful infected big toe on left foot, despite having antibiotics a week ago."*
Have you tried anything for this?	Yes
Please tell us what you have tried.	The patient said *"Soaking in warm water, and biotics"*
Is there any particular help you would like?	No
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	No

CLINICAL QUESTIONS:

Please describe your symptoms.	The patient said *"Pain swelling"*
Did you injure your foot (feet)?	No
How long have you had your current symptoms?	1-2 weeks
Are you able to put your full weight on your leg(s) and take 4 steps without help?	Yes
Do you have foot pain that wakes you up at night?	No
Do you have any pins and needles or tingling in your problem foot (feet)?	No
Which foot (feet) is the problem?	Left
Is your left foot paler and colder than your right foot?	No
Is your foot (feet) painful?	No
Is your foot (feet) swollen?	No
Do you have any swelling or pain to your calf (back of the leg)?	No
Is your foot (feet) red or hot to touch?	No

Have you had a temperature of 38 degrees C (100.4 degrees F) or above during this illness?	No
Have you had any uncontrollable shivering?	No
Do you have pain in your ankle(s) or heel(s)?	No
Do you have pain in your toe(s)?	Yes
Have you had a problem with your foot (feet) before?	No
Have you had any unexplained weight loss in the last 3 months?	No
Have you had any surgery to the problem foot (feet) in the past 2 weeks?	No
On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload. • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	I understand, I want to upload photos
Is there anything else you would like to tell us that we have not asked?	No

HEALTH HISTORY AND QOF QUESTIONS:

Do you have any allergies?	No
Are you, or is there a chance you might be, pregnant?	No
Have you given birth in the last 12 weeks?	No
Have you had a miscarriage in the last 12 weeks?	No
Have you had a termination in the last 12 weeks?	No
Are you breastfeeding?	No
Have you or anyone in your household had COVID in the last 1 month?	No
What's the best way to respond to this request?	Email

3 photo(s) included on the following page(s)

If possible, please upload a photo(s) of your problem. If you do add photos, describe what they're showing and on what part of the body. You can upload up to 4 photos.

The patient said:
"Front of big toe"



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If possible, please upload a photo(s) of your problem. If you do add photos, describe what they're showing and on what part of the body. You can upload up to 4 photos.

The patient said:
"Big toe"



If possible, please upload a photo(s) of your problem. If you do add photos, describe what they're showing and on what part of the body. You can upload up to 4 photos.

The patient said:
"Left big toe"



STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a prescription and ask reception to inform the patient	You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

If you wish to manage your consultation service hours, you can visit:
https://brechinmedicalpractice.webgp.com/manage/JLDXFXYNBS

NHS Confidential: Personal data about a patient

NHS Tayside

Perinatal and Infant Mental Health Team
Royal Victoria Hospital
Jedburgh Road
Dundee
DD2 1SP
07971 981 882

www.nhstayside.scot.nhs.uk

Dr TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date	07/12/2022
Clinic Date	06/12/2022
Your Ref	
Our Ref	RD/LC/ 2804880060
Enquiries to	Team Administrator
Extension	
Direct Line	07971 981 882
Email	Tay.Perinatalinfantmht@nhs.scot

Dear Dr Morley

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

Diagnosis: Emotionally Unstable Personality Disorder
PTSD

Medication: Lamotrigine 150mg daily
Fluoxetine 20mg mane to be added

Follow up: currently in transitional period from Perinatal to GAP CMHT

Telephone call on 6th December 2022 from the Perinatal Mental Health Team base, Royal Victoria Hospital, Dundee.

Stacey reports that she is "struggling", feeling low, not sleeping well, weepy and unable to concentrate or keep up to date on household tasks. She denied thoughts of life note being worth living.

She agreed that since starting Lamotrigine her mood has been more steady – she could not say anything about any times of excess energy and activity in the past few months - but feels consistently low.

She is taking Lamotrigine 150mg daily and does not report side-effects with this. She thinks that she has lost all the weight that she had previously gained with Quetiapine and is worried that she has got very focused on her weight and trying to lose weight.

At interview she was hard to engage in conversation, her speech was reduced in amount with little elaboration of her answers and was monotonous. She frequently answered questions with "I don't know" and several times had to ask me to repeat questions when she lost concentration. She denied any thoughts of self-harm of suicide but did sound quite hopeless.

Plan:

This was a difficult telephone conversation as she was so limited in her ability to engage, however, a history of sustained low mood is consistent with the observations from Karen Campbell (Perinatal

NHS Tayside

CMHN) and I am also aware of ongoing situational and family stressors. It does sound though, that Lamotrigine has reduced her previous mood lability and is preventing any highs.

I have suggested that she commence an antidepressant, which is more likely to be beneficial now that she has a mood stabiliser in place. She tolerated Fluoxetine previously and so this would be a good option to add to Lamotrigine – initially at a dose of 20mg.

As her youngest child is now 1 year old, we are in the process of transferring her care back to the GAP CMHT.

Yours sincerely

Authorised on 07/12/2022 17:17:45 by Richard Day.

Dr Richard Day
Consultant Psychiatrist

NHS Confidential: Personal data about a patient

NHS Tayside

Perinatal and Infant Mental Health Team
Royal Victoria Hospital
Jedburgh Road
Dundee
DD2 1SP
07971 981 882

www.nhstayside.scot.nhs.uk

Dr TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date	09/12/2022
Clinic Date	08/12/2022
Your Ref	
Our Ref	KC/LC/ 2804880060
Enquiries to	Team Administrator
Extension	
Direct Line	07971 981 882
Email	Tay.Perinatalinfantmht@nhs.scot

Dear Dr Morley

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

I am writing to provide you with an update on the above-named. Stacey had been referred to the Perinatal & Infant Mental Health Team in January 2022 and was assessed by Karen Campbell, PNIMHN, and allocated to caseload. She was thereafter reviewed by Consultant Psychiatrist, Dr Richard Day, and letters detailing these assessments should be read in conjunction with this letter.

Stacey engaged well with the PNIMHN and was offered appointments on a fortnightly basis. She benefited from having a safe space to explore her struggles with situational stressors such as her eldest son having an obsession with pornography & masturbation of an incestuous nature. This was particularly triggering for Stacey who has endured childhood sexual abuse and felt that this affected the relationship with her son, whom she was afraid would have a sexual attraction to her or place his siblings at risk. There is active social work involvement and in recent months the children were placed on the Child Protection Register and the services of Aberlour were engaged.

Over the past 11 months Stacey has trialled different medication and at her most recent review, having evidenced some stability of mood with Lamotrigine this medication was agreed to be continued. However due to in recent weeks feeling her low mood symptoms were becoming intolerable Dr Day has agreed to initiate antidepressant therapy, details of which are in his most recent letter. Stacey has had previous tolerance of Fluoxetine and is happy to try this. She is aware due to difficult family stressors that medication may not resolve her mood difficulties however is hopeful that it will help with lack of motivation and anhedonia.

Stacey gained further benefit from talking through her own difficulties and how to set herself small achievable goals which I was able to observe had some benefit in that her self care began to improve and she was managing to get out of the house with her partner and children on day trips and become more involved in family-based activities. I also observed that Stacey could engage in general conversation and evidence humour at appointment and this may also partly be due to her becoming more relaxed within our appointments as she got to know me better.

I was aware as [redacted], her youngest child, was turning 1 that Stacey would require ongoing support as many situational stressors were ongoing and her mental health needs were still requiring support. I made referral to the Community Mental Health Team to commence transition from the Perinatal & Infant Mental Health Team to the CMHT and was able to provide a joint appointment with CMHN

NHS Tayside

Karen Mitchell and ensure that Stacey was engaged with this service prior to our final appointment, which was today (08/12/2022).

At our final appointment Stacey's CORE-10 score had reduced from 30 to 28, which still indicates moderate to severe level of mental illness and her mandatory dataset score improved from 51 to 65, due to an improvement with her functioning.

I will discharge Stacey from the Perinatal & Infant Mental Health Team at this time and future queries regarding her support and treatment should be directed to her CMHN Karen Mitchell in the first instance.

Yours sincerely

Authorised on 22/12/2022 11:03:58 by Karen Campbell.

Karen Campbell
Perinatal & Infant Community Mental Health Nurse
Perinatal & Infant Mental Health Team

(P) Karen Mitchell, CMHN, CMHT North Angus - Montrose/Brechin, Stracathro Hospital, Brechin, DD9 7QA
(P) Mrs Alice Robertson-Rintoul, Health Visitor, Brechin Health Centre, Infirmary Street, Brechin, DD9 8AN
(P) Ms Caroline Urquhart, Family Support Team (Montrose/Brechin), Angus House, Sylvie Way, Orchardbank Business Park, Forfar, DD8 1AN

NHS Tayside Communication to GP

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Colleen Warren	First Name	STACEY
Specialty	COMMUNITY PSYCHIATRY	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	05/10/2022	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: Stacey was discussed at ECS HUB today following transfer request from peri-natal mental health services CMHS will faciliate the transfer of Stacey to a CPN within CMHS in 6-8 weeks

Comment/Recommendations:

Follow up by clinic required: No

Specific Monitoring Required: No

Colleen Warren | Staff Nurse Community Mental Nurse | Tel:01356692856
Ninewells Switch Board Tel:01382 660111

Nhs Confidential: Personal data about a patient

NHS Tayside

Emergency Department Ninewells Hospital

TT Morley
10498/1,Brechin Medical Practice
Brechin Health Centre, Infirmary Street,
Brechin
Brechin
DD9 7AN

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

Dear Doctor

Miss Stacey Leonard
2 Wards Road
Brechin
DD9 7AS

Date of Birth: 28/04/1988
ACHI Number: 2804880060
ED Attendance Number: E0000395887
No. of Previous Attendances: 0
Occupation:
School:
Responsible Consultant:Dr Julie Ronald

The above patient attended the Emergency Department Ninewells Hospital on 08/10/2022 at 22:02 and was discharged with no follow up on 08/10/2022 at 23:30. The letter has been collated by Dr Theodore Muth.

Diagnosis:		
Description	Body Site	Laterality
ED injury - soft tissue - Ligament strain		

Diagnosis Comments:

Procedures:

Prescriptions:

Discharge Destination: Private Residence - Usual place of residence

Discharge Type: Discharged with no follow up

Referred To:

Notes for GP:
MUTH ST5

34F

Attempted to jump over the baby gate, rolled left ankle.
Swollen lat mal, unable to WB since

NHS Confidential: Personal data should be protected

NHS Tayside

Lives at home with 6 children and partner

PMH/
EUPD and PTSD, anorexia
DH/ lamotrigine

O/E
FROM knee, no tenderness
Swollen lat mal and tender to palpate
No medial tenderness
No tenderness to fibula above malleolus
No base of fifth MT tenderness
NVI distally

XR: NBI

Advised soft tissue injury, able to walk 4 steps unaided
Advised RICE and analgesia, WB as able

Yours sincerely

Emergency Department Ninewells Hospital

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 34) Nail problem

Some answers may need urgent attention

eConsult reference number: 788DD5DA

Submitted on: 29-11-2022 at 06:14:30

Contact phone:
07731805896

Contact email:
staedecrill1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD97AS

RESPONSE NEEDED BY:
6:30PM on Wednesday, 30th of November. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: T6QQLY

(The "Click here" link and PIN for this consultation will expire on Tuesday, 13th of December)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	**The patient said** *"Ingrown toe, throbbing, hot to touch keeping me awake"*
Have you tried anything for this?	**Yes**
Please tell us what you have tried.	**The patient said** *"Soaking in warm water, paracetamol."*
Is there any particular help you would like?.	**No**
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	**No**

CLINICAL QUESTIONS:

On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	**Skip this**
Please describe your symptoms.	**The patient said** *"Left big toe throbbing hot"*
How long have you had this nail problem for?	**The patient said** *"3 days"*
Is the skin around your nail(s) sore, red, swollen and warm?	**Yes**
Is there any pus or blood leaking from around the edge of the nail(s)?	**No**
Has your nail(s) changed shape?	**No**
Has your nail(s) changed colour?	**No**

Has your nail(s) fallen off?	No
Are you aware of any trauma to the affected nail(s)?	No
Have you seen a podiatrist or chiropodist about this nail problem?	No
Have you had this nail problem before?	No
Is there anything else you would like to tell us that we have not asked?	No

HEALTH HISTORY AND QOF QUESTIONS:

Do you have any allergies?	No
Are you, or is there a chance you might be, pregnant?	No
Are you breastfeeding?	No
Have you or anyone in your household had COVID in the last 1 month?	No
What's the best way to respond to this request?	Email

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a **prescription** and ask reception to inform the patient	You may signpost to an **alternate service** via reception (e.g. pharmacy)	You may wish to **telephone the patient to close the consultation**	You may ask reception to **book an appointment with GP or nurse**

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

If you wish to manage your consultation service hours, you can visit:
https://brechinmedicalpractice.webgp.com/manage/JLDXFXYNBS

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leaonard (Female, Age 34) Periods - delaying

Some answers may need close attention

eConsult reference number: 4014268A

Submitted on: 09-09-2022 at 09:51:40

Contact phone:
07731805886

Contact email:
stacdecril1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Monday, 12th of September. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: NMNHVQ

(The "Click here" link and PIN for this consultation will expire on Sunday, 25th of September)

IDEAS, CONCERNS AND EXPECTATIONS:

Before we ask you detailed questions about your request, please tell us what would you like to achieve from this consultation?	The patient said *"Not sure"*
Have you tried anything for this in the past?	No
Are you trying anything now?	No
Is there any particular treatment you would like to try now?	No
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	No

CLINICAL QUESTIONS:

Have you previously seen a doctor about delaying your periods?	No
Have you previously used medication to delay your periods?	No
Why do you wish to delay your period this time?	The patient said *"Having periods, they were regular 28 day cycle but just finish one period then few days after start another! For the last 6 months."*
How long do you want to delay your period for?	The patient said *"7"*
Are your periods regular?	No
Please describe your periods. For example: how does your cycle vary and do you miss periods?	The patient said *"Becoming longer and heavier and more frequently."*
What was the date of the first day of your last menstrual period?	The patient said *"23rd August then started again on 7th September"*
How many days do you bleed for (for example: 5 days)?	The patient said *"8"*
On average how many days or weeks from first day of bleed to the next first day of bleed (for example: 28 days)?	The patient said *"12/21"*

	Do you think that there is any chance you might be pregnant?	No
	Do you have bleeding in between periods?	No
❗	Are the periods painful?	Yes
	Are you currently on any regular contraception?	No
	Have you had a smear test within the last 3 years (or more recently, if your doctor recommended you have the tests more often)?	Yes
💬	When did you last have a smear test and what were the results?	The patient said *"Jan 2020 all clear"*
❗	Have you ever had an abnormal smear test?	Yes
💬	Please tell us when you had an abnormal smear test and what the results were.	The patient said *"Aug 2017 cin3 Lletz treatment"*
	Have you ever had liver, breast, genital or endometrial cancer?	No
	Is there anything else you think we should know?	Yes
💬	What else do we need to know?	The patient said *"Have swollen gland left thigh/hip? Not sure if relevant. Not painful"*

HEALTH HISTORY AND QOF QUESTIONS:

	Do you have any other medical conditions? For example: gastric ulcer, asthma, heart disease, liver disease, deep vein thrombosis (DVT)	No
	Are you taking any prescribed drugs?	Yes
💬	What other prescribed drugs are you taking?	The patient said *"Lacimator"*
	Are you taking any other drugs? For example: over-the-counter medication from your pharmacist	No
	Are you receiving any other treatment, like physio?	No
	Do you have any family history of illness? For example: heart disease, cancer	Yes
💬	Please tell us any family history of illnesses. For example: heart disease, cancer.	The patient said *"Breast cancer granny/aunt Mother has cancer of womb"*
	Are you allergic to any drugs or creams?	No
	Are you pregnant or have given birth in the last 12 weeks?	No
	Are you breast feeding?	No
	Have you or anyone in your household had COVID in the last 1 month?	No

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a prescription and ask reception to inform the patient	You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

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If you wish to manage your consultation service hours, you can visit:
https://brechinmedicalpractice.webgp.com/manage/JLDXFXYNBS

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: H229505139
Brechin Health Centre Clinician: . G P LOCUM BRECHIN LOC

HGB	127	g/L	(120-160)	WBC	8.6	x10^9/L	(4.0-11.0)
RBC	4.30	x10^12/L	(3.8-4.8)	NE#	4.5	x10^9/L	(2.0-7.5)
HCT	0.390		(0.37-0.47)	LY#	3.2	x10^9/L	(1.5-4.0)
MCV	90.7	fl	(85-105)	MO#	0.5	x10^9/L	(0.2-0.8)
MCH	29.6	pg	(27-32)	EO#	0.28	x10^9/L	(0.0-0.4)
MCC	327	g/L	(320-360)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	306	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
13 Sep 2022 13:47

Clin.Details: Testosterone:
On T47: No
irregualr periods

Request Entered: 13 Sep 2022, 18:23 Report Printed: 13 Sep 2022 18:50

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: C229505139

Brechin Health Centre — Clinician: . G P LOCUM — BRECHIN LOC

SODIUM	139	mmol/L	(133-146)	
POTASSIUM	4.0	mmol/L	(3.5-5.3)	
CREATININE	78	umol/L	(44-80)	
ESTIMATED GFR	GT60	mL/min		
	eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.			
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
ALT	LT9	U/L	(5-55)	
BILIRUBINS	14	umol/L	(0-21)	
ALKALINE PHOSPHATASE	52	U/L	(30-130)	
ALBUMIN	40	g/L	(35-50)	
CALCIUM	2.29	mmol/L	(2.10-2.55)	
CALCIUM (CORRECTED)	2.28	mmol/L	(2.10-2.55)	
TSH	2.07	mU/L	(0.4-4.0)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
13 Sep 2022 13:47

Clin.Details: Testosterone:
On T47: No
irregualr periods

Request Entered: 13 Sep 2022 18:23 — Report Printed: 13 Sep 2022 19:10

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey — Sex: F — PID: 2804980060 — DoB: 28 Apr 1998
Lab No: C2295051139

Brechin Health Centre — Clinician: . G P LOCUM — BRECHIN LOC

LH	2.7	U/L	(0.8-12.0)	
FSH	5.7	U/L	(1.1-9.6)	
TESTOSTERONE	0.6	nmol/L		

Pre-menopausal Testosterone (0.4 - 2.1 nmol/L) Post-menopausal Testosterone (<0.24 - 1.7 nmol/L)

AKI NOT AVAILABLE

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
13 Sep 2022 13:47

Clin.Details: Testosterone:
On T4?: No
irregualr periods

Request Entered: 13 Sep 2022 18:23 — Report Printed: 13 Sep 2022 19:10

NHS Tayside Communication to GP

Ward/Clinic	Perinatal CMHT	CHI	2804880060
Hospital	Clinic	Surname	LEONARD
Clinician	Richard Day	First Name	STACEY
Specialty	GENERAL PSYCHIATRY (MENTAL ILLNESS)	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	02/08/2022	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: EUPD, labile mood, PTSD

Comment/Recommendations: please commence Lamotrigine 25mg nocte, increasing in 25mg increments every 2 weeks, to an initial target of 150mg daily.

Follow up by clinic required: Yes

Follow up by clinic required: perinatal CMHN + medical review

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	Lamotrigine	25mg	daliy	mood stabilisation	titrate up in normal way as above

Is any Medication to be discontinued: Yes

Medication to be discontinued: Fluoxetine

Richard Day | Clinical Senior Lecturer / Consultant Psychiatrist | Tel:07971981882
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside

Perinatal and Infant Mental Health Team
Royal Victoria Hospital
Jedburgh Road
Dundee
DD2 1SP
07971 981 882
www.nhstayside.scot.nhs.uk

Dr TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date	03/08/2022
Clinic Date	02/08/2022
Your Ref	
Our Ref	RD/LC/ 2804880060
Enquiries to	Team Administrator
Extension	
Direct Line	07971 981 882
Email	Tay.Perinatalinfantmht@nhs.scot

Dear Dr Morley

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

Diagnosis: Emotionally Unstable Personality Disorder
PTSD

Medication: Lamotrigine 25mg nocte, increasing in 25mg increments every 2 weeks, to an initial target of 150mg daily.

Follow up: ongoing support from Karen Campbell (Perinatal CMHN)

Telephone call today, 2nd August 2022.

She reports that her mood continues to vary – from irritable, to sad, to excited, to tired – on a daily basis. Sometimes this will be an understandable change in relation to what is happening in her life but sometimes her mood will change for no clear reason.

She reports that Aripiprazole had no effect on these changes in mood, so she stopped taking it. She also says that she has discontinued Fluoxetine. Previously, she says that Quetiapine did help to stabilise her mood, but she was also gaining weight with it, so was unhappy with this. She spoke of being willing to take Quetiapine again (on the basis that feeling more settled in her mood is more important to her than her weight) but I have suggested that we might try other mood stabilisers first, to see whether they will be effective and tolerable.

In the first instance I would suggest Lamotrigine as a safe and relatively uncomplicated option. I have spoken to Stacey about the small risk of Stevens-Johnson syndrome and asked her to present to health services if she has a skin rash whilst on Lamotrigine. I would be grateful if she could be prescribed Lamotrigine 25mg nocte, increasing in 25mg increments every 2 weeks, to an initial target of 150mg daily. The prescription for Fluoxetine can be stopped.

She has ongoing input with Karen Campbell (Perinatal CMHN) and I will see her again for review once she is established on Lamotrigine.

Yours sincerely

Authorised on 04/08/2022 09:38:20 by Richard Day.
Dr Richard Day
Consultant Psychiatrist

NHS Confidential: Personal data about a patient

NHS
Tayside

Women and Child Health
Clinical Group
Acute Services
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

01382 423088

www.nhstayside.scot.nhs.uk

Dr TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date	22/06/2022
Clinic Date	22/06/2022
Your Ref	
Our Ref	YB/RC/ 2804880060
Enquiries to	Miss Rachel Craig
Extension	54568
Direct Line	01382 423088
Email	rachel.craig3@nhs.scot

Dear Dr Morley

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

I had a telephone consultation with the above named patient. She is a 34 year old para 6 (SVDs) who was referred with a request for a sterilisation procedure. The patient is absolutely certain of her decision and has considered all other alternative methods of contraception. She is currently on the Evorel patch. Her smear tests have been regular and up to date. Apart from a laparoscopy back in 2009, she has not had any major surgical procedures and has no major medical problems of note. Her BMI is 24.

I have explained the procedure and the risks and complications to this patient. She is aware of the prolonged waiting list within Gynae and her current surgical priority is P4 and she is aware that this wait could involve approximately 2 years. We will send out the relevant patient information leaflet by post. In the phase she is waiting for surgery, I have advised her regarding Mirena IUS which will be effective as a contraceptive as well as from a heavy periods perspective.

With regards

Yours sincerely

Authorised on 22/06/2022 15:49:19 by Yeswanthini Bhushan.

Dr Y Bhushan
Consultant Gynaecologist

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 33) Contraception

Some answers may need urgent attention

Some answers may need clarification

eConsult reference number: **BA74E6EE**

Submitted on: **07-03-2022 at 03:49:35**

Contact phone:
01356622497

Contact email:
stacdecril1610@gmail.com

Patient's date of birth:
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Tuesday, 8th of March. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: MD6YTQ

(The "Click here" link and PIN for this consultation will expire on Friday, 25th of March)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	The patient said *"Prescripton for patch and referral to gynaecology for sterilisation"*
Have you tried anything for this?	No
Is there any particular help you would like?	Yes
Please tell us what help you would like.	The patient said *"Patch and gynaecology referral please"*
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	No

CLINICAL QUESTIONS:

Do you want emergency contraception?	No
Do you think there is any chance that you might be pregnant?	No
Have you given birth in the last 12 weeks?	No
Have you had a miscarriage in the last 12 weeks?	No
Have you had a termination in the last 12 weeks?	No
Tell us your weight (optional)	58kg (9st 2lb)
Tell us your height (optional)	155cm (5ft 1in)
BMI score and category	24.1 (Healthy)
Do you know your blood pressure reading from the last month?	No
What contraception are you using?	Contraceptive patch
Why are you taking contraception?	Birth control
Do you have periods?	Yes
Are your periods regular?	No

Please tell us about your irregular periods.	The patient said *"Spotting occasionally but no period since baby 5 months ago"*
What was the date of the first day of your last period?	The patient said *"23/12/2020"*
How many days do you usually bleed for in your periods (for example: 5 days)?	The patient said *"5"*
On average how many days or weeks from first day of bleed to the next first day of bleed (for example: 28 days)?	The patient said *"30"*
Have you had any unexplained vaginal bleeding?	No
Have you had a sexual health check in the last 12 months?	No
Have you ever had a cervical screening (smear) test?	Yes
When was your last cervical screening (smear) test?	The patient said *"Jan 2020"*
Have you ever had an abnormal cervical screening (smear) test?	Yes
Please tell us when you had an abnormal cervical screening (smear) test and what the results were.	The patient said *"2017 cin2/3 fletz"*
Do you get headaches or migraines?	Yes
Have your headaches or migraines got worse?	Yes
How frequently are you now getting your headaches or migraines?	The patient said *"Every few days"*
When your headaches happen, do you have to take medication to make them better?	Yes
Please tell us what medication you take for your headaches or migraines.	The patient said *"Paracetomol/codeine"*
Do you get any visual symptoms, weakness or numbness associated with your headaches or migraines when they occur?	Yes
Do you smoke?	No
Please select which best describes your smoking status.	I gave up more than 1 year ago
Have you ever had a blood clot?	No
Have any of your parent(s) or sibling(s) ever been diagnosed with a blood clot?	No
Have you ever had breast cancer?	No
Have any of your parent(s) or sibling(s) been diagnosed with breast cancer?	No
The question we're about to ask may feel very sensitive. It is important that we ask this question, so that clinical staff can make the right assessment. Your answers are completely confidential.	Okay, I understand
Do you feel at risk of violence or abuse?	No
Is there anything else you would like to tell us that we have not asked?	No
On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	Skip this
For your safety, we will email you information about your contraception. It is important that you read this.	Okay, I understand

HEALTH HISTORY AND QOF QUESTIONS:

NHS Confidential: Personal data about a patient

	Are you taking any drugs or medicines that your practice doesn't know about?	No
	How many units of alcohol do you drink each week? (1 pint of beer is approximately two units and one small glass of wine is 1 unit)	0 units per week
!	Do you have any allergies?	Yes
💬	Please tell us what you are allergic to.	The patient said *"Latex"*
	Are you breastfeeding?	No
	Have you or anyone in your household had COVID in the last 3 months? Or are you self-isolating right now?	No
	If you have symptoms that might be caused by COVID, please arrange a PCR test as soon as possible via gov.uk/coronavirus or call 119. This will help your GP decide how best to treat you. A PCR test is different and more accurate than a lateral flow test that you can do at home.	Okay, I understand
!	Have you had a COVID PCR test during this illness?	No

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a prescription and ask reception to inform the patient	You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

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https://brechinmedicalpractice.webgp.com/manage/JLDXFXYNBS

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NHS Tayside

Perinatal and Infant Mental Health Team

Royal Victoria Hospital
Jedburgh Road
Dundee
DD2 1SP
www.nhstayside.scot.nhs.uk

Dr TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date	09/02/2022
Clinic Date	08/02/2022
Your Ref	
Our Ref	RD/AC/ 2804880060
Enquiries to	Team Administrator
Direct Line	07971 981882

Dear Dr Morley

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

Diagnosis: Emotionally Unstable Personality Disorder
Post-traumatic Stress Disorder

Medication: Fluoxetine 20mg
Quetiapine 25mg - 2 tabs nocte for 3-4 nights, then reducing to 1 tab nocte for a further 3-4 nights
Aripiprazole 5mg mane, increasing to 10mg mane if tolerated

Follow-up: Perinatal CMHT review

Telephone call today

She has had a lot of CMHT input, dating back to 2009 but mainly since 2017. Early input focussed on distress tolerance and anxiety, as well as her disordered eating. From the summer of 2017 she was prescribed Sertraline up to 150mg and Olanzapine (with a very brief switch to Aripiprazole). She then started with CMHT Clinical Psychology input from May 2019.

She did stop medication at various times – sometimes due to pressure from her partner, sometimes due to being pregnant – but after pregnancy, was keen to re-start medication. In August 2020, her medication was changed to Fluoxetine 20mg and Quetiapine 100mg – which she has again taken with a few interruptions, either because she was fed up of it, or because she was pregnant. Her CMHT input stopped quite abruptly in March 2021 and she has now been referred to the Perinatal CMHT after giving birth on 24/9/21.

Stacey reports that she is "all over the place" – "high manic...angry... want to kill everyone". She says that her moods vary multiple times every day and she is unaware of any trigger for these changes.

She says that when "High" she will be impulsive e.g. spends money recklessly on things that aren't needed, she is happy, more chatty that normal but still not confident. She will want to go to the shops or park (which is very atypical for her), although she still needs someone to leave the house with her, because of ongoing anxiety. She says that she can be "productive" in that she can get loads of housework and washing done, but whilst doing this, is distractible and feels rushed. She is restless overnight, feels "wide awake" but then will later on be very tired.

She then recognises that her mood tends to get agitated and angry as she feels exhausted and "crashes". At these times she can also feel very "paranoid" and will "smell things that aren't there". She also gets times when she is very withdrawn, teary tired and "a little thing can seem massive" to her.

She is clear that all of the above mood and behaviour changes can happen within a day and occur "every day". She does not recall any sustained mood changes – whether high or low – that are sustained for days or weeks.

Whilst these changes have been going on for most of her adult life, she says that they are "more intense" just now and worse than usual. She says that she thinks that she got very unwell after her previous daughter was born (May 2020) and had not fully recovered before falling pregnant again in 2021.

She does recognise that the severity of her mood changes and will vary with the amount of situational stress. At present, [redacted], which is particularly distressing to her, [redacted]. Her son is currently 4 months old and she sometimes struggles to know why he is crying. She lives with her partner and her 6 children ([redacted]). She is not breastfeeding her baby.

She has longstanding anxiety and says that she rarely leaves the house (and never if not accompanied). She says that her only adult relationships at present are with her partner and her sister. Her partner refers to her as "Jekyll and Hyde".

In terms of previous medication, she says that Sertraline caused her to have higher highs (e.g. impulsively spending lots of money on a children's party) and then worse lows. She does not recall whether Olanzapine helped. She does think that Fluoxetine and Quetiapine do reduce the severity of her mood changes and make her feel "less all over the place" but she is unhappy with associated weight gain (of about 2st) and also gets vivid dreams. She does not recall sedation with either Olanzapine or Quetiapine. She is currently taking Fluoxetine 20mg and Quetiapine 100mg again.

She says that clinical psychology input was also helpful. She spoke in terms of the psychologist normalising her experiences for someone who has been very traumatised and helping her to process day-to-day events in her life. She sometimes did not like that the psychologist gave her reassurance that she (Stacey) did not believe. They were going to start working on the trauma itself, when Stacey became pregnant again and then stopped attending.

Family History:
Stacey mentioned an aunt who has schizophrenia. [redacted]

Mental State Examination:
This was limited by being via telephone, but she did engage well with the interview and was forthcoming with information. I think that we did establish some rapport. Her speech was within normal limits in terms of rate, amount and loudness. Via her speech, her affect sounded euthymic but there was little variation to it. I did not find evidence of psychotic phenomena and she does not currently describe suicidal ideation. She does have reasonable insight into how her mood varies and that this can be worsened by stresses in her life.

Plan:
Her description of mood and behavioural variation is unusual in that none of the mood states are sustained long enough to call them discrete episodes e.g. of hypomania or depression. Similarly, although mood can change rapidly in Emotionally Unstable Personality Disorder, it is unusual for someone with EUPD to describe elevated mood and activity.

There is some evidence that an antidepressant and atypical antipsychotic can reduce the severity of the mood changes (although also Stacey's report that Sertraline caused her to have worse mood changes).

We have discussed options for medication – she is unhappy with the weight gain linked to Quetiapine, so we have agreed that she could reduce and stop this and trial Aripiprazole as an alternative that is less likely to cause weight gain.

Please prescribe Quetiapine 25mg tablets, so that she can reduce to 50mg for a few nights and then again to 25mg for a few nights, before stopping. Please also prescribe Aripiprazole, initially 5mg mane, then increasing to 10mg mane after a week if tolerated.

She has input from Karen Campbell, Perinatal CMHN and I will review her again when required.

Yours sincerely

Authorised on 10/02/2022 13:42:00 by .

Dr Richard Day
Consultant Psychiatrist
Perinatal & Infant Mental Health

NHS Confidential: Personal data about a patient

NHS
Tayside

Perinatal and Infant Mental Health Team

Royal Victoria Hospital
Jedburgh Road
Dundee
DD2 1SP
07971981882 www.nhstayside.scot.nhs.uk

Dr TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date	07/02/2022
Clinic Date	31/01/2022
Your Ref	
Our Ref	KC/GJ/ 2804880060
Enquiries to	
Extension	Extension
Direct Line	07971981882
Email	Tay.perinatalinfantmht@nhs.net

Dear Dr Morley

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

The above named was referred by her GP practice urgently due to crisis presentation and deterioration in mental health in post natal period, following the birth of her son on the 24th of September 2021. Referral was received on 25th January and she was seen at Brechin health centre on the 31st January.

History of presenting complaint:
Stacey had noticed deterioration with her mental health, in particular within the past 2 weeks. She is managing to care for her 4 month old baby but reports she is struggling to function with how she is feeling and coping with the situational stressors. She has become withdrawn and struggling to regulate emotions. She finds it difficult to maintain routine and her long term partner has to help out more. She is finding sleep is disturbed and she is having distressing dreams. She also identifies with feeling hyper vigilant as she is concerned about her oldest sons behaviour and maintaining the safety for her 5 other children. She has felt since the birth of her daughter [redacted] in May 2020, she has not been able to achieve stability. Her latest pregnancy was unplanned and had to stop medications due to risks to her unborn child of behavioural problems, which she did not wish to have that risk considering the behaviour of her 14 year old son.

Stacey is concerned for her 14 year old son [redacted] She has found this triggering due to own childhood sexual abuse experience. [redacted] Stacey does not feel she has achieved closure.

[redacted]

Stacey feels her medication is not helping at present and has requested that this be reviewed. She is currently prescribed Quetiapine 100mg daily and Fluoxetine 20mg daily.

Continued:

Continued: Stacey Leonard, 2804880060

Personal circumstances:
Stacey is one of 4 children and was raised by her mother and grandfather. Her mum was aware of abuse at the hands of their grandfather as she herself was a victim and her first child was born as a result of this abuse to her. Stacey reports they were locked in a room with their grandfather and her mum was an enabler of sexual abuse. Stacey also reports she was physically abused and there were no loving relationships whilst growing up. She was taken into care with her 2 older siblings and their younger brother was formally adopted. Stacey frequently rebelled and abused alcohol. She attempted suicide at the age of 16; antidepressant overdose whilst under the influence of alcohol, and had felt remorse at surviving this.

Stacey had 2 children [redacted] before meeting her current long term partner [redacted] who is father to [redacted]. She remains at home looking after children and her partner owns his own packing business. She is lacking in support from family and friends.

Social work have been involved with the family due to her son [redacted] She has had long standing mental health issues with a diagnosis of EUPD and PTSD with support from community mental health teams in the past and also psychology.

Past history of an assault on her oldest child, she had slapped him across the face in frustration. She was charged with this offense and Glenclova became involved; this contact is now complete.

Assessment:
Stacey appears older than her chronological years with her dyed hair showing grey at roots and tied back. No distinguishing features obvious. She spoke with a lisp due to missing teeth, which had to be removed last year. She had a masked expression throughout appointment and became tearful at times when recounting events.

Mood is subjectively and objectively low with her struggling to cope with activities of daily living and relying on her partner to complete chores. She has difficulty remaining asleep and also feels tired and lacking in motivation next day. She is unable to enjoy life at present and has no hope that this will improve in future. She does not express suicidal thoughts or intent as her children are her main focus, and she does not wish them to have the childhood that she endured.

No evidence of thought disorder or psychosis. She is cognitively intact and is insightful that her mood levels affect her ability to cope and to function, in addition to situational stressors.

Recommendation:
Stacey will be monitored by the Perinatal and Infant Mental Health Team and a medication review will be arranged in due course. The PIMHT Nurse will engage with Stacey to monitor her coping and liaise with social work to address child protection concerns.

A letter of progress will be communicated to you in due course.

Yours sincerely

Authorised on 07/02/2022 16:59:43 by Karen Campbell.

Karen Campbell
Perinatal & Infant Community Mental Health Nurse

NHS Tayside Communication to GP

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	James Kennedy	First Name	STACEY
Specialty	GENERAL PSYCHIATRY (MENTAL ILLNESS)	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	24/01/2022	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: ESC MENTAL HEALTH SCREENING HUB

Comment/Recommendations: Thank you for referring this lady, we will ask the Perinatal mental health nurse to see her

Follow up by clinic required: No

Specific Monitoring Required: No

James Kennedy | Community Mental Health Nurse | Tel:01356 692856
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside

Head and Neck Tumours
Cleft Lip and Palate
Laser
Congenital Anomalies
Hypospadias/Genital Abnormalities
Facial Palsy Reconstruction
Hand Surgery
Limb Trauma
Skin and Soft Tissue Tumour
Breast Reconstruction
Burns

Department Plastic Surgery
Reconstructive Hand Surgery
Acute Services
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Stacey Leonard
2 Wards Road
Brechin
Angus
DD9 7AS

Date 07/12/2021
Date Dictated 07/12/2021

Our Ref FJH/KN/ 2804880060
Enquiries to Kerry Nicoll, Medical Secretary
Extension 40054
Direct Line 01382 740054
Email kerry.nicoll@nhs.scot

Dear Stacey Leonard

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

Procedure: Excision lesion right scalp Date: 28/10/2021

Following your recent attendance for minor surgery at Stracathro Hospital, I am now able to inform you that the lesion you had removed was a benign vascular lesion (not cancerous). As such, there is no need for you to attend for any follow up at the Plastic Surgery Clinic.

However, if you have any concerns with the wound or wish any further information about the pathology results and feel you would rather be seen by us again, please make an appointment by phoning my secretary on the number above (or writing to the above address).

A copy of this letter has been sent to your GP

Yours sincerely

Authorised on 14/12/2021 13:56:22 by F Hogg.

Ms Fiona J Hogg MBChB, MD (Hons), FRCS (Plast)
Consultant Plastic Surgeon

(D) Dr TT Morley, Brechin Medical Practice, Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN

RHS Confidential: Personal data stored in journal

Tayside Out of Hours Service OOH Call Incident Report

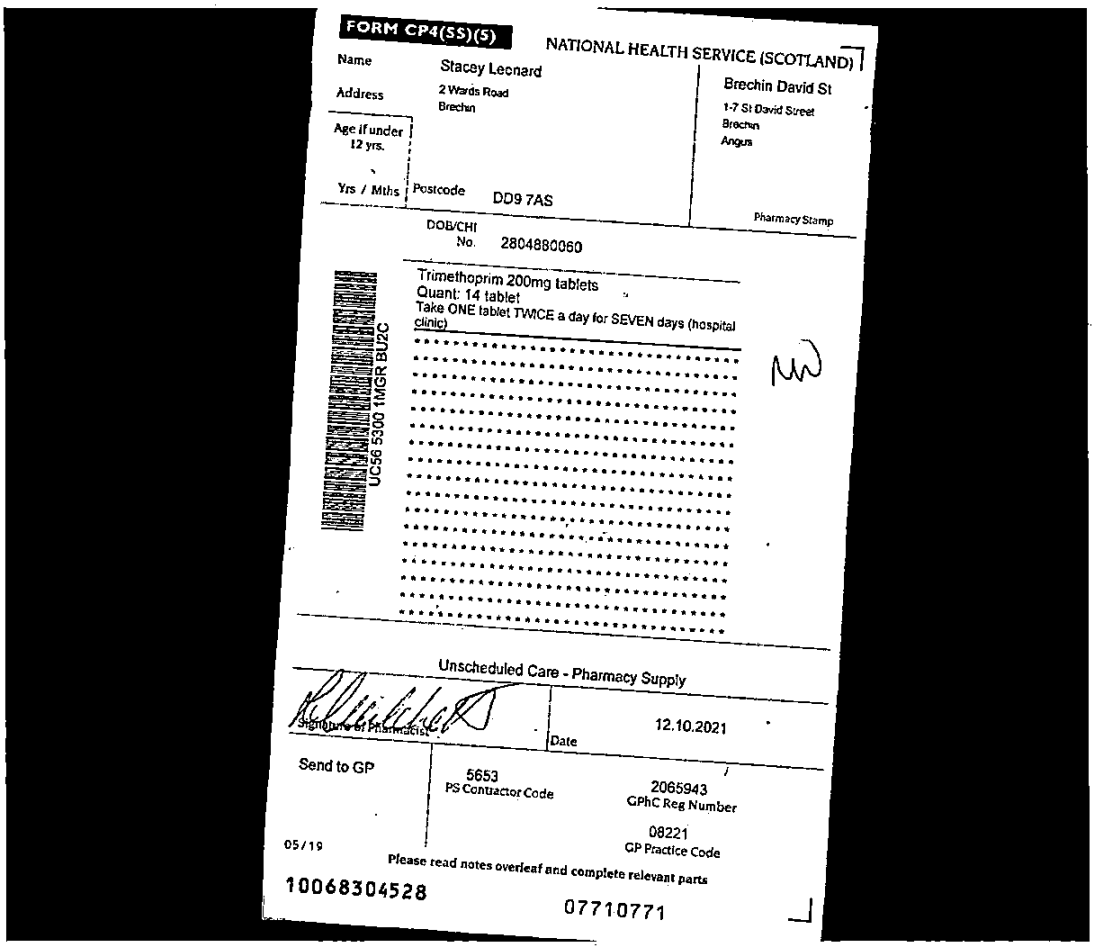
Call number:	**89798**	Receive Date:	**21-Jan-2022 16:18**
Patient's Name:	**Stacey Leonard**		
Date of birth:	**28-Apr-1988 (33 years)**	Gender:	**F**
Address:	**2 Wards Road** **Brechin** **DD9 7AS**	Current Address:	**2 Wards Road** **Brechin** **DD9 7AS**
Return Contact No:			
Tel No:	**01356 622497**		**01356 622497**
Mobile No:			
Priority:	**NHS24 Advised (Info Only)**	Call Origin:	**NHS24**
Received:	**21-Jan-2022 16:18**	Calltype:	**NHS24 Advised (Info Only)**
Advised:	**16:53**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Ruth Cranswick**

Reported Condition:
CHANGING MOOD, PTSD AND BPD **COVID-19 - NO SYMPTOMS**

Followups:
None

NHS24 details:
Disposition - **Speak to Doctor within 12 Hours (Same Day)**

NHS Confidential: Personal data about a patient



FORM CP4(SS)(5)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name: Stacey Leonard

Address: 2 Wards Road
Brechin

Age if under 12 yrs.

Yrs / Mths

Postcode: DD9 7AS

Brechin David St
1-7 St David Street
Brechin
Angus

Pharmacy Stamp

DOB/CHI No. 2804880060

UC56 5300 1MGR BU2C

Trimethoprim 200mg tablets
Quant: 14 tablet
Take ONE tablet TWICE a day for SEVEN days (hospital clinic)

Unscheduled Care - Pharmacy Supply

Signature of Pharmacist

Date: 12.10.2021

Send to GP

5653
PS Contractor Code

2065943
GPhC Reg Number

08221
GP Practice Code

05/19

Please read notes overleaf and complete relevant parts

10068304528

07710771

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 33) Administrative help

Some answers may need close attention

Submitted on 13-10-2021 at 09:46:02
eConsult reference number for this request: **F7FC6072**

Contact phone:
01356622497

Contact email:
staedecril1610@gmail.com

Patient's date of birth
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Monday, 18th of October. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: **CPH8SB**

(The "Click here" link and PIN for this consultation will expire on Sunday, 31st of October)

IDEAS, CONCERNS AND EXPECTATIONS:

	What administrative issue can we help you with?	**Other requests for documents or paperwork**
	What other administrative issue can we help you with?	**The patient said** *"Prescription for quetiapine and fluoxitine"*

HEALTH HISTORY AND QOF QUESTIONS:

	Are you taking any drugs or medicines that your practice doesn't know about?	**No**
	How many units of alcohol do you drink each week? (1 pint of beer is approximately two units and one small glass of wine is 1 unit)	**0 units per week**
	Do you smoke?	**No, but I used to smoke**
	In the last year, have you bet more than you could afford to lose? Or has someone in your household bet more than they could afford to lose?	**No**
	Do you have any allergies?	**Yes**
	Please tell us what you are allergic to.	**The patient said** *"Latex"*
	Are you, or is there a chance you might be, pregnant?	**No**
	Are you breastfeeding?	**No**
	Have you or anyone in your household had COVID in the last 3 months? Or are you self-isolating right now?	**No**
	If you have symptoms that might be caused by COVID, please arrange a PCR test as soon as possible via gov.uk/coronavirus or call 119. This will help your GP decide how best to treat you. A PCR test is different and more accurate than a lateral flow test that you can do at home.	**Okay, I understand**
	Have you had a COVID PCR test during this illness?	**No**

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

NHS
Tayside

Department Plastic Surgery – Minor Procedure Unit 2
Reconstructive Hand Surgery
Acute Services
NHS Tayside
Stracathro Hospital
Brechin
Angus
DD9 7QA

www.nhstayside.scot.nhs.uk

Dr TT Morley
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date	02/11/2021
Your Ref	
Our Ref	LMcC/pr/ 2804880060
Enquiries to	Mrs Phyl Renshaw : 28/10/2021
Extension	65063
Direct Line	01356665063
Email	phyl.renshaw@nhs.scot

Dear Dr Morley

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

Diagnosis: Papillomatous lesion right scalp

Plan: Excise under local anaesthetic

I reviewed Stacey Leonard in our 1-stop plastic surgery clinic at Stracathro today. She is a 33 year old lady who noticed a papillomatous growth on her right scalp 2 months ago. It catches while she is combing her hair.

On examination, this is a well defined, soft fleshy lesion. This was excised under local anaesthetic and closed with a Prolene suture which will require removal at the GP practice in 7 days time.

I have advised her that we will send the lesion for histological assessment, but it looks benign. We will not routinely follow her up but we will be in touch with the results of the biopsy either by 'phone or in writing.

Kind regards

Yours sincerely

Authorised on 11/11/2021 17:45:24 by Liusaidh McClymont.

Ms Liusaidh McClymont
Specialist Registrar in Plastic Surgery

NHS Confidential: Personal data about a patient

NHS Initial Discharge Communication NHS

STACEY LEONARD 2 WARDS ROAD, BRECHIN, DD9 7AS *GP Practice: Brechin Medical Practice, Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN*	CHI: 2804880060 Born: 28/04/1988

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	24/09/2021	**Discharge**	25/09/2021
Specialty	Obstetrics	**Consultant**	Dr Pauline Lynch (3265123)
From	Ward 38 South Ninewells Hospital	**Destination**	Home

Diagnoses

Delivery of a Live Baby

Operations/Procedures

Spontaneous Vaginal Delivery		24/09/2021

Actions Required for Primary Care

Communication to Primary Care

Dear Doctor,

Stacey attended Ninewells hospital on 24/09/21 @39+2 in spontaneous labour. Delivered a live baby boy with EBL 200mls. Currently doing well and fit for discharge. When contraception was discussed she is considering a BTL but undecided yet and ill discuss with her GP once decided for referral, in the interim she will use barrier methods.

Kind Regards

Dr Jessie Vanderpuije
GPST2

Medications

Discontinued Medication

Medication Notes

Allergies

	Allergy, unspecified	07/07/2010

Deleted Allergies

Follow Up Arrangements

Final Discharge Comments

Pharmacy

Copy To

NHS

Initial Discharge Communication

NHS

STACEY LEONARD 2 WARDS ROAD, BRECHIN, DD9 7AS *GP Practice: Brechin Medical Practice, Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN*	CHI: 2804880060 Born: 28/04/1988

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Dr Jessie Vanderpuije	GPST 2	25/09/2021 10:46:14
Pharmacy Sign Off			
Final Sign Off			

NHS Confidential: Personal data about a patient

Ninewells Hospital Maternity

NHS Tayside

Transferred to Postnatal Community Care - PATIENT COPY

Leonard, Stacey (CHI: 2804880060 | PMS Number: 2804880060)
28 Apr 88 (Age at Birth: 33) | 2 Wards Road, Brechin, Angus, DD9 7AS | 07368 227877 (mobile)
07:P6+1 | DOB: 24 Sep 21 at 21:52 (39+2/40) | No. of Babies: 1 | Booking BMI: 20.17 | Current BMI: 24.13 | Blood Group: O+ | Hb at 36+0: 9.2g/dL | PN 10hrs | Current Care: Hospital

Postnatal Key Details

Date/time gave birth 24 Sep 21 at 21:52
Baby 1 Outcome Livebirth
Baby 1 Birthweight 3420
Baby 1 Sex Male
Location of birth Ninewells Hospital Maternity
Primary Language Spoken English
Interpreter/Communication Professional Required No
Hb 9.2 (08 Sep 21 at 13:15)
FGM None
Internal Transfers
19 Aug 21 at 21:45 For antenatal observation
25 Sep 21 at 06:21 Reason not recorded
25 Sep 21 at 11:37 Reason not recorded

Date Received in Practice
28 SEP 2021

Circle of Care

Delivery plan	Consultant Unit	**Intended Location of Birth**	(Not Recorded)
Lead Professional	Ford, Lorna	**Lead Professional's telephone**	(Not Recorded)
Named Midwife	Lorna Ford	**Named Midwife's telephone**	(Not Recorded)
Named Consultant	Pauline Lynch	**Team**	Blue
GP Name	Morley, Tara	**GP Practice**	Brechin Medical Practice
GP Address	Brechin Medical Practice, Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN	**GP Practice Code**	10498/1

Transfer of Care Details

Date of Discharge	25 Sep 21	**Transferred By**	Sarah Heenan
How was Transfer done	Email	**Discharged From**	Postnatal Ward
Discharge Destination	Home (usual residence)	**Telephone**	07892630501
Mobile Telephone	07368 227877	**Baby 1 transferred with mother**	Yes
Baby 1 Details	LEONARD, Baby (2409210872)		

Risk Assessment

Recorded: 25 Sep 21 at 02:22

Risk	High	**Intrapartum**	Hb <105g/l
Current Pregnancy	Prolonged Rupture of Membranes	**Previous Obstetric**	Previous Antepartum haemorrhage, Previous Prolonged ROM
Previous Baby	Previous FGR, Previous SGA < 10th centile, Previous Low Birthweight (< 2.5kg)	**Medical**	Latex Allergy (Medical)
Gynaecological	Previous Cervical Surgery	**Mental Health**	Anxiety, Family member with serious Mental Health condition, Previous depression, Previous postnatal depression, Previous severe postnatal depression, Under care of secondary mental health services
Anaesthetic	Latex allergy (Anaesthetic)		

Secondary PPH

No blood loss has been recorded

Labour and Birth Summary

Number of Babies	1	**Date and Time of Birth**	24 Sep 21 at 21:52
Gestation at Birth	39+2/40	**Onset of Labour**	Spontaneous
Final Type of Birth	Vaginal Birth	**Baby 1 Mode of Birth**	Normal, spontaneous vertex vaginal birth, occipito-anterior.
Place of Birth	NHS hospital - Shared (Consultant/GP/Midwife)	**Locations of Birth**	Ninewells Hospital Maternity
Placental Birth Method	Controlled Cord Traction	**Placenta Complete**	Apparently Complete

Ninewells Hospital Maternity

NHS

Placenta Appearance	Normal	Sent to Pathology	No
Cord Problems	None	Membranes Complete	Appears Complete
Episiotomy	No	Tear	No
Other Trauma to Vaginal Tract	No	Estimated Blood Loss (mls)	200
Analgesia/Anaesthet	Entonox	1st stage problems	None
Post Birth Problems	None	RoM Duration	0 Hours + 22 Mins
Duration of first stage	2 hrs 45 mins	Duration of second stage	0 hrs 7 mins
Duration of third stage	0 hrs 8 mins		

Medical History

Any Medical Problems None

Surgical History

Previous Anaesthetic(s) (excluding Childbirth) GA

Non-obstetric Operations Other: cx lletz and dental surgery

Latest Postnatal Observations

Recorded: 25 Sep 21 at 11:00

Blood pressure	108/66	Temperature (°C)	37.1
Pulse (bpm)	66	Breasts	No problems
Nipples	No problems	Lochia Amount	Average
Lochia Description	Bright red	Uterus	Firm (Well Contracted)
Perineum	Intact		

Latest Postnatal Meows Observations

Recorded: 24 Sep 21 at 22:30

Blood pressure	118/64	Temperature (°C)	36.6
Pulse (bpm)	70	Respirations	17
O2 Saturations	98	MEOWS Score	0

Contraception Discussed

Chosen method of contraception Barrier methods, Irreversible method (tubal ligation)

Contraception Administered No

Follow Up Appointments

Anaesthetic follow up required N/A

Additional Information

Additional Notes Postnatally well at time of discharge. SW informed of discharge - no additional action required.

Discharged to home with baby. Knows to contact community midwife/triage if concerns once home.

Blood Tests and Results

Blood Tests and Results: 15 Feb 21 at 15:23

Location:	Antenatal Clinic	Offered:	Antibodies, Blood Group and Rhesus Factor, FBC, Haemoglobinopathy - Mother, Hepatitis B, HIV, Syphilis
Accepted:	Antibodies, Blood Group and Rhesus Factor, FBC, Haemoglobinopathy - Mother, Hepatitis B, HIV, Syphilis	Antibodies:	No antibodies present
Blood Group and Rhesus Factor:	O+	Hb:	12.5
Haemacue Hb:		WCC:	8.20
Platelets:	286.00		

Blood Tests and Results: 15 Feb 21 at 16:01

Offered:	Down's Syndrome Screen, Edwards (T18) and Patau's (T13) Syndromes	Declined (Woman's Choice):	Down's Syndrome Screen, Edwards (T18) and Patau's (T13) Syndromes
Date/Time Declined:	15 Feb 21 at 16:02		

Blood Tests and Results: 05 Jul 21 at 10:46

Location:	Antenatal Clinic	Offered:	Antibodies, Blood Group and Rhesus Factor, FBC
Accepted:	Antibodies, Blood Group and Rhesus Factor, FBC	Antibodies:	No antibodies present
		Hb:	10.1
		WCC:	7.90

NHS Confidential: Personal data about a patient

NHS
Tayside

12/10/2021

Dear Colleague

Thank you for your referral. Please see the following outcome from the vetting process.

PLASTIC SURGERY SEE & DO CLINIC ROUTINE

Patient Name: Stacey Louise Leonard

CHI Number: 2804880060

Referral Date: 23/09/2021

Traumatised scalp papilloma

We will see to assess at a One Stop session and excise under LA if appropriate.

Yours sincerely

Ms Fiona Hogg

disability confident employer

Everyone has the right to the highest standard of healthcare possible
Headquarters: Ninewells Hospital & Medical School
Dundee, DD1 9SY (for mail NOT NHS Car Park)

Chair: Lorna Brown-Stewart
Chief Executive: Grant Archibald

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 33) Head injury

Some answers may need close attention

Submitted on 19-09-2021 at 15:58:47
eConsult reference number for this request: EC822C05

Contact phone:
01356622497

Contact email:
slacdecril1610@gmail.com

Patient's date of birth
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

Preferred GP
"Don't mind"

RESPONSE NEEDED BY:
6:30PM on Tuesday, 21st of September. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: NLKRQL

(The "Click here" link and PIN for this consultation will expire on Tuesday, 5th of October)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	The patient said *"Have a vastly growing growth on scalp"*
Have you tried anything for this?	No
Is there any particular help you would like?	Yes
Please tell us what help you would like.	The patient said *"Ointment/ideas for treating to get it away"*
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	Yes
Please tell us the name of the person you would like help from	The patient said *"Don't mind"*

CLINICAL QUESTIONS:

Please tell us what happened.	The patient said *"I don't know how I got it"*
When did this injury occur?	The patient said *"About 2 weeks ago"*
Have you been assaulted?	No
Have you fallen?	No
Had you been drinking alcohol when you injured your head?	No
Had you taken recreational drugs when you injured your head?	No
Are you currently under the influence of alcohol or recreational drugs?	No
Have you been involved in a road traffic collision?	No
Do you have any liquid or blood leaking from your ears or nose?	No
Have you injured your eye(s)?	No

Do you have bruising around both eyes (black eyes)?	No
Is there any bruising or swelling to your head or neck?	No
Do you have any facial weakness or slurring of speech?	No
Since this injury, have you had a seizure (fit)?	No
Since this injury, has your vision (eyesight) changed?	No
Since this injury, do you have any double vision?	No
Since this injury, do you have any loss of vision?	No
Since this injury, do you have any flashing lights in your vision?	No
Do you have any other injuries?	No
Did you lose consciousness (blackout)?	No
Have you vomited (been sick) more than once?	No
Since this injury, do you have trouble remembering things?	No
Are you feeling drowsy?	No
Are you feeling confused?	No
Are you feeling dizzy or faint?	No
Are you feeling cold and sweaty?	No
Are you having difficulty breathing?	No
Since this injury, do you have any neck pain that was not there before?	No
Since this injury, do you have any weakness in your arm(s) or hand(s) that was not there before?	No
Since this injury, have you had any new problems with walking?	No
Do you have a headache?	No
Is there a cut or wound to your head or face?	No
Do you have a blood clotting disorder (such as haemophilia)?	No
Do you take blood thinning medication?	No
Have you ever had brain surgery?	No
Have you had surgery to your spine in the past 2 weeks?	No
Have you had any head or neck surgery in the last 2 weeks?	No
On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care. • may be seen by male or female practice staff. • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	Skip this
Is there anything else you would like to tell us that we have not asked?	No

HEALTH HISTORY AND QOF QUESTIONS:

Are you taking any drugs or medicines that your practice doesn't know about?	No
How many units of alcohol do you drink each week? (1 pint of beer is approximately two units and one small glass of wine is 1 unit)	0 units per week
Do you smoke?	No, but I used to smoke
Do you have any allergies?	Yes

NHS Confidential: Personal data about a patient

	Please tell us what you are allergic to.	The patient said *"Latex"*
	Are you breastfeeding?	No
	Are you, or is there a chance you might be, pregnant?	Yes
	Have you or anyone in your household had COVID in the last 3 months? Or are you self-isolating right now?	No

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a **prescription** and ask reception to inform the patient	You may signpost to an **alternate service** via reception (e.g. pharmacy)	You may wish to **telephone the patient** to close the consultation	You may ask reception to **book an appointment** with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 33) General advice

Some answers may need close attention

1 photo(s) included

Submitted on 20-09-2021 at 15:53:31
eConsult reference number for this request: C4ECF6AF

Contact phone:
01356622497

Contact email:
stacdecril1610@gmail.com

Patient's date of birth
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Tuesday, 21st of September. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: 9GDPQV

(The "Click here" link and PIN for this consultation will expire on Wednesday, 6th of October)

IDEAS, CONCERNS AND EXPECTATIONS:

Tell us how we can help you	I think I may need treatment I think I may need a referral
Please provide us with details of your problem	The patient said *"Growth on scalp?? Mole? Skin tag?"*
Have you tried anything to treat yourself?	No
Is there any particular treatment you would like to request?	Not applicable
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	No

CLINICAL QUESTIONS:

Is this a problem your GP knows about?	No
To ensure we only ask you relevant questions, please select the main symptom (or symptoms) that apply to you	Bleeding Pain
Did the pain start after an injury?	No
Where does it hurt?	Other area
What other parts of your body hurt?	The patient said *"Scalp"*
Does it hurt more when you move? For example: when you twist or bend?	No
Does the pain move anywhere else or cover any other area?	No
Are there any other symptoms with this pain?	No
Are you currently bleeding?	No
Are you experiencing any dizziness or weakness or had any loss of consciousness?	No
Are you experiencing any shortness of breath?	No

Are you bruising easily with minimal or no injury?	No
Do you suffer from any bleeding disorder diseases?	No
Do you take any medications that thin your blood? Such as: Aspirin, Clopidogrel (Plavix), Dipyridamole (Persantin) or Assantin (aspirin + dipyridamole), Prasugrel (Efient), Ticagrelor (Brilique), Rivaroxaban (Xarelto), Dabigatran (Pradaxa), Apixaban (Eliquis), Edoxaban (Lixiana), Dalteparin (Fragmin), Heparin, Enoxaparin (Clexane), Tinzaparin (Innohep), Fondaparinux (Arixtra), Warfarin, Phenindione, Acenocoumarol	No
Where are you bleeding from?	Other Skin
Where is your skin bleeding?	The patient said *"Mole/ skin tag"*
What other part of your body is bleeding?	The patient said *"None"*
How long have you been bleeding for?	Less than 1 day
Have you had any trauma or injury to the bleeding area?	No
How much blood do you lose when these episodes occur?	Small amounts (less than an eggcup full)
Do you pass clots?	No
How often does your condition affect you?	Not applicable
Is there anything that makes your condition better?	No
Is there anything that makes your condition worse?	No
What do you do for a living?	The patient said *"Housewife"*
Have you travelled abroad recently?	No
On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	I understand, I want to upload photos
Is there anything else you think we should know?	No

HEALTH HISTORY AND QOF QUESTIONS:

Are you taking any prescribed drugs not related to this condition?	No
Are you taking any other drugs? For example: over-the-counter medication from your pharmacist	No
Do you have any family history of illness? For example: heart disease, cancer	I don't know
Do you know how many units of alcohol you drink each week? (1 pint of beer is approximately two units and one small glass of wine is 1 unit)	Zero
Do you smoke?	No, but I used to smoke
In the last year, have you bet more than you could afford to lose? Or has someone in your household bet more than they could afford to lose?	No
Are you allergic to any drugs or creams?	No
Are you breast feeding?	No
Are you, or is there a chance you might be, pregnant?	Yes
Have you or anyone in your household had COVID in the last 3 months? Or are you self-isolating right now?	No

3 photo(s) included on the following page(s)

If you think it would be helpful, please upload photo(s) of your condition. Please tell us, in a few words, where on the body this photo has been taken. You can upload up to 4 photos.

The patient said:
"Mole"



If you think it would be helpful, please upload photo(s) of your condition. Please tell us, in a few words, where on the body this photo has been taken. You can upload up to 4 photos.

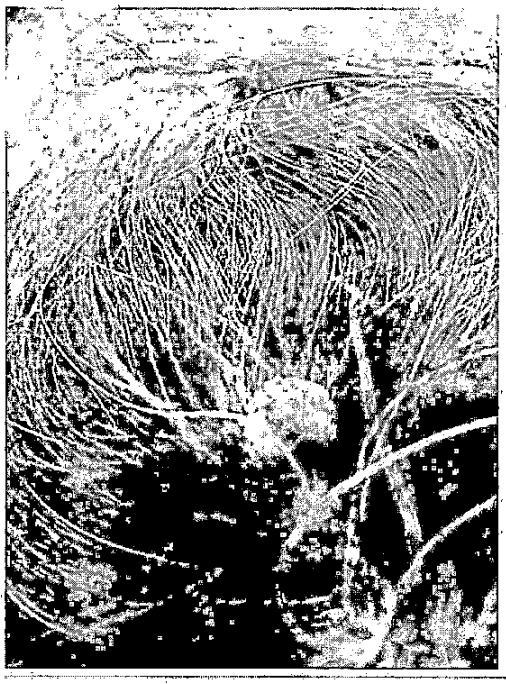
The patient said:
"Mole"



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If you think it would be helpful, please upload photo(s) of your condition. Please tell us, in a few words, where on the body this photo has been taken. You can upload up to 4 photos.

The patient said:
"Mole? Skin tag?"



STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a **prescription** and ask reception to inform the patient	You may signpost to an **alternate service** via reception (e.g. pharmacy)	You may wish to **telephone the patient** to close the consultation	You may ask reception to **book an appointment** with GP or nurse

If you need to report a clinical incident, you can do so here: https://eConsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic	LHC matty	CHI	2804880060
Hospital	Arbroath Infirmary	Surname	LEONARD
Clinician	Lorna Ford	First Name	STACEY
Specialty	COMMUNITY MIDWIFERY	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	15/04/2021	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: pertussis vaccine boostrix (combined-polio, diptheria,tetanus and pertussis) given into left deltoid batch ac39b142be exp 07/22

Comment/Recommendations:

Follow up by clinic required: No

Specific Monitoring Required: No
The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.					

Is any Medication to be discontinued: No

Lorna Ford | Midwife | Tel:01241622537
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside

Community Mental Health Service
NHS Tayside
Stracathro Hospital
Brechin
Angus
DD9 7QA
Phone No: 01356 692856
www.nhstayside.scot.nhs.uk

Ms Stacey Leonard
2 Wards Road
Brechin
Angus
DD9 7AS

Clinic Date:	20/07/2021
Date Dictated	
Date Typed:	28/07/2021
Your Ref:	
Our Ref:	SC/JJ/ 2804880060
Enquiries to:	Medical Secretary
Extension:	65856
Direct Line:	01356 692856
Email:	jayne.jamieson@nhs.net

Dear Ms Leonard

I had booked you in for an outpatient appointment on 20.07.21 at Stracathro Hospital. I note that you had contact with Dr McStravick earlier on this year, but this and contact with Sandra Lindsay then came to an end.

Could you please let us know whether you want any further support from our team and then I could certainly arrange that. I note from your GP records also that you found out about being pregnant in February of this year.

Please let us know if we can be of any further help.

Kind regards.

Yours sincerely

Authorised on 24/08/2021 08:34:57 by Dr Stefan Clos.

Dr Stefan Clos
Locum Consultant Psychiatrist

(D) Dr T T Morley, Brechin Medical Practice, Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN
(P) CMHT, Learning & Development Centre, Stracathro Hospital, Brechin, DD9 7QA - **? for Perinatal Pathway**

NHS Confidential: Personal data about a patient

NHS | Initial Discharge Communication | NHS

STACEY LEONARD 2 WARDS ROAD, BRECHIN, DD9 7AS *GP Practice: Brechin Medical Practice, Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN*	CHI: 2804880060 Born: 28/04/1988

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	19/08/2021	**Discharge**	22/08/2021
Specialty	Obstetrics	**Consultant**	Dr Pauline Lynch (3265123)
From	Ward 38 North Ninewells Hospital	**Destination**	Home

Diagnoses

Acute abdominal pain syndrome	

Operations/Procedures

Actions Required for Primary Care

Communication to Primary Care

Dear Doctor,

Stacey Leonard was admitted to Ninewells Hospital for observation following presentation with lower abdominal cramping pains. She gave no history of ruptured membranes and was otherwise well. Observations throughout her short stay have remained normal. These cramping pains were irregular and beginning to reduce in frequency after 12 hours. CTG was reassuring. Stacey is now fit for discharge with a diagnosis of likely irritable uterus; she will continue to be managed by her community midwife. Her low Hb was noted. As she is already taking oral folic acid and iron replacement we will arrange for a dose of IV iron replacement.

Kind regards,

Medications

Drug & Formulation	Dose	How to take	How long to take	Supply	Dispensary
Fluoxetine 20mg capsules	20mg	ONE TO BE TAKEN EVERY DAY AS ADVISED BY CMHT		Own at Home	
Quetiapine 100mg tablets	100mg	TAKE ONE AT NIGHT AS ADVISED BY CMHT		Own at Home	

Discontinued Medication

Medication Notes

Allergies

	Allergy, unspecified	07/07/2010

Deleted Allergies

Follow Up Arrangements

Final Discharge Comments

Initial Discharge Communication

STACEY LEONARD 2 WARDS ROAD, BRECHIN, DD9 7AS *GP Practice: Brechin Medical Practice, Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN*	CHI: 2804880060 Born: 28/04/1988

Pharmacy

Pharmacy Check Type: **Professional check**

Pharmacist checked prescription with limited access to information. Please contact prescriber for any queries

Copy To

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Dr Claire McWhirter	Specialty Trainee 1	20/08/2021 12:56:42
Pharmacy Sign Off	Miss Molly Walker	Rotational Pharmacist	20/08/2021 12:59:12
Final Sign Off			

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 32) Vaginal problem

Some answers may need urgent attention

Some answers may need close attention

Submitted on 02-04-2021 at 12:45:58
eConsult reference number for this request: 510D1655

Contact phone:
07368227877

Contact email:
staedecrill1610@gmail.com

Patient's date of birth
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Tuesday, 6th of April. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: ZGQWPC

(The "Click here" link and PIN for this consultation will expire on Saturday, 17th of April)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	The patient said *"Need something to treat bv"*
Have you tried anything for this?	Yes
Please tell us what you have tried.	The patient said *"Betafem"*
Is there any particular help you would like?	Yes
Please tell us what help you would like.	The patient said *"Something that I can use safely to treat bv while pregnant"*
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	No

CLINICAL QUESTIONS:

The questions we've about to ask may feel very sensitive. It is important that we ask these questions, so that clinical staff can make the right assessment. Your answers are completely confidential.	Okay, I understand
Please describe your symptoms.	The patient said *"Discomfort, discharge"*
Have you had an injury to your abdomen (tummy) or your genital area?	No
Could you have been sexually assaulted?	No
Do you have anything stuck in your vagina?	No
Have you had a temperature of 38 degrees C (100.4 degrees F) or above during this illness?	No
Have you had any profuse sweating, severe chills, or uncontrollable shivering?	No
Are you pregnant or is there any chance you might be pregnant?	Yes
Do you have pain in your abdomen (tummy)?	No

Have you had any vaginal bleeding?	No
Do you have a rash or skin problem on your vulva?	No
Have you had sex in the past 3 months?	Yes
Do you have pain during sex?	Yes
Have you had vaginal sex in the past 3 months?	Yes
Do you feel pain deep in your pelvis when you are having vaginal sex?	No
Do you have any lump(s) or swelling on your vulva?	No
Do you have any abnormal vaginal discharge?	Yes
Please tell us more about your abnormal vaginal discharge.	The patient said *"Fishy smelly"*
Have you passed urine (peed) in the last 12 hours?	Yes
Do you have any urine problems (problems with your pee)?	No
Do you feel any heaviness or discomfort in your vagina, or feel like a lump is coming down?	Yes
Are you able to push any lump back into the vagina?	No
Have you had any unexplained weight loss in the last 3 months?	No
Have you had any bloating or swelling of your abdomen (tummy) that has lasted longer than a month?	No
Have you ever had a smear test?	Yes
When was your last smear test?	The patient said *"January 2021"*
Have you ever had an abnormal smear test?	Yes
Please tell us when you had an abnormal smear test and what the results were.	The patient said *"CIN3 Aug 2017"*
Is there anything else you would like to tell us that we have not asked?	No

HEALTH HISTORY AND QOF QUESTIONS:

Are you taking any drugs or medicines that your practice doesn't know about?	No
How many units of alcohol do you drink each week? (1 pint of beer is approximately two units and one small glass of wine is 1 unit)	0 units per week
Do you smoke?	No, but I used to smoke
Do you have any allergies?	Yes
Please tell us what you are allergic to.	The patient said *"Latex"*
Are you breastfeeding?	No
Have you given birth in the last 12 weeks?	No

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a **prescription** and ask reception to inform the patient

You may signpost to an **alternate service** via reception (e.g. pharmacy)

You may wish to **telephone the patient** to close the consultation

You may ask reception to **book an appointment** with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 32) Vaginal problem

Some answers may have been altered

Submitted on 09-04-2021 at 07:41:10
eConsult reference number for this request: 93E4C12E

Contact phone:
01356622497

Contact email:
stacdecrli1610@gmail.com

Patient's date of birth
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Monday, 12th of April. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: 6XPW6J

(The "Click here" link and PIN for this consultation will expire on Sunday, 25th of April)

IDEAS, CONCERNS AND EXPECTATIONS:

Please tell us in a few words how we can help.	The patient said *"Using a prescription for bv but symptoms are worsening"*
Have you tried anything for this?	Yes
Please tell us what you have tried.	The patient said *"Betatem and cream"*
Is there any particular help you would like?	No
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	No

CLINICAL QUESTIONS:

The questions we've about to ask may feel very sensitive. It is important that we ask these questions, so that clinical staff can make the right assessment. Your answers are completely confidential.	Okay, I understand
Please describe your symptoms.	The patient said *"Burning, itching, discharge"*
Have you had an injury to your abdomen (tummy) or your genital area?	No
Could you have been sexually assaulted?	No
Do you have anything stuck in your vagina?	No
Have you had a temperature of 38 degrees C (100.4 degrees F) or above during this illness?	No
Have you had any profuse sweating, severe chills, or uncontrollable shivering?	No
Are you pregnant or is there any chance you might be pregnant?	Yes
Do you have pain in your abdomen (tummy)?	No
Have you had any vaginal bleeding?	No
Do you have a rash or skin problem on your vulva?	No

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	Have you had sex in the past 3 months?	Yes
!	Do you have pain during sex?	Yes
	Have you had vaginal sex in the past 3 months?	Yes
	Do you feel pain deep in your pelvis when you are having vaginal sex?	No
	Do you have any lump(s) or swelling on your vulva?	No
!	Do you have any abnormal vaginal discharge?	Yes
💬	Please tell us more about your abnormal vaginal discharge.	The patient said *"Smelly, thin"*
	Have you passed urine (peed) in the last 12 hours?	Yes
	Do you have any urine problems (problems with your pee)?	No
	Do you feel any heaviness or discomfort in your vagina, or feel like a lump is coming down?	No
	Have you had any unexplained weight loss in the last 3 months?	No
	Have you had any bloating or swelling of your abdomen (tummy) that has lasted longer than a month?	No
	Have you ever had a smear test?	Yes
💬	When was your last smear test?	The patient said *"Jan 2021"*
!	Have you ever had an abnormal smear test?	Yes
💬	Please tell us when you had an abnormal smear test and what the results were.	The patient said *"Cin3 2017"*
	Is there anything else you would like to tell us that we have not asked?	No

HEALTH HISTORY AND QOF QUESTIONS:

	Are you taking any drugs or medicines that your practice doesn't know about?	No
	How many units of alcohol do you drink each week? (1 pint of beer is approximately two units and one small glass of wine is 1 unit)	Don't know
	Do you smoke?	No, but I used to smoke
!	Do you have any allergies?	Yes
💬	Please tell us what you are allergic to.	The patient said *"Latex"*
	Are you breastfeeding?	No
	Have you given birth in the last 12 weeks?	No

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a prescription and ask reception to inform the patient	You may signpost to an alternate service via reception (e.g. pharmacy)	You may wish to telephone the patient to close the consultation	You may ask reception to book an appointment with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Tayside

GAP CMHT BRECHIN/MONTROSE

Stracathro Hospital
Brechin
Angus
DD9 7QA
www.nhstayside.scot.nhs.uk

Dr J Dyker
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date	30/03/2021
Clinic Date	30/03/2021
Your Ref	
Our Ref	SL/SL/ 2804880060
Enquiries to	01356 692856
Extension	Extension
Direct Line	DirectLine
Email	Email

Dear Dr Dyker

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

Stacey has been on my caseload since July 2016, for low mood and passive suicidal ideation, in that time I have referred her to eating disorders service which she failed to engage with, I then did some stabilisation work with her so that she could engage with Dr McStravick Clinical Psychologist.
She has a very complex history of past trauma which has been previously documented.
She also had a support worker for a short time but disengaged with this as well.

Stacey has been prescribed medications that have help with her symptoms but has never been fully established on them, mostly as her partner disagrees with pharmalogical treatments for mental health and encourages her to stop taking them.

Her family life appears to move from one crisis to another, mostly involving her older children's behaviour and mental health issues she has 5 children and is pregnant with her sixth, and is not able to engage with therapeutic work.

Stacey has not been responding to my telephone calls or opt in letters, I have discussed her case with Dr McStravick and senior staff and I will be discharging her from my caseload, she remains open to the team with Dr Clos, Dr McStravick will also write to you in due course.

Yours sincerely

Authorised on 30/03/2021 12:08:00 by Sandra Lindsay.

Sandra Lindsay

NHS Tayside Communication to GP

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Stefan Clos	First Name	STACEY
Specialty	GENERAL PSYCHIATRY (MENTAL ILLNESS)	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	08/03/2021	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: PTSD and associated depressive symptoms; Historical diagnosis of EUPD and PND; 11/52 pregant

Comment/Recommendations: pleae continue with fluoxetine 20mg OD and quetiapine 100mg . Will review in 3/12, earlier if required.

Follow up by clinic required: Yes

Follow up by clinic required: FU via CMHT

Specific Monitoring Required: No
The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.					

Is any Medication to be discontinued: No

Stefan Clos | Locum Consultant Psychiatrist | Tel:01356 692856
Ninewells Switch Board Tel:01382 660111

NHS Tayside Communication to GP

Ward/Clinic	matty arb	CHI	2804880060
Hospital	Arbroath Infirmary	Surname	LEONARD
Clinician	Lorna Ford	First Name	STACEY
Specialty	COMMUNITY MIDWIFERY	Address	2 WARDS ROAD BRECHIN DD9 7AS
Date	16/02/2021	GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: flu vacc given in left deltoid flucelvax tetra P10025416 exp 06/21

Comment/Recommendations:

Follow up by clinic required: No

Specific Monitoring Required: No
The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.					

Is any Medication to be discontinued: No

Lorna Ford | Midwife | Tel:01241822537
Ninewells Switch Board Tel:01382 660111

[redacted]

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Stefan Clos	First Name	STACEY
Date	06/01/2021	Address	2 WARDS ROAD BRECHIN DD9 7AS
		GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: PTSD and associated depressive symptoms; Historical diagnosis of EUPD and PND

Comment/Recommendations: some improvement on fluoxetine/quetipaine combination but stopped this unilaterally ?due to pressure from partner; now requesting to restart

Follow up by clinic required: Yes

Follow up by clinic required: CMHN Snarda Lindsay and PSychologist Dr McStravick remain involved; Review from my end in 1-2/12

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	fluoxetine	20mg	OD	depression	ongoing until review
2.	quetiapine	100mg	nocte	antidepressant augmentation	ongoing until review

Is any Medication to be discontinued: No

NHS Confidential: Personal data about a patient

Practice Message ID: JLDXFXYNBS eConsult ID: brechinmedicalpractice

Brechin Health Centre

consult

You may want to check the patient's personal details against their record.

Online consultation request for Stacey Leonard (Female, Age 32) General advice

Some answers may need close attention

Submitted on 30-12-2020 at 19:01:36
eConsult reference number for this request: 91A6EDAE

Contact phone:
07368227877

Contact email:
stacdocrill1610@gmail.com

Patient's date of birth
28-04-1988

Patient's address:
2 Wards Road, Brechin, DD9 7AS

RESPONSE NEEDED BY:
6:30PM on Thursday, 31st of December. A same day response is best.

SEND STACEY A MESSAGE:
Click here or go to https://brechinmedicalpractice.webgp.com/pcm/JLDXFXYNBS and enter this consultation PIN: 2FNGDS

(The "Click here" link and PIN for this consultation will expire on Thursday, 14th of January)

IDEAS, CONCERNS AND EXPECTATIONS:

Tell us how we can help you	I think I may need treatment
Please provide us with details of your problem	The patient said *"Have had itchy ear for months now have blood coming out"*
Have you tried anything to treat yourself?	No
Is there any particular treatment you would like to request?	No
Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.	No

CLINICAL QUESTIONS:

Is this a problem your GP knows about?	No
To ensure we only ask you relevant questions, please select the main symptom (or symptoms) that apply to you	Bleeding Ear symptoms
Are you currently bleeding?	Yes
Does the bleeding continue despite applying direct pressure?	No
Is the blood continuing to heavily leak through the application of pressure?	No
Is the bleeding related to an injury?	No
Are you experiencing any dizziness or weakness or had any loss of consciousness?	No
Are you experiencing any shortness of breath?	No
Are you bruising easily with minimal or no injury?	No
Do you suffer from any bleeding disorder diseases?	No
Do you take any medications that thin your blood? Such as: Aspirin, Clopidogrel (Plavix), Dipyridamole (Persantin) or Assanin (aspirin + dipyridamole), Prasugrel (Effient), Ticagrelor (Brilique), Rivaroxaban (Xarelto), Dabigatran (Pradaxa), Apixaban (Eliquis),	No

Edoxaban (Lixiana), Dalteparin (Fragmin), Heparin, Enoxaparin (Clexane), Tinzaparin (Innohep), Fondaparinux (Arixtra), Warfarin, Phenidione, Acenocoumarol	
Where are you bleeding from?	Other
What other part of your body is bleeding?	The patient said "Ear"
How long have you been bleeding for?	1-3 days
Have you had any trauma or injury to the bleeding area?	No
How much blood do you lose when these episodes occur?	Small amounts (less than an eggcup full)
Do you pass clots?	No
Please tell us which ear symptoms you have	Discharge from the ear(s) Itching in the ear(s)
Which ear(s) has discharge (fluid) leaking out?	Right
How long have you had discharge from the ear(s) for?	1-4 weeks
What colour is the discharge (fluid) coming from your ear(s)?	Yellow (pus)
Which ear(s) is itchy?	Both
How long have you had itching in the ear(s) for?	3-6 months
How often does your condition affect you?	It is there all the time since it started
Is there anything that makes your condition better?	No
Is there anything that makes your condition worse?	No
What do you do for a living?	The patient said "Na"
Does the problem interfere with your ability to do any of the following? You can select multiple answers.	Doesn't interfere at all
How would you describe your general health?	I am ususlly very well
Have you travelled abroad recently?	No
Are any members of your household generally unwell at the moment?	No
On the next screen you'll be able to upload photos related to your request. Uploading photos is optional. Please keep in mind that any photos you upload: • will be added to your clinical record and used for your clinical care, • may be seen by male or female practice staff, • should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.	Skip this
Is there anything else you think we should know?	No

HEALTH HISTORY AND QOF QUESTIONS:

Are you taking any prescribed drugs not related to this condition?	No
Are you taking any other drugs? For example: over-the-counter medication from your pharmacist	No
Do you have any family history of illness? For example: heart disease, cancer	None
Do you know how many units of alcohol you drink each week? (1 pint of beer is approximately two units and one small glass of wine is 1 unit)	Zero
Do you smoke?	No, but I used to smoke
In the last year, have you bet more than you could afford to lose? Or has someone in your household bet more than they could afford to lose?	No

NHS Confidential: Personal data about a patient

Are you allergic to any drugs or creams?	No
Are you pregnant or have given birth in the last 12 weeks?	No
Are you breast feeding?	No

STACEY'S ANSWERS ABOUT THEIR CONDITION END HERE. NEXT STEPS:

You can offer this patient a **prescription** and ask reception to inform the patient	You may signpost to an **alternate service** via reception (e.g. pharmacy)	You may wish to **telephone the patient** to close the consultation	You may ask reception to **book an appointment** with GP or nurse

If you need to report a clinical incident, you can do so here: https://econsult.net/clinical-incident-reporting/

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : LEONARD, Stacey
CHI No : 2804880060 Clinician: Dr Sarab HANNA
DoB : 28 Apr 1988 Sex: F Brechin Health Centre
Post Code: DD9 7AS

Site: HVS Test reason:: discharge in for smear - discharge and itch ? thrush

20B513178 Date/Time of Specimen: 11 Nov 2020 12:16
VAGINAL SWAB

Culture:
No growth of pathogenic bacteria
No Candida Isolated

- NO Trichomonas seen
- No Clue cells seen

Date of Report: 13 Nov 2020 AUTH:
BRECHIN HANS2G

NHS Confidential: Personal data when printed

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Stefan Clos	First Name	STACEY
Date	31/07/2020	Address	2 WARDS ROAD BRECHIN DD9 7AS
		GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: PTSD and associated depressive symptoms; Historical diagnosis of EUPD

Comment/Recommendations: ongoing depressive features post partum; previous good response to sertraline, recently commenced on 50mg OD; Please uptitrate, up to 150 mg OD if required. Leave dose of olanzapine until review

Follow up by clinic required: Yes

Follow up by clinic required: ongoing CMHN input (Sandra Findlay); will review in person if required.

Specific Monitoring Required: No
The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	sertraline	100mg	OD	depression/PTSD	ongoing until review

Is any Medication to be discontinued: Yes

Medication to be discontinued: previous regime of sertraline

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Stefan Clos	First Name	STACEY
Date	02/09/2020	Address	2 WARDS ROAD BRECHIN DD9 7AS
		GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: PTSD and associated depressive symptoms; Historical diagnosis of EUPD; depressive features post partum

Comment/Recommendations: revied on 11/08/20 (Px for fluoxetine 20mg OD and quetiapine 100mg nocte given) and again today. Responding to medication change and suggest to continue

Follow up by clinic required: Yes

Follow up by clinic required: ongoing support from CMHN Sandra Lindsay and Dr McStravick

Specific Monitoring Required: No
The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	fluoxetine	20mg	OD	depression	ongoing
2.	quetiapine	100mg	OD nocte	SSRI augmentation	2-3/12 then slowly taper off

Is any Medication to be discontinued: Yes

Medication to be discontinued: sertraline; olanzapine

NHS Confidential: Personal data about a patient

This letter replaces all previous discharge letters that have been received relating to this patient's episode of care.

NHS Tayside

Stracathro Hospital
Discharging Ward: Surgery (Oral and Maxillofacial Surgery)

IMMEDIATE DISCHARGE LETTER

Dr. JULIE DYKER
BRECHIN MEDICAL PRACTICE
BRECHIN HEALTH CENTRE
INFIRMARY STREET
BRECHIN
DD9 7AN

Date: 09/10/2020
Letter Version: 1.0
Enquiries to:
Telephone:
Email:

STACEY LOUISE LEONARD, CHI: 2804880060, DOB: 28/04/1988, 2 WARDS ROAD, BRECHIN, DD9 7AS

Read Code	Diagnosis	Date	Laterality	Principal / Other
	fillings, extractions and scale & polish	**08/10/2020**		**Principal**

Date of Admission: **08/10/2020**
Mode of Admission: **Elective**
Source of Admission: **Elective**
Admission Reason: **fillings,extractions and scale & polish**
Admission Ward: **Surgery**
Admission Speciality: **Oral and Maxillofacial Surgery**
Discharge Type: **Discharge from NHS inpatient/day case care**
Date Of Discharge: **08/10/2020**
Discharge Destination: **Private Residence - lives with relatives or friends**

Read Code	Operations, Procedures, Investigations and Complications	Date	Laterality	Principal / Other
	full dental clearance + fil F/F immediate replacement	**08/10/2020**		**Principal**

Medications

Drug	Dose	Frequency	Duration	Quantity	Supply	Additional Information
Co-codamol 30mg/500mg tablets	1-2 tablets	4 - 6 Hourly - max 8 tablets in 24 hours			Own At Home	
Ibuprofen 400mg tablets	1 tablet	3 x a day - if required for pain			Own At Home	
Fluoxetine 20mg capsules	1 tablet	At night			Own At Home	
Quetiapine 100mg tablets	1 tablet	At night			Own At Home	

Medicines not checked by pharmacist before discharge. For any clinical information contact prescriber.

Medication Comments / Other Information

No change to pre admission medications

Follow Up Details

Follow Up	Date	Date To Be Arranged
Monday 12th Octobetr at Springfield Arbroath 1330		Yes

Communication To Primary Care

Dear Doctor,

Ms Leonard was admitted to the SRTC for the above procedure, which was performed without complication. Ms Leonard is recovering well and has now been discharged home.

If you have any queries regarding the procedure, please do not hesitate to get in touch.

kind regards

Mrs Kerry Low (Position: Non-Medical Prescriber. Pager: _____)

Date/Time Signed Off: 08/10/2020 13:11:08

Discharge Consultant: GILLIAN MARY ELLIOTT

Appendix

No items have been appended to this letter.

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic	Outpatient	CHI	2804880060
Hospital	Montrose / Brechin CMHT	Surname	LEONARD
Clinician	Helen Simonsen	First Name	STACEY
Date	28/05/2020	Address	2 WARDS ROAD BRECHIN DD9 7AS
		GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: EUPD, PTSD

Comment/Recommendations: Message from CMHN- please re-start olanzapine 2.5mg daily as below

Follow up by clinic required: Yes

Follow up by clinic required: As before

Specific Monitoring Required: Yes

Monitoring Recommended: Routine antipsychotic monitoring via CMHT

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	Olanzapine	2.5mg	once daily	mood changes, agitation	ongoing

Is any Medication to be discontinued: No

Helen Simonsen | Locum Consultant | Tel:01241 437200
Ninewells Switch Board Tel 01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic	Maternity	CHI	2804880060
Hospital	Arbroath Infirmary	Surname	LEONARD
Clinician	Joanne Nelson	First Name	STACEY
Date	01/06/2020	Address	2 WARDS ROAD BRECHIN DD9 7AS
		GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: MSSU tested positive for E-Coli. Postnatal Day 16.

Comment/Recommendations: Requires 7 days antibiotics. Sensitive to Trimethoprim, sensitive to amoxicillin. Please send prescription to Boots Chemist, Brechin.

Follow up by clinic required: No

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	As prescribed	As prescribed	As prescribed	EColi positive on MSSU	7 days

Is any Medication to be discontinued: No

Joanne Nelson | Midwife | Tel 01241 822537
Ninewells Switch Board Tel.01382 660111

NHS Confidential: Personal data about a patient

Ward/Clinic		CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Stefan Clos	First Name	STACEY
Date	09/07/2020	Address	2 WARDS ROAD BRECHIN DD9 7AS
		GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: PTSD and associated depressive symptoms; Historical diagnosis of EUPD

Comment/Recommendations: ongoing depressive features post partum; previous good response to sertraline

Follow up by clinic required: No

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	sertraline	50mg	OD at night	depression	ongoing until further review

Is any Medication to be discontinued: No

Further comment/Recommendations:
continue Olanzapine as before.

NHS Confidential: Personal data about a patient

Women and Child Health
Clinical Group
Acute Services
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Dr P Lynch
Consultant Obstetrician & Gynaecologist
Ward 38
Ninewells Hospital
Dundee
DD1 9SY

Date	29/11/2019
Clinic Date	27/11/2019
Your Ref	
Our Ref	bp/ 2804880060
Enquiries to	Ms Robyn Caird
Extension	40538
Direct Line	01382 740538
Email	robyn.caird@nhs.net

Dear Pauline

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

I reviewed this patient in the gynaecology clinic in Arbroath in the latter half of August 2019. She was referred in view of symptoms of right iliac fossa pain, raised Ca125 and a cystic lesion of uncertain origin in the pouch of Douglas. Her Ca125 has been between 50 – 70. I had arranged an MRI the report of which has concluded a simple, small right adnexal cyst with a mild anterior uterine adenomyosis. The uterus has arcuate configuration.

This patient is Para 4 and her last 2 pregnancies were at 37 weeks gestation. Since her deliveries she has had colposcopy and loop excision of the cervix. She is concerned about the risk of preterm labour. As suggested by yourself I had obtained input from one of the obstetric colleagues who suggested that in this scenario cervical length measurements will be undertaken at 12, 14 and 18 weeks. This patient is due to have her booking scan in Arbroath on 28 November 2019. I had a telephone consultation with her today and as there are no concerning gynaecological features at present I will discharge her. I have explained that I will write to you in regards to the patient's concerns regarding the risk of preterm labour and will leave it to your discretion if cervical length monitoring is indicated.

Yours sincerely

Authorised on 02/12/2019 11:40:51 by Yeswanthini Bhushan.

Dr Y Bhushan
Consultant Obstetrician and Gynaecologist

(D) Dr SM Rooney, Brechin Medical Practice, Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN

NHS Confidential: Personal data about a patient

NHS Tayside

RW Mellish
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date Received in Practice
21 JAN 2020

Date: 17/01/2020

Your Ref: 2804880060

Dear Dr RW Mellish

REMOVAL FROM WAITING LIST

We have written to the patient below on two occasions to arrange an appointment. Since the patient has not contacted us we have assumed that the patient no longer wishes to be seen and have removed their name from the waiting list.

Clinical Genetics
2804880060
StaceyLouiseLeonard
2 Wards Road

Brechin
DD9 7AS

Yours sincerely

On behalf of NHS Tayside

For further information about your visit to the hospital please visit www.nhstayside.scot.nhs.uk

disability confident EMPLOYER

NHS Confidential: Personal data should be locked

FOR PHARMACY USE

Checked by:

Clinical Pharmacist

Patient Counselled:

(Initials)

Medicines Required On Ward

Date

Time

2nd Fold

When Medicines are to be dispensed All copies to be sent to Pharmacy

1st Fold

7 days supply will be dispensed unless stated otherwise in box provided

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge

Final Distribution:
WHITE - GP
PINK - Pharmacy
YELLOW - Case Records
BLUE - Audit/Coding

THB(MR)26
4 Part Set

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Rec'd/Inf. Received in Practice 19 MAY 2020

To Dr.

ALWAYS USE BALLPOINT PEN

HOSPITAL: NIW WARD/CLINIC: ISOLE

Leonard Stacey
2 Wards Road
Brechin
DD9 7AS

2804880060

180660 C.H.I. No

M. State

SM Rooney

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor)

Date Placed on Waiting List: ..... Date of Admission: .....
(if appropriate)
* Delete as appropriate

Type of Admission: Elective /Emergency / Urgent / Transfer

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: VTE = 2 Wt 44kg

PRINCIPAL OPERATION / PROCEDURES: X days SVD smoker (20/day)

OTHER CONDITIONS:
1. .....
2. .....
3. .....

OTHER OPERATIONS / PROCEDURES:

Days	MEDICINE TREATMENT ON DISCHARGE NAME OF MEDICINE	DOSE	Times of Administration (Mark √) 8 10 12 14 16 18 20 22 24	DURATION OF TREATMENT	DISPENSED BY PHARMACY Number	Brand Names (for information only)
	Dalteparin	2500iu	√	10days		

DISCONTINUED MEDICINE	REASON DISCONTINUED
1.	
2.	
3.	
4.	

INFORMATION / ADVICE TO PATIENT ☐ YES ☐ NO IF YES, SPECIFY

KNOWN ALLERGIES:

CARE ARRANGEMENTS ON DISCHARGE (TICK BOX) NONE ☐ DISTRICT NURSE ☐ SOCIAL WORK ☐ HOME HELP/ RELATIVES ☐

FOLLOW-UP APPOINTMENT	DATE	TIME	CLINIC	DELETE AS APPROPRIATE GIVEN / TO BE SENT

RESULTS AWAITED: YES ☐ NO ☐ IF YES, SPECIFY: .....

FOR FURTHER INFORMATION CONTACT ..... (NAME) ..... (STATUS) ..... (TEL NO)

Signature: ..... Status: CONT

Connor ..... Consultant Date: 16/5/20

Dispensed By: .....
Checked By: .....
Date: .....

NHS Confidential: Personal data about a patient

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

NHS

Mother	**Stacey Leonard**	Other number		Date of Birth	**28/4/1988**
Address	2, Wards Road, Brechin, DD9 7AS	Sex	Female	GP	Im Mahon Brechin Health Centr Infirmary Street Brechin
	Date Received in Practice 19 MAY 2020	Hospital Number	2804880060		
		Midwife	Susan Robertson		DD9 7AN
Telephone	07368227877	Obstetrician	Dr Pauline Lynch		
		Paediatrician	Dr F Drimmie	Telephone	01356824411

MOTHER'S DISCHARGE SUMMARY (Printed 16 May 2020)

Social history	Single	Obstetric History	
Smoking Status	Not Recorded at booking Smoker at delivery	Onset	Induced by ARM, Syntocinon. Social
Augmentation	Not applicable		
Delivery (most significant method)	Spontaneous - Vertex	Membrane To Birth	09:46
		First Stage	02:23
Intrapartum Problems	No	Second Stage	00:03
Third Stage Management	Controlled Cord Traction Primary Oxytocic : Syntometrine i/m.	Third Stage	00:11
Tubal Ligation	No		
Pain Relief	Labour: Self Administered Inhalation, Diamorphine		
Placenta	Condition: Normal Completeness: Complete	Membranes	Complete
Blood Loss	200 mls		
Perineum	Other tear (grazing only) No Sutures	Postpartum Problems	No

Livebirth Baby: 1 11:26 Saturday 16 May 2020

Baby	Baby Leonard (Female)	Other number	
Birth Order	1 of 1	Hospital Number M76907	Livebirth at 37 weeks 2340 grams
Blood Group	Not Known	Rhesus Group	Not Known
Mother's HB	10.9 g/dl (16/5/2020).	Rhesus Anti-D	Not Required
Transfusion	None	Rubella	Unknown
Feeding	Artificial		
Problems			
Perineal	Not Recorded	Infections	Not Recorded
Secondary PPH	Not Recorded	Hypertension	Not Recorded
Breasts	Not Recorded	Other	Not Recorded
Discharge Examination	16/5/2020 at 18:00 from Ward 38, with baby	Postnatal Stay	Not Recorded
Family Planning	Discussed, Planned method IUCD		
Postnatal Smear	Recommended		
Medication	Not Recorded		
Follow Up Recommendation	Postnatal check at Health Centre/Surgery. Yes, Stacey appears well on discharge. Aware to contact the unit with any concerns. D/W protocol for postnatal visits - happy with this. Good support systems in place with CPN and psychologist. Stacey keen to avoid hormonal methods of contraception, will make GP appointment in the next couple of weeks to discuss options. TTO of fragmin not available - pharmacy closed due to weekend hours. Blue script given Stacey aware to pick this up as soon as possible. First dose given today. Partner will administer, please explain administration proceedure on postnatal visit. Stacey did not want explanation today		
Discharged To	Not Recorded		

ASSESSED FIT FOR DISCHARGE Name: Shona Shinwell Status: Student Midwife Signed: Shona Shinwell Date: 16/05/20

NHS Confidential: Personal data about a patient

Dr Pole

NHS
Tayside

L Pole
10498/1
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
Brechin
DD9 7AN

27/10/2019

Dear Colleague

Thank you for your referral. Please see the following outcome from the vetting process.

ADVICE TO REFERRER

Patient Name: Stacey Louise Leonard

CHI Number: 2804880060

Referral Date: 08/10/2019

Yours sincerely

Dr P Lynch

disability confident employer

NHS Confidential: Personal data about a patient

NHS
Tayside

Specialist Services
Breast Care Team
NHS Tayside

Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Dr SM Rooney
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date	05/11/2019
Clinic Date	04/11/2019
Your Ref	
Our Ref	WLC/SD/ 2804880060
Enquiries to	Breast Care Team
Extension	32552
Direct Line	01382 632552
Email	

Dear Dr Rooney

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

I reviewed this 31 year old lady today in the outpatient breast clinic. She presents with a four to five month history of a left breast lump associated with some nipple itchiness on the same side. She denies any skin changes. She was previously seen in 2010 in the breast clinic and was found not to have anything untoward. [redacted].

On examination both breasts felt normal and there is no palpable lump or axillary lymphadenopathy. Subsequent ultrasound scan to look at the left breast and the nipple area showed normal breast tissue.

I have reassured the patient and I am happy to discharge her form our care. In view of her strong family history of breast cancer I shall refer her to genetics for further assessment.

Yours sincerely

Authorised on 05/11/2019 16:26:37 by Wen Ling Choong.

Wen Ling Choong
Specialty Registrar

NHS Confidential: Personal data about a patient

Multi-professional Assessment in Pregnancy

Date Received in Practice: 13 NOV 2019

NHS Tayside

Date: 12/11/19	
First Name: Leonard Surname: Stacey Louise Address: 2 Wards Road BRECHIN DD9 7AS	2804880060 SM Rooney
LMP:	CHI: 2804880060 Telephone Number: 07368227877 EDD: 06/06/20
GP: Brechin H.C.	BMI: 18

	Yes	No
SWHMR commenced	✓	
Previous medical/obstetric notes reviewed	✓	
Midwife Led Care		
Consultant Led Care	✓	
Risk Factors		
• Obstetric risk factors	✓	
• Medical risk factors	✓	
• Social risk factors	✓	
FOQ	✓	
Booking bloods obtained	✓	
MSSU	✓	
Information pack given	✓	
Folic Acid/Healthy Start Vitamins	✓	

Flu Vaccination	Given (date)	Declined	Undecided
			✓

Obstetric history

Para 4, Forceps 2008, SVD 2011, 2013, 2015.

Past Personal or Family History of Significance

	Personal	Family
Essential Hypertension		
Cardiac or Renal Problems		
Diabetes or Thyroid Problems		
Epilepsy		
Thrombosis		
Genetic Disorders/ Fetal Abnormalities	Abnor	
Medication: Prescribed	Sertraline Olanzapine.	

NHS Confidential: Personal data about a patient

Multi-professional Assessment in Pregnancy **NHS Tayside**

: Non -Prescription		
Depression or Mental Illness	Borderline personality Disorder	
Social Issues	SWS input with eldest Son -ASD	
Alcohol		
Smoking	Yes unsure re cessation referral	
Other		

Additional comments

Yours sincerely

Midwife
Angus Birthing Unit

NHS Confidential: Personal data about a patient

NHS
Tayside

L Pole
10498/1
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
Brechin
DD9 7AN

02/10/2019

Dear Colleague

Thank you for your referral. Please see the following outcome from the vetting process.
MRI features are suggestive of simple ovarian cyst. I also note that serum hcg is more than 1000 and this will be indicative of pregnancy. Can you discuss with this patient regarding pregnancy and she can be referred to EPAC for early scan. Can you also discuss and if patient wishes to continue pregnancy, advice from Obstetric team will be advisable.Though I cannot see if gadolinium/contrast was used during MRI, this will need further discussion with radiology and obstetric team if patient wishes to continue pregnancy.

ADVICE TO REFERRER

Patient Name: Stacey Louise Leonard

CHI Number: 2804880060

Referral Date: 30/09/2019

Yours sincerely

Dr Yeshi Bhushan

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey Sex: F PID: 2804980060 DoB: 28 Apr 1988
Lab No: C197393328

Brechin Health Centre Clinician: Dr Laura POLE BRECHIN POLL1G

TOTAL HCG	1084	>>	U/L	(0-5)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
02 Oct 2019 09:28

Clin.Details: raised Ca125 under investigation, now unexpected positive urine pregnancy test ?false positive

Request Entered: 02 Oct 2019 12:20 Report Printed: 02 Oct 2019 14:08

NHS Confidential: Personal data about a patient

NHS Tayside

Women and Child Health
Clinical Group
Acute Services
NHS Tayside
Arbroath Royal Infirmary
Rosemount Road
Arbroath
DD11 2AT

www.nhstayside.scot.nhs.uk

Dr SM Rooney
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date	02/09/2019
Clinic Date	27/08/2019
Your Ref	
Our Ref	YB/MC/ 2804880060
Enquiries to	Marianne Cowie
Extension	65021
Direct Line	01356 685021
Email	marianne.cowie@nhs.net

Dear Dr Rooney

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

The above named patient was reviewed in the gynaecology clinic in Arbroath. She is 31-years-old, para 4, who has mainly had right iliac fossa pain for more than a year. Her menstrual cycle is fairly regular but variable from being light to heavy. She has no symptoms of intermenstrual bleeding. Her smears have been regular and normal and a gynaecology laparoscopy in 2009 has been negative.

Abdominal, speculum and vaginal examination was entirely normal.

In view of the slightly raised previous CA125 I had repeated the CA125. After discussing with the patient I have made arrangements for her to have an MRI. I will aim to have a telephone consultation with the patient once I have the MRI report.

With kind regards.

Yours sincerely

Authorised on 03/09/2019 12:32:46 by Yeswanthini Bhushan.

Dr Y Bhushan
Consultant Obstetrician and Gynaecologist

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : LEONARD, Stacey
CHI No : 2804880060 Clinician: Nurse Nigel CLUBB
DoB : 28 Apr 1988 Sex: F Brechin Health Centre
Post Code: DD9 7AS

Otitis type: Otitis media deaf in left ear, some pain, TM dull, canal inflamed and red- ? infection
19B719823 Date/Time of Specimen: 30 Sep 2019 10:09
Left Ear Swab

Culture:
Mixed growth of faecal organisms
No fungi isolated

Date of Report: 02 Oct 2019 AUTH:
BRECHIN CLUN1N

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C197283739

Brechin Health Centre Clinician: Dr Laura POLE BRECHIN POLL1G

CA125	50 *	kU/L	. (	0-30	)

Lab.Comments: ** NICE GUIDANCE SUGGESTS FURTHER INVESTIGATION IF THE CA125 IS GREATER THAN 35 **

Sample is blood unless otherwise stated

Sample Date/Time
14 Aug 2019 11:49

Clin.Details: : Postmenopausal
requested from gynae clinic

Request Entered: 14 Aug 2019 15:38 Report Printed: 14 Aug 2019 17:04

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic	CMHT	CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Roger Blake	First Name	STACEY
Date	26/06/2019	Address	2 WARDS ROAD BRECHIN DD9 7AS
		GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: MOOD

Comment/Recommendations: PLEASE SEND THROUGH TO USUAL CHEMISTS

Follow up by clinic required: Yes

Follow up by clinic required: CMHT

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	OLANZAPINE	7.5MG	NOCTE	MOOD	UNTIL REVIEW

Is any Medication to be discontinued: No

Roger Blake | Consultant | Tel:01356692856
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Name LEONARD STACEY CHI: 2604880060 Clinic Date 26/06/2019
Ward/Clinic CMHT

Further comment/Recommendations:
NOT SEEN IN CLINIC

Roger Blake | Consultant | Tel:01356892356
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: H197103744
Brechin Health Centre — Clinician: . . LCCUM — BRECHIN LCC

HGB	141	g/L	(120-160)	WBC	6.8	x10^9/L	(4.0-11.0)
RBC	4.55	x10^12/L	(3.8-4.8)	NE#	3.7	x10^9/L	(2.0-7.5)
HCT	0.417		(0.37-0.47)	LY#	2.3	x10^9/L	(1.5-4.0)
MCV	91.7	fl	(85-105)	MO#	0.4	x10^9/L	(0.2-0.8)
MCH	31.0	pg	(27-32)	EO#	0.33	x10^9/L	(0.0-0.4)
MCC	338	g/L	(320-360)	BA#	0.1	x10^9/L	(0.0-0.1)
				PLT	222	x10^9/L	(150-400)

PV TO FOLLOW

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
24 May 2019 09:27

Clin.Details: : Pre- or perimenopausal
LMP date: 20 May 2019
Testosterone:
On T4?: No
Pelvic pain, irregular periods, PV discharge (has had period for 4 days)

Request Entered: 24 May 2019 12:51 Report Printed: 24 May 2019 13:26

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: C197103744
Brechin Health Centre — Clinician: . . LOCUM — BRECHIN LOC

SODIUM	137	mmol/L	(133-146)	
POTASSIUM	4.8	mmol/L	(3.5-5.3)	
CREATININE	75	umol/L	(44-80)	
ESTIMATED GFR	GT60	mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
ALT	LT9	U/L	(5-55)	
BILIRUBINS	8	umol/L	(0-21)	
ALKALINE PHOSPHATASE	48	U/L	(30-130)	
ALBUMIN	39	g/L	(35-50)	
CALCIUM	2.36	mmol/L	(2.10-2.55)	
CALCIUM (CORRECTED)	2.37	mmol/L	(2.10-2.55)	
TSH	2.47	mU/L	(0.4-4.0)	
C-REACTIVE PROTEIN	LT4	mg/L	(0-10)	
LH	6.5	U/L	(0.8-12.0)	
FSH	8.0	U/L	(1.1-9.6)	

Lab.Comments: ** NICE GUIDANCE SUGGESTS FURTHER INVESTIGATION IF THE CA125 IS GREATER THAN 35 **

Sample is blood unless otherwise stated

Sample Date/Time
24 May 2019 09:27

Clin.Details: : Pre- or perimenopausal
LMP date: 20 May 2019
Testosterone:
On T4?: No
Pelvic pain, irregular periods, PV discharge (has had period for 4 days)

Request Entered: 24 May 2019 12:51 — Report Printed: 24 May 2019 15:34

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey — Sex: F — PID: 2604880060 — DoB: 28 Apr 1988
Lab No: C197103744

Brechin Health Centre — Clinician: . . LOCUM — BRECHIN LOC

PROLACTIN	138	mU/L	(	0-600	)
TESTOSTERONE	0.7	nmol/L			
	Pre-menopausal Testosterone (0.4 - 2.1 nmol/L) Post-menopausal Testosterone (<0.24 - 1.7 nmol/L)				
CA125	72 **	kU/L	(	0-30	)
AKI	NOT AVAILABLE				

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
24 May 2019 09:27

Clin.Details: : Pre- or perimenopausal
LMP date: 20 May 2019
Testosterone:
On T47: No
Pelvic pain, irregular periods, PV discharge (has had period for 4 days)

Request Entered: 24 May 2019 12:51 — Report Printed: 24 May 2019 15:34

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NR)

Name: LEONARD Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: H197103744
Brechin Health Centre Clinician: . . LOCUM BRECHIN LOC

HGB	141	g/L	(120-160)	WBC	6.8	x10^9/L	(4.0-11.0)
RBC	4.55	x10^12/L	(3.8-4.8)	NE#	3.7	x10^9/L	(2.0-7.5)
HCT	0.417		(0.37-0.47)	LY#	2.3	x10^9/L	(1.5-4.0)
MCV	91.7	fl	(85-105)	MO#	0.4	x10^9/L	(0.2-0.8)
MCH	31.0	pg	(27-32)	EO#	0.33	x10^9/L	(0.0-0.4)
MCC	338	g/L	(320-360)	BA#	0.1	x10^9/L	(0.0-0.1)
				PLT	222	x10^9/L	(150-400)

PV	1.65	mPa.s.	(1.5-1.72)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
24 May 2019 09:27

Clin.Details: : Pre- or perimenopausal
LMP date: 20 May 2019
Testosterone:
On T4?: No
Pelvic pain, irregular periods, PV discharge (has had period for 4 days)

Request Entered: 24 May 2019 12:51 Report Printed: 24 May 2019 14:13

NHS Confidential: Personal data about a patient

NHS Tayside: Clinical Report - Arbroath Infirmary

LEONARD, STACEY
2 WARDS ROAD, BRECHIN, DD9 7AS
Ref. Locn. : GENERAL PRACTITIONER
Ref. Source : BRECHIN HEALTH CENTRE, INFIRMARY STREET, BRECHIN, DD9 7AN
Referrer : LAURA POLE

DoB : 28-Apr-1988
Hosp. No. :
CRIS No. : 580345
CHI No. : 2804880060

VERIFIED Verified By : VICKI SOUTAR 07-May-2019
Typed By : GOWF 07-May-2019

Clinical History :
irregular menstrual bleeding, persistent RIF pain through cycle, previous high grade CIN treated, examination normal, preg test and urine negative, ?cyst
ENTERED BY: Laura Pole (medical)

BLEEP: 01356 624411
(Information via Order Comms)
on 01-May-2019 at 14:02)

Date Received in Practice
09 MAY 2019

US Pelvis transabdominal :
Both transabdominal and transvaginal scans performed with the patients verbal consent and chaperon present. Patient states latex sensitivity therefore latex free probe cover used.

Event Number : E-6016576
Copy To : ,
Examinations : **US Pelvis transabdominal,US Pelvis transvaginal**

Examination Date : **07-May-2019**
Attendance Number : 1

NHS Confidential: Personal data about a patient

LEONARD, STACEY
2 WARDS ROAD, BRECHIN, DD9 7AS
Ref. Locn. : GENERAL PRACTITIONER
Ref. Source : BRECHIN HEALTH CENTRE, INFIRMARY STREET, BRECHIN, DD9 7AN
Referrer : LAURA POLE

DoB : 28-Apr-1988
Hosp. No. :
CRIS No. : 580345
CHI No. : 2804880060

The urinary bladder outlines smoothly. The anteverted uterus is normal in size and shape. Several tiny hyperechoic foci noted adjacent to the endometrium, possibly due to previous instrumentation. Left ovary contains a physiological corpus luteal cyst. Normal right ovary. A 1.7 cm simple cyst with a small trace of adjacent free fluid is seen within the pouch of Douglas, nature uncertain.

US Pelvis transvaginal :
See above report.

Event Number: E-6016576
Copy To: ,
Examinations: **US Pelvis transabdominal,US Pelvis transvaginal**

Examination Date : 07-May-2019
Attendance Number : 1

NHS Confidential: Personal data about a patient

NHS Tayside: Clinical Report - Stracathro Hospital

LEONARD, STACEY
2 WARDS ROAD, BRECHIN, DD9 7AS
Ref. Locn. : **GENERAL PRACTITIONER**
Ref. Source : **BRECHIN HEALTH CENTRE, INFIRMARY STREET, BRECHIN, DD9 7AN**
Referrer : LAURA POLE

DoB : **28-Apr-1988**
Hosp. No. :
CRIS No. : **580345**
CHI No. : **2804880060**

VERIFIED Verified By : NICOLA RITCHIE 01-May-2019
Typed By : RITCHIE 01-May-2019

Clinical History :

irregular menstrual bleeding, persistent RIF pain through cycle, previous high grade CIN treated, examination normal, preg test and urine negative, ?cyst
ENTERED BY: Laura Pole (medical)

BLEEP: 01356 624411

Date Received in Practice
02 MAY 2019

US Pelvis transabdominal :

Unfortunately, the patient had not followed preparation instructions. She has opted to return at a later date with a full bladder. We will re appoint.

Event Number : E-5973848
Copy To : ,
Examinations : **US Pelvis transabdominal**

Examination Date : **01-May-2019**
Attendance Number : 5

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic	CMHT	CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Roger Blake	First Name	STACEY
Date	03/05/2019	Address	2 WARDS ROAD BRECHIN DD9 7AS
		GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: DEPRESSION; PTSD

Comment/Recommendations: PLEASE SEND THROUGH TO USUAL CHEMISTS.
PLEASE IGNORE PREVIOUS OP COMMS - PATIENT HAS NOW RESTARTED THESE...

Follow up by clinic required: Yes

Follow up by clinic required: CMHT

Specific Monitoring Required: No
The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	OLANZAPINE	5MG	NOCTE	MOOD	UNTIL REVIEW
2.	SERTRALINE	50MG	MANE	MOOD	UNTIL REVIEW

Is any Medication to be discontinued: No

Roger Blake | Consultant | Tel,01356692856
Ninewells Switch Board Tel 01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Name: LEONARD STACEY CHI: 2804880060 Clinic Date: 03/05/2019
Ward/Clinic: CMHT

Further comment/Recommendations:
NOT SEEN IN CLINIC

Roger Blake | Consultant | Tel:01356892856
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic	CMHT	CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Roger Blake	First Name	STACEY
Date	03/05/2019	Address	2 WARDS ROAD BRECHIN DD9 7AS
		GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: PTSD

Comment/Recommendations: PLEASE SEND THROUGH TO USUAL CHEMISTS

Follow up by clinic required: Yes

Follow up by clinic required: CMHT

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	PRAZOSIN	1MG NOCTE INCREASING BY 1MG EVERY WEEK UNTIL	ON 6MG NOCTE	PTSD	UNTIL REVIEW

Is any Medication to be discontinued: Yes

Medication to be discontinued: REMOVE OLANZAPINE AND SERTRALINE FROM REPEATS PLEASE.

Roger Blake | Consultant | Tel:01256892856
Ninewells Switch Board Tel 01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Name: LEONARD STACEY CHI 2804880060 Clinic Date 03/05/2019

Ward/Clinic CMHT

Further comment/Recommendations:
NOT SEEN IN CLINIC

Roger Blake | Consultant | Tel 01356892856
Ninewells Switch Board Tel 01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic	CMHT	CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Roger Blake	First Name	STACEY
Date	12/12/2018	Address	2 WARDS ROAD BRECHIN DD9 7AS
		GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: MOOD

Comment/Recommendations: PLEASE SEND THROUGH TO USUAL CHEMISTS

Follow up by clinic required: Yes

Follow up by clinic required: CMHT

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	OLANZAPINE	5MG	NOCTE	MOOD	UNTIL REVIEW
2.	SERTRALINE	50MG	MANE	MOOD	UNTIL REVIEW

Is any Medication to be discontinued: No

Roger Blake | Consultant | Tel:01356692663
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Name. LEONARD STACEY CHI 2604880060 Clinic Date. 12/12/2016
Ward/Clinic CMHT

Further comment/Recommendations:
NOT SEEN IN CLINIC

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559
Name : LEONARD, Stacey
CHI No : 2804880060 Clinician:Dr Laura POLE
DoB : 28 Apr 1988 Sex: F Brechin Health Centre
Post Code: DD9 7AS

High Vaginal Sw

Specimen Number 19V105148
Date Taken 15 Mar 2019

Chlamydia trachomatis	Negative
N.gonorrhoeae	Negative

For enquiries or any additional tests please contact TAY-UHB.Virology@nhs.net

Date of Report: 18 Mar 2019
BRECHIN POLL1G

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : LEONARD, Stacey
CHI No : 2804880060 Clinician: Dr Laura POLE
DoB : 28 Apr 1988 Sex: F Brechin Health Centre
Post Code: DD9 7AS

discharge, pelvic pain

19B503690 Date/Time of Specimen: 15 Mar 2019 09:33
HIGH VAGINAL SWAB

Culture:
No growth of pathogenic bacteria
No Candida Isolated

- No Trichomonas
- No Clue cells seen

Date of Report: 17 Mar 2019 AUTH:
BRECHIN POLL1G

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559
Name : LEONARD, Stacey
CHI No : 2804880060 Clinician:Dr Tara MORLEY
Dob : 28 Apr 1988 Sex: F Brechin Health Centre
Post Code: DD9 7AS Source:Brechin Health Centre

High Vaginal Swab

Specimen number 18V114127
Date taken 10 Aug 2018

Chlamydia trachomatis	Negative
N.gonorrhoeae	Negative

PLEASE NOTE - Perform Chlamydia test of cure (TOC) 3 weeks after treatment in pregnant women, rectal infections, persistent symptoms, or if at risk of reinfection. Gonorrhoea TOC is recommended in ALL cases 2 weeks after treatment
PLEASE REMEMBER to include a patient contact number on the test request.

Date of Report: 15 Aug 2018
BRECHIN MORT2G

NHS Confidential: Personal data about a patient

NHS Tayside: Clinical Report - Stracathro Hospital

LEONARD, STACEY
2 WARDS ROAD, BRECHIN, DD9 7AS
Ref. Locn. : **GENERAL PRACTITIONER**
Ref. Source : **BRECHIN HEALTH CENTRE, INFIRMARY STREET, BRECHIN, DD9 7AN**
Referrer : DR TARA MORLEY

DoB : **28-Apr-1988**
Hosp. No. :
CRIS No. : **580345**
CHI No. : **2804880060**

VERIFIED Verified By : Auto Report 05-Sep-2018
Typed By : NICB 05-Sep-2018

Received in Practice
06 SEP 2018

Clinical History :

cyclical pelvic pain and unschedualled spotting throughout the month. pain sharp RIF. ? ovarian cyst
ENTERED BY: Tara Morley (medical)

BLEEP: 01356 624411

US Pelvis transvaginal :

Did Not Attend :

Event Number : E-5782877
Copy To : ,
Examinations : **US Pelvis transvaginal,Did Not Attend**

Examination Date : **04-Sep-2018**
Attendance Number : 4

NHS Confidential: Personal data about a patient

LEONARD, STACEY
2 WARDS ROAD, BRECHIN, DD9 7AS
Ref. Locn. : GENERAL PRACTITIONER
Ref. Source : BRECHIN HEALTH CENTRE, INFIRMARY STREET, BRECHIN, DD9 7AN
Referrer : DR TARA MORLEY

DoB : 28-Apr-1988
Hosp. No. :
CRIS No. : 580345
CHI No. : 2804880060

We would like to inform you that this patient failed to arrive for their Radiology appointment. If the patient requires a further appointment, please submit a new request. This will be treated as a new referral.

Event Number : E-5782877
Copy To :
Examinations : US Pelvis transvaginal,Did Not Attend

Examination Date : 04-Sep-2018
Attendance Number : 4

NHS Confidential: Personal data about a patient

NHS
Tayside

Angus Adult Psychological Therapies Service
NHS Tayside
Stracathro Hospital
Brechin
Angus
DD9 7QA
Phone No: 01356 692865
Fax:
www.nhstayside.scot.nhs.uk

Ms Sandra Lindsay
Community Mental Health Service
Learning & Development Building
Stracathro Hospital
Brechin
DD9 7QA

Clinic Date:	17/10/2018
Date Dictated	17/10/2018
Date Typed:	17/10/2018
Your Ref:	
Our Ref:	JC/JJS/ 2804880060
Enquiries to:	
Extension:	65265
Direct Line:	01356 692865
Email:	

Dear Ms Lindsay

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

As you are aware, the above named lady unfortunately did not attend for initial assessment with myself on Tuesday 4 September 2018. As I did not hear from Ms Leonard prior to this appointment or subsequently, she has been discharged from the Psychology Service for the moment.

Please do not hesitate to contact me should you wish to discuss this.

Yours sincerely

Authorised on 18/10/2018 12:03:36 by Julie Carlisle.

Dr Julie Carlisle
Clinical Psychologist

(D) Dr AS Thomson, Brechin Medical Practice, Brechin Health Centre, Infirmary Street, Brechin, DD9 7AN

NHS Tayside Interim Out-Patient Communication

Ward/Clinic	CMHT	CHI	2804880060
Hospital	Stracathro Hospital	Surname	LEONARD
Clinician	Roger Blake	First Name	STACEY
Date	24/07/2018	Address	2 WARDS ROAD BRECHIN DD9 7AS
		GP/Address	Brechin Medical Practice Brechin Health Centre Infirmary Street Brechin DD9 7AN

Dear Doctor,

The above patient visited my clinic today; please accept this as the interim communication in respect to this visit.

Provisional/Diagnosis is: MOOD

Comment/Recommendations: PLEASE SEND THROUGH TO USUAL CHEMISTS

Follow up by clinic required: Yes

Follow up by clinic required: CMHT

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	OLANZAPINE	5MG	NOCTE	MOOD	UNTIL REVIEW

Is any Medication to be discontinued: No

Roger Blake | Consultant | Tel:01356692363
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside Interim Out-Patient Communication

Name LEONARD STACEY CHI 2604880060 Clinic Date 24/07/2018
Ward/Clinic CMHT

Further comment/Recommendations:
NOT SEEN IN CLINIC

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : LEONARD, Stacey
CHI No : 2804880060 Clinician: . . LOCUM
DoB : 28 Apr 1988 Sex: F Brechin Health Centre
Post Code: DD9 7AS

Otitis type:- Otitis externa S/B locum Dr Jefferies, ? infection, c/o discharge

18B714862 Date/Time of Specimen: 25 Jul 2018 13:17
Left Ear Swab

Culture:
1) Profuse Growth of Pseudomonas aeruginosa
2) Profuse Growth of Group A Streptococcus
No fungi isolated

Sensitivities	1	2
Gentamicin	S	
Ciprofloxacin	S	
Penicillin		S
Erythromycin		S
Doxycycline		S

Date of Report: 28 Jul 2018 AUTH: olvw
BRECHIN LOC

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : LEONARD, Stacey
CHI No : 2804880060 Clinician: Dr Tara MORLEY
DoB : 28 Apr 1988 Sex: F Brechin Health Centre
Post Code: DD9 7AS

cyclical pelvic pain and unschedualled spotting throughout the month. pain sharp RIF. ? ovarian cyst
18B511322 Date/Time of Specimen: 10 Aug 2018 09:05
HIGH VAGINAL SWAB

Culture:
No growth of pathogenic bacteria
No Candida Isolated

- No Trichomonas
- Clue cells seen on microscopy

Presence of clue cells suggestive of Bacterial Vaginosis. Metronidazole is the recommended treatment for confirmed Bacterial vaginosis.

Date of Report: 13 Aug 2018 AUTH: ague
BRECHIN MORT2G

NHS Confidential: Personal data about a patient

Dundee
Health & Social Care
Partnership

NHS Tayside Eating Disorders Service
15 Dudhope Terrace
DUNDEE DD3 6HG
Telephone Number: 01382 346556

www.nhstayside.scot.nhs.uk

If calling, please ask for
Brian Dawson, 01382 346556
Email: eatingdisorders.tayside@nhs.net

Our Ref BD/nb
Your Ref
Date 06/02/2018

Private & Confidential
Dr A Thomson
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date Received in Practice
12 FEB 2018

Dear Dr Thomson,

RE: ELLIS (LEONARD), STACEY, DOB 28/04/88 (0060)
2 WARDS ROAD, BRECHIN, DD97AS.

As you may be aware, Ms Ellis was referred to NHS Tayside Eating Disorders Service on 09/01/2018 by Sandra Lindsay of CMHT Brechin/Montrose. Ms Ellis attended my outpatient clinic at Springfield Medical Centre, Arbroath, on 01/02/2018, where she was seen for initial assessment purposes.

Presenting Problems and Relevant History:

As noted in your letter of referral, Ms Ellis presented with symptoms suggestive of an eating disorder, in particular Atypical Anorexia Nervosa. Ms Ellis's weight of 44.3kg was recorded at the Initial assessment appointment, rising by 2.2kg since last recorded weight on 22/12/2017 of 42.1kg. With a height of 1.58m, and a weight of 44.3kg, Ms Ellis's BMI calculated to 17.74. It was noted that Ms Ellis's current weight is not out with the range of weights previously recorded, albeit towards the lower end.

Ms Ellis reported that she currently will eat an evening meal to a maximum of 4 evenings per week, and eats no other food over this time. She said that she does experience hunger, however, she spoke of drinking lots of coffee and distracting herself when she is "starving" which is a lot of the time. Ms Ellis spoke of having to deserve food, and needing to be punished by restricting food if her plans and goals have not been met. She also said that she beliefs current eating is routine, and she does not experience eating disorder thoughts, but later contradictory information was voiced. Ms Ellis again spoke of needing to punish herself if she eats, because of feeling fat and bloated. Ms Ellis said that she does not restrict food types, and has no fear of fatty foods or calories. Ms Ellis said that she does not engage in purging behaviours, of laxatives, diuretics, or exercise with the goal of weight loss, but has always had a busy lifestyle looking after her four children until recently where this has reduced because of having no energy. Ms Ellis said that she does recognise when looking in the mirror that she is thin, describing seeing her bones sticking out, but generally thinks that she is "frumpy". Ms Ellis spoke of regularly body checking after meals particularly the areas of her ribs, and hips. Ms Ellis said that she will weight herself every 3-4 days, experiencing a compulsion on these days to weigh herself several times experiencing anger if her weight has risen.

Ms Ellis reported multiple physical symptoms which may be attributed to malnutrition and starvation, stating that her menstrual cycle is irregular, tiredness, sore muscles, dry skin, dizziness, and that her hair is breaking and falling out. Surprisingly her blood results were unremarkable. Ms Ellis also described low mood, her memory to be poor, and that she struggles to concentrate. She said that she avoids more complex problems because she finds solving them to difficult. At present it cannot be assumed that all of the symptoms have been triggered by malnutrition because they can also be symptoms of Ms Ellis's ongoing problem of general anxiety. Within appointment Ms Ellis said that she did not understand anxiety, with brief psychoeducation delivered and reported understanding of why this may be partially responsible for negative thoughts and feelings towards eating, and

may suppress feelings of hunger. Ms Ellis also recognised that restriction of food may be alternative method of self harm than cutting that she used as a coping strategy in 2016/17.

Ms Ellis's traumatic childhood has been well documented by other professionals and agreement was made to focus upon key changes to eating within the first appointment. Ms Ellis spoke of being starved within the family home until the age of 5, and being punished by having to eat all of a food if she had "stolen" some from the kitchen without permission making her feel physically sick. She spoke of attending a Christmas party with her brother with a family not long after they were placed in care where she was disgusted with what her brother had eaten believing that he had over indulged, and the thought of eating herself made her feel sick. Ms Ellis spoke of commencing restricting when in care where she first would miss lunch when at school, which led to her going home for lunches once noted, but her eating did not improve from this intervention because it took her whole break to travel back and forth from school to her home. At the age of 12 Ms Ellis reduced her food intake further to one meal per day when she stopped eating toast for her breakfast saying that this decision was made because of laziness, and requiring effort. Ms Ellis said that this became her eating routine until she was prescribed Olanzapine where she started to binge. Ms Ellis said that the medication made her binge, but was open to the idea, that the reduction of anxiety may have been the reason that she was able to eat more.

Opinion and Recommendations:

Ms Ellis symptoms would currently meet criteria for a diagnosis of Atypical Anorexia Nervosa, which has likely developed because of significant trauma experienced within childhood, where she developed a negative relationship with food, and currently appears to be maintained by her negative body image, fear of "fat", starvation, and use of restricting as a coping strategy, and means of control for general anxiety. Attendance of appointments within Arbroath was discussed with Ms Ellis, who voiced that she is motivated to enlist professional help to support her in addressing her disordered eating, and negative thoughts and behaviours relating to body shape, weight and food.

I have arranged a further appointment with myself to conduct further assessment and treatment of Ms Ellis, following evidence-based psychological approaches for the management of Anorexia Nervosa. My Eating Disorders Service colleagues will separately keep you informed of their appointments with Ms Ellis as appropriate in due course, however, in the meantime, please do not hesitate to contact the service should you have any queries and/or concerns about her care.

Yours sincerely

Electronically checked but not signed.

Mr Brian Dawson
Specialist Nurse

c.c. Sandra Lindsay, CMHN, Brechin/Montrose CMHT, Learning & Development Centre, Stracathro.

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : LEONARD, Stacey
CHI No : 2804880060 Clinician: Dr I.M. MAHON
DoB : 28 Apr 1988 Sex: F Brechin Health Centre
Post Code: DD9 7AS

PV discharge

18B504671 Date/Time of Specimen: 30 Mar 2018 16:38
VAGINAL SWAB

Culture:
1) Profuse Growth of Mixed Anaerobes
No Candida Isolated

- No Trichomonas
- Clue cells seen on microscopy

Anaerobes are generally susceptible to Metronidazole
Presence of clue cells suggestive of Bacterial Vaginosis. Metronidazole is the recommended treatment for confirmed Bacterial vaginosis.

Date of Report: 05 Apr 2018 AUTH: elde
BRECHIN MAHI1G

NHS Confidential: Personal data about a patient

Dundee Health & Social Care Partnership

NHS Tayside Eating Disorders Service
15 Dudhope Terrace
DUNDEE DD3 6HG
Telephone Number: 01382 346556

www.nhstayside.scot.nhs.uk

01382 346556
Email: eatingdisorders.tayside@nhs.net

Our Ref BD/
Your Ref
Date 03/05/2018

Private & Confidential
Dr Thomson
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Dear Dr Thomson,

RE: LEONARD (ELLIS) STACEY, DOB: 28/04/1988 (0060)
2 WARD ROAD, BRECHIN, ANGUS, DD9 7AS.

Ms Leonard has been discharged from the Tayside Eating Disorder Service.

Following referral to the Tayside Eating Disorders Service (TEDS) on 09/01/2018, Ms Leonard attended 3 appointments between the 01/02/2018, and 22/02/2018 where the assessment process was completed, and treatment was initiated. Since the last appointment attended Ms Leonard has not attended 2 further appointments offered, and given no reply to a 14 day opt-in letter sent. Through investigation of when referred previously, Ms Leonard has only engaged with the service for a maximum of 3 appointments.

Ms Leonard's weight was recorded to have increased slightly by 1.1 kg to 44.3kg (BMI 17.74) from referral to initial assessment appointment, and this weight was maintained throughout Ms Leonard's engagement with the service. This maintenance would suggest that although Ms Leonards lacks routine eating, she was at the time of engagement consuming adequate food to maintain her weight albeit within the underweight range.

Opinion and Recommendations:

Ms Leonard's motivation to change would have to be questioned because of again disengaging from TEDS within 3 appointments. It may be that her more general anxiety and [redacted] which appear to be currently raised are affecting her ability to engage in the psychological work required within treatment at present.

TEDS would recommend ongoing monitoring of Ms Leonards weight and bloods, and please do not hesitate to contact the service for advice and further information, or again refer Ms Leonard to the service if she wishes and voices motivation to engage with treatment in the future.

Yours sincerely
Brian Dawson
Specialist Nurse
Tayside Eating Disorders Service

Date received in Practice
04 MAY 2018

Cc Sandra Lindsay, Learning and Development Centre, Stracathro Hospital, Brechin, DD9 7QA.

New patient

CRANSWICK, Ruth (NHS TAYSIDE)

Tue 12/12/2017 17:29

To:LOCKWOOD, Penny (NHS TAYSIDE) <p.lockwood@nhs.net>;

Hi Penny,
I hope it's Ok to contact you about a clinical issue.
Stacey Ellis, a young Mum I've seen in Montrose for many years moved to Brechin in the summer. She has a lot of mental health issues following being in care as a child. She has support from CMHT, Sandra Lindsay. She has 4 young kids between 2 and 8 years and, considering all her challenges, does very well. She is in a stable relationship with the father of the 2 younger kids.
The problem is she hasn't registered with a GP since moving to Brechin as she feels getting to know lots of new people is too daunting. Arlene, her support worker is going with her to register this week. I offered to contact you to give you some background and she felt this would help.
She has longstanding anorexic traits and is very slim. She did see the eating disorder service but didn't engage and I don't think it's worth pursuing this again at this point. She comes over as very defensive and finds it hard to trust people but does manage to build up relationships over time. Continuity with a GP would be very helpful for her if this is possible. Should I suggest she makes an appointment with you after registering?

Let me know if you want any further info or to discuss by phone - 01674 673400

Stacey Ellis 280488, kids = Declan Ellis 050608, Riley Ellis 280511, Bentley Grant 110713, Ailsa Grant 150315

Thanks
Ruth

– scan to notes when registers.
D/W Dr. Cranswick will let patient know re appointment system here

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: C1B5995414

Brechin Health Centre — Clinician: . . LOCUM — BRECHIN LOC

SODIUM	142	mmol/L	(	133-146	)
POTASSIUM	4.8	mmol/L	(	3.5-5.3	)
CREATININE	75	umol/L	(	44-80	)
ESTIMATED GFR	GT60	mL/min			
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	9	U/L	(	5-55	)
BILIRUBINS	5	umol/L	(	0-21	)
ALKALINE PHOSPHATASE	52	U/L	(	30-130	)
ALBUMIN	38	g/L	(	35-50	)
CALCIUM	2.25	mmol/L	(	2.10-2.55	)
CALCIUM (CORRECTED)	2.27	mmol/L	(	2.10-2.55	)
GLUCOSE (preserved tube)	4.2	mmol/L	(	3.3-5.8	)
TSH	3.82	mU/L	(	0.4-4.0	)
C-REACTIVE PROTEIN	LT4	mg/L	(	0-10	)
CA125	24	kU/L	(	0-30	)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
11 Jan 2018 09:13

Clin.Details: : Postmenopausal
On T4?: No

Request Entered: 11 Jan 2018 12:22 — Report Printed: 11 Jan 2018 13:49

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey Sex: F PID: 2804980060 DoB: 28 Apr 1998
Lab No: C185999414

Brechin Health Centre Clinician: . . LOCUM BRECHIN LOC

AKI	Not detected: but may not exclude AKI in all cases

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
11 Jan 2018 09:13

Clin.Details: : Postmenopausal
On T47: No

Request Entered: 11 Jan 2018 12:22 Report Printed: 11 Jan 2018 13:49

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) · 01382 632602 (NW)

Name: LEONARD Stacey — Sex: F — PID: 2804880060 — DoB: 28 Apr 1988
Lab No: H185999414

Brechin Health Centre — Clinician: . . LOCUM — BRECHIN LOC

HGB	143	g/L	(120-160)	WBC	7.3	x10^9/L	(4.0-11.0)
RBC	4.62	x10^12/L	(3.8-4.8)	NE#	3.6	x10^9/L	(2.0-7.5)
HCT	0.419		(0.37-0.47)	LY#	2.9	x10^9/L	(1.5-4.0)
MCV	90.8	fl	(85-105)	MO#	0.5	x10^9/L	(0.2-0.8)
MCH	30.9	pg	(27-32)	EO#	0.32	x10^9/L	(0.0-0.4)
MCC	340	g/L	(320-360)	BA#	0.1	x10^9/L	(0.0-0.1)
				PLT	263	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
11 Jan 2018 09:13

Clin.Details: : Postmenopausal
On T4?: No

Request Entered: 11 Jan 2018 12:22 — Report Printed: 11 Jan 2018 12:45

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: LEONARD Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C185999414
Brechin Health Centre Clinician: . . LOCUM BRECHIN LOC

SODIUM	142	mmol/L	(133-146)	
POTASSIUM	4.8	mmol/L	(3.5-5.3)	
CREATININE	75	umol/L	(44-80)	
ESTIMATED GFR	GT60	mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
ALT	9	U/L	(5-55)	
BILIRUBINS	5	umol/L	(0-21)	
ALKALINE PHOSPHATASE	52	U/L	(30-130)	
ALBUMIN	38	g/L	(35-50)	
CALCIUM	2.25	mmol/L	(2.10-2.55)	
CALCIUM (CORRECTED)	2.27	mmol/L	(2.10-2.55)	
GLUCOSE (preserved tube)	4.2	mmol/L	(3.3-5.8)	
TSH	3.82	mU/L	(0.4-4.0)	
C-REACTIVE PROTEIN	LT4	mg/L	(0-10)	
AKI	Not detected: but may not exclude AKI in all cases			

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
11 Jan 2018 09:13

Clin.Details: : Postmenopausal
On T47: No

Request Entered: 11 Jan 2018 12:22 Report Printed: 11 Jan 2018 13:18

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services				Telephone 01738 473223 (PRI)	01382 632602 (NW)
Name: LEONARD	Stacey	Sex: F	PID: 2804880060		DoB: 28 Apr 1988 Lab No: C1859994l4
Brechin Health Centre		Clinician: . . LOCUM			BRECHIN LOC

CA125 TO FOLLOW

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
11 Jan 2018 09:13

Clin.Details: : Postmenopausal
On T4?: No

Request Entered: 11 Jan 2018 12:22 Report Printed: 11 Jan 2018 13:18

NHS Confidential: Personal data about a patient

MEDICAL QUESTIONNAIRE

Surname: LEONARD (Mr / Mrs / Miss) Date of birth: 28/04/88

Forename: STACEY Nationality: BRITISH

Address: 2 Wards Rd, Brechin, DD9 7AS Tel No: 07368227877

Occupation: Home-maker Ethnic Origin: White British

Marital status: Co-habiting Email address: _____

PAST MEDICAL HISTORY

1. Please list in date order all important illness, including hospital admissions, special investigations and operations.

Date	Details and place
_____	Anorixia nervosa
_____	Emotionally unstable pd
_____	Avoidance pd.
_____	
_____	

2. Are you at present suffering from any illness or receiving any treatment or medicines? ☑ Yes ☐ No

If YES, please give details, including drugs and dosages. Please include medicines you take regularly that are not prescribed by a doctor.

Olanzapine

3. Are you a carer? ☐ Yes ☑ No

Do you require the help of a carer? ☐ Yes ☐ No

4. Smoking status:

Current smoker? ☑ Previous smoker now stopped ☐ Never smoked ☐

Do you Drink alcohol? ☐ Yes ☑ No

If YES, record what you have had in the last week:

5. **Please list any substances, including medicines and drugs, to which you are allergic:**

LATEX

6. **IMMUNISATION -**

Are you currently protected against:

(a) **Tetanus** ☑ Yes ☐ No

(b) **Poliomyelitis** ☐ Yes ☐ No

(c) **Rubella** ☑ Yes ☐ No

(d) **Other:** _____

7. **Do you have any family history of the following:**

Heart disease ☐ Yes ☑ No

Thyroid disease ☐ Yes ☑ No

Diabetes ☐ Yes ☑ No

Asthma/eczema ☑ Yes ☐ No

Other: _____

8. **FEMALES ONLY -**

(a) **Have you had a cervical smear?** ☑ Yes ☐ No

If YES, what was the date of most recent smear? Feb 17.

(b) **How many pregnancies have you had?** 4

(c) **How many of these have ended in miscarriage or abortion?** —

(d) **Are you taking oral contraceptives?** ☐ Yes ☑ No

(e) **Do you have an IUCD/Implanon fitted?** ☐ Yes ☑ No

NHS Confidential: Personal data about a patient

APPLICANT BY POD 22.12.17

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☐ Female* ☑ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☑ Will you be in the area for more than 3 months?* Yes ☑ No ☐
(If 'No', please ask for form GMSTRF001)

Date of Birth* 28-04-1988

Title* MISS

Surname* LEONARD

Forenames* STACEY

Previous Surname* ELLIS

email address #

Address* 2 Wards Rd, Brechin, DD9 7AS

Postcode* DD9 7AS

Telephone # 01356 622497

Mobile # 07368227877

The following information can be found on your current medical card:

Community Health Index (CHI) Number*

NHS Number*

The following information can be found on your birth certificate:

Town of Birth* ARBROATH

Country of Birth* SCOTLAND

Registered district of birth (Scotland only)

Mother's maiden name LEONARD

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP*

ANNAT BANK
LINKS HEALTH CENTRE
MONTROSE

Postcode* DD10 8LR

Name and address of previous GP Practice in UK*

11 ANNAT RD
MONTROSE

Postcode* DD10 8BF

If you are from abroad:

Date you first came to live in the UK* DD-[ ]-YYYY

If previously resident in the UK, date of leaving* DD-[ ]-YYYY

Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date* DD-[ ]-YYYY

Are you a Reservist?* ☐ Yes ☐ No

Leaving date* DD-[ ]-YYYY

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No

Service Number

If yes, please provide your address before enlisting*

Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death.
Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk.

Any of my organs and tissue ☐ Only

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☑ Pancreas ☐ Small bowel ☐ Tissue ☐

Patient signature S Leonard Date 28-12-2017

GMSGPR001 v1 (05-2013)

4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature SLEONARD Date 22 - 12 - 2019

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number GP name DR MELLISH

Practice code T10498 Mileage (No.) Road Water Footpath

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert. ☐ Student ID Card ☐ Driving Licence ☐ Passport or HC2 Cert. ☑ Home Office App Reg Card ☐ Other/None - specify Receptionist initials TG

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature Date 23 - 12 - 2019

7. OFFICIAL USE ONLY

Input by

Checked by

Date DD - - YYYY

Practice Stamp

Full Report

Ms Stacey Ellis 28/04/1988 Female 369/88/128 Permanent

Address
17 Annat Road Montrose DD10 8EF Address Type: Main address

Communication numbers
Mobile phone 07432796996
Telephone - home 01674959209

Problems
Anxiety with depression Started: 05/01/2012 Ended:
Currently Relevant Started: 08/11/2007 Ended:

Allergy and Intolerance non drug
12/11/2007 Allergy Moderate H/O: non-drug allergy Latex itchy and red

Medical History
08/01/2018 Patient deregistration - health record sent to Health Board Mrs Wendy Irons
27/12/2017 Referral to pharmacist technician - docman letter from CMHT dated 21/12/2017. Sertraline dose reduced to 50mg and olanzapine reduced to 5mg. Repeats amended Ms Christine Mcclean
21/12/2017 Letter received ENSEMBLE NHS Tayside Miss Isla Sutherland
14/12/2017 Letter received Clinical Letter Stracathro Hospital Psychiatry Department CMHT - email Mrs Karen Dykes
04/12/2017 Telephone encounter From Sandra. Stacey keen for me to speak to Brechin GP and pass on her background info She plans to go in and register next week with support from Arlene (support worker) Dr Ruth Cranswick
30/11/2017 History obtained from third party I spoke to Sandra Lindsay in person . She and Shaina S Worker have been trying to get Stacey to register the family at Brechin HC but she has been very reluctant. Anxious about going out, getting buses and new places. Worries she will only see locums at Brechin. I offered to speak to one of the GPs at Brechin to give some background prior to Stacey attending. Sandra wil offer and let me know if Stacey wants me to do this Dr Ruth Cranswick
20/11/2017 Administration Admin Letter Letter from Doctor email Mrs Karen Dykes
12/10/2017 Administration - I phoned CMHT to ask if they had a different number for Stacey - they shve the same one as us - Sandra Lindsay Stacey Worker had just come in. I spoke to Sandra who said that she had just been out to see Stacey and that she really is not in a good place at the moment and needs the medication as requested by Dr Blake. Sandra said that Stacey is very apprehensive to register herself in Brechin as she has such a good relationship with Dr's here and that she had not heard good things about Dr in Brechin. (She is registering the children next week in Brechin). I have passed all this information onto Dr Cranswick who has signed the p[x (now faxed to Steeple). I have left a message asking Stacey to call myself back to see if we can see what is happening. (IAB) Miss Isla Sutherland
12/10/2017 Failed encounter NOS Message left. Calling to see if pt is still currently living in Brechin. Pt really needs to register in Brechin if living there as we are still getting px requests through from Dr Blake. Please advise pt that she has until the end of next week to register in Brechin otherwise she will be deducted by us. If any problems see Sarah. Miss Sarah Garden
06/10/2017 Medication changed OP comm from Dr Blake to increase sertaline dose to 150mg once daily for 2 weeks then 200mg thereafter acute Rx for 50mg tablets 100mg added to repeats Ms Helen Adamson
06/10/2017 Referral to pharmacist Ms Helen Adamson
06/10/2017 Letter from consultant ENSEMBLE NHS Tayside Ms Linda Doig
08/09/2017 Chr.dis.- treatment changed Prescription request from CHMT Stracathro Hospital. Aripiprazole 5mg added as an acute and issued.mg Ms Prescribing Clerk
07/09/2017 Letter received ENSEMBLE NHS Tayside Miss Isla Sutherland
10/08/2017 Letter received Miscellaneous Medic Stracathro Hospital Psychintry Miss Isla Sutherland
10/08/2017 Letter from consultant ENSEMBLE NHS Tayside Ms Linda Doig
19/07/2017 Administration NOS Moving to Brechin today Dr Ruth Cranswick
19/07/2017 Patient reviewed Still cough and chest feels heavy. SOBOE . SI wheeze. O/e T 36.7, not SOB P 72, sats 98%, chest clear. Imp - ? bronchoconstriction . Try salbutamol. Painful L ear - O/E discharge and tender. IMp OM - Dr Ruth Cranswick
19/07/2017 Telephone encounter 07432796996 - requesting a call back as still can't seem to shift the chest infection after the antibiotics given couple of weeks ago - to RC Ms Linda Doig
18/07/2017 Letter received Clinical Letter Health Social Care Eating Disorder Service Ms Kay Hurst
03/07/2017 Patient reviewed Generally much more postive and relaxed She is aware medication helping . May be offered house in Brechin . Good relationship with Sandra. Dr Ruth Cranswick
03/07/2017 C/O - cough Sx below. T 36.8 , P 88 reg , Sats 97%, chest clear . In view of persistent sx in smoker , AB. Dr Ruth Cranswick
03/07/2017 Telephone encounter Unwell 1 week . Cough , a lot of yellow/ green sptum. Wheeze only lying down, SOB. . No Fever TCi this pm Dr Ruth Cranswick
03/07/2017 Administration NOS Telephone encounter with pt, looking to speak to RC. Pt thinks she has a chest infection and would like a call back. TL;07432796996 Miss Ashley Cant
22/06/2017 Letter from consultant Miscellaneous Medic Stracathro Hospital Psychiatry Ms Linda Doig
30/05/2017 Telephone encounter Chat with Sandra CMHT. She is building positive relationship with Stacey. Requests I increase sertuline to 150 mg daily. No SEs but mood still a bit low. Sandra encouraging small improvements to diet Dr Ruth Cranswick
30/05/2017 Administration Please can you do pxs for Sertraline and Olanzapine to go down to chemist tmrw. Thanks (IAB) Miss Ashley Cant
25/05/2017 Administration Admin Letter Implanon removal Ms Linda Doig
25/05/2017 Administration Admin Letter Minor Surgery Patient Consent Form Ms Linda Doig
25/05/2017 Removal of etonogestrel radiopaque contraceptive implant uncomplicated procedure. Cont CHC Dr Margaret Anderson
25/05/2017 Consent given for minor surgery procedure removal nexplanon Dr Margaret Anderson
18/05/2017 Patient reviewed Mood very variable. Varies from high and excited to low, irritable and angry many times each day. TATT. Sleeps quite a lot. Still being assessed by eating disorder team Further communication awaited. No SEs on sertraline Bloated but thinks this predates sertraline. Has MH and ED review yesterday Dr Ruth Cranswick
16/05/2017 Telephone encounter continuing bleeding problems on nexplanon despite using CHC as well earlier this year [not sure how long she was on it for] Requests removal nexplanon and will use pill on its own. Appointment arranged Dr Margaret Anderson
16/05/2017 Administration NOS Returned your call but you were engaged, could you please ring her back ? Mrs Beverley Sellers

Full Report

Ms Stacey Ellis **28/04/1988** **Female** **369/88/128** **Permanent**

16/05/2017 Failed encounter - message left on answer machine Dr Margaret Anderson
16/05/2017 Administration 07432796996 - Please call re implant removal. Thanks (IAB) Miss Isla Sutherland
10/05/2017 Laboratory result Lab Result Tayside Clinical Laboratory Services Biochemistry Ms Linda Doig
05/05/2017 Letter sent to consultant Clinical Letter Psychology Mrs Karen Dykes
04/05/2017 Telephone encounter Due to see me this afternoon [redacted]. Had meeting at school this pm. [redacted] School aware of Stacey's mental health problems and trying to support her. Given appt in 2 weeks for reveiw Dr Ruth Cranswick
02/05/2017 Letter from consultant Clinical Letter Carseview Centre, Dundee Psychiatry Department Ms Linda Doig
02/05/2017 Telephone encounter Mood low Dreams about suicide. Irritable. Exhausted. Has jsut started seeing eating disorder service. Been asking Sandra of CMHT for antidpressant . She asked Dr Mcquitty today and he is advising Px. Given appt with me on THurs Dr Ruth Cranswick
02/05/2017 Administration NOS Would like a call back regarding her mental health. Feels needs to be restarted on antidepressants as her mood as dipped. Will be in a meeting with CMHT for an hour so please call back after 3pm. T:07432796996 Miss Sarah Garden
28/04/2017 Laboratory result Lab Result Tayside Clinical Laboratory Services Biochemistry Mrs Beverley Sellers
28/04/2017 Laboratory result Lab Result Tayside Clinical Laboratory Services Haematology Miss Isla Sutherland
21/04/2017 Patient reviewed at hospital CMHT Op comm request increase in Olanzepine dose Ms Helen Adamson
21/04/2017 Referral to pharmacist Ms Helen Adamson
19/04/2017 Letter received ENSEMBLE NHS Tayside Mrs Beverley Sellers
19/04/2017 Telephone encounter - sandra CPN asking for a very short term Rx for diazepam for Stacey as rehousing been held up and getting very agitated. Agrees only very short term. I will let Rc know. Dr Richard Marwood
19/04/2017 Telephone encounter Sandra Lyndsey CMHT on ext 67084 in Links Health Centre requesting a call back - to RM Duty Ms Linda Doig
28/03/2017 Patient reviewed at hospital CMHT Op comm requesting increase in Olanzapine, acute Rx issued, not added to repeats Ms Helen Adamson
28/03/2017 Referral to pharmacist Ms Helen Adamson
27/03/2017 Letter from consultant ENSEMBLE NHS Tayside Ms Linda Doig
23/03/2017 Telephone encounter Stiff sore neck 4 days . Pain on mvmt. No injury No anr pain . Advice re heat , massage, mvmt and anlagesia Dr Ruth Cranswick
23/03/2017 Telephone encounter No answer I will try later Dr Ruth Cranswick
23/03/2017 Administration 07432 796996 - Please call re has done soemthing to her neck and looking for advice/medication please. Thanks (IAB) Miss Isla Sutherland
03/03/2017 Letter received Clinical Letter Ninewells Hospital Gynaecology Ms Kay Hurst
27/02/2017 Telephone encounter Discussed smear negative and also HPV negative. Routine recall. Still gets daily spotting on implant and rigevidon. No pain . Happy to stick with it . Had good weekend with kids in respite. Will start olanzapine tonight Dr Ruth Cranswick
23/02/2017 Patient reviewed Kids going to respite this weekend and plan for this monthly for 3 mths. Stacey feeling quite positive about it. Has picked up px . Only started quetiapine 3 weeks ago. Feels its not helping Stop this and change to olanzapine Dr Ruth Cranswick
23/02/2017 Lump on neck Smal lump on R post neck enlarged and become tender. Red but not hot Has had prev sebaceous cysts. Not fluctuant AB Dr Ruth Cranswick
21/02/2017 Administration Clinical Letter Stracathro Hospital Psychiatry Department email Mrs Karen Dykes
21/02/2017 Letter received Admin Letter Email to GP Luke McQuitty Mrs Karen Dykes
21/02/2017 Administration Clinical Letter Stracathro Hospital Psychiatry Department email to CMHT Mrs Karen Dykes
21/02/2017 [D]Lump, localized and superficial Reports tender lump on back of neck Appt thurs Dr Ruth Cranswick
21/02/2017 Telephone encounter With Stacey - explained below. See thurs as planned. Dr Ruth Cranswick
21/02/2017 History obtained from third party Chat with DR McQuitty (at Town head this pm). He apologises for mistakes with Px. Also he thought she was already on olanzapine which she is not. Agreed I will do Px to avoid further delay. Also discussed lack of info from Sandra Lindsay - Ed service referral has been done, he will forward copy to me. Dr Ruth Cranswick
21/02/2017 Telephone encounter With Stacey. Has been seeing Sandra Lindsay from CMHT fortnightly. She gave Stacey a px last week but chemist said it was incorrectly completed and would not dispense it. I've asked Stacey to hand the Px in to the practice. Sandra has also advised Stacey that she woud like to refer her to eating disorder service and would then withdraw her own input. She was having difficulties contacting ED team and suggested to Stacey it might be easier for me to refer her. Not fair to ask Stacey to relay this info I'll conact Sandra directly. Dr Ruth Cranswick
20/02/2017 Telephone encounter No answer Message I'll ring her tomorrow Dr Ruth Cranswick
20/02/2017 Administration NOS Telephone encounter with pt, she is having problems collecting regarding a px issued by her CPN. T:07432796996 Miss Ashley Cant
14/02/2017 Telephone encounter DNAed today I phoned her, - no reply. left message advsing her I can ring her if any problem getting another appt Dr Ruth Cranswick
14/02/2017 Did not attend - no reason - appt with Dr Cranswick Ms Kay Hurst
13/02/2017 Laboratory result eNCCRS Result Notification Scottish Cervical Call Recall System Cytology HPV Result: hr-HPV Negative. Mrs Beverley Sellers
29/12/2016 Letter from consultant Clinical Letter Stracathro Hospital Psychiatry Department Ms Linda Doig
29/12/2016 Telephone encounter Phoned Stacey as I got letter from gynae. Stacey concerned that a fibroid was mentioned. Uterus reported normal in letter. COCp advised with break every 3 cycles. We have tried COCp before and still bled but may be better with tricycling. Has gynae review for smear in Feb Dr Ruth Cranswick
19/12/2016 Letter from consultant Clinic template Ninewells Hospital Obstetrics / Gynaecology Ms Linda Doig
12/12/2016 Telephone encounter I phoned stacey but she is out at gynae clinic appt. Await letter. Dr Ruth Cranswick
08/12/2016 Telephone encounter No answer landline or mobile. Left message advsing no USS report yet , should be getting fast track gynae clinic appt soon . I'll phone her on mOn Dr Ruth Cranswick
08/12/2016 Administration Patient phoned to check re result of scan. Nothing scanned to docman, informed patient that might be to soon for results. Patient asking if RC could please phone her 01674 959209 Ms Kay Hurst

Full Report

Ms Stacey Ellis 28/04/1988 Female 369/88/128 Permanent

01/12/2016 Letter from consultant EDT letter from the MiDIS system T101H Ms Linda Doig
29/11/2016 Telephone encounter advised gynae ultrasound appointment 5th dec 10.30 [on clinical portal] If no appointment letter by Thursday we can tel Jackie Gilchrist ext 32085 to check where she is to go. Dr Margaret Anderson
29/11/2016 Administration 01674 959209 - Please call re advised by RC that if she hadn't heard from Gynae by now to give Surgery a call for another Dr to chase this up. Thanks (IAB) Miss Isla Sutherland
21/11/2016 Telephone encounter Advised Stacey , swabs all neg. Pain same. Taking reg paracetamol. Will add ibuprofen. Advised fast track clinic appt being arranged. [redacted] Dr Ruth Cranswick
20/11/2016 Letter received Clinical Letter Ninewells Hospital Gynaecology email Mrs Karen Dykes
18/11/2016 Laboratory result Lab Result Tayside Clinical Laboratory Services Microbiology Ms Kay Hurst
17/11/2016 Administration Clinical Letter Ninewells Hospital Gynaecology email Mrs Karen Dykes
17/11/2016 Laboratory result Lab Result Tayside Clinical Laboratory Services Virology Mrs Beverley Sellers
15/11/2016 Vaginal pain For about 2 months, much of the time. Pain on SI and after. Discharge most of time, variable, sometimes offensive. Pain and sich starte dabout 4 weeks after LLETZ. Had 2 periods since then - ie 12 days spotting followed by about 2 weeks break. Aware she is anxious re any ongoing CIN 3 . O/E Light vaginal bleed, cervix abnormal due to surgery but smooth and does not appear inflammed. Cervix tender. Swabs taken. Ring her with results on Mon Dr Ruth Cranswick
27/10/2016 Telephone encounter No answer Will try later Dr Ruth Cranswick
27/10/2016 Administration Patient phoned as RC said that patient could phone and speak with her. 959209. Pass to RC Ms Kay Hurst
04/10/2016 Letter received Clinic template Stracathro Hospital General Surgery Miss Isla Sutherland
27/09/2016 Telephone encounter Planned tel review. Mood up and down but had a lot to cope with recently, cervical cancer scare , Declan in hosp with asthma last week. Riley and Declan doing Ok at school. Stacey seeing Sandra from CMHT fortnightly. . Awaiitng housing appeal. I've left her to contact me as needed. Dr Ruth Cranswick
14/09/2016 Letter received Clinic template Stracathro Hospital General Surgery Miss Isla Sutherland
12/09/2016 Telephone encounter Pain better but not gone. Still discharge but swab clear. No period since procedure. I think all healing process. Saw Sandra last week. Tel appt 2 weeks for general review Dr Ruth Cranswick
09/09/2016 Laboratory result Lab Result Tayside Clinical Laboratory Services Microbiology Ms Kay Hurst
06/09/2016 Letter received Clinical Letter Ninewells Hospital Gynaecology email [redacted] Mrs Karen Dykes
06/09/2016 Patient reviewed Seeing Sandra from CMHT tomorrow. [redacted] Detention tomorrow but first time this term. Meeting re housing soon . Currently have 3 bedrooms but needs 4 to allow Declan his own room. Dr Ruth Cranswick
06/09/2016 Patient reviewed Stacey didn't get metronidazole Px. Not at chemist . It was printed. Ongoing green pV discharge and smell. LIF pain and feels unwell. O/e T 37.3, tender LIF , no masses. Gentle PV. No discharge and vagina NAD Swab taken Cervix not visualised as too uncomfortable. Start metronidazole Tel Rv 1 week . Dr Ruth Cranswick
05/09/2016 Letter received Clinical Letter Ninewells Hospital Gynaecology email Mrs Karen Dykes
04/09/2016 Out of hours patient call detail received Unscheduled Care Report Tayside Out of Hours Service Mrs Beverley Sellers
01/09/2016 Administration NOS When I see stacey on 06/09, discuss Riley's eye clinic appt Dr Ruth Cranswick
30/08/2016 Laboratory result eNCCRS Exclusion Notification Cytology Reason: At Colposcopy Ms Kay Hurst
30/08/2016 Laboratory result eNCCRS Exclusion Notification Cytology Reason: At Colposcopy Ms Linda Doig
29/08/2016 Telephone encounter Stacey has ongoing offensive PV discharge and lower abd discomfort. Metronidazole. Needs C MHT report for housing Given number to contact Sandra Lindsa. Has received MRI appt I think this won't be necessary now pathology clear . Await letter and I'll contact her when I get it. Dr Ruth Cranswick
25/08/2016 Letter from consultant Misc Template Ninewells Hospital Obstetrics / Gynaecology Ms Kay Hurst
25/08/2016 Telephone encounter I phoned Stacey. Gynaecologist had phoned earlier today and Given her "all clear". Advised could be discharged except for FU smear in 6 mths. (Pathology shows gen warts and CIN, no CGIN or invasive Cancer) Stacey has smelly discharge but not unwell. Will observe over weekend and let me know if not settling. Dr Ruth Cranswick
18/08/2016 Telephone encounter Had LLETZ on Tues then MRI and CT today Concerned as radiologist noted cervical swelling and said not sure if tumour or post op swelling. Now awaiting scan reports and pathology and MDT meeting. Very anxious not knowing. Declan coping Ok at school but reluctant to go. I'll get in touch if any info here Otherwise tel Rv 1 week Dr Ruth Cranswick
16/08/2016 Laboratory result Theatre template Ninewells Hospital Obstetrics / Gynaecology Ms Kay Hurst
16/08/2016 Letter received Immediate Discharge Letter Ninewells Hospital, Dundee OBSTETRICS/GYNAECOLOGY Mrs Beverley Sellers
15/08/2016 LLETZ - Large loop excision of transformation zone Pathology CIN 3 Mrs Anne Walker
09/08/2016 Laboratory result Misc Template Ninewells Hospital Obstetrics / Gynaecology Miss Isla Sutherland
09/08/2016 Telephone encounter Had colposcopy but limited biopsy obtained Going in for LLETZ next Tues. Pre-op assess on Mon and MRI/CT on Thurs. Sister-in-law to have kids. SW aware and will provide repsite if needed. Stacey calm. I'l ring her next Thurs Dr Ruth Cranswick
09/08/2016 Administration 959209 - Stacy called to cancel her appointment for Tues 16/8 as she is going in for surgery that day. She was unsure whether you would want to reschedule the appt? Thanks (IAB) Miss Isla Sutherland
04/08/2016 Letter received Clinic template Ninewells Hospital Obstetrics / Gynaecology Miss Isla Sutherland
04/08/2016 Laboratory result eNCCRS Exclusion Notification Cytology Reason: At Colposcopy Ms Linda Doig
04/08/2016 Laboratory result eNCCRS Exclusion Notification Cytology Reason: At Colposcopy Ms Linda Doig
01/08/2016 Had a chat to patient Discussed cervical smear result Has appt this week for colposcopy. REgretting putting off smears Reassured that at least it has been identified and getting urgent Rx. Rv 2 weeks Dr Ruth Cranswick
01/08/2016 Patient reviewed Holidays gone unexpectedly well [redacted] Beginning to get anxious and clingy now return to school approaching. Has been saving money and wants to spend it on meal out with just him and Stacey. Clearly responding to more time with Stacey Chat re finding way of continuing this once he is back at school. Going to join cubs. Dr Ruth Cranswick
19/07/2016 Letter received Clinic template Whitehills Hospital Obstetrics / Gynaecology Mrs Beverley Sellers
19/07/2016 Laboratory result eNCCRS Result Notification Scottish Cervical Call Recall System Cytology High grade (severe) dyskaryosis with marked inflammatory response in a defaulter with irregular appearance of cervix. Requires urgent assessment. Mrs Beverley Sellers
05/07/2016 History obtained from third party I phoned Sandra Lindsay who is in process of assessing Stacey and will then recomned someone else to work with her. Sandra aware Stacey has many complex issues I expressed concern that she will not pursue WRASAC suggestion as involves yet another service and she doesn't have the time or capacity to cope with this We agreed that starting point would to be to help Stacey with her current anxiety and coping abilities and to move on later when she is ready . Dr Ruth Cranswick

Full Report

Ms Stacey Ellis **28/04/1988** . **Female** **369/88/128** **Permanent**

29/06/2016 Letter received EDT letter from the MiDIS system T101H Mrs Beverley Sellers
28/06/2016 Patient reviewed [redacted]. Feels he's not getting the help he needs. Worried it will spiral into criminal behaviour when he is older. Has seen Shana who wants to concentrate on [redacted]. Encouraged there would be some respite for her if [redacted] and also in Aug [redacted] and [redacted] so will have only [redacted]. Dreading summer hols Steven's job at risk. RV 2 Aug Dr Ruth Cranswick
20/06/2016 Telephone encounter With Stacey. SW got in touch on friday and Shana visiting tomorrow. Referral to Barnados has been mentioned by SW and Gail but school told her he may not meet criteria. Stacey firmly believes Declan has ODD and considering 2nd opinion. Rv with me 28/06 Dr Ruth Cranswick
16/06/2016 Telephone encounter Jerry Donaldson is off sick He needs to complete report of meeting for S. worker Shana to initiate contact with Stacey. I left message asking team leader to contact me if Jerry unavailable but no-one has got back to me this afternoon. I'll keep trying.Then spoke to Stacey She phoned SW today as unable to cope with [redacted]r. They said someone would be in touch tomorrow. Stacey then contacted police as felt [redacted]. Police are also contacting SW. I'll contact her on Mon for update Dr Ruth Cranswick
14/06/2016 Patient reviewed Very low Tearful. Surviving each day and dreading the next [redacted] up at 6 so no time to herself [redacted] - community police now involved and internally excluded most of time. Stacey very disappointed no diagnosis for [redacted] Hasn't seen Shana yet other than at meeting. Feels let down. I'll ring SW and let her know. . Will try fluoxetine Rv 3 weeks Dr Ruth Cranswick
06/06/2016 Telephone encounter Chat with Stacey. Offered to see her today but difficult to get down here. She has stopped psychology Found it too difficult to discuss past then go back to putting brave face on for kids. [redacted] has been offered SW support and keen to explore anything that will help [redacted] Agrees referral to CMHT good idea. Doesn't think sertraline was making any difference. Stay off it and await CMHT input. [redacted] appt tomorrow - concerned re his weight and tiredness, advsied discuss with them). Keep her appt next week with me. Dr Ruth Cranswick
31/05/2016 History obtained from third party Chat with Gail Penman. Multidisciplinary meeting with Stacey today re [redacted]s. Outcome is that SW to become involved - Shana - to support Stacey Also possibly some child minding to allow Stacey time for herself and one to one with kids. Gail will stop seeing [redacted] is clear he has no mental health diagnosis. Stacey been discharged from psychology and will have run out of sertraline. Gail phoning her and will advise her to see me/ request repeat. ? refer CMHT if she wishes Dr Ruth Cranswick
17/05/2016 Did not attend - no reason smear Mrs Helen Middleton
29/04/2016 Letter received Miscellaneous Medic Stracathro Hospital Psychology Miss Isla Sutherland
18/04/2016 Referral letter Cancellation Letter T312H Ms Kay Hurst
12/04/2016 [D]Lump, localized and superficial Subcut, ref plastics. Dr Ruth Cranswick
12/04/2016 Patient reviewed Long chat. Struggling with demands of 4 kids and difficult behaviour from [redacted]. [redacted] Stacey eating no less but losing weight presumably due to being more active. Thinks she could realistically try to eat once prior to evening meal . Also Early years worker visiting next week to look at sleep problems with [redacted] Stacey doesn't feel sertaline has hlepd but no Ses Worth continuing another 4 weeks. Gail supporting [redacted]. Agreed - try 1 snack during day and aim for short time of peace between kids going to bed and herself going to bed. Getting married in August. RV 3 weeks Dr Ruth Cranswick
21/03/2016 Did not attend - no reason WWC x2 Mrs Esther Smith
18/03/2016 Letter received Miscellaneous Medic Stracathro Hospital Psychology Miss Isla Sutherland
15/03/2016 Depressed mood Very flat. Feels like running away most days. 4 kids age 7, 4, 2 and 1. Husband supportive but works full time and aware she won't let him help with much. Long established eating habits of coffee only all day and meal at night when kids in bed. Sleep broken but no worse than usual. No enjoyment Can't remember when she last enjoyed anything. No thoughts self harm. Agreed antidepressant may help raise mood enough to engage with psychology. RV 4 weeks Dr Ruth Cranswick
12/02/2016 Did not attend - no reason smear Mrs Helen Middleton
04/02/2016 Letter received Clinical Letter Stracathro Hospital Psychology Ms Kay Hurst
04/02/2016 Administration NOS Gail Penman has recieved copy of psychol appt for Stacey in early March and will support her. Dr Ruth Cranswick
02/12/2015 Administration Clinical Letter Stracathro Hospital Psychology Mrs Karen Dykes
23/11/2015 Letter received Clinical Letter Stracathro Hospital Psychology Ms Kay Hurst
22/10/2015 Letter received Clinical Letter Stracathro Hospital Psychology Mrs Lorna Batchelor
10/09/2015 Did not attend - no reason WWC Mrs Esther Smith
13/08/2015 Administration Admin Letter Minor Surgery Patient Consent Form Mrs Lorna Batchelor
13/08/2015 Telephone encounter Spoke to Stacey re psychology She says Gemma advised she was too focused on [redacted] to adress her own problems last time Dr Ruth Cranswick
13/08/2015 History obtained from third party Chat with Gail Penman. She has been seeing Stacey with [redacted]. Some of [redacted]s problems relate to Stacey's own issues. Stacey reluctant to take time for herself. I'll speak to her re psychology referral. Gail could inform Gemma of background to facilitate process if Stacey happy with this Dr Ruth Cranswick
13/08/2015 Patient reviewed RV 4 weeks re resp sx and implant FU. Will make nurse appt for smear Dr Ruth Cranswick
13/08/2015 Consent given for minor surgery procedure Dr Ruth Cranswick
13/08/2015 Insertion of etonogestrel radiopaque contraceptive implant Last SI 4-5 weeks ago . LMP approx 9 July Had 3 periods since baby born 5 month s ago. Preg test today NEG Dr Ruth Cranswick
11/08/2015 Stress at home "Everything". Kids, money. Has v good insight Aware she doesn't delegate, won't let anyone else look after kids even partner. Aware this probably relates to her own childhood experience. Getting help from Gail. Discussed taking small step, benefits for kids. Dr Ruth Cranswick
11/08/2015 Shortness of breath 2 episodes in last few. See OOHs report. Sx" out of the blue" both times during night. Unable to get breath, weight on chest. Smoker . Sx setled very quickly Fine now. P 75 reg , SP02 98%, chest clear Sx more suggestive of hyperventilation than asthma but see exam at OOHs Observe and RV in few weeks Use salbutamol if needed. Dr Ruth Cranswick
08/08/2015 Out of hours patient call detail received Unscheduled Care Report Tayside Out of Hours Service . Mrs Wendy Ellis
07/07/2015 Telephone encounter nexplanon insertion arranged- LMP 26/06/15 Nil SI since then & will continue to abstain Dr Margaret Anderson
06/07/2015 Administration 959209 - Please call re would like to arrange to have the implant fitted. Thanks (IAB) Miss Isla Sutherland
29/05/2015 Telephone encounter APPOINTMENT MADE FOR NEXPLANON INSERTION Dr Margaret Anderson
29/05/2015 Administration NOS Wants to make appt for implant. tel 959209. Mrs Linda Bremner
14/05/2015 Did not attend - no reason ES dressing Mrs Linda Bremner

Full Report

Ms Stacey Ellis **28/04/1988 . Female 369/88/128 Permanent**

05/05/2015 Telephone encounter with Stacey, advising pump due to be removed today, she has 4 children at home and no child care available this afternoon - also heavy rain and would be walking, I have booked in with ES for tomorrow 6/4/15. Mrs Helen Middleton

05/05/2015 Telephone encounter message from stracathro, pt's pump was to be removed today and dressed as you see fit (packing etc), no further follow up from hospital. Mrs Lesley Macgregor

05/05/2015 Telephone encounter with charge nurse ward 19 N/wells, Stacey discharged @ 2330 hrs on 2/2/15 as she wanted to get home for her children, he advises agency nurse discharged Stacey and he will check her notes in ward for post wound care and call me back Mrs Helen Middleton

05/05/2015 Patient reviewed attended with hand written discharge note from NW following incision & drainage abscess left thigh. Very little info. Appears to have a device in wound. Review with PN for dressings etc. Dr Margaret Anderson

02/05/2015 Discharged from hospital Discharge Letter/Summary Ninewells Hospital Orthopaedics Mrs Lesley Macgregor

01/05/2015 Patient reviewed increasing pain L thigh abscess despite recent ABx.. C/O sore throat but otherwise systemically wellApyrexial, P 86 SR, O/E as before large red fluctuant swelling proximal 1/3 post. left thighRefer surgical ?need open drainage Dr Margaret Anderson

30/04/2015 Abscess NOS abscess L thigh. Noted inflammed area approx 3weeks . 3-4 days increasing pain & swelling & feeling unwell. O/E T 36 Abscess L posterior thigh- approx 3-4 cm diam fluctuant & tender. Punctum centrally. Start ABx and hot compresses, baths R SOS Dr Margaret Anderson

16/03/2015 Laboratory result eNCCRS Exclusion Notification Cytology Reason: Pregnant Miss Isla Sutherland

15/03/2015 Discharged from hospital Discharge Letter/Summary MRI Maternity Miss Isla Sutherland

25/02/2015 Clin.dis.- treatment changed Folic acid 5mg issued as per maternity request docman 24/02/15 Mrs Lesley Macgregor

24/02/2015 Administration Prescription Request MRI Maternity Mrs Wendy Ellis

28/01/2015 Telephone encounter Midwives inform she has group B Streptococci from HVS and needs Amoxicillin. Script done. Spoke to Stacey and informs me that she has not initiated Nitrofurantoin as did not have UTI. However, she will take Amoxicillin. Dr Suresh Arunachalam

28/01/2015 Telephone encounter Midwife from Montrose Infirmary called. Has been started on antibiotic for group G strep on high vaginal swab. Wrong antibiotics, can you please have a look at journal and issue alternative? Tel: 623401 Miss Sarah Garden

20/01/2015 Administration NOS Maternity unit requesting antibiotic for symptomatic of UTI. Mrs Linda Bremner

27/11/2014 History obtained from third party From Louise Simpson HV. - SW involved with [redacted]. HV support for younger 2 boys and unborn child. Stacey has declined some services inc Homestart Dr Ruth Cranswick

13/11/2014 Administration NOS Would like px for something for thrush. She is 28 weeks pregnant. Tel 0784 047 0020. Mrs Linda Bremner

24/09/2014 Letter received Clinical Letter MRI Maternity Mrs Wendy Irons

28/06/2014 Letter received Unscheduled Care Report Tayside Out of Hours Service Mrs Beverley Sellers

27/06/2014 Letter received Clinical Letter Stracathro Hospital Psychology Mrs Lesley Macgregor

16/06/2014 Tiredness symptom amenorrhoea and breast tenderness, wonders if ovarian cyst, abo NAD, wondering if weight related. Has done a home preg test 2 weeks ago, repeat with EMU tomorrow if neg I think diatetic assmt Dr Graham Kramer

17/12/2013 Boil NOS left axilla, not fluctuant (yet). see if we can stave off with abiotics. Dr Graham Kramer

26/11/2013 Telephone encounter decided on nexplanon. Advised to cont CHC meantime. Appointment made & px sent to Steeple Dr Margaret Anderson

25/11/2013 Letter received Clinical Letter Stracathro Hospital Psychology Mrs Lesley Macgregor

25/11/2013 Letter received Clinical Letter Stracathro Hospital Psychology Mrs Lesley Macgregor

12/11/2013 Letter invite to screening Clinical Letter Stracathro Hospital Psychology Department Miss Isla Sutherland

11/11/2013 Patient reviewed on Rigevidon. Says had erratic bleeding whilst on the pills in the last cycle. Wants to consider long term contraceptive methods. Had tried implanon but did not suit her. Might want to consider IUS. PIL given. Will see MA when once decided. Dr Suresh Arunachalam

05/11/2013 Letter received Admin Letter Change of Address Miss Isla Sutherland

25/10/2013 History obtained from third party Chat with Gail Penman. She is seeing [redacted] and therefore Stacey. Stacey now open to psychological help and has asked Gail that I refer her. Dr Ruth Cranswick

30/09/2013 Administration Admin Letter Letter from Doctor Mrs Karen Dykes

27/09/2013 Administration NOS - please could you let her know that I WILL do this. I am hoping will be ready by Monday afternoon. There will be a small private admin fee for this of £1.50. Dr Richard Marwood

27/09/2013 Administration NOS Patient says she was asked to ring back today to see if you will support her request for rehousing ? Tel 07840470020 Mrs Beverley Sellers

25/09/2013 Patient reviewed - looking for advice. Our house full of advice and mould. partner shows me Environmental health says it's up to GP to decide. This seems ridiculous in a way, because the mould evidence that Staceys partner shows me seems extensive, and there is an 11 week old baby and Declan needed oral steroids for asthma recently. i will discuss with Ruth. Dr Richard Marwood

20/08/2013 Administration NOS Spoke to pt and passed on message from Dr Anderson re -ve test result. Mrs Beverley Sellers

20/08/2013 Administration NOS Stacey will phone back for the result of her pregnancy test. I did not want to leave a message. She can be told it is negative & to carry on with the change in pill that we discussed Dr Margaret Anderson

20/08/2013 Administration NOS urine sample at front desk for MA attention Mrs Karen Dykes

23/07/2013 Telephone encounter discussed result of swab with Stacey. Not breast feeding. Start metronidazole Dr Margaret Anderson

23/07/2013 Administration Message from Dr @ Labour Suite Ninewells to say that they did a swab on Stavey which shows mixed anerobes - they have spoken to Stacey and she is having a lot of vaginal discharge. Thanks (IAB) Miss Isla Sutherland

22/07/2013 Letter received Clinical Letter Ninewells Hospital Maternity Mrs Lesley Macgregor

11/07/2013 Spontaneous vaginal delivery male baby Dr Monica Ireland

07/05/2013 Breast abscess midwives to see Dr Graham Kramer

07/05/2013 Telephone encounter needs appt today, MRI has asked for her to be seen tel: 07840470020 Mrs Lesley Macgregor

09/04/2013 Cystitis Dr Graham Kramer

09/04/2013 Letter received Admin Letter Prescription Mrs Wendy Irons

06/03/2013 Advice about long acting reversible contraception Leaflet given Mr Ian Mcneil

16/02/2013 Letter received Clinical Letter MRI Maternity Mrs Wendy Irons

15/02/2013 C/O: a pain L side uterus- 16 wk gestation. Fundal ht= dates. Tender L side nil lump palpable. Stacey reports a PMH fibroid. I cant find reference to this in notes but in view of preg I will ask midwife to arrange for Stacey to see DR Lynch

Full Report

Ms Stacey Ellis **28/04/1988** **Female** **369/88/128** **Permanent**

15/02/2013 C/O: a pain L side uterus- 16 wk gestation. Fundal ht= dates. Tender L side nil lump palpable. Stacey reports a PMH fibroid. I cant find reference to this in notes but in view of preg I will ask midwife to arrange for Stacey to see DR Lynch Dr Margaret Anderson
11/02/2013 Patient reviewed last telephone consultation noted. Felt lump left lower abdomen a week ago, very big (but not getting bigger) , not painful. Has had Vaginal discahrge but had swabs by midwife and all is normal (pregnant 16/40)OE Abdomen thin lady, no visibale lump, Fundal height 16/40, what i felt as womb, Stacey felt it as lump on the left side.Reassured but planned to examine again, given appointment with MA end of the week. Dr Trainee Doctor
08/02/2013 Telephone encounter 2 days small lump L side abdo. nil red or tender. Not unwell. 16 weeks gestation. Seen by midwife recently. Happy to be seen Monday. Given appointment with SH Dr Margaret Anderson
08/02/2013 Administration NOS pt is 16 weeks pregnant and has found a lump in her tummy, stacey would like seen for reassurance, has spoke to Maternity Unit and they advised her to be seen by a gp, please call 07840470020 Mrs Charlene Dickson
17/01/2013 Letter received Clinical Letter MRI Maternity Miss Isla Sutherland
18/12/2012 Patient reviewed patient pregnant. 8 wks. Seen by midwives. Reports constant nausea and sickness. Early morning sickness. Not clinically dehydrated. However, Instructed to have plenty of oral fluids to maintain hydration. Will keep in touch with midwives, if worsening. Spoke to midwives and they commonly use cyclizine prn. Dr Suresh Arunachalam
06/08/2012 Laboratory result Lab Result Tayside Clinical Laboratory Services Microbiology Mrs Lesley Macgregor
06/08/2012 Laboratory result Lab Result Tayside Clinical Laboratory Services Microbiology Mrs Lesley Macgregor
02/08/2012 O/E - discharge from ear bilateral ear ache for 2 weeks, both ears discharging, clinically pussy discharge both ears left > right, tympanic membranes seem intact however reports right ear drum perforation as child.both sides swabbed.plan: ciprofloxacin drops Dr Muhammad Zafar
26/07/2012 Letter received X-Ray Stracathro/Links Health Centre Mrs Wendy Irons
25/07/2012 Patient reviewed states ear pain R side and sore in the neck as well from the glands. No discharge. Few days history. o/e Throat red and inflammed. R tonsil enlarged. Nodes felt. otoscopy. TM red. Continue analgesia. Add Amoxicillin. Advice. r/w sos. Dr Suresh Arunachalam
25/07/2012 Telephone encounter needs appt today, has cyst in womb but may also be pregnant, feeling very unwell Tel: 07513223406 Mrs Lesley Macgregor
19/07/2012 Laboratory result Lab Result Tayside Clinical Laboratory Services Microbiology Miss Isla Sutherland
17/07/2012 C/O: a pain RIF for 3 weeks, intermittent , colicky, when comes last 1-5 minutes but really sore when comes, Periods usually regular but LMP 5 weeks ago, appetite as usual, no vomiting but feels sick when pain comes.OE abdomen soft, not tender, no masses, BS normal.Urine dip leuc ++. PT Negative? Cause. Will request Abdominal and pelvic US and RV with results Dr Trainee Doctor
11/05/2012 Cervical smear defaulter Dr Ruth Cranswick
10/05/2012 Stress at home Struggling with Declan's behaviour Now urinating and defaecating in pants and laughing when she gets upset Tearful. Mhairi involved. Discussed behavioural management. Rv 2 weeks fpr support Dr Ruth Cranswick
10/05/2012 Vaginal thrush Dr Ruth Cranswick
09/05/2012 Laboratory result eNCCRS Exclusion Notification Cytology Reason: Defaulter Miss Isla Sutherland
29/02/2012 Patient's condition the same last consultation regrading UTI noted. Finished Abx 5 dasy ago still has urinary frequency and lower abdominal discomfort.OE afebrile, abdomen very thin lady, soft, not tender, no masses.no renal angle tenderness.Urine dip leuc +++.Plan not for Abx just now, will re send sample, wait for results. Stacey will call us back for results and discuss further Mx. Dr Trainee Doctor
27/02/2012 Telephone encounter No reply I will try later Dr Ruth Cranswick
27/02/2012 Administration - please call Stacey on 075 132 234 06 re you saw her on 22/02 and wants to talk to you about this. Thanks (IAB) Miss Isla Sutherland
24/02/2012 Laboratory result Result Ninewells Hospital Microbiology Mrs Karen Dykes
22/02/2012 Cystitis c/o dysuria, frequency, headaches, urinalysis-pos to leucocytes and nitrates, pregnancy test-negative. MSSU, for trimethoprim Dr Monica Ireland
06/02/2012 Did not attend - no reason Dr Ruth Cranswick
19/01/2012 Abdominal pain after eating and can feel r sided abd swelling after eating O/E abd tender R central No masses or organomegaly. More reg meals advised. Dr Ruth Cranswick
19/01/2012 Patient reviewed Headaches but not sure if Mirtazapine or URTI. No other Ses Sleep no better Continue at current dose. Has lost weight, but not lower than prev measurements. Encouraged extra snacks Rv 2 weeks Dr Ruth Cranswick
06/01/2012 Telephone encounter ringing tone on mobile number stopped but noone on other end & no answering machine. Dr Margaret Anderson
05/01/2012 Anxiety with depression Low mood 3 months Feels not coping Anxions and feels unsafe alone in house. House cold. Sees Mhairi Still weekly. gets no time alone as [redacted] up till midnight. Can't keep him in room as all 3 of them sleep together Stacey feels the kids are safe if with her. Sleep worse than usual and diet even worse than usual. Discussed difficulties Start mirtazapine Rv 2-3 weeks. Discuss Mirena contraception with MA (Thinks she needs to have smear prior to appt but this could be done at same time) Dr Ruth Cranswick
05/01/2012 Telephone encounter Mood low and not coping TCI this pm Dr Ruth Cranswick
05/01/2012 Telephone encounter for RC - please call 075 132 234 06
30/12/2011 Thrush Mrs Karen Dykes
21/09/2011 Did not attend - no reason Depo injection Mrs Esther Smith
15/09/2011 Dysuria and freq of dribbles Back pain Apyrexia Dr Ruth Cranswick
22/08/2011 Laboratory result Result Ninewells Hospital Microbiology Mrs Sonia Cargill
18/08/2011 Vaginal discharge symptom bloody discharge persists. Again refuses HVS but agrees to self swab Dr Margaret Anderson
03/08/2011 [D]Rash and other nonspecific skin eruption rash of about a week's duration on the trunk, arms and legs. Very itchy. thinks it to be midgy bites. o/e systemically well; local non-specific rash. No lesions suggestive of scabies. Uncertain diagnosis. For symptomatic relief. r/w if no better. Dr Suresh Arunachalam
02/08/2011 Telephone encounter have given red slot appointment for tomorrow am to assess rash Dr Graham Kramer
02/08/2011 Administration - 674500 - Please call re went to Chemist earlier for what she thought was midgy bites, they are spreading rapidly and chemist thought ?scabbies?. Thanks (IAB) Miss Isla Sutherland
20/07/2011 Patient reviewed bleeding has stopped since she passed the piece of tissue which she describes like a piece of umbilical cord, she had bled for 8 weeks post natal, still a bit sore-lower abdomen, slight discharge-not offensive. Suggested vaginal examination and swab but she declines. O/E-Lower abdomen-no palpable uterus. Advised if any concerns to return and will need to be examined

Full Report

Ms Stacey Ellis **28/04/1988** **Female** **369/88/128** **Permanent**

20/07/2011 Patient reviewed bleeding has stopped since she passed the piece of tissue which she describes like a piece of umbilical cord, she had bled for 8 weeks post natal, still a bit sore-lower abdomen, slight discharge-not offensive. Suggested vaginal examination and swab but she declines. O/E-Lower abdomen-no palpable uterus. Advised if any concerns to return and will need to be examined Dr Monica Ireland
15/07/2011 Long acting reversible contraception leaflet given Dr Margaret Anderson
15/07/2011 Advice about long acting reversible contraception considering IUS Dr Margaret Anderson
15/07/2011 Telephone encounter see below- self-swabbed at home & noticed 'tissue like umbilical cord' on swab. bleeding unchanged. offered roview in surgery on Tuesday for speculum & HVS [todays self swab no use as cant get it to the lab] Tuesday does not suit her - given appointment with MI on wed. Dr Margaret Anderson
15/07/2011 Telephone encounter from patient, she was in seeing Dr Anderson this morning for her postnatal check, and was to take swabs at home. She advises that there is a tissue like substance in the swabs and wanted reassurance. Put in for tel appt with MA. Ms Jackie Dempster
07/06/2011 Administration Admin Letter Change of Address Ms Jackie Dempster
28/05/2011 Spontaneous vaginal delivery - MRI, Male, 3160 grams, 39+5 weeks gestation. (See Docman 01.06.11)
28/05/2011 Discharged from hospital Discharge Letter/Summary MRI Maternity Ms Jackie Dempster
23/05/2011 DNA hospital appointment at Perinatal Mental Clinic at Aberdeen Maternity Hospital on 12.05.11. No further appointment will be sent. (See Docman 23.05.11) Ms Jackie Dempster
23/05/2011 Letter from consultant Clinical Letter Royal Cornhill Hosp Aberdeen Mental Health Ms Jackie Dempster
06/05/2011 Letter received Clinical Letter Royal Cornhill Hosp Aberdeen Liaison Psychiatry Service Ms Jackie Dempster
06/05/2011 Letter received Clinical Letter Aberdeen Royal Infirmary Psychiatry Department Ms Jackie Dempster
04/05/2011 Telephone encounter from Phyllis Winters. Theyve seen Stacey agoin today complaining of abdo pains but shes not in labour (just tightentings). Has leucocytes in urine. Stacey declined Aberdeen assessment. Phyllis wonders if to give antibioitcs just in case. But turns out often had leucocytes in urine on test and no previous UTIs shown on MSU. And nil really to suggest UTI otherwise. I think best for Phyllis to offer open door review and to send MSU. Dr Richard Marwood
28/04/2011 Telephone encounter from patient asking for a prescription for thrush. Please send the prescription to Steeple chemist. Any queries phone her on 078 926 305 01. Ms Jackie Dempster
18/04/2011 Letter received Casualty Note Aberdeen Royal Infirmary Accident Emergency Ms Jackie Dempster
28/03/2011 Letter received Admin Letter Prescription Mrs Aileen Milne
28/03/2011 Thrush phone call from midwife asking if it's OK to give oral thrush treatment in pregnancy-advised it is contra-indicated, to have repeat ofcanesten pessary and cream, patient phoned and explained, sript to go to Steeple Dr Monica Ireland
22/03/2011 Fax received Clinical Letter MRI Maternity Ms Jackie Dempster
04/03/2011 Administration NOS Failed to respond to letter offering appointment at Abbey Health Centre. See Docman 4.3.11 Mrs Sonia Cargill
04/03/2011 Letter received Clinical Letter Abbey Health Centre Gynaecology Mrs Sonia Cargill
18/01/2011 Did not attend - no reason was booked in to see me this afternoon by midwives. I've let them know so they can chase up Dr Graham Kramer
11/01/2011 Informed consent for procedure Mrs Helen Middleton
30/12/2010 Telephone encounter No answer on mobile at 1520 Message left advising cold, wet towel and paracetamol. If not settling to call back Dr Ruth Cranswick
30/12/2010 Administration NOS Person phoned on behalf of patient as patient is pregnant and just had her hair dyed however her scalp in now burning and patient is in a bit of a panic. Please contact 0789 263 0501 Mrs Sonia Cargill
20/12/2010 Administration NOS She has reported latex alllergy but not formally assessed Discuss when next seen Dr Ruth Cranswick
17/12/2010 Administration - failed to respond to requests for further info, and offers of an appointment at Human Genetics, Ninewells. To be re-referred if required.(See Docman 17.12.10)
17/12/2010 Letter received Clinical Letter Ninewells Hospital Human Genetics Ms Jackie Dempster
10/12/2010 Patient pregnant - as advised by Iona (midwive) Ms Jackie Dempster
22/10/2010 Failed encounter NOS - on her mobile but automated 'unable to take call' response. I tried mAty who didnt have any details for me about Stacey being seen today. Dr Richard Marwood
22/10/2010 Administration NOS patient called today after seeing midwife - who has advised stacey to call doctor to get a prx for anti sickness tablets?? Is this ok?? Dr Ruth Cranswick
06/10/2010 Letter received Clinical Letter MRI Maternity Mrs Sonia Cargill
29/09/2010 Administration NOS See breast clinic kletter Discuss ? latex allergy when next seen Dr Ruth Cranswick
28/09/2010 Letter received Clinical Letter Ninewells Hospital General Surgery Mrs Sheilagh Braes
20/09/2010 Telephone encounter Got through to Stacey at 1730. Has had pain mid abd this afternoon Did preg test and POS. Pain is not pelvic and no bleeding. Wondering about USS result - NAD. Advised if increasing pain needs seen tonight via NHS24. Otherwise given appt mane Dr Ruth Cranswick
20/09/2010 Telephone encounter No answer Will try again later. Dr Ruth Cranswick
20/09/2010 Telephone encounter Asking for RC ,Can you call Stacey , tel no 078 926 305 01. Dr Ruth Cranswick
19/08/2010 H/O: amblyopia L eye Doesn't tolerate contact lens Dr Ruth Cranswick
19/08/2010 Telephone encounter with Stacey S/B Tess HV today who was concerned re Declan's diarrhoea and not eating (She does not know him well, Sandra usual HV) Wanted him SB GP tonight but didn't turn up Phoned Stacey 1810. Didn't come as didn't want him admitted to NWs Does not feel he is too bad. Diarrhoea no vomiting Not eating but Ok with fluids. PUing OK. Has been in respite until today. Given Stacey appt mane at 1500 Will only cancel if he is definitely better I trust her to do this. Note left for HV Dr Ruth Cranswick
19/08/2010 Letter received Clinical Letter Links H C Ophthalmology Mrs Aileen Milne
17/08/2010 Telephone encounter patient reports recurrence thrush Dr Ruth Cranswick
17/08/2010 Telephone encounter re anti biotics, not thrush, can't use pessaries, poss to get oral pill and cream - px steeple
11/08/2010 Telephone encounter informed chlamydia positive and will collect script for treatment. Also, adviced to inform contacts who might need treatment as well. Dr Suresh Arunachalam
09/08/2010 Laboratory result Result Ninewells Hospital Microbiology Ms Jackie Dempster
09/08/2010 Administration Clinical Letter Abbey Health Centre Family Planning Clinic Dr D Reed Mrs Karen Dykes

Full Report

Ms Stacey Ellis **28/04/1988** **Female** **369/88/128** **Permanent**

09/08/2010 Abdominal pain see previous consults. Abdo pain persists in the suprapubic region. Sore on passing urine. No bowel disturbance. No past h/o urolithiasis. Swabs negative but not had chlamydia. Two specimens of MSSU - no growth. PA - soft. No acute abdominal signs. No rebound tenderness. BS heard. Renal angles free. Non-specific abdominal pain. Will hand in early morning urine specimen for chlamydia testing. USG abdomen in view of persisting pain ? cause. u/s ref sent 10.08.10 (kd) Dr Suresh Arunachalam
09/08/2010 Failed encounter NOS tried to contact re Chlamydia swab (see entry 040810) swab not accepted by lab, old container will need repeating or a urine sample submitted, telephone number listed does not accept my calls. Mrs Esther Smith
06/08/2010 Laboratory result Result Ninewells Hospital Microbiology Ms Jackie Dempster
06/08/2010 Administration patient called back - told result not back yet, and that it can take a wee bit longer to come back than the others,
06/08/2010 Administration NOS result not in yet - Dr Ruth Cranswick
06/08/2010 Administration NOS Stacey would like to know if clamydia result is back? tel: 0789 263 0501 Dr Ruth Cranswick
05/08/2010 Laboratory result Result Ninewells Hospital Microbiology Ms Jackie Dempster
05/08/2010 Urine sample sent to Lab Mrs Esther Smith
05/08/2010 Abdominal pain No better And also difficulty PUing. Abd nontender, bladder not palpable. Apyrexia. Check MSSU Continue t'prim and fluids meantime. Dr Ruth Cranswick
04/08/2010 Failed encounter NOS tried to contact re chlam swab result but call not accepted. Mrs Esther Smith
03/08/2010 Abdominal pain type 3 days pain R side/renal angle & back + stranguria. Nil bowel upset. O/E tender R renal angle & RiF [?rebound] abdo soft nil mass/guarding SOU- leucocytes & blood. Likely UTI Start ABx. Cannot rule out possibility appendicitis- R SOS if worsening abdo Sxchlamydia urine test [see docman] Dr Margaret Anderson
02/08/2010 Laboratory result Result Ninewells Hospital Microbiology Ms Jackie Dempster
02/08/2010 Laboratory result Result Ninewells Hospital Microbiology Ms Jackie Dempster
30/07/2010 Laboratory result Result Ninewells Hospital Microbiology Ms Jackie Dempster
29/07/2010 Swab sent to Lab endocervical x 2 c&s and chlamydia requesting sti screen Mrs Helen Middleton
29/07/2010 High vaginal swab taken c&s Mrs Helen Middleton
27/07/2010 Did not attend - no reason on the day appt f dr obrien Dr Locum2 Doctor
22/07/2010 Telephone encounter Phoned again 1700 wanting to be seen. Has had blood stained disch PV. Nil else changed and not picked up laxative yet. Eating and drinking OK. Advised to try laxative Given appt mane which she will cancel if sx settling Dr Ruth Cranswick
22/07/2010 Nausea present Tel encFeeling sick last few days. Thinks constipated Small hard motion yesterday. Period last week so not pregnant. No fever. Some urinary sx so hand in MSSU. Try laxative and TCI if not settling with thisAsked her TCI and discuss contraception with me Dr Ruth Cranswick
22/07/2010 Administration NOS - patient requesting RC to call today please - 078 926 305 01. Mrs Margaret Strachan
07/07/2010 Letter received Out of Hours Out of Hours Service Ms Jackie Dempster
24/06/2010 Letter from consultant Clinical Letter Links H C Gynaecology Mrs Aileen Milne
17/06/2010 Medication given Mix up Request was for oral Rx for vaginal thrush Dr Ruth Cranswick
15/06/2010 Candidiasis of mouth Dr Graham Kramer
15/06/2010 Telephone encounter requesting a prescription for oral thrush. She'll phone in the afternoon to see if script been done. She will COLLECT script.
10/06/2010 Back pain without radiation NOS Feeling worse today . Pain R thoracic back. Worse on mvmt radiating to neck and groin. No resp sx No pain on inspiration. No sore throat No back injury or coughing. O/E T 37.1, P 92 Dr Ruth Cranswick
10/06/2010 Patient reviewed Urgnet appt - Still very sore allover back, neck, groin. Worse on mvmt . Feels cold. P Dr Ruth Cranswick
09/06/2010 Telephone encounter Unwell 6 days now Chest and back sore , glands up , feels generally weak. No cough sputum or SOB. Eating a little No D&V. Taking AB and brufen Sounds flu like Add regular paracetamol and increase fluids Rv in next 2 days if not improving. Sister helping with Declan. Dr Ruth Cranswick
09/06/2010 Telephone encounter sister phoned, Tammy Leonard, saying that Stacey feeling a lot worse, struggling to talk, chest painful can hardly walk, unable to come in to surgery, asking for a doctor to phone, tel: 075 443 580 51 Dr Ruth Cranswick
08/06/2010 Letter received Clinical Letter SRH Mental Health Mrs Aileen Milne
07/06/2010 Chest pain central, sharp, stabbing, started with a sore throat 3 days ago, shivery, feels unwell, O/E-Apyrexial, no chest wall tenderness, Lungs-clear, Throat-red and cervical glands are swollen and tender. treat as a possible chest infection Dr Monica Ireland
07/06/2010 Telephone encounter Unwell since yesterday - hot sweating and headache. Since rising this am pain ant chest No SOB or cough. Has tried cocodamol TCI for assessment this pm. Dr Ruth Cranswick
20/05/2010 Mental health review ,at SRH ,has been discharged from caseload .
17/05/2010 Patient reviewed Abd pain a bit better. Also more L sided now MSSU clear. Abd - palpable desc colon. I think related to her extreme eating habits. She thinks due to depoprovera injection as same pain at same time post injection last time. Long chat re contraception. Absolutley sure she never wanted kids and now she has one, [redacted] needs all her time. Had abusive childhood and doesn't want to be like her mother , too many kids to look after. Sure of her views and has been consistent about this since I've known her. I think sterilisation is reasonable and will write in support of this She is aware it is irreversible Dr Ruth Cranswick
15/05/2010 Laboratory result Result Ninewells Hospital Microbiology Mrs Aileen Milne
13/05/2010 Urine sample sent to Lab c&s - sample underfilled but have still sent to lab Mrs Helen Middleton
13/05/2010 Abdominal pain Same as prev Started yesterday am Intermittent 30-40mins at a time. Nausea since this am, No vomting Says bowels Ok and had motion this am. No change in pV disch. Eating Ok yesterday V little today (chocolate only)O/e t 37.2, p 72, abd Tender RIF. Apx possibility but unlikely ? UTI ? IBS MSSu then t'prin Tried nurofen Add cocodamol. Rv mon, earlier if worsens Dr Ruth Cranswick
28/04/2010 Letter received Clinical Letter Centre for Child Health, Dudhope Tce, Dundee Eating Disorder Service Miss Isla Sutherland
26/04/2010 Abdominal pain Low central abd pain after eating. Lasts about 30 mins. Cramping. Bowels motions soft but small and frequent. No urinary sx. eating very little mainly tea and coffee. Weight stable. O/E abd v slim, palpable colon LIF Nil else. Imp I think pain is due v low food intake. Hasn't enngaged with eating disorder service and I think she needs to to really sort this out. Advised eat small amt every meal time with [redacted] Mebeverine to try and reduce cramps but to not expect it to stop them(Doesn't like sachets). Rv 10/7 to support her Dr Ruth Cranswick

Full Report

Ms Stacey Ellis **28/04/1988** **Female** **369/88/128** **Permanent**

26/04/2010 DNA hospital appointment with Tayside Eating Disorder Service on 25/03/10 - also DNA x mother 3 - now discharged (See Docman 26.04.10) Miss Isla Sutherland
26/04/2010 Letter received Clinical Letter Centre for Child Health, Dudhope Tce, Dundee Eating Disorder Service Miss Isla Sutherland
21/04/2010 Left iliac fossa pain started a week ago. Not gone away. Comes and goes with eating or drinking fizzy juice. Living off tea and coffee. Sits on toilet for hours. OPening bowels seems to relieve pain. No vag discharge OE thin abdomen. Appears to have firm faecal loading (not excessive) in LIP. Try fybogel/mebeverine and review in a few days. [Main problem will be her handling of the situation] - I have advised that 'living off tea and coffee only' (in response to her symptom) will make things worse. Advised to get review by RC on Monday next. Dr Richard Marwood
20/04/2010 Telephone encounter not eating sore stomach, may well be part of her anorexia, will need face to face consultation, triaged to a red slot with RM tomorrow at 10.20 Dr Graham Kramer
20/04/2010 Administration - 0786 146 5215 - Please call re very upset stomach, can't eat, advice please (IAB) Miss Isla Sutherland
29/03/2010 Telephone encounter PV disch 1 10 days yellowish, Low abd pain Not sytemically unwell. Not hot TCI for assessment please Given appt wed with Mi Dr Ruth Cranswick
29/03/2010 Telephone encounter 078 614 652 15 - please call
25/03/2010 Depo-provera injection given, L arm Pharmacia S09722 exp 08/2012 Mrs Helen Middleton
25/03/2010 Informed consent for procedure Mrs Helen Middleton
19/03/2010 Contraception Mrs Margaret Strachan
24/02/2010 Letter received Admin Letter Solicitor Bruce Co Miss Isla Sutherland
24/02/2010 Administration Admin Letter Solicitor Bruce Co Mrs Karen Dykes
15/02/2010 Letter encounter See solicitor letter This appt made to discuss this but events overtaken it. Now has op date for Declan so doesn't want to pursue second opinions. Dr Ruth Cranswick
15/02/2010 Abdominal pain Admitted 07/02 until 10/02 Put down to UTI but MSSUs negative. Still has RIF pian and Thoracic back pain. eating porr as usual No urinary sx PV fresh bleeding. Restarted depo on 31/12 post TOP. Bowels Ok . Nausea settled O/e Apyrexia P 96 abd tender centrally. . IMp I think having period Pain may be related to this or constipation. Advised simple analgesia Improve diet as much as poss and sx should settle. See prn Dr Ruth Cranswick
13/02/2010 Laboratory result Result Ninewells Hospital Microbiology Mrs Aileen Milne
10/02/2010 High vaginal swab taken requested by Ninewells Mrs Esther Smith
09/02/2010 Discharged from hospital Discharge Letter/Summary Ninewells Hospital General Surgery Ms Jackie Dempster
08/02/2010 Letter received Clinical Letter Constitution Housse, Dundee Tayside Eating Disorders Service Mrs Aileen Milne
06/02/2010 Letter received Out of Hours Out of Hours Service Mrs Aileen Milne
03/02/2010 Telephone encounter See letter from Solicitor. Admin staff have made appt for Stacey with me on 15/02 at 4.50pm I left message for Stacey confirming this is soon enough. Dr Ruth Cranswick
29/01/2010 Letter received from Bruce & Co, Solicitors - letter and file to RC bolay. (JD) Ms Jackie Dempster
28/01/2010 Did not attend - no reason Dr Locum Doctor
07/01/2010 Letter received Clinical Letter Ninewells Hospital Nairn Suite Ms Jackie Dempster
31/12/2009 Termination of pregnancy NEC - admitted to Nairn Suite on 31.12.09 at 7+6 weeks gestation and underwent a medical termination of pregnancy. (See Docman 07.01.10) Dr Ruth Cranswick
21/12/2009 Referral letter Referral Letter Ninewells Hospital Nairn Suite Ms Jackie Dempster
15/12/2009 Referral letter Referral Letter Ninewells Hospital Nairn Suite Mrs Karen Dykes
11/12/2009 Unwanted pregnancy preg test 2 weeks ago pos was neg on 12/11. Compelling reasons why not to continue pregnancy. Appointment made Nairn Suite 10.30 Monday 21st Dr Graham Kramer
03/12/2009 Letter received Clinical Letter Constitution House, Dundee Eating Disorder Service Ms Jackie Dempster
20/11/2009 Letter received Clinical Letter SRH C.M.H.T. Ms Jackie Dempster
17/11/2009 Patient reviewed query noted - MSSU report - NO GROWTH Dr Ruth Cranswick
17/11/2009 Administration (querie) - asking for urine result from 141109 (no comment yet), she will call back later. MS Dr Ruth Cranswick
14/11/2009 Laboratory result Result Ninewells Hospital Microbiology Ms Jackie Dempster
12/11/2009 Menstrual period late Not sure of dates Thinks LMP 4-5 weeks ago Has tender breasts and LBP like prev preg . Preg test negative. Seeing Declans Dad on and off. He is only sexual partner. Using condoms Doesn't want another pregnancy Strongly advised re effective contraception. Had implanon removed. Got preg on injection and doesn't want again. Try COCP and Rv 3/12 Declan home fulltime so has routine which may aid compliance Dr Ruth Cranswick
12/11/2009 Advice about long acting reversible contraception Had implanon removed due to constant bleeding.
21/10/2009 Letter received Clinical Letter Westgate Health Centre Medical Advisory Service Ms Jackie Dempster
19/10/2009 Had a chat to patient Seen at Declans appt Has seen Patricia Mayes of CMHT who suggested onward referral to eating disorder service. Stacey fed up with onward referrals and I can see her point. Dr Ruth Cranswick
15/10/2009 Letter received Admin Letter Minor Surgery Patient Consent Form Ms Jackie Dempster
15/10/2009 Letter received Admin Letter Implanon removal Ms Jackie Dempster
15/10/2009 Informed consent for procedure removal implanon Mrs Esther Smith
15/10/2009 Removal of Implanon not requiring contraception Mrs Esther Smith
13/10/2009 Telephone encounter reminder for appointment Thursday- removal implanon Dr Margaret Anderson
08/10/2009 Did not attend - no reason depo-provera Mrs Helen Middleton
24/09/2009 Advice about long acting reversible contraception given Mr 1 System Supervisor
24/09/2009 Removal of surgical material and sutures Removal of knots of adsorbable material from laparoscopy 2 weeks ago Dr Ruth Cranswick
23/09/2009 Letter received Clinical Letter Ninewells Hospital womans and childs health clinical group Ms Jackie Dempster
22/09/2009 Telephone encounter arrangements made for removal implanon & first depo-provera Dr Margaret Anderson
21/09/2009 Administration NOS Stacey keen to see me with [redacted] and foster carers Fitted in for Thurs pm Dr Ruth Cranswick
21/09/2009 Telephone encounter patient asking to aspeak to RC - is on 078 926 305 01
16/09/2009 Laboratory result Result Ninewells Hospital Microbiology Ms Jackie Dempster
16/09/2009 C/O: itching in vaginal region for three days, constant burning. feels has got thrush as has got it in the past. no burning micturition, no significant pain abdo. no active bleeding- only on wiping area. o/e abdo soft, nontender. PV(chaperone offered, declined)- active bleeding. procedure abandoned. Declined pessary as expelled the last time, greater chance to expel as currently bleeding. for Fluconazole oral. r/v if symptoms not better. Awaiting removal of implanon and for depo inj Dr Trainee Doctor

Full Report

Ms Stacey Ellis 28/04/1988 Female 369/88/128 Permanent

14/09/2009 Irregular menstrual cycle Implanon sited in hosp immediately after [redacted] birth 15/12 ago . Feels she had no choice. irreg bleeding since . period for a week, then week of spotting , then further period. Prev on depo and amenorrhoeic, was happy with this. Laparoscopy last week and told NAD (no letter yet). Keen to have implanon out Not in relationship and doesn't need contracpetion but would be happy to go back on depo just in case. Has been complaining bitterly of bleeding for months. Has tried COCP along with it. I think approp to remove it now. Will ask MA to arrange Dr Ruth Cranswick
14/09/2009 Abdominal pain Had lapaoscopy 4 days ago. Developed burning lower abd pain during night. . O/e wounds healing well. Abd soft, nontender. Palpable loaded colon LIF. Urinalysis - cloudy Blood, protein and WBcs. MSSU and AB. Chat re eating to relieve constipation Dr Ruth Cranswick
11/09/2009 Letter received Casualty Note Links H C Minor Injuries Service Ms Jackie Dempster
11/09/2009 Letter received Clinical Letter SRH Psychological Therapies Services Mrs Ann Burnett
05/09/2009 Laboratory result Result Ninewells Hospital Microbiology Miss Isla Sutherland
03/09/2009 Patient reviewed Came with sister. Feeling negative about situation although sister encouraging her that she is getting help. Child protection meeting mane and plan for [redacted] nd Stacey to have freq contact. Very thin but declined weighing.Still intermittent abd pain and some freq but no dysuria. Urinalysis - blood only , has period. MSSU sent. Still taking AB but states vomits soon after every dose Declines antiemetic. Encouraged that as she has invested a week to try and complete them. Has laparoscopy appt next week arranged from OPD due to prolonged bleeding. CMHT will be in touch. TCB weeks Dr Ruth Cranswick
03/09/2009 Administration as per request by HV Sandra Stephens, wondering if we can get a rough date to when Stacey will be seen in psychology, called Ext 67283 and spoke to Admin Pauline, who said the do have the referral, but were deliberating whether would be best served by CMHT (who will support and follow patients appoinment attendance - so this is at what stage it is at, Pauline did say that she would drop us a line when it was to be appointed. SBI've phoned Pauline to agree that she's more likely to engage with CMHT
03/09/2009 Administration NOS Patient has appt @ 4.10pm today with RC. (AB) Dr Ruth Cranswick
02/09/2009 Administration NOS No answer on mobile number. Please try again and offer her tel appt with me (can fit in on thurs) Dr Ruth Cranswick
02/09/2009 Telephone encounter Doctor from Ninewells called saying her urine culture is sensitive to amoxicillin ,if she returns to surgery still getting pain please prescribe her a different antibiotic. Dr Ruth Cranswick
31/08/2009 Letter sent to consultant Clinical Letter Ninewells Hospital Paediatrics Miss Isla Sutherland
31/08/2009 Referral letter Referral Letter SRH Psychology Miss Isla Sutherland
29/08/2009 Laboratory result Result Ninewells Hospital Microbiology Mrs Sheilagh Braes
29/08/2009 History obtained from third party HV reports Declan has been taken into care on 28/08. He is with James and Vicky Ellis, 10 Condor Cres. Dr Ruth Cranswick
28/08/2009 Laboratory result Result Ninewells Hospital Microbiology Mrs Sheilagh Braes
27/08/2009 Refer to psychologist agrees to referral Dr Graham Kramer
27/08/2009 Acute pelvic inflammatory disease been put on ofloxacin and metronidazole, can't take metronidazole as making her sick, await swabs Dr Graham Kramer
27/08/2009 Letter sent to consultant Clinical Letter Ninewells Hospital Paediatrics Mrs Karen Dykes
27/08/2009 Telephone encounter With DR Clerihew. [redacted] recently in ward and did eat normally and gain weight after first few days. She feels that [redacted] porbably does have some constitutional failure to thrive along with behavioural issues. Ix have all been neg.She was concerned about Stacey's weight and Stacey quite open about her difficulties with food I told her Stacey currently inpatient and she will liase with gynae team. I will follow up on discharge and see if Sacey willing to address issues. letter sent 27.08.09 (kd) Dr Ruth Cranswick
26/08/2009 Discharged from hospital Discharge Letter/Summary ? Ninewells Hospital Gynaecology Ms Jackie Dempster
26/08/2009 History obtained from third party Dr Clerihew has requested we discuss with Stacey her own issues with food and eating. Stacey had very disrupted childhood and for many years has eaten very little, skipping most meals. Stacey admitted to NWs today with RIF pain and vomiting. I will see her when she has recovered and see if she would be willing to see a psychologist. Dr Ruth Cranswick
26/08/2009 Referral letter Referral Letter Ninewells Hospital Acute Medical Ms Jackie Dempster
26/08/2009 Telephone encounter pt worse today-feverish/vomiting and pain no better. Dw Dr Kramer -admit gynae-dw gynae Rv wd 26 -referral to be faxed. faxed to ward 36, Gynae, N/Wells x32096 (kd) Dr Locum Doctor
25/08/2009 Right iliac fossa pain and vaginal discharge for 3 days, feels unwell. O/e,mild pelvic tenderness, Inga will do HVS and chlamydia swabs, will start antibiotics.VE has creamy discharge tender in right fornix, urinalysis l'cytes but looks clear, not turbid. Preg test negative. Dr Graham Kramer
10/07/2009 Patient reviewed - no cough. Apyrexial. Chest clear. No doubt viral but I dont feel influenzal. Advice. Dr Richard Marwood
09/07/2009 Telephone encounter High fever and chest feels heavy. No cough or runny nose or sore throat Declan had feverish illnes last few days. Has taken paracetamol and ibuprofen. eating and drinking Ok Advised rest if possible Doesn't think anyone can help her with Declan tonight. Offered appt mane Dr Ruth Cranswick
09/07/2009 Administration - 0789 263 0501 - Please call re thinks has bronchitis and not feeling very well (IAS)
18/06/2009 Letter from specialist Clinical Letter Links H C Gynaecology Ms Jackie Dempster
03/06/2009 Letter received Clinical Letter Links H C Physiotherapy Miss Isla Sutherland
27/05/2009 Dysfunctional uterine bleeding has Implanon, c/o persistant vaginal bleeding for a year following birth of son, has only had 3 breaks in that time, c/o superficial dyspareunia-sore in are where stitches were. Also suprapubic pain. had USS 14/52 post partum-NAD. Requests D&C-explained this is not usually done nowadays in view of good scanning. Refer Gynae Dr Monica Ireland
15/05/2009 DNA hospital appointment with Physio, now discharged - (See Docman 03.06.09)
01/04/2009 Blepharitis Contact lens wearer Dr Ruth Cranswick
31/03/2009 Letter received Clinical Letter Ninewells Hospital Ophthalmology Ms Jackie Dempster
12/03/2009 Tired all the time and nausea last 10 days. Says sleepign Ok and eating better. gets out every day. Check preg test but very unlikely. General lifestyle advice and Rv if not improving Dr Ruth Cranswick
12/03/2009 C/O - lumbar pain Since pregnancy but getting worse. No radiation No red flags [redacted] 9mths and crawling. Posture very poor. Normal alignment spine and Good rom No painkillers help so stay off them Given advice re posture and exercise sheet Ref physio Dr Ruth Cranswick
12/03/2009 Intermenstrual bleeding - irregular Has stopped. No bleeding. Dr Ruth Cranswick
19/02/2009 Did not attend - no reason implanon removal planned Dr Margaret Anderson

Full Report

Ms Stacey Ellis **28/04/1988** **Female** **369/88/128** **Permanent**

06/01/2009 C/O - cough for week, productive, yellowish sputum. chest tightness. feels hot, sore throat. Her son in the hospital and was told not to visit him until she gets better.OE afebrile, throat red, no exudate, chest clear. Impression VIRAL chest infection.Advised for Sx tretament but she was concerned as not seeing her son so deferred Abx given to use if no improvement by the end of tomorrow (smoker as well). Extra Contraception precuation advised. Dr Trainee Doctor

22/12/2008 Did not attend - no reason Didn't come to appt today I phoned ward. SN reports Stacey much more involved. Stayed overnight last night and did all his care today including tube feeds and managing these well. Hoping to get him home at Xmas but possibly only for day pass. Dr Ruth Cranswick

15/12/2008 Telephone encounter Discussion with Lynda Clerahew. Disappointed Stacey has not been back to ward since she saw her last Tues. Will see her tommorrow if Stacey goes. Ix now limited as Stacey not there to give consent. Child protection action now looking likely .Bonnie aware of all this and will try to speak to Stacey Dr Ruth Cranswick

15/12/2008 Had a chat to patient Long chat with Stacey and friend. Stacey quite tearful. Now quite entrenched in her position of not liking NWs and not wanting to go there. Hasn't been to see [redacted] for 5-6 days. "They're playing games with me". Tried to explain that no-one had any incentive to do this and that everyone's aim should be to get [redacted] home, healthy and feeding as soon as possible. Stacey feels let down that the admission has been much longer than initially suggested. Thinks [redacted] would feed Ok at home and that if he needed readmitted she would want him to go to ARI. Tried to encourage her to communicate with hospital staff but wouldn't be moved. Suggested that SW may become involved and that [redacted] may be taken into care She is aware of this. Plans to go and take [redacted] home mane. Encouraged to at least listen to consultant who has offered to see her regularly personally. Rv with me 1/52. Happy for me to phone consultant Dr Ruth Cranswick

11/12/2008 Telephone encounter Spoke to Dr lynda Clerahew, Paed Consutant Has taken over [redacted]'s care this week and spoken to Stacey. Organic Ix so far neg and thinks behavioural feeding problems most likley. Agrees Stacey needs some continuity to build trust with hospital staff. Bonnie and I both feel she is a motivated parent but struggling for variuos reasons. Lynda plans to see her personally regularly. Said I felt she is not currenlty depressed but will continue to Rv this. [redacted] will be in hosp further 2 weeks at least and may need to go home with NG tube Stacey currenly reluctant to do the tube feeding. Seeing me on Mon. Dr Ruth Cranswick

08/12/2008 Telephone encounter Phoned and spoke to SN Meikle. Took on board our concerns re Stacey May ask medical staff to ring me back. Dr Ruth Cranswick

08/12/2008 Emotional problem [redacted] been in hosp for 2 weeks Admitted after clinic appt due to poor weight gain and feeding issues. Being tube fed in hosp and Ix so far negative Stacey struggling. Doesn't feel she can live at NWs and has been spending all her money travelling there each day. Getting very frustrated with hospital staff. Doesn't seem to be any continuity and she feels she is being given no information. Wants [redacted] home. Explained the aim would be to get him home healthy. Hosp made this appt for her as felt she was depressed She, I think, is correct i n thinking that this is a situational problem. Plans to have a rest this week and not travel to Dundee every day. I will ring the ward. Dr Ruth Cranswick

04/12/2008 Letter received Out of Hours Out of Hours Service Ms Jackie Dempster

12/11/2008 Abdominal pain see consult on 10/11. Presenting with abdominal pain again. No change since Monday. Similar symptoms. Has moved bowels and normal. No UTI symptoms. Has implanon in situ. Anxious and worried if it could be pregnancy. Reports had UPT done 7 times which was negative and then apparently one UPT turned positive. Distraught about that. o/e alert and oriented. Mood low. Speaks in short sentences only. Difficult but did achieve rapport eventually. Afebrile. Normal colour. No neck nodes. PA - soft. No distension. No mass felt. No acute abdominal signs. No rigidity or rebound tenderness. BS heard. Non-specific abdominal pain - I think more likely related to psychosocial stressors. Urine dipstick negative and UPT negative. Reassurance. Long chat. Declines any further antispasmodic. Will return next week if any concerns. Dr Suresh Arunachalam

10/11/2008 Intermenstrual bleeding - irregular Reports bleeding all the time since implanon fitted immediately after Declan.s birth. Bleeding like period Also dyspareunia. Can't have sex due to bleeding. Has boyfriend of 6 months. Wants implnon removed as wants bleeding to stop ASAP. Try adding COCP for few motnhs RV 2 weeks and do PV then. (Prev on depo but lost weight, tends to forget pills) Dr Ruth Cranswick

10/11/2008 Patient reviewed Eating much better. Having lunch and tea and feeling hungry all the time. Feeling generally unwell last 2 days. nausea, abd cramps, ears sore, chest sore. No diarrhoea. O/E T 38, P- 72 reg, chest clear, ears NAD. Imp viral illnes. Advised fluids and paracetamol. Calpol prescribed as can't swallow tablets. Unfortunately childminder unwell so can't have [redacted] today. Dr Ruth Cranswick

27/10/2008 Did not attend - no reason Bonnie seeing her tomorrow and will report back. Dr Ruth Cranswick

20/10/2008 Patient reviewed Came with younger sister and initially much brighter and reactive. [redacted] not gaining weigt and has Rv at NWs on Wed Manages solids but still very poor milk intake SALt are advising trial of cup. Stacey had burger today and having some "junk food" . Childminder ill so not getting night off tonight Complimented on her coping and gentley encouraged re food See again 1 week. ? involve eating disorder team or too many professionals already. Dr Ruth Cranswick

15/10/2008 Letter received Clinical Letter Ninewells Hospital womans and childs health clinical group Miss Isla Sutherland

13/10/2008 Patient reviewed Generally very low, exhausted and tearful. Eating very little and has lost weight. Getting very little sleep as baby wakes frequently. [redacted] goes to childminder for 24 hrs Mon/Tues and 3 hrs Thurs pm. Has familly Support worker (Kate , visiting tomorrow), Bonnie and speech and language therapist all involved. Vulnerable young Mum although considerable support already in place. Most urgent issue seems to be her nutrition. Unwilling to take antidepressants and denies any thoughts of self harm (other than not eating). Encouraged to buy some pasta on way home now. See 1 week. Kate visitng mane. I will liase with HVs. RV 1 week Dr Ruth Cranswick

29/09/2008 Abdominal pain Has taken lactulose and reports pain no better but tenderness and fullness gone from LIF Still some fullness L mid abd. Not eating anything until teatime. Chat re trying to eat earlier in day. Baby awake and playful at night, chat Back pain prob related to lifting, advice re lifting and posture and simple analgesia. see 2 weeks Seeing Bonnie mane Dr Ruth Cranswick

23/09/2008 Did not attend - no reason Mrs Lynne Garden

22/09/2008 Abdominal pain Baby has been in hosp few days due to poor feeding. Staff happy no medical cause but feel Stacey needs a lot of support. Bonnie organised meeting of all involved in her care this week.Describes ongoing cramping abd pain esp with food. No bowel or urinary sx. Has had PV, negative swabs and USS which she was told showed no abnormality. Abd - Palpable bowel as she is so slim. Denies constipation but I think this is most liely cause of her abd pain. Bonnie has been trying to encourage improved diet but tends to skip meals. Laxative, FBC, PV, UE, LFt, TSh and Rv next week Dr Ruth Cranswick

20/09/2008 Laboratory result Result Ninewells Hospital Microbiology Ms Jackie Dempster

Full Report

Ms Stacey Ellis **28/04/1988** **Female** **369/88/128** **Permanent**

18/09/2008 Left iliac fossa pain Went to NWs 6/7 ago Had USS and told NAD Result not available on central vision. Not admitted Advised pain not gynaecological and sent home. No bowel or urinary sx. Nausea and feeling generally unwell. Pain unchanged. LIF and also pain in midback. Finding it hard to care for baby O/E despondent, T 37.9, P 96 reg , abd tender LIF Lump felt which I think is bowel , very slim. Urinalysis - WBcs, protein and blodd MSU sent. AB and fluids RV MOn earlier if any deterioration Dr Ruth Cranswick
15/09/2008 Discharged from hospital Discharge Letter/Summary Ninewells Hospital Unknown Ms Jackie Dempster
12/09/2008 Failed encounter NOS see query Phone engaged x2 Will try later Dr Margaret Anderson
11/09/2008 Other abnormal uterine and vaginal bleeding blood stained discharg also tender lump LIF o/e ? palpable colon, declines VE will see female doctor. On implanon, check preg test Unlikely). Will see MA on Monday Dr Graham Kramer
11/09/2008 Letter received Clinical Letter Westgate Health Centre Medical Advisory Service Ms Jackie Dempster
26/08/2008 Letter received Admin Letter Housing Application Mrs Aileen Milne
19/08/2008 Letter received from Medical Advisory Service, Westgate Health Centre, File and Form passed to GK boley (IAS) REPLY SENT 25.08.08
11/08/2008 Letter sent to outside agency Clinical Letter Westgate Health Centre Medical Advisory Service Miss Isla Sutherland
11/08/2008 Administration - Letter done to Dr Jane Forsyth, Medical Advisor, Westgate (IAS) Dr Ruth Cranswick
08/08/2008 Abnormal weight loss - symptom feels she is losing weight. BMI 18.2. Monitor weight weekly over next month. (May improve with elevation of mood) Dr Locum Doctor
08/08/2008 Low mood I note high EPNDS score. I think a large element may be due to circumstances - but try low dose citalopram (bottle feeding). Dr Locum Doctor
08/08/2008 Vaginal discharge symptom continues, could not tolerate clotrimazole pessary. Dr Locum Doctor
08/08/2008 Backache symptom since delivery (ventouse). Locates over SI joints. Try NSAI. Dr Locum Doctor
08/08/2008 Seen by health visitor Discussed Stacey's high EPNDS and low mood with Dr Kramer and advice given by Health Visitor to make an appointment to see a GP. Mrs Bonnie Troup
07/08/2008 Seen by health visitor Repeated Edinburgh Post Natal Scale. Scored very high 21. Advised to see GP to discuss mood as she has a history of depression. To continue with weekly support visits meantime from health visitor. Mrs Bonnie Troup
04/08/2008 Laboratory result Result Ninewells Hospital Microbiology Ms Jackie Dempster
21/07/2008 Seen by health visitor Edinburgh Post-Natal Depression Scale carried out. 12 scored, discussed at length, feeling mood down at times.Advised to make use of support available, Child & Family Support team involved prior to the birth, community childminding in place and health visitor visiting weekly meantime. Referred for infant massage.Appears to be overwhelmed by the birth. Mrs Bonnie Troup
07/07/2008 Had a chat to patient HV sent along as wt dropping and no inclination to eat. no probs prior to pregnancy with eating. Note baby very poor sleeper and needs fed every 2-3 hours. little supprot and lots of money worries. conc sl down. says mood ok, but admits to freq tearful. has contact with broomfield but feels they are not giving much support. Mum in middle of radiotherapy. i think this is all part of psychological stress. may turn into actual post natal depression. needs to be observed. Check if HV visiting more than standard and whole mood situation needs to be rev at post-natal. MJSimpson Dr Locum Doctor
13/06/2008 Fax received Clinical Letter MRI Maternity Miss Isla Sutherland
06/06/2008 Discharged from hospital Discharge Letter/Summary Ninewells Hospital Maternity Mrs Aileen Milne
02/05/2008 Anaemia during pregnancy, childbirth and the puerperium (Ferrous Sulphate) Dr Ruth Cranswick
02/05/2008 Thrush (Clotrimazole) Dr Ruth Cranswick
14/01/2008 Notes summary on computer Dr Graham Kramer
03/01/2008 Telephone encounter Concerned as 18 weeks pregnant and been in contact with child with measles (says definite diagnosis) She had MMR in June 07 so reassured. Dr Ruth Cranswick
21/12/2007 Letter received Result MRI Maty Mrs Susan Maddock
21/12/2007 Thrush on HVS 15 weeks gestation Dr Margaret Anderson
19/12/2007 Laboratory result Result Ninewells Hospital Immunology Mrs Aileen Milne
06/12/2007 Patient MRE received from FPC files now merged and with Dr Kramer for summary on 14/12/07
02/12/2007 Letter received Out of Hours Out of Hours Service Mrs Susan Maddock
13/11/2007 Letter received Admin Letter New Pt Questionnaire Mrs Susan Maddock
12/11/2007 White Scottish Mrs Lynne Gardon
08/2006 Acne vulgaris
05/2005 Depressive disorder NEC and alcohol misuse. Referred Cornhill
02/04/2005 Right iliac fossa pain admitted gynae with a false pos preg test, settled spontaneously
1997 Breast lump symptom prepubertal
1995 Eye muscle operations squint correction Dr Graham Kramer
1994 Foster care
1994 Child on protection register mother psychiatric illness, father in prison.
1992 Convergent squint left
1992 Minor head injury
1992 Burn of wrist or hand NOS right hand
1992 Insertion of grommet bilateral
1991 Recurrent acute otitis media
1989 Specific delays in development poor social circumstances

Repeat Masters

Olanzapine 5mg tablets	Until:	Last issued:	Number of issues:	maximum 3 allowed
TAKE ONE TABLET ONCE DAILY				
Sertraline 50mg tablets	Until:	Last issued:	Number of issues:	maximum 3 allowed
1 TABLET ONCE A DAY				

Acute and Repeat Issue Therapy

06/10/2017	issued	Sertraline 50mg tablets	Supply: (42) tablet	TAKE 3 TABLETS
(150MG) ONCE A DAY FOR 2 WEEKS THEN CHANGE TO 100MG STRENGTH TABLETS				
08/09/2017	issued	Aripiprazole 5mg tablets	Supply: (28) tablet	1 TABLET IN THEN
MORNING UNTIL REVIEW BY CLINIC Notes for patient: Special request: Aripiprazole 5mg				
11/08/2017	2 issued	Sertraline 100mg tablets	Supply: (28) tablet	1 TABLET ONCE A DAY
Notes for patient: Please note 100 mg tablets. One daily				

Full Report

Ms Stacey Ellis **28/04/1988** **Female** **369/88/128** **Permanent**

19/07/2017 issued Sofradex ear/eye drops (Sanofi) Supply: (10) ml 2-3 DROPS FOUR TIMES A DAY TO L EAR
19/07/2017 issued AeroChamber Plus with adult mask (GlaxoSmithKline UK Ltd) Supply: (1) device AS DIRECTED
19/07/2017 issued Salbutamol 100micrograms/dose inhaler CFC free Supply: (200) dose 2 PUFFS FOUR TIMES A DAY PLUS WHEN REQUIRED
03/07/2017 issued Amoxicillin 500mg capsules Supply: (21) capsule 1 CAPSULE THREE TIMES A DAY
30/05/2017 1 issued Sertraline 50mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY (TOTAL DOSE 150MG ONCE DAILY)
30/05/2017 1 issued Sertraline 100mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY
Notes for patient: Please note 100 mg tablets. One daily
30/05/2017 1 issued Olanzapine 10mg tablets Supply: (28) tablet TAKE ONE TABLET AT NIGHT
30/05/2017 1 issued Olanzapine 5mg tablets Supply: (28) tablet TAKE ONE TABLET ONCE A DAY WHEN REQUIRED FOR ANXIETY
18/05/2017 issued Microgynon 30 ED tablets (Bayer Plc) Supply: (84) tablet 1 TABLET ONCE A DAY
04/05/2017 issued Sertraline 50mg tablets Supply: (56) tablet 1 TABLET ONCE A DAY FOR 1 WEEK THEN INCREASE TO 2 PER DAY AND STAY ON THIS DOSE
21/04/2017 issued Olanzapine 5mg tablets Supply: (28) tablet TAKE ONE TABLET ONCE A DAY WHEN REQUIRED FOR ANXIETY
21/04/2017 issued Olanzapine 10mg tablets Supply: (28) tablet TAKE ONE TABLET AT NIGHT
19/04/2017 issued Diazepam 2mg tablets Supply: (15) tablet ONE TABLETS THREE TIMES DAILY FOR ACUTE AGITATION/ANXIETY IF REQUIRED. NOT A REPEAT PRESCRIPTION.
28/03/2017 issued Olanzapine 2.5mg tablets Supply: (28) tablet TAKE ONE TABLET ONCE A DAY WHEN REQUIRED FOR ANXIETY
28/03/2017 issued Olanzapine 5mg tablets Supply: (28) tablet TAKE ONE TABLET AT NIGH
23/02/2017 issued Flucloxacillin 500mg capsules Supply: (28) capsule 1 CAPSULE FOUR TIMES A DAY
21/02/2017 issued Olanzapine 2.5mg tablets Supply: (56) tablet TAKE 1 TABLET AT NIGHT AND 1 TABLET IF NEEDED DURING THE DAY FOR ANXIETY
29/12/2016 issued Rigevidon tablets (Consilient Health Ltd) Supply: (168) tablet 1 TABLET ONCE A DAY FOR 3 PACKS (63 DAYS) THEN HAVE 7 DAY BREAK
02/12/2016 issued Quetiapine 25mg tablets Supply: (30) tablet 1 TABLET AT NIGHT
06/09/2016 issued Metronidazole 400mg tablets Supply: (21) tablet 1 TABLET THREE TIMES DAILY
29/08/2016 issued Metronidazole 400mg tablets Supply: (21) tablet 1 TABLET THREE TIMES DAILY
28/06/2016 issued Fluoxetine 20mg capsules Supply: (28) capsule 1OD
14/06/2016 issued Fluoxetine 20mg capsules Supply: (28) capsule 1OD
12/04/2016 issued Sertraline 50mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY
15/03/2016 issued Sertraline 50mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY
11/08/2015 issued Nexplanon 68mg implant (Merck Sharp & Dohme Ltd) Supply: (1) device AS DIRECTED
29/05/2015 issued Nexplanon 68mg implant (Merck Sharp & Dohme Ltd) Supply: (1) device AS DIRECTED Notes for patient: APPOINTMENT 10.30AM TUESDAY 9TH JUNE. PLEASE ADVISE DR ANDERSON IF YOU ARE UNABLE TO ATTEND.TEL 01674 673400
30/04/2015 issued Flucloxacillin 250mg capsules Supply: (56) capsule 2 CAPSULE FOUR TIMES A DAY
06/03/2015 issued Sytron oral solution (Forum Health Products Ltd) Supply: (500) ml 5ML THREE TIMES DAILY
25/02/2015 issued Folic acid 5mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY
Notes for patient: special request
28/01/2015 issued Amoxicillin 500mg capsules Supply: (21) capsule 1 CAPSULE THREE TIMES A DAY
20/01/2015 issued Nitrofurantoin 100mg modified-release capsules Supply: (14) capsule 1 CAPSULE TWICE DAILY
13/11/2014 issued Clotrimazole 500mg pessary and Clotrimazole 2% cream Supply: (1) pack AS DIRECTED
10/02/2014 issued Evra transdermal patches (Janssen-Cilag Ltd) Supply: (9) patch 1 PATCH ONCE WEEKLY FOR 3 WEEKS FOLLOWED BY 1 PATCH FREE WEEK.
17/12/2013 issued Flucloxacillin 250mg capsules Supply: (56) capsule 2 CAPSULE FOUR TIMES A DAY
26/11/2013 issued Nexplanon 68mg implant (Merck Sharp & Dohme Ltd) Supply: (1) device AS DIRECTED Notes for patient: APPOINTMENT 9.20AM FRIDAY 6TH DECEMBER. PLEASE ADVISE THE SURGERY IF YOU ARE UNABLE TO ATTEND TEL 01674 673400
11/11/2013 issued Rigevidon tablets (Consilient Health Ltd) Supply: (63) tablet 1 TABLET ONCE A DAY FOR 21 DAYS FOLLOWED BY 7 TABLET FREE DAYS
20/08/2013 issued Rigevidon tablets (Consilient Health Ltd) Supply: (63) tablet 1 TABLET ONCE A DAY FOR 21 DAYS FOLLOWED BY 7 TABLET FREE DAYS
09/08/2013 issued Microgynon 30microgram tablets (Janssen-Cilag Ltd) Supply: (28) tablet ONE A DAY
23/07/2013 issued Metronidazole 200mg tablets Supply: (21) tablet 1 TABLET THREE TIMES DAILY

Full Report

Ms Stacey Ellis **28/04/1988** **Female** **369/88/128** **Permanent**

07/05/2013	issued	Flucloxacillin 250mg capsules	Supply: (56) capsule	2 CAPSULE FOUR TIMES A DAY
09/04/2013	issued	Nitrofurantoin 50mg capsules	Supply: (30) capsule	1 CAPSULE FOUR TIMES DAILY
18/12/2012	issued	Cyclizine 50mg tablets	Supply: (100) tablet	1 TABLET(S) THREE TIMES A DAY WHEN REQUIRED FOR NAUSEA AND VOMITTING
02/08/2012	issued	Ciloxan 0.3% eye drops (Novartis Pharmaceuticals UK Ltd)	Supply: (5) ml	USE 2 DROPS EACH EAR 3 TO 4 TIMES A DAY
25/07/2012	issued	Amoxicillin 250mg capsules	Supply: (21) capsule	TAKE ONE 3 TIMES/DAY
10/05/2012	issued	Fluconazole 150mg capsules	Supply: (1) capsule	TAKE ONE DAILY
22/02/2012	issued	Trimethoprim 200mg tablets	Supply: (6) tablet	ONE TWICE A DAY FOR 3 DAYS
19/01/2012	issued	Evra transdermal patches (Janssen-Cilag Ltd)	Supply: (9) patch	1 PATCH WEEKLY
05/01/2012	issued	Mirtazapine 15mg tablets	Supply: (28) tablet	TAKE 1 AT NIGHT
30/12/2011	issued	Fluconazole 150mg capsules	Supply: (1) capsule	TAKE ONE
15/09/2011	issued	Depo-Provera 150mg/1ml suspension for injection pre-filled syringes (Pfizer Ltd)	Supply: (1) pre-filled disposable injection	AS DIRECTED
15/09/2011	issued	Trimethoprim 200mg tablets	Supply: (6) tablet	ONE TWICE A DAY FOR 3 DAYS
03/08/2011	issued	Doublebase gel (Dermal Laboratories Ltd)	Supply: (500) gram	USE TWICE A DAY
03/08/2011	issued	Hydrocortisone 1% cream	Supply: (30) gram	APPLY TWICE A DAY
03/08/2011	issued	Fexofenadine 120mg tablets	Supply: (30) tablet	TAKE ONE DAILY
28/04/2011	issued	Canesten Combi Pessary & Cream (Bayer Plc)	Supply: (1) pack	INSERT PESSARY AT NIGHT, USE CREAM WHEN REQUIRED
28/03/2011	issued	Canesten Combi Pessary & Cream (Bayer Plc)	Supply: (1) pack	INSERT PESSARY AT NIGHT, USE CREAM WHEN REQUIRED
21/03/2011	issued	Canesten Combi Pessary & Cream (Bayer Plc)	Supply: (1) pack	USE AS DIRECTED
27/09/2010	issued	Folic acid 400microgram tablets	Supply: (56) tablet(s)	TAKE ONE DAILY
17/08/2010	issued	Clotrimazole 1% cream	Supply: (20) gram(s)	APPLY 2-3 TIMES/DAY
17/08/2010	issued	Fluconazole 150mg capsules	Supply: (1) capsule(s)	TAKE ONE
11/08/2010	issued	Azithromycin 500mg tablets	Supply: (2) tablet(s)	TAKE TWO TABLETS AS A SINGLE DOSE
03/08/2010	issued	Trimethoprim 200mg tablets	Supply: (14) tablet(s)	TAKE ONE TWICE DAILY
22/07/2010	issued	Laxido Orange oral powder sachets (Galen Ltd)	Supply: (30) sachet(s) orange	1-3 SACHETS PER DAY FOR CONSTIPATION
17/06/2010	issued	Fluconazole 150mg capsules	Supply: (1) capsule(s)	TAKE ONE
15/06/2010	issued	Nystatin 100,000units/ml oral suspension	Supply: (30) ml dropper bottle	1ML 4 TIMES/DAY
10/06/2010	issued	Diazepam 2mg tablets	Supply: (28) tablet(s)	TAKE ONE THREE TIMES A DAY
07/06/2010	issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	TAKE ONE 3 TIMES/DAY AFTER FOOD
07/06/2010	issued	Amoxicillin 250mg capsules	Supply: (21) capsule(s)	TAKE ONE 3 TIMES/DAY
13/05/2010	issued	Co-codamol 30mg/500mg tablets	Supply: (100) tablet(s)	TAKE 2 4 TIMES/DAY
13/05/2010	issued	Trimethoprim 200mg tablets	Supply: (10) tablet(s)	TAKE ONE TWICE DAILY
26/04/2010	issued	Mebeverine 135mg tablets	Supply: (84) tablet(s)	TAKE ONE 3 TIMES/DAY
21/04/2010	issued	Fybogel Mebeverine effervescent granules sachets orange (Reckitt Benckiser Healthcare (UK) Ltd)	Supply: (60) sachet(s)	TAKE ONE TWICE DAILY FOR UP TO TWO WEEKS
19/03/2010	issued	Depo-Provera 150mg/1ml suspension for injection pre-filled syringes (Pfizer Ltd)	Supply: (1) pre-filled syringe	AS DIRECTED
12/11/2009	issued	Microgynon 30 ED tablets (Bayer Plc)	Supply: (84) tablet(s)	TAKE ONE DAILY
16/09/2009	issued	Fluconazole 150mg capsules	Supply: (1) capsule(s)	TAKE ONE DAILY
14/09/2009	issued	Depo-Provera 150mg/1ml suspension for injection pre-filled syringes (Pfizer Ltd)	Supply: (1) pre-filled syringe	AS DIRECTED
14/09/2009	issued	Trimethoprim 200mg tablets	Supply: (10) tablet(s)	TAKE ONE TWICE DAILY
27/08/2009	issued	Ofloxacin 400mg tablets	Supply: (28) tablet(s)	TAKE ONE DAILY
25/08/2009	issued	Metronidazole 200mg tablets	Supply: (21) tablet(s)	TAKE ONE 3 TIMES/DAY
25/08/2009	issued	Doxycycline 100mg capsules	Supply: (8) capsule(s)	TWO NOW THEN ONE DAILY
04/05/2009	issued	Varenicline 500microgram tablets	Supply: (56) tablet(s)	TAKE ONE DAILY FOR 3 DAYS THEN TWICE A DAY FOR 4 DAYS
06/01/2009	issued	Amoxicillin 500mg capsules	Supply: (21) capsule(s)	TAKE ONE 3 TIMES/DAY
10/11/2008	issued	Microgynon 30 tablets (Bayer Plc)	Supply: (63) tablet(s)	TAKE ONE AS DIRECTED
10/11/2008	issued	Calpol six plus 250mg/5ml Oral suspension sugar free (McNeil Products Ltd)	Supply: (200) mls	3X5ML SPOON 4 TIMES/DAY. This is dose for Stacey.
24/09/2008	issued	Lactulose 3.1-3.7g/5ml oral solution	Supply: (500) mls	15ML TWICE DAILY
18/09/2008	issued	Ciprofloxacin 500mg tablets	Supply: (14) tablet(s)	TAKE ONE TWICE DAILY
08/08/2008	issued	Diclofenac sodium 25mg gastro-resistant tablets	Supply: (56) tablet(s)	TAKE ONE 3 TIMES/DAY
08/08/2008	issued	Citalopram 10mg tablets	Supply: (28) tablet(s)	1 DAILY DISP WEEKLY
08/08/2008	issued	Fluconazole 150mg capsules	Supply: (1) capsule(s)	TAKE ONE DAILY
01/08/2008	issued	Clotrimazole 500mg pessary and Clotrimazole 2% cream	Supply: (1) pack	AS DIRECTED
13/06/2008	issued	Clotrimazole 500mg pessaries	Supply: (1) pessary(ies)	INSERT ONE AT NIGHT
13/06/2008	issued	Metronidazole 200mg tablets	Supply: (21) tablet(s)	TAKE ONE 3 TIMES/DAY

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Ms Stacey Ellis **28/04/1988** **Female** **369/88/128** **Permanent**

02/05/2008	issued	Clotrimazole 1% cream	Supply: (20) gram(s)	APPLY 2-3 TIMES/DAY
02/05/2008	issued	Ferrous sulfate 200mg tablets	Supply: (84) tablet(s)	TAKE ONE 3 TIMES/DAY

Recall

24/02/2017	Recall on 13/02/2020 for Cervical smear: negative with Dr Ruth Cranswick	Status:Outstanding Re call Advice: Routine Recall
31/08/2016	Recall on 16/02/2017 for Cervical smear due with Dr Ruth Cranswick	Status:Complete
05/08/2016	Recall on 16/02/2017 for Cervical smear due with Dr Ruth Cranswick	Status:Cancelled
05/08/2016	Recall on 19/01/2017 for Cervical smear due with Dr Ruth Cranswick	Status:Cancelled
28/07/2016	Recall on 19/01/2017 for Cerv.smear:severe dysk.?inv.ca with Dr Ruth Cranswick	Status:Cancelled Re call Advice: Referred to Colposcopy
13/08/2015	Recall on 13/08/2018 for IUD check with Dr Ruth Cranswick	Status:Complete Nexplanon RC
01/08/2011	Recall on 01/08/2011 for Cervical smear due with Dr Ruth Cranswick	Status:Complete
01/08/2011	Recall on 01/08/2011 for Cervical smear due with Dr Ruth Cranswick	Status:Complete

Consultation

08/01/2018	Other	Mrs Wendy Irons
27/12/2017	Medicine Management	Ms Christine Mcclean
21/12/2017	Third Party Consultation	Miss Isla Sutherland
15/12/2017	Third Party Consultation	Mrs Karen Dykes
04/12/2017	Third Party Consultation	Dr Ruth Cranswick
30/11/2017	Third Party Consultation	Dr Ruth Cranswick
21/11/2017	Third Party Consultation	Mrs Karen Dykes
12/10/2017	Administration	Miss Isla Sutherland
12/10/2017	Telephone call to a patient	Miss Sarah Garden
06/10/2017	Medicine Management	Ms Helen Adamson
06/10/2017	Third Party Consultation	Ms Linda Doig
08/09/2017	Medicine Management	Ms Prescribing Clerk
07/09/2017	Third Party Consultation	Miss Isla Sutherland
22/08/2017	Third Party Consultation	Miss Isla Sutherland
11/08/2017	Administration	Dr Graham Kramer
10/08/2017	Third Party Consultation	Ms Linda Doig
26/07/2017	Third Party Consultation	Ms Kay Hurst
19/07/2017	Surgery consultation	Dr Ruth Cranswick
19/07/2017	Administration	Ms Linda Doig
03/07/2017	Surgery consultation	Dr Ruth Cranswick
03/07/2017	Telephone call to a patient	Dr Ruth Cranswick
03/07/2017	Other	Miss Ashley Cant
26/06/2017	Third Party Consultation	Ms Linda Doig
15/06/2017	Administration	Dr Richard Marwood
30/05/2017	Third Party Consultation	Dr Ruth Cranswick
30/05/2017	Administration	Dr Ruth Cranswick
30/05/2017	Other	Miss Ashley Cant
25/05/2017	Third Party Consultation	Ms Linda Doig
25/05/2017	Third Party Consultation	Ms Linda Doig
25/05/2017	Surgery consultation	Dr Margaret Anderson
18/05/2017	Surgery consultation	Dr Ruth Cranswick
16/05/2017	Administration	Mrs Beverley Sellers
16/05/2017	Telephone call to a patient	Dr Margaret Anderson
16/05/2017	Administration	Miss Isla Sutherland
10/05/2017	Third Party Consultation	Ms Linda Doig
10/05/2017	Results recording	Dr Ruth Cranswick
05/05/2017	Third Party Consultation	Mrs Karen Dykes
05/05/2017	Administration	Mrs Karen Dykes
04/05/2017	Administration	Dr Ruth Cranswick
03/05/2017	Third Party Consultation	Ms Linda Doig
02/05/2017	Telephone call to a patient	Dr Ruth Cranswick
02/05/2017	Administration	Miss Sarah Garden
02/05/2017	Third Party Consultation	Mrs Beverley Sellers
02/05/2017	Third Party Consultation	Miss Isla Sutherland
29/04/2017	Results recording	Dr Ruth Cranswick
29/04/2017	Results recording	Dr Ruth Cranswick
28/04/2017	Surgery consultation	Mrs Charlene Dickson
21/04/2017	Medicine Management	Ms Helen Adamson
19/04/2017	Third Party Consultation	Mrs Beverley Sellers
19/04/2017	Administration	Dr Richard Marwood
19/04/2017	Administration	Ms Linda Doig
28/03/2017	Medicine Management	Ms Helen Adamson
27/03/2017	Third Party Consultation	Ms Linda Doig
27/03/2017	Administration	Ms Linda Doig

Full Report

Ms Stacey Ellis **28/04/1988** **Female** **369/88/128** **Permanent**

23/03/2017	Telephone call to a patient	Dr Ruth Cranswick
23/03/2017	Administration	Miss Isla Sutherland
08/03/2017	Third Party Consultation	Ms Kay Hurst
27/02/2017	Telephone call to a patient	Dr Ruth Cranswick
24/02/2017	Third Party Consultation	Mrs Beverley Sellers
24/02/2017	Results recording	Dr Ruth Cranswick
23/02/2017	Surgery consultation	Dr Ruth Cranswick
22/02/2017	Third Party Consultation	Mrs Karen Dykes
22/02/2017	Third Party Consultation	Mrs Karen Dykes
22/02/2017	Administration	Mrs Karen Dykes
22/02/2017	Third Party Consultation	Mrs Karen Dykes
22/02/2017	Administration	Mrs Karen Dykes
21/02/2017	Telephone call to a patient	Dr Ruth Cranswick
21/02/2017	Telephone call to a patient	Dr Ruth Cranswick
20/02/2017	Telephone call to a patient	Dr Ruth Cranswick
20/02/2017	Other	Miss Ashley Cant
14/02/2017	Telephone call to a patient	Dr Ruth Cranswick
14/02/2017	Third Party Consultation	Ms Kay Hurst
30/12/2016	Third Party Consultation	Ms Linda Doig
29/12/2016	Telephone call to a patient	Dr Ruth Cranswick
23/12/2016	Third Party Consultation	Ms Linda Doig
12/12/2016	Telephone call to a patient	Dr Ruth Cranswick
08/12/2016	Telephone call to a patient	Dr Ruth Cranswick
08/12/2016	Third Party Consultation	Ms Kay Hurst
02/12/2016	Administration	Dr Graham Kramer
02/12/2016	Third Party Consultation	Ms Linda Doig
29/11/2016	Administration	Dr Margaret Anderson
29/11/2016	Administration	Miss Isla Sutherland
29/11/2016	Third Party Consultation	Mrs Karen Dykes
29/11/2016	Administration	Mrs Karen Dykes
21/11/2016	Telephone call to a patient	Dr Ruth Cranswick
21/11/2016	Third Party Consultation	Ms Kay Hurst
18/11/2016	Third Party Consultation	Mrs Karen Dykes
18/11/2016	Administration	Mrs Karen Dykes
18/11/2016	Third Party Consultation	Mrs Beverley Sellers
17/11/2016	Telephone call to a patient	Dr Ruth Cranswick
15/11/2016	Surgery consultation	Dr Ruth Cranswick
27/10/2016	Telephone call to a patient	Dr Ruth Cranswick
27/10/2016	Third Party Consultation	Ms Kay Hurst
12/10/2016	Third Party Consultation	Miss Isla Sutherland
27/09/2016	Telephone call to a patient	Dr Ruth Cranswick
14/09/2016	Third Party Consultation	Miss Isla Sutherland
12/09/2016	Telephone call to a patient	Dr Ruth Cranswick
12/09/2016	Third Party Consultation	Ms Kay Hurst
07/09/2016	Third Party Consultation	Mrs Karen Dykes
06/09/2016	Surgery consultation	Dr Ruth Cranswick
06/09/2016	Third Party Consultation	Mrs Karen Dykes
06/09/2016	Administration	Mrs Karen Dykes
05/09/2016	Third Party Consultation	Mrs Beverley Sellers
02/09/2016	Third Party Consultation	Ms Kay Hurst
01/09/2016	Administration	Dr Ruth Cranswick
31/08/2016	Third Party Consultation	Ms Kay Hurst
31/08/2016	Third Party Consultation	Ms Linda Doig
31/08/2016	Results recording	Dr Ruth Cranswick
31/08/2016	Results recording	Dr Ruth Cranswick
29/08/2016	Telephone call to a patient	Dr Ruth Cranswick
26/08/2016	Third Party Consultation	Ms Kay Hurst
25/08/2016	Telephone call to a patient	Dr Ruth Cranswick
19/08/2016	Other	Mrs Anne Walker
18/08/2016	Telephone call to a patient	Dr Ruth Cranswick
17/08/2016	Third Party Consultation	Mrs Beverley Sellers
17/08/2016	Third Party Consultation	Miss Isla Sutherland
09/08/2016	Telephone call to a patient	Dr Ruth Cranswick
09/08/2016	Third Party Consultation	Miss Isla Sutherland
09/08/2016	Administration	Miss Isla Sutherland
08/08/2016	Third Party Consultation	Mrs Beverley Sellers
05/08/2016	Third Party Consultation	Ms Linda Doig
05/08/2016	Third Party Consultation	Ms Linda Doig
05/08/2016	Results recording	Dr Ruth Cranswick
05/08/2016	Results recording	Dr Ruth Cranswick
01/08/2016	Surgery consultation	Dr Ruth Cranswick
29/07/2016	Third Party Consultation	Mrs Beverley Sellers
28/07/2016	Results recording	Dr Ruth Cranswick
05/07/2016	Administration	Dr Ruth Cranswick
30/06/2016	Third Party Consultation	Mrs Beverley Sellers
28/06/2016	Surgery consultation	Dr Ruth Cranswick

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20/06/2016	Telephone call to a patient	Dr Ruth Cranswick
16/06/2016	Administration	Dr Ruth Cranswick
14/06/2016	Surgery consultation	Dr Ruth Cranswick
10/06/2016	Administration	Mrs Karen Dykes
08/06/2016	Administration	Dr Ruth Cranswick
06/06/2016	Telephone call to a patient	Dr Ruth Cranswick
31/05/2016	Third Party Consultation	Dr Ruth Cranswick
17/05/2016	Administration	Mrs Helen Middleton
03/05/2016	Third Party Consultation	Miss Isla Sutherland
19/04/2016	Administration	Dr Ruth Cranswick
18/04/2016	Third Party Consultation	Ms Kay Hurst
13/04/2016	Referral Letter	Dr Richard Marwood
13/04/2016	Administration	Mrs Karen Dykes
12/04/2016	Surgery consultation	Dr Ruth Cranswick
29/03/2016	Third Party Consultation	Miss Isla Sutherland
21/03/2016	Surgery consultation	Mrs Esther Smith
17/03/2016	Administration	Dr Ruth Cranswick
16/03/2016	Administration	Mrs Karen Dykes
15/03/2016	Surgery consultation	Dr Ruth Cranswick
12/02/2016	Administration	Mrs Helen Middleton
11/02/2016	Third Party Consultation	Ms Kay Hurst
04/02/2016	Administration	Dr Ruth Cranswick
07/12/2015	Administration	Dr Ruth Cranswick
02/12/2015	Third Party Consultation	Ms Kay Hurst
02/12/2015	Third Party Consultation	Mrs Karen Dykes
02/12/2015	Administration	Mrs Karen Dykes
29/10/2015	Third Party Consultation	Mrs Lorna Batchelor
29/09/2015	Administration	Dr Ruth Cranswick
24/09/2015	Administration	Mrs Wendy Irons
10/09/2015	Administration	Mrs Esther Smith
25/08/2015	Administration	Dr Ruth Cranswick
25/08/2015	Administration	Mrs Karen Dykes
14/08/2015	Third Party Consultation	Mrs Lorna Batchelor
13/08/2015	Surgery consultation	Dr Ruth Cranswick
11/08/2015	Surgery consultation	Dr Ruth Cranswick
10/08/2015	Third Party Consultation	Mrs Wendy Ellis
07/07/2015	Telephone call to a patient	Dr Margaret Anderson
06/07/2015	Administration	Miss Isla Sutherland
29/05/2015	Telephone call to a patient	Dr Margaret Anderson
29/05/2015	Other	Mrs Linda Bremner
14/05/2015	Other	Mrs Linda Bremner
11/05/2015	Surgery consultation	Mrs Esther Smith
08/05/2015	Surgery consultation	Mrs Esther Smith
06/05/2015	Surgery consultation	Mrs Esther Smith
06/05/2015	Third Party Consultation	Mrs Lesley Macgregor
05/05/2015	Surgery consultation	Mrs Helen Middleton
05/05/2015	Other	Mrs Lesley Macgregor
05/05/2015	Administration	Mrs Helen Middleton
05/05/2015	Surgery consultation	Mrs Helen Middleton
05/05/2015	Surgery consultation	Dr Margaret Anderson
01/05/2015	Surgery consultation	Dr Margaret Anderson
30/04/2015	Surgery consultation	Dr Margaret Anderson
18/03/2015	Third Party Consultation	Miss Isla Sutherland
17/03/2015	Third Party Consultation	Miss Isla Sutherland
17/03/2015	Results recording	Dr Ruth Cranswick
13/03/2015	Administration	Mrs Wendy Irons
09/03/2015	Administration	Mrs Wendy Irons
06/03/2015	Administration	Dr Richard Marwood
27/02/2015	Third Party Consultation	Mrs Wendy Ellis
25/02/2015	Other	Mrs Lesley Macgregor
28/01/2015	Surgery consultation	Dr Suresh Arunachalam
28/01/2015	Administration	Miss Sarah Garden
20/01/2015	Administration	Dr Graham Kramer
20/01/2015	Other	Mrs Linda Bremner
27/11/2014	Administration	Dr Ruth Cranswick
13/11/2014	Administration	Dr Ruth Cranswick
13/11/2014	Other	Mrs Linda Bremner
06/10/2014	Third Party Consultation	Mrs Wendy Irons
06/10/2014	Administration	Mrs Wendy Irons
01/10/2014	Surgery consultation	Mrs Esther Smith
16/07/2014	Third Party Consultation	Mrs Lesley Macgregor
30/06/2014	Third Party Consultation	Mrs Beverley Sellers
16/06/2014	Surgery consultation	Dr Graham Kramer
10/02/2014	Surgery consultation	Dr Ruth Cranswick
17/12/2013	Surgery consultation	Dr Graham Kramer
03/12/2013	Third Party Consultation	Mrs Lesley Macgregor

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03/12/2013	Third Party Consultation	Mrs Lesley Macgregor
26/11/2013	Telephone call to a patient	Dr Margaret Anderson
12/11/2013	Third Party Consultation	Miss Isla Sutherland
11/11/2013	Surgery consultation	Dr Suresh Arunachalam
05/11/2013	Third Party Consultation	Miss Isla Sutherland
31/10/2013	Administration	Dr Ruth Cranswick
25/10/2013	Third Party Consultation	Dr Ruth Cranswick
18/10/2013	Administration	Mrs Wendy Irons
15/10/2013	Administration	Mrs Wendy Irons
15/10/2013	Administration	Mrs Wendy Irons
30/09/2013	Third Party Consultation	Mrs Karen Dykes
30/09/2013	Other	Mrs Karen Dykes
27/09/2013	Administration	Dr Richard Marwood
27/09/2013	Administration	Mrs Beverley Sellers
25/09/2013	Surgery consultation	Dr Richard Marwood
20/08/2013	Administration	Mrs Beverley Sellers
20/08/2013	Other	Mrs Karen Dykes
20/08/2013	Surgery consultation	Dr Margaret Anderson
09/08/2013	Surgery consultation	Dr Muhammad Zafar
23/07/2013	Telephone call to a patient	Dr Margaret Anderson
23/07/2013	Administration	Miss Isla Sutherland
22/07/2013	Administration	Dr Monica Ireland
22/07/2013	Third Party Consultation	Mrs Lesley Macgregor
07/05/2013	Telephone call from a patient	Dr Graham Kramer
07/05/2013	Other	Mrs Lesley Macgregor
09/04/2013	Administration	Dr Graham Kramer
09/04/2013	Third Party Consultation	Mrs Wendy Irons
02/04/2013	Third Party Consultation	Mrs Wendy Irons
12/03/2013	Administration	Mrs Wendy Irons
06/03/2013	Administration	Mr Ian Meneil
01/03/2013	Administration	Miss Isla Sutherland
15/02/2013	Surgery consultation	Dr Margaret Anderson
11/02/2013	Surgery consultation	Dr Trainee Doctor
08/02/2013	Administration	Dr Margaret Anderson
08/02/2013	Administration	Mrs Charlene Dickson
17/01/2013	Third Party Consultation	Miss Isla Sutherland
18/12/2012	Surgery consultation	Dr Suresh Arunachalam
06/08/2012	Third Party Consultation	Mrs Lesley Macgregor
06/08/2012	Third Party Consultation	Mrs Lesley Macgregor
02/08/2012	Surgery consultation	Dr Muhammad Zafar
31/07/2012	Third Party Consultation	Mrs Wendy Irons
31/07/2012	Administration	Mrs Wendy Irons
25/07/2012	Surgery consultation	Dr Suresh Arunachalam
25/07/2012	Other	Mrs Lesley Macgregor
24/07/2012	Third Party Consultation	Miss Isla Sutherland
18/07/2012	Administration	Dr Trainee Doctor
17/07/2012	Surgery consultation	Dr Trainee Doctor
14/05/2012	Third Party Consultation	Miss Isla Sutherland
11/05/2012	Results recording	Dr Ruth Cranswick
10/05/2012	Surgery consultation	Dr Ruth Cranswick
29/02/2012	Surgery consultation	Dr Trainee Doctor
27/02/2012	Administration	Dr Ruth Cranswick
27/02/2012	Third Party Consultation	Mrs Karen Dykes
27/02/2012	Administration	Miss Isla Sutherland
22/02/2012	Surgery consultation	Dr Monica Ireland
06/02/2012	Administration	Dr Ruth Cranswick
19/01/2012	Surgery consultation	Dr Ruth Cranswick
06/01/2012	Telephone call to a patient	Dr Margaret Anderson
05/01/2012	Surgery consultation	Dr Ruth Cranswick
05/01/2012	Telephone call to a patient	Dr Ruth Cranswick
05/01/2012	Acute visit	Mrs Sheilagh Braes
30/12/2011	Administration	Mrs Margaret Strachan
30/12/2011	Other	Mrs Karen Dykes
05/10/2011	Administration	Miss Isla Sutherland
21/09/2011	Surgery consultation	Mrs Esther Smith
15/09/2011	Surgery consultation	Dr Ruth Cranswick
23/08/2011	Third Party Consultation	Mrs Sonia Cargill
18/08/2011	Surgery consultation	Dr Margaret Anderson
04/08/2011	Administration	Miss Isla Sutherland
03/08/2011	Surgery consultation	Dr Suresh Arunachalam
02/08/2011	Administration	Dr Graham Kramer
02/08/2011	Administration	Miss Isla Sutherland
20/07/2011	Surgery consultation	Dr Monica Ireland
15/07/2011	Administration	Ms Jackie Dempster
15/07/2011	Surgery consultation	Dr Margaret Anderson
07/07/2011	Other	Mrs Sonia Cargill

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24/06/2011	Repeat Issue	Mrs Sheilagh Braes
07/06/2011	Third Party Consultation	Ms Jackie Dempster
01/06/2011	Third Party Consultation	Ms Jackie Dempster
23/05/2011	Third Party Consultation	Ms Jackie Dempster
06/05/2011	Third Party Consultation	Ms Jackie Dempster
06/05/2011	Third Party Consultation	Ms Jackie Dempster
06/05/2011	Third Party Consultation	Ms Jackie Dempster
04/05/2011	Administration	Dr Richard Marwood
28/04/2011	Administration	Dr Ruth Cranswick
28/04/2011	Administration	Ms Jackie Dempster
26/04/2011	Administration	Ms Jackie Dempster
28/03/2011	Third Party Consultation	Mrs Aileen Milne
28/03/2011	Administration	Dr Monica Ireland
22/03/2011	Third Party Consultation	Ms Jackie Dempster
21/03/2011	Surgery consultation	Dr Suresh Arunachalam
04/03/2011	Third Party Consultation	Mrs Sonia Cargill
18/01/2011	Third Party Consultation	Dr Graham Kramer
11/01/2011	Surgery consultation	Mrs Helen Middleton
30/12/2010	Administration	Dr Ruth Cranswick
30/12/2010	Other	Mrs Sonia Cargill
20/12/2010	Administration	Dr Ruth Cranswick
17/12/2010	Third Party Consultation	Ms Jackie Dempster
10/12/2010	Administration	Ms Jackie Dempster
22/10/2010	Administration	Dr Richard Marwood
22/10/2010	Other	Mrs Charlene Dickson
06/10/2010	Administration	Ms Jackie Dempster
06/10/2010	Third Party Consultation	Mrs Sonia Cargill
29/09/2010	Administration	Dr Ruth Cranswick
29/09/2010	Other	Ms Health Visitor
28/09/2010	Third Party Consultation	Mrs Sheilagh Braes
28/09/2010	Administration	Mrs Sheilagh Braes
27/09/2010	Surgery consultation	Dr Ruth Cranswick
23/09/2010	Surgery consultation	Dr Ruth Cranswick
20/09/2010	Administration	Dr Ruth Cranswick
20/09/2010	Administration	Mrs Aileen Milne
03/09/2010	Third Party Consultation	Ms Jackie Dempster
19/08/2010	Administration	Dr Ruth Cranswick
19/08/2010	Third Party Consultation	Mrs Aileen Milne
17/08/2010	Repeat Issue	Mrs Sheilagh Braes
16/08/2010	Surgery consultation	Dr Monica Ireland
11/08/2010	Third Party Consultation	Ms Jackie Dempster
09/08/2010	Third Party Consultation	Mrs Karen Dykes
09/08/2010	Surgery consultation	Dr Suresh Arunachalam
09/08/2010	Third Party Consultation	Ms Jackie Dempster
09/08/2010	Surgery consultation	Mrs Esther Smith
06/08/2010	Other	Mrs Karen Dykes
06/08/2010	Third Party Consultation	Ms Jackie Dempster
05/08/2010	Surgery consultation	Mrs Esther Smith
05/08/2010	Surgery consultation	Dr Ruth Cranswick
04/08/2010	Surgery consultation	Mrs Esther Smith
03/08/2010	Surgery consultation	Dr Margaret Anderson
03/08/2010	Third Party Consultation	Ms Jackie Dempster
03/08/2010	Third Party Consultation	Ms Jackie Dempster
02/08/2010	Third Party Consultation	Ms Jackie Dempster
29/07/2010	Surgery consultation	Mrs Helen Middleton
27/07/2010	Other	Dr Locum2 Doctor
22/07/2010	Administration	Dr Ruth Cranswick
22/07/2010	Administration	Mrs Margaret Strachan
09/07/2010	Third Party Consultation	Ms Jackie Dempster
24/06/2010	Third Party Consultation	Mrs Aileen Milne
17/06/2010	Administration	Dr Ruth Cranswick
15/06/2010	Administration	Dr Graham Kramer
15/06/2010	Administration	Ms Jackie Dempster
10/06/2010	Surgery consultation	Dr Ruth Cranswick
09/06/2010	Telephone call to a patient	Dr Ruth Cranswick
09/06/2010	Other	Mrs Karen Dykes
08/06/2010	Third Party Consultation	Mrs Aileen Milne
07/06/2010	Surgery consultation	Dr Monica Ireland
07/06/2010	Telephone call from a patient	Dr Ruth Cranswick
19/05/2010	Referral Letter	Dr Ruth Cranswick
19/05/2010	Administration	Dr Ruth Cranswick
18/05/2010	Third Party Consultation	Mrs Aileen Milne
17/05/2010	Surgery consultation	Dr Ruth Cranswick
13/05/2010	Administration	Mrs Helen Middleton
13/05/2010	Surgery consultation	Dr Ruth Cranswick
29/04/2010	Administration	Dr Monica Ireland

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28/04/2010	Surgery consultation	Dr Monica Ireland
28/04/2010	Third Party Consultation	Miss Isla Sutherland
26/04/2010	Surgery consultation	Dr Ruth Cranswick
26/04/2010	Third Party Consultation	Miss Isla Sutherland
21/04/2010	Surgery consultation	Dr Richard Marwood
20/04/2010	Administration	Dr Graham Kramer
20/04/2010	Administration	Miss Isla Sutherland
29/03/2010	Administration	Dr Ruth Cranswick
29/03/2010	Administration	Mrs Sheilagh Braes
25/03/2010	Surgery consultation	Mrs Helen Middleton
19/03/2010	Administration	Mrs Margaret Strachan
24/02/2010	Third Party Consultation	Miss Isla Sutherland
24/02/2010	Third Party Consultation	Mrs Karen Dykes
16/02/2010	Third Party Consultation	Mrs Aileen Milne
15/02/2010	Surgery consultation	Dr Ruth Cranswick
11/02/2010	Third Party Consultation	Ms Jackie Dempster
10/02/2010	Surgery consultation	Mrs Esther Smith
08/02/2010	Third Party Consultation	Mrs Aileen Milne
08/02/2010	Third Party Consultation	Mrs Aileen Milne
03/02/2010	Administration	Dr Ruth Cranswick
29/01/2010	Administration	Ms Jackie Dempster
28/01/2010	Administration	Dr Locum Doctor
07/01/2010	Third Party Consultation	Ms Jackie Dempster
21/12/2009	Third Party Consultation	Ms Jackie Dempster
15/12/2009	Third Party Consultation	Mrs Karen Dykes
11/12/2009	Surgery consultation	Dr Graham Kramer
03/12/2009	Third Party Consultation	Ms Jackie Dempster
20/11/2009	Third Party Consultation	Ms Jackie Dempster
17/11/2009	Third Party Consultation	Ms Jackie Dempster
12/11/2009	Surgery consultation	Dr Ruth Cranswick
21/10/2009	Third Party Consultation	Ms Jackie Dempster
19/10/2009	Administration	Dr Ruth Cranswick
15/10/2009	Third Party Consultation	Ms Jackie Dempster
15/10/2009	Third Party Consultation	Ms Jackie Dempster
15/10/2009	Surgery consultation	Dr Margaret Anderson
15/10/2009	Surgery consultation	Mrs Esther Smith
13/10/2009	Surgery consultation	Dr Margaret Anderson
08/10/2009	Administration	Mrs Helen Middleton
24/09/2009	Administration	Mr 1 System Supervisor
24/09/2009	Surgery consultation	Dr Ruth Cranswick
23/09/2009	Third Party Consultation	Ms Jackie Dempster
22/09/2009	Telephone call to a patient	Dr Margaret Anderson
21/09/2009	Administration	Dr Ruth Cranswick
21/09/2009	Administration	Mrs Sheilagh Braes
18/09/2009	Third Party Consultation	Ms Jackie Dempster
16/09/2009	Surgery consultation	Dr Trainee Doctor
14/09/2009	Third Party Consultation	Ms Jackie Dempster
14/09/2009	Surgery consultation	Dr Ruth Cranswick
11/09/2009	Third Party Consultation	Mrs Ann Burnett
08/09/2009	Third Party Consultation	Miss Isla Sutherland
03/09/2009	Surgery consultation	Dr Ruth Cranswick
03/09/2009	Administration	Mrs Ann Burnett
02/09/2009	Administration	Mrs Aileen Milne
31/08/2009	Third Party Consultation	Miss Isla Sutherland
31/08/2009	Third Party Consultation	Miss Isla Sutherland
29/08/2009	Third Party Consultation	Mrs Sheilagh Braes
29/08/2009	Administration	Dr Ruth Cranswick
28/08/2009	Third Party Consultation	Mrs Sheilagh Braes
28/08/2009	Administration	Dr Graham Kramer
27/08/2009	Surgery consultation	Dr Graham Kramer
27/08/2009	Third Party Consultation	Mrs Karen Dykes
27/08/2009	Third Party Consultation	Dr Ruth Cranswick
26/08/2009	Third Party Consultation	Ms Jackie Dempster
26/08/2009	Administration	Dr Ruth Cranswick
26/08/2009	Third Party Consultation	Ms Jackie Dempster
26/08/2009	Surgery consultation	Dr Locum Doctor
25/08/2009	Administration	Dr Graham Kramer
20/07/2009	Administration	Ms Jackie Dempster
10/07/2009	Surgery consultation	Dr Richard Marwood
09/07/2009	Telephone call from a patient	Dr Ruth Cranswick
09/07/2009	Administration	Miss Isla Sutherland
18/06/2009	Third Party Consultation	Ms Jackie Dempster
03/06/2009	Third Party Consultation	Miss Isla Sutherland
28/05/2009	Surgery consultation	Dr Monica Ireland
27/05/2009	Surgery consultation	Dr Monica Ireland
04/05/2009	Surgery consultation	Dr Ruth Cranswick

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01/04/2009	Administration	Dr Ruth Cranswick
31/03/2009	Third Party Consultation	Ms Jackie Dempster
12/03/2009	Surgery consultation	Dr Ruth Cranswick
19/02/2009	Administration	Dr Margaret Anderson
06/01/2009	Surgery consultation	Dr Trainee Doctor
22/12/2008	Third Party Consultation	Dr Ruth Cranswick
15/12/2008	Surgery consultation	Dr Ruth Cranswick
11/12/2008	Third Party Consultation	Dr Ruth Cranswick
08/12/2008	Third Party Consultation	Dr Ruth Cranswick
08/12/2008	Surgery consultation	Dr Ruth Cranswick
04/12/2008	Third Party Consultation	Ms Jackie Dempster
12/11/2008	Surgery consultation	Dr Suresh Arunachalam
10/11/2008	Surgery consultation	Dr Ruth Cranswick
27/10/2008	Administration	Dr Ruth Cranswick
20/10/2008	Surgery consultation	Dr Ruth Cranswick
15/10/2008	Third Party Consultation	Miss Isla Sutherland
13/10/2008	Surgery consultation	Dr Ruth Cranswick
13/10/2008	Results recording	Mrs Anne Falkowski
29/09/2008	Surgery consultation	Dr Ruth Cranswick
24/09/2008	Administration	Dr Ruth Cranswick
23/09/2008	Administration	Mrs Lynne Garden
22/09/2008	Surgery consultation	Dr Ruth Cranswick
20/09/2008	Third Party Consultation	Ms Jackie Dempster
19/09/2008	Administration	Ms Jackie Dempster
18/09/2008	Surgery consultation	Dr Ruth Cranswick
15/09/2008	Third Party Consultation	Ms Jackie Dempster
12/09/2008	Surgery consultation	Dr Margaret Anderson
12/09/2008	Telephone call to a patient	Dr Margaret Anderson
11/09/2008	Surgery consultation	Dr Graham Kramer
11/09/2008	Third Party Consultation	Ms Jackie Dempster
26/08/2008	Third Party Consultation	Mrs Aileen Milne
19/08/2008	Administration	Miss Isla Sutherland
11/08/2008	Third Party Consultation	Miss Isla Sutherland
11/08/2008	Administration	Miss Isla Sutherland
08/08/2008	Surgery consultation	Dr Locum Doctor
08/08/2008	Other	Mrs Bonnie Troup
07/08/2008	Other	Mrs Bonnie Troup
04/08/2008	Third Party Consultation	Ms Jackie Dempster
01/08/2008	Surgery consultation	Dr Margaret Anderson
21/07/2008	Other	Mrs Bonnie Troup
07/07/2008	Surgery consultation	Dr Locum Doctor
18/06/2008	Administration	Ms Jackie Dempster
13/06/2008	Third Party Consultation	Miss Isla Sutherland
13/06/2008	Administration	Dr Margaret Anderson
06/06/2008	Third Party Consultation	Mrs Aileen Milne
02/05/2008	Administration	Mrs Ann Burnett
14/01/2008	Administration	Dr Graham Kramer
08/01/2008	Administration	Mrs Aileen Milne
03/01/2008	Telephone call from a patient	Dr Ruth Cranswick
24/12/2007	Administration	Mrs Aileen Milne
21/12/2007	Third Party Consultation	Mrs Susan Maddock
21/12/2007	Administration	Dr Margaret Anderson
19/12/2007	Third Party Consultation	Mrs Aileen Milne
12/12/2007	Administration	Mrs Susan Maddock
06/12/2007	Administration	Mrs Sheilagh Brues
02/12/2007	Third Party Consultation	Mrs Susan Maddock
28/11/2007	Third Party Consultation	Mrs Susan Maddock
13/11/2007	Third Party Consultation	Mrs Susan Maddock
12/11/2007	Surgery consultation	Mrs Lynne Garden

Blood pressure

10/02/2014 10:11.00	BP 112/78 taken Sitting		Cuff: Standard	recall due:		O/E - blood pressure reading
20/08/2013 11:27.00	BP 96/64 taken Sitting		Cuff: Standard	recall due:		O/E - blood pressure reading
09/08/2013 11:36.00	BP 120/72 taken Sitting	from Right	Cuff: Standard	recall due:		O/E - BP reading
17/07/2012 16:03.00	BP 125/64 taken Sitting		Cuff: Standard	recall due:		O/E - blood pressure reading
29/02/2012 11:42.00	BP 126/72 taken Sitting		Cuff: Standard	recall due:		O/E - blood pressure reading pulse 77/min
15/07/2011 16:40.00	BP 102/70 taken Sitting		Cuff: Standard	recall due:		O/E - blood pressure reading
06/10/2010 12:50.00	BP 100/60 taken Sitting		Cuff: Standard	recall due:		O/E - blood pressure reading (See Docman 06.10.10)

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15/10/2009 09:03.00 BP 126/75 taken Sitting Cuff: Standard recall due: O/E - blood pressure reading
12/11/2007 11:24.00 BP 111/67 taken Sitting from Right Cuff: Standard recall due: O/E - blood pressure reading

Referrals

10/06/2016 Refer for Psychiatric referral at department of with
by: Dr Ruth Cranswick
13/04/2016 Refer for Referred to plastic surgeon at STRACATHRO HOSPITAL department of with
by: Dr Ruth Cranswick
16/03/2016 Refer for Gynaecological referral at Links Health Centre department of with
by: Dr Ruth Cranswick
25/08/2015 Refer for Refer to psychologist at department of with
by: Dr Ruth Cranswick
16/08/2010 Refer for Dermatological referral at department of with
by: Dr Monica Ireland
16/08/2010 Refer for Referral to breast surgeon at department of with
by: Dr Monica Ireland
28/04/2010 Refer for Gynaecological referral at department of with
by: Dr Monica Ireland
11/12/2009 Refer for Termination of pregnancy NEC at department of with
by: Dr Graham Kramer
28/08/2009 Refer for Refer to psychologist at Links Health Centre department of with
by: Dr Graham Kramer
27/05/2009 Refer for Gynaecological referral at department of with
by: Dr Monica Ireland
12/03/2009 Refer for Refer to physiotherapist at department of with
by: Dr Ruth Cranswick
12/09/2008 Refer for Abdominal pain type at department of with
by: Dr Margaret Anderson

Cervical Cytology

13/02/2017 reported 13/02/2017 Cervical smear: negative
HPV Result : hr-HPV Negative. Dr Ruth Cranswick
19/07/2016 reported 19/07/2016 Cerv.smear:severe dysk.?inv.ca
High grade (severe) dyskaryosis with marked inflammatory response in a defaulter with irregular appearance of cervix. Requires urgent assessment. D
r Ruth Cranswick
01/08/2008 reported 21/08/2008 Ca cervix screen normal
Dr Margaret Anderson.
01/08/2008 Cervical cytology examination
Dr Margaret Anderson

Smoking

12/04/2016 Smoker 25 cigarettes per day Cigarette smoker Dr
Ruth Cranswick
24/09/2015 Smoker 20 cigarettes per day Cigarette smoker Dr
Ruth Cranswick
09/08/2013 Smoker cigarettes per day Heavy smoker - 20-39 cigs/day Dr
Muhammad Zafar
12/03/2013 Smoker 20 cigarettes per day Cigarette smoker Dr
Ruth Cranswick
15/07/2011 Smoker cigarettes per day Cigarette smoker Dr
Margaret Anderson
06/10/2010 Smoker 15 cigarettes per day Cigarette smoker (See Docman 06.10.10)
05/08/2010 Smoker cigarettes per day Cigarette smoker Dr
Ruth Cranswick
15/10/2009 Smoker 25 cigarettes per day Cigarette smoker Mrs
Esther Smith
12/11/2007 Never smoked cigarettes per day Never smoked tobacco Mrs
Lynne Garden
12/11/2007 Smoker 8 cigarettes per day Cigarette smoker Mrs
Lynne Garden

Alcohol

12/11/2007 Life tectotaler units per week Non drinker alcohol Mrs
Lynne Garden

Health Promotion - Smoking

12/04/2016 Smoking cessation advice for Smoking Would like to stop but doesn't want to set herself up for failure Suggested try alternating with ecigs to reduce overall tobacco.
24/09/2015 Smoking cessation advice for Smoking
09/08/2013 Smoking cessation advice for Smoking
12/03/2013 Smoking cessation advice for Smoking

Full Report

Ms Stacey Ellis **28/04/1988** **Female** **369/88/128** **Permanent**

15/10/2009 Health ed. - smoking for Smoking
12/11/2007 Health ed. - smoking for Smoking

Weight

12/04/2016	Weight: 45 kgs	BMI: 17.7	O/E - weight
16/06/2014	Weight: 44.6 kgs	BMI: 17.6	O/E - weight
20/08/2013	Weight: 46 kgs	BMI: 18.1	O/E - weight
09/08/2013	Weight: 46 kgs	BMI: 18.1	O/E - weight
19/01/2012	Weight: 46 kgs	BMI: 18.1	O/E - weight
15/07/2011	Weight: 46 kgs	BMI: 18.1	O/E - weight
15/07/2011	Weight: 46 kgs	BMI: 18.1	O/E - weight
05/08/2010	Weight: 44.5 kgs	BMI: 17.6	O/E - weight
26/04/2010	Weight: 46.5 kgs	BMI: 18.3	O/E - weight
15/02/2010	Weight: 46 kgs	BMI: 18.1	O/E - weight
10/11/2008	Weight: 44 kgs	BMI: 17.8	O/E - weight
13/10/2008	Weight: 43 kgs	BMI: 17.4	O/E - weight
22/09/2008	Weight: 45.2 kgs	BMI: 18.3	O/E - weight
18/09/2008	Weight: 44.2 kgs	BMI: 17.9	O/E - weight
08/08/2008	Weight: 45 kgs	BMI: 18.2	O/E - weight
07/07/2008	Weight: 47 kgs	BMI: 19	O/E - weight
12/11/2007	Weight: 50.8 kgs	BMI: 20.6	O/E - weight

Height

15/10/2009	Height: 1.59 metres	O/E - height	Mrs Esther Smith
12/11/2007	Height: 1.57 metres	O/E - height	Mrs Lynne Garden

Contraception

18/05/2017 Contraception First service recall due: Cycle - is 7-9 day bleed, 1 week off then 2 week spotting / light bleed until next period starts. Last few weeks also marked bloating. No disch or smell. Not constipated. O/e does have noticeable distension standing which settles on lying down. Abd soft. Palpable colon LIF but this always the case. Not clear that any of this related to implant but Stacey very clear she wants it out next week. Won't be accpeted for sterilisation until age 30. Discussed other methods Will use COCP prefers ED type. Start now on active tabs Dr Ruth Cranswick

11/08/2015 Contraception recall due: Aware she needs this Ailsa 5 mths. Had appt for nexplanon but anxious re procedure so didn't go. Thinks should have implant now. No sex > 2 weeks Appt thurs, preg test first. LMP 5 weeks ago Dr Ruth Cranswick

10/02/2014 Contraception First service recall due: Has decided against implant and has bleeding problems last time Wants to go back on patch No prev problems with this. Rv 3/12 Dr Ruth Cranswick

09/08/2013 Pill - oral contraception recall due: 4 weeks post natal, not breastfeeding.smoker upto 20 a day.previously has implant and injection but side effects were a problem.then has patch. came off for pregnancy.bp:120/72weight: 46 kgs.suggest progesterone only pill until atleast 6 weeks postnatal. agreed on a month's supply. will reattend thereafter as more keen on patch. Dr Muhammad Zafar

19/01/2012 Contraception First service recall due: Missed call from MA and now having doubts about Mirena. Will try patch and Rv Dr Ruth Cranswick

15/09/2011 Contraception recall due: No period since Riley's birth 4 months ago. Bottle feeding. Sexually active Last SI 10/09. Planning to have IUD at 6/12. Happy to have depo meantime. Given appt next wed Abstain from sex and bring spec for preg test prior to injection. Dr Ruth Cranswick

15/07/2011 Contraception First service recall due: discussed IUD/IUS. Need to observe current bleeding problems first Dr Margaret Anderson

05/08/2010 Contraception recall due: Chat. Still very keen on sterilisation I have discussed this with Dianna Reed at Family Planning who suggests I refer her there for second opinion Stacey keen to do this. Advised Stacey she may need to consider trying IUD as may need to have tried all long term methods before sterilisation considered. Dr Ruth Cranswick

24/09/2009 Contraception First service recall due: Adamant she wants sterilisation and has done so for years Didn't ever want kids and now wants no more than Declan. Her Mum had 4 kids and all ended up in care. Doesn't want to be like her. Chat re her age and emotional turmoil at present. Accepted she has very valid reasons and may be approp to refer her in early twenties but needs more stability first. Dr Ruth Cranswick

Immunisations

01/10/2014	FLU	Stage: 0	Given	Special Risk Group	Due 01/10/2015	Batch: L8205-1 05/15 SP MSD

Mrs Esther Smith

11/01/2011	FLU	Stage: 0	Given	Routine Measure	Due 11/01/2012	Batch: 11145925 exp 05/2011

Mrs Helen Middleton

Albumin

28/04/2017 Serum albumin = 40 g/L

Alkaline Phosphatase

28/04/2017 Serum alkaline phosphatase = 54 U/L U/L

Alanine Aminotransferase

28/04/2017 Serum alanine aminotransferase level = 11 U/L Serum ALT level - U/L

Bilirubin

28/04/2017 Serum total bilirubin level = 8 umol/L

Calcium

28/04/2017 Serum calcium = 2.37 mmol/L

Full Report

Ms Stacey Ellis **28/04/1988** **Female** **369/88/128** **Permanent**

Calcium adjusted
28/04/2017 Corrected serum calcium level = 2.36 mmol/L

Creatine phospholdnase level
28/04/2017 Serum creatine kinase level = 138 U/L U/L

Serum creatinine
28/04/2017 Serum creatinine = 81 umol/L Above high reference limit

Eosinophil count
28/04/2017 Eosinophil count = 0.25 10*9/L x10^9/L

Gamma Glutamyl Transpeptidase
28/04/2017 Serum gamma-glutamyl transferaso level = 26 U/L Serum gamma GT level - U/L

Haemoglobin
28/04/2017 Haemoglobin estimation = 141 g/L

Mean corpuscular haemoglobin
28/04/2017 Mean corpusc. haemoglobin(MCH) = 30 pg

MCH Hb Concentration
28/04/2017 Mean corpusc. Hb. conc. (MCHC) = 321 g/L

Mean corpuscular volume
28/04/2017 Mean corpuscular volume (MCV) = 93.4 fL fl

Monocyte count
28/04/2017 Monocyte count = 0.6 10*9/L x10^9/L

Neutrophil count
28/04/2017 Neutrophil count = 3.8 10*9/L x10^9/L

Serum Inorganic Phosphate
28/04/2017 Serum inorganic phosphate = 1.12 mmol/L mmol/L

Platelets
28/04/2017 Platelet count = 250 10*9/L x10^9/L

Potassium
28/04/2017 Serum potassium = 4.5 mmol/L

Red blood cell count
28/04/2017 Red blood cell (RBC) count = 4.72 10*12/L x10^12/L

Sodium
28/04/2017 Serum sodium = 138 mmol/L

Total protein
28/04/2017 Serum total protein = 63 g/L

Thyroid Stimulating Hormone
28/04/2017 Serum TSH level = 3.56 mU/L mU/L

White blood count
28/04/2017 Total white cell count = 7.4 10*9/L x10^9/L

Lymphocyte count
28/04/2017 Lymphocyte count = 2.6 10*9/L x10^9/L

Blood glucose
28/04/2017 Plasma glucose level = 3.5 mmol/L

Bone studies
28/04/2017 Bone profile = <none>

Full blood count
28/04/2017 Full blood count - FBC = <none>

Liver Function tests
28/04/2017 Liver function test = <none>

Pregnancy test
23/09/2010 Urine pregnancy test negative Has been having more freq periods last few mths Cycle 5-8/20. Period late and feels preg.Home test weakly pos . Intermittent sex with Stewart who has been around since pregnancy with Declan (not his father). Not using contraception Has not managed to attend FP appt yet. Test today definite NEG. I will try and make FP appt for her. Not using condoms as says no latex free available Advised ask chemist. See on Mon for rpt test

Other Diagnostic Imaging
01/09/2010 Ultrasound scan Result Stracathro Hospital US - Kidney Both
28/11/2007 Ultrasound scan Result Ninewells Hospital X-Ray (A/N scan)

Amylase

Full Report

Ms Stacey Ellis **28/04/1988** **Female** **369/88/128** **Permanent**

28/04/2017 Serum amylase level = 60 U/L U/L

Advice Given
30/04/2015 Advice about long acting reversible contraception Advice keen on nexplanon. Advice. tel 1st day period to discuss appointment & Px. To remain abstinent from day 1 cycle
31/08/2013 Advice about long acting reversible contraception Advice Leaflet issued (Mail Merge) End August 2013
12/03/2013 Smoking cessation advice Advice
12/03/2013 Smoking cessation advice Advice
04/05/2009 Smoking cessation advice Advice Very keen to stop smoking for Declan's health Boyfriend stopped 6 months ago. Started age 11 and now on average 25 per day. Has tried NRT several times with no success and has no faith in this. Discussed that signif willpower required and planning. Chat re options and keen to try champix as boyfriend succeeded with this. Start and build up as per BNF Rv 1 week Nausea likley Se and she has this already. However does seem more upbeat and motivated than she has been for months Rv 1 week. Will need to tail off slowly.

C Reactive protein
28/04/2017 Plasma C reactive protein < 4 mg/L

Diet
12/11/2007 Diet - patient initiated Eating habits: Type of diet: Healthy diet without the vegetables Mrs Lynne Garden

Exercise
12/11/2007 Exercise grading Walking alot Mrs Lynne Garden

Feeding (maternity)
15/07/2011 Bottle fed

Postnatal Examination
30/04/2015 Postnatal exam. - maternal 15/03/15 SVD 37 +4 weeksFemale 'Ailsa'contraception discussed at 6 weeks Seen by: Dr Margaret Anderson Clinician: Dr Margaret Anderson
20/08/2013 Postnatal exam. - maternal 11/07/13 SVD at NW male 'Bentley'Bottle feed at 6 weeks Seen by: Dr Margaret Anderson Clinician: Dr Margaret Anderson
15/07/2011 Maternal P/N 6 week exam. at 7 weeks Seen by: Dr Margaret Anderson Clinician: Dr Margaret Anderson
15/07/2011 Maternal P/N 6 week exam. at 7 weeks Seen by: Dr Margaret Anderson Clinician: Dr Margaret Anderson
01/08/2008 Postnatal exam. - maternal 5/6/08 ventouse extraction male 'Declan'bottledyspareunia & discharge-HVS & smear done ?thrush at 8 weeks Seen by: Dr Margaret Anderson Clinician: Dr Margaret Anderson

Blood group
19/12/2007 Blood grouping Blood group: O+

Maternity ultra sound scan
28/11/2007 Antenatal ultrasound scan - 12+5 weeks gestation. (Docman 28.11.07)

Family History
12/11/2007 Family history of Doesn,t know any of family history Mrs Lynne Garden

Other Laboratory tests
28/04/2017 Biochemical test = <none>

Well person concerns
12/11/2007 last smear was taken 2004Is pregnant at present not sure how many months Mrs Lynne Garden

Delivery Details - Mother
28/05/2011 Recorded: 15/07/2011 Birth details SVD AT MRI MALE 'RILEY'

Pelvic examination
15/07/2011 O/E - VE for pelvic assessment c/o continuing bleeding since delivery-'like a period'+ lower abdo discomfort but nil offensive smell. Examination & HVS recommended but patient not keen. Agree to self swab .

Pregnancy Outcome - Mother
15/07/2011 Live birth at In charge: Discharged on: Dr Margaret Anderson

Infant details - Mother
Born: Male Kgs Live Apgar at 1 min: at 5 min: D r Margaret Anderson

Maternity plan
01/03/2013 Maternity Plan: GP: Miss Isla Sutherland Consultant: Hospital: Midwife: - Informed by Maternity Unit - patient booked for antenatal care in January (IAB)

Full Report

Ms Stacey Ellis **28/04/1988** **Female** **369/88/128** **Permanent**

27/09/2010 Maternity Plan: GP: Dr Ruth Cranswick Consultant: Hospital:
Midwife: Preg test definite postive today No bleeding LMP 26/08. Although recently adamant she couldn't cope with another child also feels she can't go through termination again. Wouldn't consider adoption as has kept Declan and would feel this was unfair to second child. V early in preg so see 2 weeks. Can talk things thru with sister.

Occupation
12/11/2007 Occupations Not working at present Mrs Lynne Garden

PF current
19/07/2017 PEFR - peak exp. flow rate: = 210 L/min Previous Best Ever =, Predicted = .
Dr Ruth Cranswick

Packed Cell Volume
28/04/2017 Haematocrit = 0.441 ratio

Basophil count
28/04/2017 Basophil count = 0.1 10*9/L x10^9/L

Chemical function tests
28/04/2017 Acute kidney injury warning stage AKI warning stage - Not detected; but may not exclude AKI in all cases

Serum bicarbonate
28/04/2017 Serum bicarbonate = 29 mmol/L

Blood trace elements/vitamins
28/04/2017 Plasma zinc level = 13.2 umol/L
28/04/2017 Serum magnesium level = 0.91 mmol/L mmoL/L

Scoring Test Result
05/01/2012 Score: Method: for: Anxiety is Definite (20 out of a possible 21), Depression is Definite (12 out of a possible 21)
Dr Ruth Cranswick
05/08/2010 Score: 7 Method: for: Pyschiatric Dr Ruth Cranswick

Procedures, Specimens and Samples
11/05/2015 Complex wound care - enhanced services administration wound has decreased in size approx 1cm in length dry and clean, protective dressing applied.
11/05/2015 Referred by secondary care
08/05/2015 Complex wound care - enhanced services administration wound is clean protective dressing applied review as planned, Still very tender, advised analgesia.
08/05/2015 Referred by secondary care
06/05/2015 Complex wound care - enhanced services administration PICO vacuum system removed, nil drained. Has a 1.5 cm linear opening to posterior thigh, would is granulating, clean and healthy and not able to be packed. Dry protective dressing only applied. Review 2/7.
06/05/2015 Referred by secondary care
05/05/2015 Review of wound repair - enhanced services administration wound check post drainage of abscess, some sort of vaccum insitu, asked D/N's to assist, she is not familiar with this either, no discharge info given, I will call discharging ward for more info later today and call Stacey with advice
05/05/2015 Referred by secondary care

Repeat Medication Review
15/06/2017 Medication review Due: 15/06/2018 Complete: 30/05/2017 by: Dr Richard Marwood Next review: 30/05/2018
Dr Richard Marwood
30/05/2017 Medication review Due: 30/05/2018 by: Dr Richard Marwood
Dr Richard Marwood

Glomerular Filtration Rate
28/04/2017 GFR calculated abbreviated MDRD adj for
African Americ origin = mL/min GFR calctd abbtd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2.
CHECK FOR HAEMATURIA AND PROTEINURIA
28/04/2017 GFR calculated abbreviated MDRD > 60 mL/min GFR calculated abbreviatd MDRD -

Total patients for report 1

NHS Tayside Interim Out-Patient Communication

Ward/Clinic	NOT SEEN IN CLINIC	CHI	2804880060
Hospital	Carseview Centre	Surname	ELLIS
Clinician	Jonathan Wright	First Name	STACEY
Date	21/12/2017	Address	17 ANNAT ROAD MONTROSE DD10 8EF
		GP/Address	Annat Bank Practice Links Health Centre Frank Wood Way Montrose DD10 8TY

Dear Doctor,

The above patient visited my clinic today; please accept this as the interim communication in respect to this visit.

Provisional/Diagnosis is:

PTSD

Comment/Recommendations: HANDWRITTEN SCRIPT GIVEN FOR 2 WEEKS SUPPLY

Follow up by clinic required: No

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	SERTRALINE	50MG	OD	DEPRESSION	UNTIL REVIEW
2.	OLANZAPINE	5MG	OD	PTSD/ANXIETY	UNTIL REVIEW

Is any Medication to be discontinued: No

NHS Confidential: Personal data about a patient

NHS Tayside Interim Out-Patient Communication

Name ELLIS STACEY CHI 2804880060 Clinic Date 21/12/2017

Ward/Clinic NOT SEEN IN CLINIC

Further comment/Recommendations:
HANDWRITTEN SCRIPT PROVIDED FOR 2 WEEKS SUPPLY

NHS Confidential: Personal data about a patient

Fax 01356 666010.

Attn Michelle
Kindest Regards
Linda Doig

NHS Tayside Interim Out-Patient Communication

Ward/Clinic	NOT SEEN IN CLINIC	CHI	2804880060
Hospital	Carseview Centre	Surname	ELLIS
Clinician	Jonathan Wright	First Name	STACEY
Date	21/12/2017	Address	17 ANNAT ROAD MONTROSE DD10 8EF
		GP/Address	Annat Bank Practice Links Health Centre Frank Wood Way Montrose DD10 8TY

Dear Doctor,

The above patient visited my clinic today; please accept this as the interim communication in respect to this visit.

Provisional/Diagnosis is:

PTSD

Comment/Recommendations: HANDWRITTEN SCRIPT GIVEN FOR 2 WEEKS SUPPLY

Follow up by clinic required: No

Specific Monitoring Required: No
The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	SERTRALINE	50MG	OD	DEPRESSION	UNTIL REVIEW
2.	OLANZAPINE	5MG	OD	PTSD/ANXIETY	UNTIL REVIEW

Is any Medication to be discontinued: No

Done RWEM
22/12/17

Jonathan Wright | Doctor | Tel 01382 660111
Ninewells Switch Board Tel 01382 660111

Received Time 22. Dec. 2017 11:34 No. 3898

NHS Confidential: Personal data about a patient

NHS Tayside Interim Out-Patient Communication

Ward/Clinic	CMHT	CHI	2804880060
Hospital	Stracathro Hospital	Surname	ELLIS
Clinician	Roger Blake	First Name	STACEY
Date	06/10/2017	Address	17 ANNAT ROAD MONTROSE DD10 8EF
		GP/Address	Annat Bank Practice Links Health Centre Frank Wood Way Montrose DD10 8TY

Dear Doctor,

The above patient visited my clinic today; please accept this as the interim communication in respect to this visit.

Provisional/Diagnosis is: EUPD

Comment/Recommendations: PLEASE SEND THROUGH TO USUAL CHEMISTS

Follow up by clinic required: Yes

Follow up by clinic required: CMHT

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	SERTRALINE	150MG MANE	INCREASING TO 200MG MANE AFTER 2 WEEKS	MOOD / ANXIETY	UNTIL REVIEW

Is any Medication to be discontinued: No

Roger Blake | Consultant | Tel 01356692863
Ninewells Switch Board Tel 01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside Interim Out-Patient Communication

Name: ELLIS STACEY CHI: 2804880060 Clinic Date: 06/10/2017

Ward/Clinic: CMHT

Further comment/Recommendations:
NOT SEEN IN CLINIC

Roger Blake | Consultant | Tel:01356692863
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

Dundee
Health & Social Care
Partnership

NHS Tayside Eating Disorders Service
15 Dudhope Terrace
DUNDEE DD3 6HH
Telephone Number: 01382 346556

www.nhstayside.scot.nhs.uk

If calling, please ask for
Ms Louise Hobbs, 01382 346556
Email: eatingdisorders.tayside@nhs.net

Our Ref LH/nb2804880060
Your Ref
Date 18th July 2017

Private & Confidential
Dr R Cranswick
Annat Bank Practice
Links Health Centre
Marine Avenue
MONTROSE, DD10 8TY

25 JUL 2017

Dear Dr Cranswick

RE: STACEY ELLIS, 280488 0060
17 ANNAT ROAD, MONTROSE, DD10 8EF

Discharge

Thank you for your letter dated 5th May 2017, advising me that, although this young woman underwent investigations for an abnormal appearance of her cervix, a biopsy revealed that there was no cancer and that she had been reassured and discharged. I am not quite sure where the misunderstanding came from, but am aware that Stacey is inclined to look at the worst case scenario and may not always take in what she is told.

Further to my initial assessment letter, I have only managed to meet with Stacey on 2 more occasions, most recently 17th May at which time she attended on her own and was a bit closed off. On that occasion Stacey reported that over the previous week her "craving for sugar was - really bad" and that she had been bingeing - eating fast and out of control - on chocolate and cake. This led to her feeling guilty and even worse about herself. She told me that this kind of behaviour had happened once before, a year or so previously, but had been short lived and she could not identify any particular triggers for it. I explained that in the context of her restricted eating pattern she would experience low blood sugar and that this could result in cravings which would lead to in a vicious circle of restricting/bingeing, something she was able to relate to. I emphasised that it was important for her to work towards establishing a regular/adequate/balanced eating pattern in order to reduce her vulnerability to such carvings, as well as improve her physical wellbeing. Stacey was prepared to accept this, but was aware that it would be difficult to achieve.

At this appointment I also spoke to Stacey about your letter and reiterated that investigations had revealed No Cancer and emphasised that it would be important for her to attend for further smear tests when invited to do so. As you will be aware she attended the practice to get her bloods checked and the results indicated that her Creatinine was very slightly high, possibly relating to dehydration, but were otherwise completely normal.

Unfortunately Stacey failed to attend two subsequent appointments, has not responded to a 14 day opt in letter asking her to get in touch if she would like to arrange another time to meet and has now been discharged from Tayside Eating Disorders Service. I have since discovered that she actually moved house on 19th July and is now living in Brechin, but is continuing to maintain contact with Sandra Lindsay, CMHN, Brechin/Montrose CMHT and Fhanla Anderson, Social Worker, Family Support Team. I hope that Stacey will have taken something useful from the brief contact we had and, with the support and encouragement of those Professionals with whom she is still engaged, be in a position to make some changes to her long standing restricted eating pattern.

STACEY ELLIS, 280488 0060

I confirm that Stacey has now been discharged from Tayside Eating Disorders Service.

Yours sincerely

Electronically checked but not signed.

Ms Louise Hobbs
Clinical Psychologist

c.c. **Sandra Lindsay, CMHN, Brechin/Montrose CMHT, Learning & Development Centre, Stracathro Hospital, Brechin.**
Fhaina Anderson, Social Worker, Family Support Team, Broomfield Road, Montrose.

NHS Confidential: Personal data about a patient

NHS Tayside Interim Out-Patient Communication

Ward/Clinic	CMHT	CHI	2804880060
Hospital	Stracathro Hospital	Surname	ELLIS
Clinician	Roger Blake	First Name	STACEY
Date	10/08/2017	Address	17 ANNAT ROAD MONTROSE DD10 8EF
		GP/Address	Annat Bank Practice Links Health Centre Frank Wood Way Montrose DD10 8TY

Dear Doctor,

The above patient visited my clinic today; please accept this as the interim communication in respect to this visit.

Provisional/Diagnosis is: EUPD; MOOD DISORDER

Comment/Recommendations:

PATIENT WILL COLLECT FROM GP SURGERY

Follow up by clinic required: Yes

Follow up by clinic required: CMHT

Specific Monitoring Required: Yes

Monitoring Recommended: WEIGHT

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	SERTRALINE	100MG	MANE	MOOD DISORDER	UNTIL REVIEW

Is any Medication to be discontinued: Yes

Medication to be discontinued: OLANZAPINE

Roger Blake | Consultant | Tel 01356692863
Ninewells Switch Board Tel 01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside Interim Out-Patient Communication

Name :ELLIS STACEY CHI: 2804660060 Clinic Date :10/08/2017
Ward/Clinic :CMHT

Further comment/Recommendations:
I HAVE PROVIDED A PRESCRIPTION FOR 30 DAYS SUPPLY TODAY DUE TO HOUSE MOVE

Roger Blake | Consultant | Tel:01356892663
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside

Community Mental Health Service
NHS Tayside
Stracathro Hospital
Brechin
Angus
DD9 7QA
Phone No: 01356 692856
Fax: 01356 692864
www.nhstayside.scot.nhs.uk

Dr Ruth Cranswick
Annat Bank Practice
Links Health Centre
Frank wood Way
MONTROSE
DD10 8TY

Clinic Date:	10/08/2017
Date Dictated	
Date Typed:	15/08/2017
Your Ref:	
Our Ref:	RAB/JJ/ 2804880060
Enquiries to:	Jayne Jamieson
Extension:	65856
Direct Line:	01356 692856
Email:	jayne.jamieson@nhs.net

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, Angus, DD10 8EF DOB: 28/04/1988

Diagnosis
F60.30 Emotionally Unstable Personality Disorder Impulsive Type

Clinical Improvement Measures
CGI-S 4 = moderately ill
CGI-I 5 = minimally worse
PGI-I 6 = much worse
GAF 55

Situation
Outpatient clinic appointment on 10.08.17 accompanied by Sandra Lindsay, CPN.

Background
[redacted] History of social stressors including living with four children aged nine, six, four and two, the eldest of which has behavioural problems. History of recent house move. History of mood instability with predominantly low mood recently with accompanying anger and irritability. Past history of elated periods including overspending impulsively.

Assessment
Stacey presented as slightly low in mood but her affect was reactive. She was quite quiet initially but was able to give a reasonable account of her symptoms. She described a stressful period recently moving house and this had left her slightly more distant from her sister who she has tended to get a lot of emotional support from. She has got a bigger house, however, and this has been of some benefit with the kids. Things have been stressful between Stacey and her partner [redacted] due to how she has been feeling recently. Stacey had stopped all her medications several weeks ago mainly due to side effects of weight gain. Stacey has a history of being very fearful of getting overweight and has previously restricted her appetite to the point where she fulfilled the criteria for an eating disorder. She has previously seen Louise Hobbs as part of the Eating Disorder Service but didn't find this particularly beneficial. She is not purging or vomiting or using laxatives etc. to manage her weight, but has been off her food with decreased motivation to eat and decreased appetite leading to weight loss recently.

NHS Tayside

Stacey does describe some social anxiety e.g. was worried that her partner, [redacted] was trying to isolate her from her family and she describes poor sleep with initial insomnia and a broken sleep but no early morning wakening. She denies any other psychotic symptoms.

Risk Assessment
There were no new risks identified today. [redacted]

Risk Management Plan
I have not made any changes to the risk management plan.

Recommendations
After discussions with Stacey and Sandra we have agreed to restart her on Sertraline initially 50 mg mane increasing to 100 mg mane after a week. I have given her a 30 day supply on prescription today due to her being between changing GP surgeries. She now lives in Brechin. I will not review Stacey routinely in my clinic but I will liaise with Sandra Lindsay our CPN regarding further medical matters as appropriate.

Yours sincerely

Authorised on 22/08/2017 09:40:02 by Roger Blake.

Dr Roger A. Blake
Consultant Psychiatrist

NHS Tayside Interim Out-Patient Communication

Ward/Clinic	CMHT	CHI	2804880060
Hospital	Stracathro Hospital	Surname	ELLIS
Clinician	Roger Blake	First Name	STACEY
Date	07/09/2017	Address	17 ANNAT ROAD MONTROSE DD10 8EF
		GP/Address	Annat Bank Practice Links Health Centre Frank Wood Way Montrose DD10 8TY

Dear Doctor,

The above patient visited my clinic today; please accept this as the interim communication in respect to this visit.

Provisional/Diagnosis is:

EUPD; EATING DISORDER

Comment/Recommendations:

Follow up by clinic required: Yes

Follow up by clinic required: CMHT

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	ARIPIPRAZOLE	5MG	MANE	MOOD DISORDER	UNTIL REVIEW

Is any Medication to be discontinued: No

Roger Blake | Consultant | Tel:01356692363
Ninewells Switch Board Tel 01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside Interim Out-Patient Communication

Name: ELLIS STACEY CHI: 2804880060 Clinic Date: 07/09/2017

Ward/Clinic: CMHT

Further comment/Recommendations:
NOT SEEN IN CLINIC

Roger Blake | Consultant | Tel:01356692863
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

Annat Bank Practice
Minor Surgery Patient Consent Form

Name .....Stacey Ellis.....
DOB .....28-4-88.....
CHI .....
Address.....17 Annat Rd.....
.....Montrose.....
.....

Proposed Minor Surgery Procedure ..Removal Dysplasia.....
.....

Statement of Health Professional: I have explained the procedure to the patient/patients carer. In particular, I have explained the intended benefits of the procedure, as well as the serious or frequently occurring risks. I have also discussed what the procedure is likely to involve, the benefits and side effects of any alternative procedures [including no procedure] and any particular concerns of this patient.

Signed: M Anderson

Date: .....

Clinician's stamp

Statement of Patient/Patients Carer:
I am satisfied with the information I have been given in relation to this procedure and I agree to the procedure described on this form

~~Signed~~ .....SEllis..... **Date** ....25.5.17.....

Name ..... **Patient Relationship**.....

Anaesthetic no/yes. Lidocaine. CSSD Label-stick here
Lot no. 628404 Exp date....06/2020

M Anderson: Review 9/09

NHS Confidential: Personal data about a patient

Proforma for Implanon removal

Name Stacey Ellis **Clinic number** 0060 **Date of birth** 28.06.88

Date of insertion ~~Aug~~ 2015 **Date of removal** 25.05.17 **Duration of use** 1yr 9m

Reason for removal

- ☐ End of licensed duration of use (3 yrs)
- ☐ Pregnancy wish
- ☐ No need for contraception
- ☑ Problem with Implant (please specify): Bleeding
- ☐ Other (please specify) _____

Future method of contraception (where appropriate) Microgynon

Removal procedure

Name & position of clinician _____

Implant site	Left ☐	Right ☐	upper arm
Implanon palpated	Yes ☐	No ☐	
Implanon removed	Yes ☐	No ☐	
Problems encountered	Yes ☐	No ☐	

If yes, what kind: _____

NHS Confidential: Personal data about a patient

Community Mental Health Service
NHS Tayside
Stracathro Hospital
Brechin
Angus
DD9 7QA
Phone No: 01356 692856
Fax: 01356 692864
www.nhstayside.scot.nhs.uk

Dr R C Cranswick
Annat Bank Practice
Links Health Centre
Marine Avenue
Montrose
DD10 8TY

Clinic Date:	20/06/2017
Date Dictated	
Date Typed:	22/06/2017
Your Ref:	
Our Ref:	LMcQ/JJ/2804880060
Enquiries to:	Jayne Jamieson
Extension:	65856
Direct Line:	01356 692856
Email:	jayne.jamieson@nhs.net

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, DD10 8EF DOB: 28/04/1988

Diagnosis
Under investigation. Likely F60.3 EUPD, Impulsive Type. Current focus is around anxiety and interpersonal relationship problems.

Clinical Improvement Measures

CGI-S	4 = moderately ill
CGI-I	0 = not assessed
GAF	55 = moderate symptoms, moderate occupational impairment

Situation
Seen accompanied by Sandra Lindsay at Links Health Centre 20.06.17. She attended with her youngest child in a pram.

Background
Known to CMHT since approximately February of this year. Referred with issues of anxiety, low mood and maladaptive relationship with food. [redacted] Currently living in a small house with her partner, [redacted] and four small children. According to her CPN, Sandra, she has improved over the last month or two. It seems as though some of this benefit may be due to starting medications including Sertraline 150 mg and Olanzapine 10 mg nocte plus 5 mg once daily prn.

Assessment
Unfortunately Stacey's housing situation remains the same. She has not moved despite me sending a supporting letter to the housing authority in relation to getting a bigger house. She described some "high" spells over the past few months, during one of which she spent over £ 1,000 in B&Q. The rest of the time she spends with her mood being quite low. She reports episodic feelings of paranoia. She reports a long term history of interpersonal relationship problems. She seems to present relationships as black or white and sometimes shows a limited understanding of what other people are describing. Despite these changes she is very clearly devoted to her children. She never leaves her children alone at home as she worries they will be taken away from her. She relates this back to her own experience being removed from her mother's care age four. She spent most of her childhood in foster homes. She has two siblings and does not have any contact with her brother but does see her sister occasionally.

There is a significant family history of mental health problems including bipolar disorder and schizophrenia and what sounds like likely personality disorders.

Risk Assessment

[redacted] Risk appears manageable in the community for the time being.

Risk Management

Fully engaged with CMHT, due to see CPN tomorrow. Has crisis contact numbers and has shown an ability to ask for help. Shows good future planning today.

Recommendations

I discussed the case with Stacey and Sandra Lindsay and feel there are signs and symptoms here of a pervasive personality disorder with evidence of emotional instability, interpersonal relationship problems, marked impulsivity and maladaptive coping skills. I do not recommend any changes to medications at this stage but I have asked Sandra to get Stacey to complete a PDQ4. I have had a brief discussion with Stacey about what a PDQ4 will entail and what a possible diagnosis of personality disorder will involve for her. I will review the results of the PDQ4 and we can book her a further outpatient appointment to discuss the results with her.

I am keen that she keeps her appointment with the Eating Disorder Service tomorrow as I feel they have been doing some good work with her.

If the housing situation remains unsatisfactory at this stage it may be worth considering writing another letter to the housing authority explaining the effect the housing situation is having on her mental health at present.

Many thanks.

Yours sincerely

Authorised on 26/06/2017 13:11:08 by Locum Consultant.

Dr Luke McQuitty
ST4 in Psychiatry

(P) Ms Sandra Lindsay, Community Mental Health Service, Learning & Development Building, Stracathro Hospital, Brechin, DD9 7QA
(P) Louise Hobbs, Clinical Psychologist, Eating Disorder Service, Dudhope House, 15 Dudhope Terrace, Dundee, DD3 6HH

NHS Confidential: Personal data about a patient

NHS Tayside Interim Out-Patient Communication

Ward/Clinic	stracathro cmht	CHI	2804880060
Hospital	Carseview Centre	Surname	ELLIS
Clinician	Luke McQuitty	First Name	STACEY
Date	02/05/2017	Address	17 ANNAT ROAD MONTROSE DD10 8EF
		GP/Address	Annat Bank Practice Links Health Centre Frank Wood Way Montrose DD10 8TY

Dear Doctor,

The above patient visited my clinic today; please accept this as the interim communication in respect to this visit.

Provisional/Diagnosis is: depression and anxiety

Comment/Recommendations: Please add SERTRALINE 50mg mane, increasing to 100mg after 1 week. No other changes to meds for now. Usual chemist and dispensing please

Follow up by clinic required: No

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	SERTRALINE	50mg	mane	depression	1 week then increase

Is any Medication to be discontinued: No

Luke McQuitty | ST4 | Tel 01382 660111
Ninewells Switch Board Tel 01382 660111

NHS Tayside Interim Out-Patient Communication

Name: ELLIS STACEY CHI: 2604880060 Clinic Date: 02/05/2017

Ward/Clinic: stracathro cmht

Further comment/Recommendations:
For CPN and SW follow up initially

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804980060 DoB: 28 Apr 1988
Lab No: C175437756
Annat Bank Practice Clinician: Dr R.J. CRAWSWICK ANNMON CRAR1G

SODIUM	138	mmol/L	(133-146)	
POTASSIUM	4.5	mmol/L	(3.5-5.3)	
CREATININE	81 >	umol/L	(44-80)	
ESTIMATED GFR	GT60	mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
ALT	11	U/L	(5-55)	
BILIRUBINS	8	umol/L	(0-21)	
ALKALINE PHOSPHATASE	54	U/L	(30-130)	
ALBUMIN	40	g/L	(35-50)	
CALCIUM	2.37	mmol/L	(2.10-2.55)	
CALCIUM (CORRECTED)	2.36	mmol/L	(2.10-2.55)	
GLUCOSE (preserved tube)	3.5	mmol/L	(3.3-5.8)	
CREATINE KINASE	138	U/L	(25-200)	
TSH	3.56	mU/L	(0.4-4.0)	
MAGNESIUM	0.91	mmoL/L	(0.70-1.00)	

Lab.Comments: PLASMA ZINC analysed by GRI

Sample is blood unless otherwise stated

Sample Date/Time
28 Apr 2017 09:33

Clin.Details: On T47: No
eating disorder clinic

Request Entered: 28 Apr 2017 13:11 Report Printed: 10 May 2017 10:23

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804980060 DoB: 28 Apr 1988
Lab No: C175437756
Annat Bank Practice Clinician: Dr R.J. CRANSWICK ANNMON CRAR1G

PROTEINS	63	g/L	(60-80)	
PHOSPHATE	1.12	mmoL/L	(0.8-1.5)	
BICARBONATE	29	mmol/L	(22-29)	
AMYLASE	68	U/L	(0-100)	
C-REACTIVE PROTEIN	LT4	mg/L	(0-10)	
GGT	26	U/L	(3-73)	
ZINC	13.2	umol/L	(10.0-18.0)	
AKI	Not detected: but may not exclude AKI in all cases			

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
28 Apr 2017 09:33

Clin.Details: On T4?: No
eating disorder clinic

Request Entered: 28 Apr 2017 13:11 Report Printed: 10 May 2017 10:23

NHS Confidential: Personal data about a patient

Dundee
Health & Social Care
Partnership

NHS Tayside Eating Disorders Service
15 Dudhope Terrace
DUNDEE DD3 6HG
Telephone Number: 01382 346556

www.nhstayside.scot.nhs.uk

If calling, please ask for
Ms Louise Hobbs, 01382 346556
Email: eatingdisorders.tayside@nhs.net

Our Ref LH/nb
Your Ref
Date 27th April 2017

Private & Confidential
Dr R Cranswick
Annat Bank Practice
Links Health Centre
Frank Wood Way
MONTROSE, DD10 8TY

03 MAY 2017

Dear Dr Cranswick,

RE: STACEY ELLIS, 280488 0060
17 ANNAT ROAD, MONTROSE, DD10 8EF

As you will be aware, the above young woman was referred to Tayside Eating Disorders Service by Sandra Lindsay, CMHN, Brechin/Montrose Community Mental Health Team. Following receipt of the referral on 21st February 2017, I have since seen Stacey for initial assessment on 29th March and then 19th April, when she was accompanied by Fhaina Anderson, Social Worker, Child Learning Service, Family Support Team, who very much encouraged and initiated this referral.

Presenting Problem
At her initial appointment, Stacey told me that she had come because of her Social Worker who has advised that her chronic restricted eating pattern was detrimental to her physical health and could potentially result in her not being around to look after her 4 children. On looking back at Stacey's medical notes, I recall that she was referred to the Eating Disorders Service back in 2009 when I saw her on one occasion. She failed to attend subsequent appointments offered and did not respond to a 14 day opt-in letter asking her to get in touch if she wanted to arrange another time to meet.

Stacey continues to present with an extremely disordered eating pattern, typically eating nothing, but drinking constant cups of coffee with milk and one sugar, until late evening. At this time she might eat something along the lines of chicken with rice, curry or fish and chips, but no fruit or vegetables. In spite of her disordered eating pattern, Stacey told me that she will ensure that her 4 children aged between 8 and 2 years old, eat regularly throughout the day. Stacey told me that she was starved as a child, and from the age of 8 missed school dinners and cut our breakfast, only eating one meal a day. When she went into care, she was forced to eat, and it is apparent that she has never been in a position to establish a healthy regular eating pattern. In addition to this, Stacey very much views her ability to restrict her eating as the only way of controlling her life, as well as being terrified at the thought of gaining weight. At referral, Stacey's **self reported weight was 6stone 10lbs (42.6kg) which at a height of 1.58m gave her a BMI of 17. At her initial appointment I recorded her weight as 45.3kg, which at a height of 1.58m gave her a BMI of 18.1.** I note that her weight has been relatively stable over the past 10 years. In 2007 prior to her first pregnancy, her weight was recorded as 50.8kg, decreasing to 47kg in July 2007. Her weight has remained fairly stable around 45kg until February this year when she self reported a weight of 6stone 10lbs. More recently Stacey's weight seems to have returned to its previous level of around 45kg.

In spite of her low weight over the years, Stacey has continued to menstruate regularly. She spoke a little about her recent ill health with cervical cancer which has undoubtedly taken its toll on her physical and emotional well being.

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With respect to physical symptoms, Stacey told me that she was always freezing, tired with poor concentration, dizzy when she stands up with occasional wobbly legs and heavy shoulders. She also presents with symptoms of depression, anxiety, experiencing difficulties with low mood and irritability.

Stacey claimed that she does not engage in self induced vomiting, laxative misuse or excessive exercise, although with 4 children she will be expending a significant amount of energy each day.

Following our initial appointment, when she did not present as being particularly motivated or to see a need for changing any of her eating behaviours, I advised Stacey that I would discuss our appointment with Sandra Lindsay, CMHN, Brechin/Montrose CMHT, and the rest of the Eating Disorders team, arranging to see her again for continued assessment and to clarify the most appropriate way forward.

Prior to this Fhaina Anderson, Social Worker for Stacey's children got in touch with me to confirm that it was ok for her to accompany Stacey to her next appointment. This was extremely helpful, as Fhaina has strongly encouraged Stacey to consider getting help with her eating disorder in order that she can be stronger and better with her 4 children. She explained that Stacey has avoided acknowledging her eating disorder, but was now voicing a "need to address it". In her role as Social Worker, Fhiana has familiarised herself with records from Stacey's childhood which document much trauma, abuse and neglect, with which Stacey confirmed she has never been offered therapy or support. We recognised that her eating disorder related to these early experiences/trauma and that, as such, would need to be explored/managed in tandem with any work related to behavioural and cognitive changes to help her establish a regular, healthy, balanced eating pattern.

Stacey was clear that her children meant the world to her and she is now acknowledging that she needs to tackle her own issues if she is going to be able to be here for them.

Opinion and Recommendations
Stacey (28) presents with long-standing eating disordered symptoms which would meet criteria for a diagnosis of Atypical Anorexia Nervosa. These difficulties occur in the context of significant childhood trauma/abuse and its impact on Stacey's early adult life, together with the fact that she is the mother of 4 young children, who provide their own challenges. In addition, Stacey has recently suffered with ill health/treatment for cervical cancer, which in line with her limited/restricted eating pattern and low weight, makes her more vulnerable to physical illnesses, the exacerbation of other emotional symptoms such as anxiety/depression and difficulty in managing these.

I have requested that Stacey get her eating disorder bloods done at the surgery and have arranged to see her again, together with Fhaina Anderson at 1.30pm, Wednesday 3rd May, Links Health Centre, Montrose.

In view of the complexities of Stacey's presenting problems, we are essentially still in the process of continued assessment and clarifying the most appropriate way forward. I will, of course, keep you informed of our contact.

With best wishes.

Yours sincerely

Electronically checked but not signed.

Ms Louise Hobbs
Clinical Psychologist

c.c. Sandra Lindsay, CMHN, Brechin/Montrose CMHT, Learning & Development Centre, Stracathro.
Fhaina Anderson, Social Worker, Child Learning Service, Family Support Team, Broomfield Road Resource Centre, Broomfield Road, MONTROSE, DD10 8SY

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: H175437756
Annat Bank Practice Clinician: Dr R.J. CRANSWICK ANNMON CRARIG

HGB	141	g/L	(120-160)	WBC	7.4	x10^9/L	(4.0-11.0)
RBC	4.72	x10^12/L	(3.8-4.8)	NE#	3.8	x10^9/L	(2.0-7.5)
HCT	0.441		(0.37-0.47)	LY#	2.6	x10^9/L	(1.5-4.0)
MCV	93.4	fl	(85-105)	MO#	0.6	x10^9/L	(0.2-0.8)
MCH	30.0	pg	(27-32)	EO#	0.25	x10^9/L	(0.0-0.4)
MCC	321	g/L	(320-360)	BA#	0.1	x10^9/L	(0.0-0.1)
				PLT	250	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
28 Apr 2017 09:33

Clin.Details: On T47: No eating disorder clinic

Request Entered: 28 Apr 2017 13:11 Report Printed: 28 Apr 2017 13:54

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C175437756
Annat Bank Practice Clinician: Dr R.J. CRANSWICK AUNMON CRAR1G

SODIUM	138	mmol/L	(133-146)	
POTASSIUM	4.5	mmol/L	(3.5-5.3)	
CREATININE	81 >	umol/L	(44-80)	
ESTIMATED GFR	GT60	mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
ALT	11	U/L	(5-55)	
BILIRUBINS	8	umol/L	(0-21)	
ALKALINE PHOSPHATASE	54	U/L	(30-130)	
ALBUMIN	40	g/L	(35-50)	
CALCIUM	2.37	mmol/L	(2.10-2.55)	
CALCIUM (CORRECTED)	2.36	mmol/L	(2.10-2.55)	
GLUCOSE (preserved tube)	3.5	mmol/L	(3.3-5.8)	
CREATINE KINASE	138	U/L	(25-200)	
TSH	3.56	mU/L	(0.4-4.0)	
MAGNESIUM	0.91	mmoL/L	(0.70-1.00)	

Lab.Comments: PLASMA ZINC analysed by GRI

Sample is blood unless otherwise stated

Sample Date/Time
28 Apr 2017 09:33

Clin.Details: On T4?: No
eating disorder clinic

Request Entered: 28 Apr 2017 13:11 Report Printed: 28 Apr 2017 14:01

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: ELLIS Stacey Sex: F PID: 2804880060 DoB: 28 Apr 1988
Lab No: C175437756
Annat Bank Practice Clinician: Dr R.J. CRANSWICK ANNMON CRARIG

PROTEINS	63	g/L	(60-80)	
PHOSPHATE	1.12	mmoL/L	(0.8-1.5)	
BICARBONATE	29	mmol/L	(22-29)	
AMYLASE	60	U/L	(0-100)	
C-REACTIVE PROTEIN	LT4	mg/L	(0-10)	
GGT	26	U/L	(3-73)	
AKI	Not detected: but may not exclude AKI in all cases			
ZINC	TO FOLLOW			

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
28 Apr 2017 09:33

Clin.Details: On T47: No
eating disorder clinic

Request Entered: 28 Apr 2017 13:11 Report Printed: 29 Apr 2017 14:01

NHS Confidential: Personal data about a patient

08 MAR 2017

NHS
Tayside

Acute Services Division
Women's & Child's Health Clincial Group
Ninewells Hospital & Medical School
Ward 37/38
DUNDEE
DD1 9SY
Contact: Lyndsey Neillie
Telephone: 01382 632305
lyndsey.neillie@nhs.net
Reference: LJN / EMcG
03/03/2017

Dr RC Cranswick
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Dear Dr Cranswick

Patient Details:

CHI Number	2804880060
Unit Number	2804880060
Name	Stacey Ellis
Date of Birth	28/04/1988
Address	17 Annat Road, Montrose DD10 8EF

Your patient was seen at the clinic on 13/02/2017 and at this visit, no treatment was undertaken.

A smear was taken and the test result was Negative (normal smear).

Your patient has been treated for High Grade CIN and has now been discharged from the colposcopy clinic. I recommend that a follow up smear should be taken in 36 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

p.p. Kenie Watson

Mrs E McGaughay
Accredited Colposcopist

copy to:

NHS Tayside Interim Out-Patient Communication

Ward/Clinic	stracathro cmht	CHI	2804880060
Hospital	Carseview Centre	Surname	ELLIS
Clinician	Luke McQuitty	First Name	STACEY
Date	27/03/2017	Address	17 ANNAT ROAD MONTROSE DD10 8EF
		GP/Address	Annat Bank Practice Links Health Centre Frank Wood Way Montrose DD10 8TY

Dear Doctor,

The above patient visited my clinic today; please accept this as the interim communication in respect to this visit.

Provisional/Diagnosis is: Anxiety and ED

Comment/Recommendations:

please INCREASE OLANZAPINE

Follow up by clinic required: Yes

Follow up by clinic required:

CMHN and OPC as needed

Specific Monitoring Required: No
The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	OLANZAPINE	5mg	nocte	anxiety	ongoing
2.	OLANZAPINE	2.5mg	once daily PRN	anxiety	ongoing

Is any Medication to be discontinued: Yes

Medication to be discontinued: Please ensure quetiapine is stopped. No other changes to medicines. Usal pharmacy please

Luke McQuitty | ST4 | Tel 01382 660111
Ninewells Switch Board Tel 01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside Interim Out-Patient Communication

Ward/Clinic	stracathro cmht	CHI	2804880060
Hospital	Carseview Centre	Surname	ELLIS
Clinician	Luke McQuitty	First Name	STACEY
Date	19/04/2017	Address	17 ANNAT ROAD MONTROSE DD10 8EF
		GP/Address	Annat Bank Practice Links Health Centre Frank Wood Way Montrose DD10 8TY

Dear Doctor,

The above patient visited my clinic today; please accept this as the interim communication in respect to this visit.

Provisional/Diagnosis is:

generalised anxiety and eating disorder

Comment/Recommendations: Please INCREASE OLANZAPINE to 10mg nocte and 5mg OD PRN.

Follow up by clinic required: Yes

Follow up by clinic required: Follow up by CMHN initially and psych OPC if required

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	OLANZAPINE	10mg	nocte	eating disorder and anxiety	ongoing
2.	OLANZAPINE	5mg	OD PRN	eating disorder and anxiety	ongoing

Is any Medication to be discontinued: No

Luke McQuitty | ST4 | Tel.01382 660111
Ninewells Switch Board Tel:01382 660111

NHS Confidential: Personal data about a patient

NHS Tayside Interim Out-Patient Communication

Name: ELLIS STACEY CHI: 2804880060 Clinic Date: 19/04/2017

Ward/Clinic: stracathro cmht

Further comment/Recommendations:
usual chemist please.

NHS Confidential: Personal data about a patient

30 DEC 2016

NHS
Tayside

STACEY ELLIS
17 ANNAT ROAD
MONTROSE

DD10 8EF

Community Mental Health Team
(Montrose & Brechin)
Stracathro Hospital
Brechin
Angus, DD9 7QA
Tel No: 01356 692856
Fax: 01356 692864
www.nhstayside.scot.nhs.uk

Date: 29/12/2016
Our Ref: BCANSICK / 2804880060

Contact: Community Mental Health Team

Dear STACEY

I was sorry not to see you for your appointment on the Wed 21 Dec 2016. We are able to offer you one further appointment. Please telephone the Community Mental Health Team on **01356 692856** by **Thursday, 12 January 2017** to arrange a suitable alternative appointment time for you.

Incidents of non attendance result in wasted appointment times that could be used for the benefit of other clients. **Please note if you do not attend your re-arranged appointment without informing our service, no further appointments will be sent and your GP will be informed of your discharge.**

Therefore, we respectfully request that if for any reason you are unable to attend your rearranged appointment, you contact uson **01356 692856** to prevent your discharge.

In the case of your discharge, should you require further contact with our service then please discuss a re-referral to our service with your GP.

Yours sincerely

Community Mental Health Team
(Montrose & Brechin)

Copy: Ruth Cranswick, Annat Bank Practice, Links Health Centre, Frank Wood Way, Montrose, DD10 8TY

Letter: CMHTMDNT

NHS Confidential: Personal data about a patient

NHS Tayside

Women and Child Health
Clinical Group
Acute Services
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

Tel: 01382 660111
Fax: 01382 632096
www.nhstayside.scot.nhs.uk

Dr RC Cranswick
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date	22/12/2016
Clinic Date	12/12/2016
Your Ref	
Our Ref	WMcM/JHG/ 2804880060
Enquiries to	Mrs Jackie Gilchrist
Extension	32085
Direct Line	01382 632085
Email	jgilchrist@nhs.net

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, DD10 8EF DOB: 28/04/1988

Diagnosis: Loop excision for CIN III August 2016. Ongoing pain and irregular bleeding. Please treat with cyclical progestogens or oral contraceptive pill.

I apologise for the delay in writing regarding this lady whose appointment was expedited to 12 December. She had a loop excision in August for a suspicious cervical lesion but the final pathology is CIN. Even before then she was getting irregular menses with pain but says this has been a lot worse since the procedure. She had recently had a 28 day bleed although this had stopped by the time she came to clinic. Ultrasound organised by Dr Ragupathy shows normal uterus and ovaries with no evidence of haematometrium.

Given her previous difficulties I thought she tolerated clinical examination remarkably well. Her cervix is scarred and tender but otherwise normal. There is no other abnormality. Thank you for taking swabs which are all normal.

I therefore think this lady has dysfunctional uterine bleeding with a tender cervix post surgical. I have advised her to take regular paracetamol and NSAIDS. To regulate her periods thanks you for prescribing either cyclical progestogens or the oral contraceptive pill which she could tricycle so she just gets a withdrawal bleed every 3 months.

She will be seen as planned for her next smear in February.

Yours sincerely

Authorised on 23/12/2016 13:43:30 by Wendy McMullen.

Dr Wendy McMullen
Consultant in Obstetrics & Gynaecology

NHS Confidential; Personal data about a patient

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr R.J. CRANSWICK
DoB : 28 Apr 1988 Sex: F Annat Bank Practice
Post Code: DD10 8EF

cervical pain

16B517623 Date/Time of Specimen: 15 Nov 2016 18:17
ENDOCERVICAL SWAB

Culture:
No growth of pathogenic bacteria
No Candida Isolated

\- No Trichomonas
\- No Clue cells seen

Date of Report: 18 Nov 2016 AUTH:
ANNMON CRAR1G

NHS Confidential: Personal data about a patient

Brechin/Montrose/Friockheim CMHT
Stracathro Hospital
Learning and Development Centre,
Brechin,
DD9 7QA

Date Dictated:

Date Typed: 01/12/2016

Your Ref:

Our Ref:

Enquiries to:

Direct Line:

Extension:

Email:

Registered GP: Ruth Cranswick

Referring GP:

Re: STACEY ELLIS
2804880060
17 ANNAT ROAD
MONTROSE

DD10 8EF

Review Letter

NHS Confidential: Personal data about a patient

Diagnosis:

Assessment/Treatment Details

Situation: (Date last reviewed/referred to team, Staff Involved, Medication, Legal status, Adult Support and Protection, Care Programme Approach, Child Protection, Current Risks)

CMHT REVIEW

Background: (How long with the team, current interventions and with whom, how effective treatments have been)

Assessment: (Current assessment of needs, support, treatment)

Recommendations: (Changes of treatment plan and patient expectations)

PLEASE PRESCRIBE QUETIAPINE 25MG NOCTE

Yours sincerely,

DR ROGER A BLAKE
CONSULTANT PSYCHIATRIST

c.c

Please note that this letter will be sent by Electronic Document Transfer to the GP when Finalised

NHS Confidential: Personal data about a patient

NHS
Tayside

Department of Surgery
Stracathro Regional Treatment Centre
Stracathro Hospital
NHS Tayside
Stracathro Hospital
Brechin DD9 7OA
65068
01356 665101
www.nhstayside.scot.nhs.uk

Dr RC Cranswick
Annat Bank Practice
links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date	12/10/2016
Clinic Date	04/10/2016
Your Ref	
Our Ref	MOH/ amc/ 2804880060
Enquiries to	Mrs A. Campbell, Surgical Secretary
Extension	65068
Direct Line	01356 665068
Email	acampbell3@nhs.net

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, DD10 8EF DOB: 28/04/1988

This lady was seen in the surgical see and do local anaesthetic clinic at Stracathro Hospital today regarding a lump in her right axilla.

PROCEDURE: Under infiltration of 25 mgs of Levobupivacaine the small cyst was excised through a transverse elliptical incision. It was clearly a cyst and was discarded. The skin was sutured with subcuticular 3/0 Vicryl Rapide and Steristrips over it.

She has been advised to take Paracetamol tablets for pain relief.

HISTOLOGY: Nil.

SUTURE REMOVAL: Nil.

FOLLOW UP: No follow up arrangements have been made.

Yours sincerely

Authorised on 12/10/2016 11:56:35 by Typist/Secretary Aileen Campbell, not verified by Consultant.

M. O. Hamza FRCS Edin & Glas
Speciality Doctor

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559
Name : ELLIS, Stacey
CHI No : 2804880060 Clinician:Dr R.J. CRANSWICK
Dob : 28 Apr 1988 Sex: F Annat Bank Practice
Post Code: DD10 8EF Source:Annat Bank Practice

- - - COBAS PCR SERVICE - - - Endocervical
Specimen number 16V119484
Date taken 15 Nov 2016

Chlamydia trachomatis DNA	Negative
N.gonorrhoeae DNA	Negative

NB: ONLY use YELLOW-top "Roche Cobas PCR" containers any other will be rejected

PLEASE NOTE - Perform Chlamydia test of cure (TOC) 6 weeks after treatment in pregnant women, rectal infections, persistent symptoms, or if at risk of reinfection. Gonorrhoea TOC is recommended in ALL cases 3 weeks after treatment
PLEASE REMEMBER to include a patient contact number on the test request.

Date of Report: 17 Nov 2016
ANNMON CRAR1G

NHS Confidential: Personal data about a patient

NHS
Tayside

Department of Surgery
Stracathro Regional Treatment Centre
Stracathro Hospital
NHS Tayside
Stracathro Hospital
Brechin DD9 7QA
65068
01356 665101
www.nhstayside.scot.nhs.uk

Dr RC Cranswick
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date	14/09/2016
Clinic Date	24/08/2016
Your Ref	
Our Ref	WJGM/ amc/ 2804880060
Enquiries to	Mrs A Campbell, Surgical Secretary
Extension	65068
Direct Line	01356 665068
Email	acampbell3@nhs.net

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, DD10 8EF DOB: 28/04/1988

You referred this gentleman to our service with a lump in her right axilla. She was sent an appointment for our one stop see and do clinic at Stracathro Hospital but unfortunately, has not attended for this.

I am not sure of the reason for her non-attendance and a further appointment has not been arranged. If she still wishes to be seen in our clinic she can contact us within 4 weeks of the date of this letter and a further routine appointment can be arranged.

Yours sincerely

Authorised on 14/09/2016 09:47:21 by Typist/Secretary Aileen Campbell, not verified by Consultant.

Mr. W.J.G. Murray
Locum Consultant General Surgeon

Stacey Ellis
17 Annat Road
Montrose
DD10 8EF

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr R.J. CRANSWICK
DoB : 28 Apr 1988 Sex: F Annat Bank Practice
Post Code: DD10 8EF

Discharge post LLETZ

16B513886 Date/Time of Specimen: 06 Sep 2016 18:14
HIGH VAGINAL SWAB

Culture:
No growth of pathogenic bacteria
No Candida Isolated

\- No Trichomonas
\- No Clue cells seen

Date of Report: 09 Sep 2016 AUTH:
ANNMON CRAR1G

NHS Confidential: Personal data about a patient

Tayside Out of Hours Service OOH Call Incident Report

Call number:	93518	Receive Date:	4-Sep-2016 14:48
Patient's Name:	Stacey Ellis		
Date of birth:	28-Apr-1988 (28 years)	Gender:	F
Address:	17 Annat Road Montrose DD10 8EF	Current Address:	17 Annat Road Montrose DD10 8EF
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	Routine	Call Origin:	NHS24
Received:	4-Sep-2016 14:48	Calltype:	Attend
Advised:	14:59	Arrived PCC:	4-Sep-2016 17:01
Cons start:	4-Sep-2016 17:45	Cons End:	4-Sep-2016 17:56
Consulting Doctor:	Catriona Murray	Own doctor:	Ruth Cranswick

Reported Condition:

PAIN IN RIBS TODAY SEE A/V

Consultation details:

History -	**P.M.H LLETZ procedure in cervix two weeks ago, regular medication nil, allergies latex. H.P.C Patient reports woke up this morning with a painful rib cage S/B own G.P on Thursday as has infection to cervix as discharge had increased and pain different to surgery but wants no intervention to this today as will see own G.P tomorrow.**
Examination -	**O/E T36.9, SPO2% 97% on air, p86, B.P10567 resps 28, both sides of chest raising and falling equally, talking in full sentences, no breathless noted or by patient , no surgical emphysema, trachea central, equal air entry to both sides noted, reported no cough, no cold symptoms, no history of injury or trauma, no vomiting, no nausea, abdomen soft non tender on palpation reported tender on palpation` anterior aspect cartilage ribs from centre to lateral aspect both sides. No central line neck back pain noted.**
Diagnosis -	**Impression costochondritis.**
Treatment -	**Plan discuss with OOH G.P in view of respirations increased D/W Dr Atchison ? due to pain happy for co-codamol 30/500mg to be given for pain fast track number and to contact any concerns re breathlessness cough or worsening symptoms. Co-codamol 30/500mg given one box also advised re paracetamol and not to take with co-codamol.**

Followups:

Patient Advised To Contact Own GP

Clinical Codes:

ZV6.. [V]Other reasons for encounter

NHS24 details:

Triage NHS24 -	**Advise the caller that if they get cut off you will call them back immediately.**
NHS24	**WAKENED UP WITH PAIN IN RIBS BOTH SIDES LHS**

NHS Confidential: Personal data about a patient

Comments -	**WORSE. LLETZ PROCEDURE IN CERVIX 2 WEEKS AGO AND HAD AN INFECTION IN THE CERVIX, SPOKE TO GP ON THURSDAY AND SAID THEY WOULD LEAVE A PRESCRIPTION BUT IT WAS NOT AT THE CHEMIST. ((User) (Cardonald))**
	CSL - RETURN CALLER WORSENING SYMPTOMS AGREED OOHS ASSESSMENT OFFER PCEC4 - USE KMS FOR LOCATION. ((Other Clinical User) (Aberdeen))
	CHSL PCEC 4 ((User) (Cardonald))
Disposition -	**Contact GP Practice within 4 Hours (as soon as possible)**

NHS Confidential: Personal data about a patient

NHS
Tayside

Women and Child Health
Clinical Group
Acute Services
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

Tel: 01382 660111
Fax: 01382 632098
www.nhstayside.scot.nhs.uk

Dr RC Cranswick
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date	15/08/2016
Your Ref	
Our Ref	KR/JHG/ 2804880060
Enquiries to	Mrs Jackie Gilchrist : 09/08/2016
Extension	32085
Direct Line	01382 632085
Email	jgilchrist@nhs.net

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, DD10 8EF DOB: 28/04/1988

The biopsy taken at Stacey's last clinic visit has shown only CIN III. It might be that the sample is not representative as Stacey found the examination quite painful and I was not able to do the loop biopsy which was my initial intention. In view of this I have spoken to Stacey over the phone, have given her the diagnosis and will bring her in to theatre on 16 August to carry out the loop biopsy under general anaesthesia.

Yours sincerely

Authorised on 16/08/2016 14:01:46 by Kalpana Ragupathy.

Dr Kalpana Ragupathy
Consultant Obstetrician & Gynaecologist

NHS Confidential: Personal data about a patient

This letter replaces all previous discharge letters that have been received relating to this patient's episode of care.

NHS Tayside

Ninewells Hospital, Dundee
Discharging Ward: 36 (Gynaecology)

IMMEDIATE DISCHARGE LETTER

Dr. RUTH CRANSWICK
ANNAT BANK PRACTICE
LINKS HEALTH CENTRE
FRANK WOOD WAY
MONTROSE
DD10 8TY

Date: 17/08/2016
Letter Version: 1.0
Enquiries to:
Telephone:
Email:

STACEY LOUISE ELLIS, CHI: 2804880060, DOB: 28/04/1988, 17 ANNAT ROAD, MONTROSE, DD10 8EF

Read Code	Diagnosis	Date	Laterality	Principal / Other
	Elective Gynae Procedure			**Principal**

Diagnosis Comments

Gynae day case. LLETZ.

Date of Admission:	**15/08/2016**
Mode of Admission:	**Elective**
Source of Admission:	**Elective**
Admission Reason:	**Elective surgical procedure**
Admission Ward:	**36**
Admission Speciality:	**Gynaecology**
Discharge Type:	**Discharge from NHS inpatient/day case care**
Date Of Discharge:	**16/08/2016**
Discharge Destination:	**Not known**

Read Code	Operations, Procedures, Investigations and Complications	Date	Laterality	Principal / Other
	Elective Gynae Procedure			**Principal**

Operations, Procedures, Investigations and Complications Comments

Routine case. Post operativly had ?vasovagal attack after leaving ward. recovered well after 10minutes. Minimal cramping pain post-op.

Allergy Information

Allergy	Date Recorded	Comments
H/O: non-drug allergy	12/11/2007	Latex itchy and red

Medications

Drug	Dose	Amount To Be Taken	Frequency	Duration	Quantity	Supply	Additional Information
Fluoxetine 20mg capsules 28 capsule		1OD				Own At Home	

Medicines checked by pharmacist: Mr Iain Hewitt, 17/08/2016 11:27:17

Care Arrangements

None

Follow Up Details

Follow Up	Date	Date To Be Arranged
MRI/CT booked 18/08/2016.		
Letter will be sent out after MDT meeting.		Yes

Communication To Primary Care

Please note this is an Immediate Discharge Letter only. For further details please refer to the full discharge summary, which will follow in the post.

Dear Doctor,

Ms Stacey Ellis was admited for day case in Gynaecology for a LLETZ procedure following on from previous cervical smears producing grossly abnormal results. This was a routine case without any complications. The surgeon noted a "warty appearance and suspicious of cervical cancer". These findings have been explained in full to Ms Ellis and has taken the news well as she was already aware of the possibility.

She was also informed that she may pass a large piece of material in the coming days post-op.

Kind regards,

John Sinclair
FY1

Mr John Sinclair (Position: Doctor. Pager: _____)

Date/Time Signed Off: 17/08/2016 10:45:26

Discharge Consultant: KALPANY RAGUPATHY

Appendix

No items have been appended to this letter.

NHS Confidential: Personal data about a patient

Women and Child Health
Clinical Group
Acute Services
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

Tel: 01382 660111
Fax: 01382 632096
www.nhstayside.scot.nhs.uk

Dr RC Cranswick
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date	17/08/2016
Theatre Date	16/08/2016
Your Ref	
Our Ref	WMcM/JHG/ 2804880060
Enquiries to	Mrs Jackie Gilchrist
Extension	32085
Direct Line	01382 632085
Email	jglichrist@nhs.net

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, DD10 8EF DOB: 28/04/1988

Procedure: Loop excision of transformation zone.

Following a smear suspicious of invasive disease and a difficult examination in clinic this lady was taken to theatre today as planned for a diagnostic loop excision.

On examination she had a 1.5 cm exophytic lesion arising circumpherentially around the os. Whilst this could be a florid viral wart the appearances were certainly more inkeeping with malignancy. Clinically there was no vaginal or parametrial spread. We will liaise with the radiology department as to whether it is still appropriate to do her imaging next week and will see her once the pathology results are available.

Yours sincerely

Authorised on 25/08/2016 21:14:12 by Wendy McMullen.

Dr Wendy McMullen
Consultant in Obstetrics & Gynaecology

NHS Confidential: Personal data about a patient

NHS
Tayside

Women and Child Health
Clinical Group
Acute Services
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

Tel: 01382 660111
Fax: 01382 632096
www.nhstayside.scot.nhs.uk

Dr RC Cranswick
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date	30/08/2016
Your Ref	
Our Ref	KR/JHG/ 2804880060
Enquiries to	Mrs Jackie Gilchrist : 25/08/2016
Extension	32085
Direct Line	01382 632085
Email	jgilchrist@nhs.net

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, DD10 8EF DOB: 28/04/1988

CIN III on final histopathology.
Treatment carried out: LLETZ in August 2016.

It is quite reassuring that the final histology result was indeterminate CIN (CIN III on previous biopsy). The ectocervical margin was involved but the endocervical margin was clear. Usually for young patients like Stacey we discharge them back to yourselves for a repeat smear (test of cure) to be done in 6 months time. However Stacey has not attended for a smear test for a long time owing to severe vaginismus. I discussed the final histology with her over the phone and told her that I will bring her back to the clinic here in 6 months so that we can offer her a pudendal block if required for the smear.

Yours sincerely

Authorised on 01/09/2016 15:11:08 by Kalpana Ragupathy.

Dr Kalpana Ragupathy
Consultant Obstetrician & Gynaecologist

NHS Confidential: Personal data about a patient

NHS
Tayside

Women and Child Health
Clinical Group
Acute Services
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

Tel: 01382 660111
Fax: 01382 632096
www.nhstayside.scot.nhs.uk

Dr RC Cranswick
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date	09/08/2016
Clinic Date	04/08/2016
Your Ref	
Our Ref	KR/JHG/ 2804880060
Enquiries to	Mrs Jackie Gilchrist
Extension	32085
Direct Line	01382 632085
Email	jgilchrist@nhs.net

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, DD10 8EF DOB: 28/04/1988

Clinical impression – cervical cancer (? Stage 1B)

Many thanks for referring Stacey to the colposcopy clinic today. Her smear was suggestive of high grade dyskaryosis ? invasive.

On clinical examination there is a raised lesion on the cervix measuring about 2.2 cm in its maximum dimension. I was only able to do a punch biopsy today in view of the intense vaginal pain Stacey has (long history of vaginismus). I have also organised for a CT and MRI to be carried out. I will see her back in the clinic on 15 August to give her the final diagnosis.

I have explained to her my high suspicion of cervical cancer and hopefully the scan will give us further information about staging and treatment. Stacey was accompanied by her partner today and he was part of the consultation. I have also given her details of our clinical nurse specialist in case she requires support while we are awaiting the results.

Yours sincerely

Authorised on 09/08/2016 12:29:09 by Kalpana Ragupathy.

Dr Kalpana Ragupathy
Consultant Obstetrician & Gynaecologist

NHS Confidential: Personal data about a patient

NHS Tayside

Women and Child Health
Clinical Group
Acute Services
NHS Tayside
Whitehills Hospital
51 Station Road
Forfar
DD8 3DY

www.nhstayside.scot.nhs.uk

Dr RC Cranswick
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date	27/07/2016
Clinic Date	19/07/2016
Your Ref	
Our Ref	CN/RB/ 2804880060
Enquiries to	Mrs Rosemary Bell
Extension	61206
Direct Line	01307 475206
Email	rosemarybell@nhs.net

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, DD10 8EF DOB: 28/04/1988

Thank you for referring this twenty-eight year old para 4+0 for consideration of sterilisation.

Unfortunately NHS Tayside Protocol does not allow me to perform sterilisation in patients younger than thirty due to the high risk of regret. Stacey's main reason for wishing sterilisation is that she has finished her family and she has had trouble with other forms of contraception. She currently has a Nexplanon insitu and bleeds heavily with this. She has intermenstrual and post-coital bleeding. She is a smoker and has not had a smear in eight years. She has a low BMI. She has previously tried Depo-Provera and found that she developed a pain in her side every eight weeks. Although she has never tried the Mirena coil, she does not like the idea of a foreign body inside her uterus. Her pregnancies were essentially uncomplicated but she did have an anti-partum haemorrhage in one pregnancy and she informs me there were some concerns about her cervix at this time. I note she suffers from depression and is currently on Sertraline for this.

Stacey was understandably disappointed that I was unable to offer her sterilisation. However my concern was that her irregular bleeding may be due to an abnormality of her cervix rather than hormonal. After much persuasion she eventually allowed me to examine her cervix but she was only able to tolerate a quick look. The cervix was erythematous, probably represents an ectropion however I was not able to see whether the area was raised. There was some contact bleeding with the smear. A quick vaginal examination did not suggest any suspicious lesions.

I have suggested that she could add in the combined oral contraceptive pill for one month to see if this would upgrade her progesterone receptors and allow the Nexplanon to be more effective. She is aware that if the smear is abnormal she would need colposcopy. I have given her an Information

Leaflet on Female Sterilisation and I look forward to seeing her again when she is thirty. Her partner was present with her today but he would not consider vasectomy.

Yours sincerely

Authorised on 05/08/2016 18:16:27 by Caithlin Neill.

Dr Caithlin Neill
Consultant Obstetrician & Gynaecologist

NHS Confidential: Personal data about a patient

Brechin/Montrose/Friockheim CMHT
Stracathro Hospital
Learning and Development Centre,
Brechin,
DD9 7QA

Date Dictated:

Date Typed: 29/06/2016

Your Ref:

Our Ref:

Enquiries to: 01356692856

Extension:

Direct Line:

Email:

Registered GP: Ruth Cranswick

Referring GP: .Ruth Cranswick

Re: STACEY ELLIS
2804880060
17 ANNAT ROAD
MONTROSE

DD10 8EF

Assessment Letter

Diagnosis:

NHS Confidential: Personal data about a patient

Assessment/Treatment Details

Situation: (Reason for referral current mental health presentation, risks)

Stacey attended for assessment today 29th of June following a referral from yourself, due to low mood

Background: (Past psychiatric history, history of significant risk factors, history of current presentation)

Stacey has some involvement with CMHT and Eating Disorders Service in the past but failed to engage fully wih services and was discharged for non attendance. She is not currently taking any medication despite having been prescibed medication yesterday, she could not remember the name, and appeared fairly ambivalent whether she would take the medication if she did pick it up from the chemist.

Assessment: (Current assessment of needs, support, treatment, medication)

Stacey was dressed appropriately for age gender and weather conditions, her speech was of normal rate and rythmn, but she was very quietly spoken, there was no abnormality of gait. She appeared very under weight for her height but had attended to her personal hygiene.
Her mood was objectively and subjectively low and at times she was tearfull. She described having poor motivation, concentration and sleep, she stated she only ate twice per week. She spends her day looking after her 3 youngest children who are under 5 and has little time for herself, her oldest child Declan is causing problems at home, at school and in the wider community she is currently being supported by the Social Work. She describes feelig helpless and hopeless about the future as she cannot she how her sons behaviour will improve. She states she does at times feel suicidal, but has no plans and states her children as protective factors. She was also given relevant telephone numbers to call if she feels her mood is deteriorating and she stated she would call them.
Stacey also describes being very paranoid, and is very reluctant to leave her home, for fear of people looking at her and judging her, she also hears noises that others do not, like buzzing or beeping.
She denies any visual hallucinations or other psychotic symptoms.
She appears to be orientated to time place and person.
Stacey also descibed a history of severe abuse as a child and was given the telephone number for WRASAC for follow up.
We were unable to fully complete the assessment process today but have agreed to meet next week on the 6th of July to complete this process.

Recommendations: (Treatment and patient expectations)

Complete the assessment process next week.
Stacey to contact WRASAC
Stacey to call CMHT or NHS 24 if her mood deteriorates in the mean time.

Yours sincerely,

Sandra Lindsay

Senior Mental Health Nurse

c.c.

NHS Confidential: Personal data about a patient

Please note that this letter will be sent by Electronic Document Transfer to the GP when Finalised

NHS Confidential: Personal data about a patient

NHS Tayside

Angus Adult Psychological Theraples Service
NHS Tayside
Stracathro Hospital
Brechin
Angus
DD9 7QA
Phone No: 01356 692865
Fax: 01356 692864
www.nhstayside.scot.nhs.uk

Dr RC Cranswick
Annat Bank Practice
Links Health Centre
Marine Avenue
Montrose
DD10 8TY

Date: 29/04/2016
Clinic Date: 29/04/2016
Your Ref:
Our Ref: AP/MW/ 2804880060
Enquiries to:
Extension:
Direct Line: 65865
Email:

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, DD10 8EF DOB: 28/04/1988

Further to my letter of 22 March 2016, I am writing to advise you that Stacey has not attended further appointments, and I am now discharging her from the service. My impression is that currently she is not able to engage in psychological therapy. I think that when she is encouraged to reflect on herself, this opens up overwhelming feelings about her significant traumatic past. She seems to cope predominantly by focussing on her role as a parent, and not thinking about herself.

Should her psychological distress and low mood become more problematic, it may be appropriate to refer her to the Community Mental Health Team. Meanwhile, in view of her disengagement from this service I am now discharging her.

Yours sincerely

Authorised on 02/05/2016 15:20:09 by Alison Peaker.

Alison Peaker
Chartered Clinical Psychologist

NHS Confidential: Personal data about a patient

NHS Tayside

Angus Adult Psychological Therapies Service
NHS Tayside
Stracathro Hospital
Brechin
Angus
DD9 7QA
Phone No: 01356 692865
Fax: 01356 692864
www.nhstayside.scot.nhs.uk

Dr RC Cranswick
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date:	22/03/2016
Clinic Date:	18/03/2016
Your Ref:	
Our Ref:	AP/BC/ 2804880060
Enquiries to:	
Extension:	65865
Direct Line:	01356 692865
Email:	Email

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, DD10 8EF DOB: 28/04/1988

Further to your referral of 7 December 2015, I met with Stacey for assessment 8 and 15 March at Links Health Centre. She was accompanied for the first appointment by Gail Penman, Primary Mental Health Worker, CAMHS.

Reason for Referral
The referral was prompted by Gail Penman, who has been working with Stacey's son, [redacted]. Gail and Stacey have spoken about how Stacey's childhood experiences and issues with food have impacted on her responses to the challenges of parenting.

Presentation at Interview
Stacey seemed reluctant to engage with me. She opened up when talking about her children, but was withdrawn, silent and weepy when I enquired into her past experiences and how she felt that these impact on her life now. She was unable to articulate her expectations of therapy, or identify specific issues that she wished to talk about. At the second session, she engaged a little more readily.

In view of the difficulties in conducting the assessment, I do not have a full picture of Stacey's current functioning. However, she spoke of a number of concerns. She reports that she is irritable with the children, and can be very critical of herself about this. This feeds into poor self esteem and low mood. She reports that she is very mistrustful of others, and is quick to assume that they will let her down. She is highly protective of her four children, and finds it difficult to allow others to care for them. She will not allow her husband to change her youngest daughter's nappy etc. She is aware of reactions to reminders of the past, and identifies that [redacted] eating pattern, and people letting her down can upset her intensely. She can experience overwhelming emotions and flashbacks to past traumas. She is aware that her sensitivity to being let down sometimes makes her respond defensively, and this creates problems in her relationships with social workers, the school etc. However, she finds it difficult to articulate what changes she would like to see in this respect.

Relevant History
Stacey lives with her four children, [redacted] Her husband [redacted] lives with them, but she views him as largely absent through his work. Stacey says that she has a lot of concerns just now about [redacted] behaviour. He is apparently experiencing behavioural problems at school, and is not eating. I understand that he has recently been re-referred to CAMHS and will be engaging again with Gail Penman.

Stacey seems to do very little other than care for her children. People tell her to take time out to relax but she can't think what she would do, and finds it difficult to understand what people mean when they encourage her to look after herself.

Stacey has only been able to give me a brief overview of her childhood. She appears to have experienced significant neglect and sexual abuse over a prolonged period. She was taken into care, but felt that she did not establish a significant attachment to her foster family.

Opinion and Recommendation

Stacey presents with marked symptoms of complex post traumatic stress, related to childhood experiences of abuse and neglect. At present, she seems to function within a limited sphere, with her focus being on providing an appropriate environment for her four children. She seems to have very little engagement in anything outside of this role. Her ability to carry out the parenting role to her standards is limited by symptoms of low mood and anxiety, and this undermines her already poor self esteem. Additionally, she appears to experience intrusive memories and emotions of her childhood, in response to interpersonal triggers and other reminders, which result in overwhelming emotions.

As regards intervention, I do not feel that Stacey is ready to engage in trauma focused therapy. I suggested that she might find it helpful to consider attending the Survive and Thrive class, running in this service as a first step to addressing her childhood experiences. I made it clear to her that is something that she can do now or at a later date depending on what suits her best. As regards therapy now, an appropriate focus will be on helping her develop skills to look after herself at a much more basic level. We spoke about looking at her eating, her caffeine intake and sleep pattern in the first instance, and doing some time limited work on managing her expectations of herself as a parent. I suspect that the needs of the children will continue to take priority in Stacey's life, but she seems willing to try and use our time together to begin to look at her own needs. I will keep you informed of developments in due course.

Yours sincerely

Authorised on 28/03/2016 13:46:06 by Alison Peaker.

Alison Peaker
Chartered Clinical Psychologist

NHS Confidential: Personal data about a patient

NHS
Tayside

Referral Cancellation

Patient Name:	STACEY ELLIS
CHI Number:	2804880060
RMS Referral ID:	T011293244
This letter date:	18/04/2016

Dear Dr. Ruth Cranswick,

The referral for your patient STACEY ELLIS at Stracathro Hospital Plastic Surgery was cancelled by Stuart Waterston (Screening User) on 18/04/2016. Please note that the location and/or the specialty may not be where the referral was originally sent, it could have been redirected there.

The reason for the cancellation is:
Further investigation is required before the patient is referred
What do you think this lump might be? Cyst/lipoma/lymph node/axillary breast tissue? It would be worthwhile assessing with USS initially as this may change management. Does she have any breast history/symptoms or any suspicious skin lesions? Depending on results, referral to Stracathro General Surgey clinic may be more appropriate.

This letter has been automatically generated by the Referral Management System

NHS Confidential: Personal data about a patient

09 FEB 2016

NHS Tayside

STACEY ELLIS
17 ANNAT ROAD,
MONTROSE,

DD10 8EF

NHS Tayside Psychological Therapies Service
Learning and Development Centre
Stracathro Hospital
Brechin
DD9 7QA
Telephone Number: 01356 692865
Fax Number: 01356 692864
www.nhstayside.scot.nhs.uk

Date: 04/02/2016
Your Ref:
Our Ref: 2804880060

Enquires to: Psychological Therapies
Direct Line: 01356 692865 (Secretary)

Dear STACEY ELLIS,

I am writing to advise that an appointment has been arranged for you

at: ANNAT BANK SURGERY, LINKS HEALTH CENTRE, MARINE AVENUE, MONTROSE, DD10 8TR

on: Tue 08 Mar 2016

at: 10:30

with: ALISON PEAKER

If you have to change this appointment, please let us know as soon as possible by phoning **01356 692865.**

Yours sincerely,

Psychological Therapies Team

copy to:Annat Bank Practice, Links Health Centre, Frank Wood Way, DD10 8TY

If your condition deteriorates please contact your GP, or phone NHS 24 (111) or Breathing Space (0800 83 85 87). Information on other sources of help can be found at NHS Tayside Healthy Minds website.

Date: 04/02/2016
Our Ref: LDPAGE 2804880060
Letter: PRIMR2ANEW
Clinic: R2CCPK3A

NHS Confidential: Personal data about a patient

27 OCT 2015

NHS
Tayside

STACEY ELLIS
17 ANNAT ROAD,
MONTROSE,

DD10 8EF

NHS Tayside Psychological Therapies Service
Learning and Development Centre
Stracathro Hospital
Brechin
DD9 7QA
Telephone Number: 01356 692865
Fax Number: 01356 692864
www.nhstayside.scot.nhs.uk

Date:-21/10/2015
Your Ref:
Our Ref: 2804880060

Enquires to: Psychological Therapies
Direct Line: 01356 692865 (Secretary)

Dear STACEY ELLIS,

You have recently been referred to the Psychological Therapies Team.

Please contact us on **01356 692865** within the next **two weeks** to arrange an appointment.

We enclose some information about our service and our standard questionnaire.

Yours sincerely,

Psychological Therapies Team

Enc:
copy to Annat Bank Practice, Links Health Centre, Frank Wood Way, DD10 8TY

Date: 21/10/2015
Our Ref: MWEBSTER1 2804880060
Letter: PRIMR2APIN
Clinic:

NHS Confidential: Personal data about a patient

NHS
Tayside

Ruth Cranswick
Annat Bank Practice
Links Health Centre
Frank Wood Way
DD10 8TY

NHS Tayside Psychological Therapies Service
Learning and Development Centre
Stracathro Hospital
Brechin
DD9 7QA
Telephone Number: 01356 692865
Fax Number: 01356 692864
www.nhstayside.scot.nhs.uk

Date: 23/11/2015
Your Ref:
Our Ref: 2804880060

Enquires to: Psychological Therapies
Direct Line: 01356 692865 (Secretary)

Dear Ruth Cranswick,

Re: STACEY ELLIS,
17 ANNAT ROAD, MONTROSE.
CHI:2804880060

30 NOV 2015

Thank you for referring the above to the Psychological Therapies Team.

Unfortunately, they have not responded to a letter inviting them to make an appointment. I assume that they have decided against seeking psychological therapy at this time and I have now close their case. However, if you wish me to try and contact them again, please let me know.

Yours sincerely,

Psychological Therapies Team

Date: 23/11/2015
Our Ref: MWEBSTER1
2804880060
Letter: PRIMR2APGR
Clinic:

Working with you for better health and better care
Headquarters: King's Cross Cleptington Road, Dundee, DD3 8EA
Chairman, Mr Sandy Watson, OBE DL
Chief Executive, Ms Lesley McLay

[S19 Confidential: Personal data about a patient]

Tayside Out of Hours Service OOH Call Incident Report

Call number:	56819	Receive Date:	8-Aug-2015 10:06
Patient's Name:	Stacey Ellis		
Date of birth:	28-Apr-1988 (27 years)	Gender:	F
Address:	17 ANNAT ROAD MONTROSE DD10 8EF	Current Address:	17 ANNAT ROAD MONTROSE DD10 8EF
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	Routine	Call Origin:	
Received:	8-Aug-2015 10:06	Calltype:	Attend
Advised:	:	Arrived PCC:	8-Aug-2015 10:07
Cons start:	8-Aug-2015 11:50	Cons End:	8-Aug-2015 12:02
Consulting Doctor:	Jill Clark	Own doctor:	Ruth Cranswick

Reported Condition:
Symptoms: breathing difficulties

Consultation details:

History - **self referred**

pc - struggling to breath
hpc - difficulty breathing overnight, woke her up, similar episode 2/52 ago which eventually resolved after 24 hrs, son had asthma, "steam cleaning" yesterday and also steam cleaned 2/52 ago ? trigger - no other obvious triggers, no recent cough

pmh - nil
meds - nil
allergies - nil
smokes approx 15 daily - none today

Examination - **increased respiratory effort and struggling to speak**
RR: 24
SPO2 94%
P: 92
unable to peform peak flow
wheeze at right side of chest - good air entry both lungs

Diagnosis - **? asthma**

Treatment - **5 mg ventolin nebule via oxygen with good effect, prednisolone 30 mg ad ministered**
rechecked after 45 mins - feels much improved RR: 20, Spo2 98% - home with ventolin inhaler and volumatic, prednisolone 30mg daily for further 4/6, recall via fast track number if any worsening symptoms over the weekend, review by own GP early next week

Prescriptions:
prednisolone tablets 5mg 6 tabs - 30mg - daily for 5/7 30.00 VENTOLIN NEBULES unit dose nebulising solution 5mg [A & H] administered 1.00 VENTOLIN EVOHALER inhaler cfc-free 100micrograms/actuation [GLAXO] 2 puffs as

NHS Confidential: Personal data (Data Protection Act)

required for relief of symptoms 1.00

Followups:

Patient Advised To Contact Own GP

Clinical Codes:

173.. Breathlessness

NHS Confidential: Personal data about a patient

SUGGESTED COUNSELLING FOR IMPLANON

NHS Tayside

PATIENT NO: 2804880060

PATIENT NAME: STACEY ELLIS

DOB/CHI: .....

DATE OF CONSULTATION: 13-8-15

13 AUG 2015

1. DOES THE PATIENT UNDERSTAND?

A) **BENEFITS**

- Length of contraception (3 years) ☑
- Efficacy (>99%) ☑
- Mode of action (stops ovulation, cervical mucus and endometrial effect) ☑

B) **SIDE EFFECTS**

- Changes in bleeding pattern (variable 20-30% amenorrhea, 50% reasonable, 20% irregular/nuisance bleeding) ☑
- Possible stimulation of appetite ☑
- Skin changes (acne may improve, worsen or stay the same) ☐

2. DOES THE PATIENT HAVE ANY ALLERGIES?

LATEX

3. DISCUSSION REGARDING USE OF LOCAL ANAESTHETICS? ☑
4. DEMONSTRATION OF DEVICE ☑
5. DISCUSSION ABOUT PROCEDURE OF INSERTION/REMOVAL ☑
6. DISCUSSION ABOUT TIMING OF INSERTION/REMOVAL ☑
7. INFORMATION LEAFLETS GIVEN ☐
8. COMMENTS:

SEEN BY: R ORMISTON DESIGNATION: GP

SIGNATURE: R Ormiston

NHS Confidential: Personal data about a patient

NHS Tayside

PATIENT NAME: Stacey Ellis

DOB/CHI: .....

DATE OF CONSULTATION: 13.8.15

A) INSERTION PROCEDURE

1. DATE OF FIRST DAY OF LMP: 9-7-15

Comments: 5 months postnatal. Pt last SI 4-5 weeks ago PREG TEST NEGATIVE ☑

2. PATIENT COUNSELLED AND HAPPY TO GO AHEAD ☑

3. BP: ..... WEIGHT: .....

4. ASSISTANT: ..... TRAINEE: .....

5. LOCAL ANAESTHETIC Type: ..... Quantity: .....

Batch Number: ..... Expiry Date: .....

6. IMPLANON ROD IN INSERTOR

7. SITE OF INSERTION: (L) arm

8. IMPLANON LABEL:

Nexplanon®
68 mg Implant
For physician file

Lot.: 696256/860899

9. IMPLANON PALPATED IN ARM AFTER INSERTION A) By insertor ☑ B) By patient ☐

10. COMMENTS: .....

11. WRITTEN AND VERBAL ADVICE GIVEN TO PATIENT ☑

12. PATIENT INFORMED DEVICE WILL LAST FOR 3 YEARS ☐

NAME: ..... DESIGNATION: ..... SIGNATURE: RCrush

B) REMOVAL PROCEDURE

1. PATIENT COUNSELLED AND HAPPY TO GO AHEAD ☐

2. ASSISTANT: ..... TRAINEE: .....

3. LOCAL ANAESTHETIC Type: ..... Quantity: .....

Batch Number: ..... Expiry Date: .....

4. INCISION A) Site ..... B) Size ..... C) Vertical/Horizontal

5. TYPE OF IMPLANT REMOVED: .....

6. FUTURE CONTRACEPTION: .....

7. WRITTEN AND VERBAL ADVICE GIVEN TO PATIENT ☐

NAME: ..... DESIGNATION: ..... SIGNATURE: .....

NHS Confidential: Personal data about a patient

Annat Bank Practice
Minor Surgery Patient Consent Form

Name ..... Stacey Ellis
DOB 280488
CHI 0060
Address ..... 17 Annat Rd
..... Montrose
.....

Proposed Minor Surgery Procedure ... Insertion
..... Nexplanon

Statement of Health Professional: I have explained the procedure to the patient/patients carer. In particular, I have explained the intended benefits of the procedure, as well as the serious or frequently occurring risks. I have also discussed what the procedure is likely to involve, the benefits and side effects of any alternative procedures [including no procedure] and any particular concerns of this patient.

Signed: .....

Date: 13-8-15

Clinician: Dr Ruth Cranswick
Annat Bank Practice
Links Health Centre
Montrose DD10 8TR
Tel: 01674 673400 T13706

Statement of Patient/Patients Carer:
I am satisfied with the information I have been given in relation to this procedure and I agree to the procedure described on this form

Signed ..... **Date** .....

Name ..... **Patient Relationship** .....

Anaesthetic no/yes..... .... CSSD Label-stick here

Lot no. .... Exp date.....

M Anderson Review 9/09

NHS Confidential: Personal data about a patient

PRESCRIPTION REQUEST FROM MONTROSE MATERNITY UNIT

Date Fax Sent:	24/2/15	
Name:	Stacey Ellis	Tel: 01674959209 07840470620
DOB/CHI:	2804880060	
Gestation/EDD/ Days postnatal:	34 wks	
Feeding Method:		
Clinical Details:	anaemic ; also folate deficient	
Result/request:	5mg folic acid as per protocol	
Pharmacy:	Steeple (Has been advised to wait at least 24 hours before collecting from pharmacy)	

BW		GTT	
HM		QOF	
AWS		COMP	
24 FEB 2015			
Appt		RX	
Visit		No Apps	
Workflow			

Many thanks,

Signed: ..... PRINT Lynn .....
(MIDWIFE)

NHS Confidential: Personal data about a patient

Complete this page by hand or affix hospital computer discharge summary here.

Postnatal discharge summary

Discharged from

To (address) ELLIS STACEY 2804880060 F ✆ 9.59209.

GP 17 ANNAT ROAD MONTROSE DD10 8EF ✆

Named caseload h Annat Bank Practice, Links Health Cent ity Care

Obstetrician

Paediatrician

GIRFEC lead professional

Labour, birth and postnatal period

☐ Gravida ☑ Para

18 MAR 2015

Onset of labour ☑ Spontaneous ☐ Induced: indication

Mode of delivery SVD on Sun day 15/3/15 at 15:41 Sex F

Indication Lor Presentation ceph Position Sem' Location... MRH

Livebirth/Stillbirth Gestation 37+4 Birthweight 2600 g Blood loss 200 mls

APGARs ☑ 1 minute ☑ 5 minutes ☐ 10 minutes Placenta/membranes

Perineum/abdominal wound Intact Sutures

Haemoglobin 106 g/dl on 10/3/15 Repeat ☐ Not needed ☐ done due on / /

Blood group Pos Irregular antibodies ☐ Yes ☐ No anti-D needed ☐ No ☐ Yes anti-D given on / /

Blood transfusion ☐ Yes ☐ No

Rubella status Immune Vaccination needed ☐ No ☐ Yes Vaccinated on / /

Contraception/sexual health needs discussed ☐ No ☐ Yes

Details

Cervical smear due ☐ No ☐ Yes: due in (month) 20

Discharge medication ☐ No ☐ Yes: details

Postnatal check with Arranged for / / Mother to arrange ☐

Problems identified during pregnancy, labour/birth

Problems in the postnatal period/referrals, investigations or results pending including recommendation to seek pre-pregnancy counselling prior to planning any subsequent pregnancies

Signed L Macfarlane Designation SM

Please complete the "Whose Signature" page at the back of the record

NHS Confidential: Personal data about a patient

Complete this page by hand or affix hospital computer discharge summary here.

Postnatal summary Discharged from

Place of birth Home/Hospital/CM... [illegible] as appropriate

To (address) ELLIS STACEY 2804880060 F
17 ANNAT ROAD
MONTROSE DD10 8EF
✆ 959209.

GP Annat Bank Practice, Links Health Cent ✆

Obstetrician Paediatrician

GIRFEC lead professional if relevant e.g. Social Worker

Named Caseload Holder as per KCND Pathways

Labour, birth and postnatal period

Onset of labour ☑ Spontaneous ☐ Induced: indication

Mode of delivery SVD on Sun day 15/3/15 at 15:41 Sex f.

Indication low Presentation cephalic Location mrdu

Gestation 37+4 Birthweight 2660. g

APGARs 9 1 minute 9 5 minutes ☐ 10 minutes

Further details, including problems identified during pregnancy, labour, birth and the postnatal period/referrals, investigations or results pending:

Baby CHI 150315 5625 Discharged home with mother No ☐ Yes ☐ Feeding: type/comments
L-47.

OFC 33 cm Discharge Weight g

Follow-up required ☐ No ☐ Yes: details

Admitted to neonatal unit ☐ No ☐ Yes: details

Discharge medication

Further details, including problems identified/referrals, investigations or results pending:

Signature: L McFarlane Designation SM

Please complete the "Whose Signature" page at the back of this record

Ve

NHS Confidential: Personal data about a patient

FOR PHARMACY USE
Checked by:
Clinical Pharmacist
Patient Counselled:
(Initials)

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Inf.

To Dr.

HOSPITAL: NINEWELLS WARD/CLINIC: 19

D D M M Y Y
2 8 0 4 8 8 C.H.I. No.

Surname: ELLIS
First Name: STACEY M. Stats
Address: 17 ANNAT ROAD
MONTROSE DD10 8EF

ALWAYS USE BALLPOINT PEN

Medicines Required On Ward
Date
Time
2nd Fold

THIS IS THE *~~ONLY~~ / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor)

Date Placed on Waiting List: (if appropriate) Date of Admission:

* Delete as appropriate

Type of Admission: Elective / Emergency / Urgent / Transfer

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	02-05-15	ORTHO	MUNRO	HOME			

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: 1 x D LEFT THIGH SEBACEOUS CYST

PRINCIPAL OPERATION / PROCEDURES: 1 x D

OTHER CONDITIONS:
1.
2.
3.

OTHER OPERATIONS / PROCEDURES:

When Medicines are to be dispensed All copies to be sent to Pharmacy

Days	MEDICINE TREATMENT ON DISCHARGE NAME OF MEDICINE	DOSE	Times of Administration (Mark √) 8 10 12 14 16 18 20 22 24	DURATION OF TREATMENT	DISPENSED BY PHARMACY Number	Brand Names (for information only)
7	FLUCLOXACILLIN	1g	QDS	7 days		
7	PENICILLIN V	500mg	QDS	7 days		

1st Fold

7 days supply will be dispensed unless stated otherwise in box provided

DISCONTINUED MEDICINE	REASON DISCONTINUED
1.	
2.	
3.	
4.	

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge

INFORMATION / ADVICE TO PATIENT: ☐ YES ☑ NO IF YES, SPECIFY

KNOWN ALLERGIES: NKDA

CARE ARRANGEMENTS ON DISCHARGE (TICK BOX): NONE ☑ DISTRICT NURSE ☐ SOCIAL WORK ☐ HOME HELP/ RELATIVES ☐

FOLLOW-UP APPOINTMENT

DATE	TIME	CLINIC	DELETE AS APPROPRIATE
			GIVEN / TO BE SENT

RESULTS AWAITED: YES ☐ NO ☐
IF YES, SPECIFY:

FOR FURTHER INFORMATION CONTACT: SOM (NAME) SPR (STATUS) (TEL NO)

Signature: MUNRO Consultant

Status: SPR

Date: 02-05-15

Dispensed By: J. Mc

Checked By:

Date: 2/5/15

Final Distribution:
WHITE - GP
PINK - Pharmacy
YELLOW - Case Records
BLUE - Audit/Coding

THB(MR)26
4 Part Set

NHS Confidential: Personal data about a patient

Tayside Out of Hours Service OOH Call Incident Report

Call number:	**10264**	Receive Date:	**28-Jun-2014 15:39**
Patient's Name:	**Stacey Ellis**		
Date of birth:	**28-Apr-1988 (26 years)**	Gender:	**F**
Address:	**17 Annat Road**	Current Address:	**34A High Street**
	Montrose DD10 8EF		**Montrose DD10 8JL**
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	**NHS24 Advised (Info Only)**	Call Origin:	**NHS24**
Received:	**28-Jun-2014 15:39**	Calltype:	**NHS24 Advised (Info Only)**
Advised:	**15:50**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Ruth Cranswick**

Reported Condition:
ABDO PAIN, VAGINAL BLEEDING 6 DAYS SEE A/V

Followups:
None

NHS24 details:

NHS24 Comments -	**SAW GP 2 WKS RE PREGNANCY SYMPTOMS. WAS ADVISED UNLIKELY TO BE PREGNANT DUE TO SUDDEN WEIGHT LOSS. HAD A POSITIVE PREGNANCY TEST 4 DAYS AGO. NP B BELLSHAW ADVISED A+E 4 HRS. ((User) (Cardonald))**
Disposition -	**Accident and Emergency / MIU within 4 Hours**

NHS Confidential: Personal data about a patient

24 SEP 2014

Multi-Professional Assessment in Pregnancy

NHS TAYSIDE

FIRST NAME: Stacey SURNAME: Ellis	CHI: 2804880060
ADDRESS: 17 Annat Road, Montrose, DD10 8EF	CONTACT NUMBER: 01674 959209/ 07840470020
GP: Annat Bank	BMI: 18
LMP: 26/4/14 EDD: 5/4/15	

	YES	NO
SWHMR commenced	yes	
Previous medical/obstetric notes reviewed	yes	
Midwife Led Care	yes	
Consultant Led Care	yes	
Risk Factors		
• Obstetric risk factors	yes	
• Medical risk factors		no
• Social risk factors	yes	
FOQ	yes	
Booking bloods obtained	yes	
MSSU	yes	
Information Pack given	yes	
Folic acid/Healthy start vitamins		No- encouraged to take

OBSTETRIC HISTORY:
Para 3/1
Ventouse delivery in 2008 Ninewells; SVD in 2011 Montrose; SVD in 2013 Ninewells. Last pregnancy recurrent APH, fundal fibroid detected.

Past Personal or Family History of Significance	Personal	Family
Essential Hypertension		
Cardiac or Renal Problems		
Diabetes or Thyroid problems		
Thrombosis		
Epilepsy		
Genetic Disorders/Fetal Abnormalities		
Medication: Prescribed		
Medication: Non-prescription		

Social Issues	Yes– social work involvement in the past, due to Stacey's H/o depression and anxiety. Current concerns regarding Stacey's ability to cope as oldest son has behavioural difficulties.			
Alcohol	no			
Smoking	Yes– CO reading 31. Referred to smiking cessation team.			
Whooping Cough leaflet given		At 24 weeks		
Flu vaccination				

Emily Miscioscia
Staff Midwife
Montrose Maternity Unit

Angus Adult Psychological Therapies Team
Learning & Development Centre
Stracathro Hospital,
Brechin.
DD9 7QA
Tel: 01356 692865
Fax: 01356 692864
www.nhstayside.scot.nhs.uk

NHS Tayside

Dr Cranswick
Annat Bank Practice
Links Health Centre
Montrose

Date 27 June 2014
Your Ref
Our Ref GH/2804880060
Date Dictated
Date Received

Enquiries to Ms Gemma Hadden
Extension 65865
Direct Line 01356 692865 (Secretary)
Email

15 JUL 2014

Dear Dr Cranswick

RE: STACEY ELLIS, DOB/CHI 28-04-88/0060
17 ANNAT ROAD, MONTROSE, DD10 8EF

Thank you for the referral of the above lady to the Psychological Therapies Team. Since referral I have met with her on three occasions for assessment in Castlegait Surgery, Links Health Centre, Montrose. I was due to meet with Stacey for a further session to decide on appropriate treatment; however she did not attend this appointment. As she has subsequently not responded to an opt in letter offering her the opportunity to make a further appointment I assume that she does not wish further contact at present and I will discharge her from the service. Below I will summarise the sessions that Stacey did attend.

Reason for Referral
Low mood and anxiety.

Presentation at Interview
Stacey participated well in the sessions and was able to give a good account of her difficulties.

Presenting Problems
Stacey reported increase anxiety and stress which she felt was in the context of struggling with her eldest son's behaviours. She reported that he was increasingly acting out and this was stressful, she also reported worrying about what was causing this as she felt her son was unable to tell her. They have regular appointments with Child and Adolescent Mental Health Services which Stacey reported to be helpful, although her son did not always want to attend these appointments which made it somewhat difficult.

Relevant Personal History
Stacey reports a difficult childhood and feels that this fuels current anxieties around her own children, she finds it difficult to trust others to care for them, and has found it difficult with her eldest son now being at school. Stacey reported for the first few years of her son's life she was a single parent, she now lives with her partner and other two children and she wonders her eldest son is missing having her to himself.

POSITIVE ABOUT DISABLED PEOPLE

RE: STACEY ELLIS, DOB/CHI 28-04-88/0060

Recommendations and Formulation.
In session we had started to outline potential treatment options for Stacey that would allow her to begin to address the anxiety she has around her children being with others, however I feel that her main priority currently is in facilitating managing her eldest son's behaviour. Understandably this has been stressful and Stacey is keen to get to the bottom of this. As Stacey has not responded to an opt in letter offering her a further appointment I assume that she does not wish further contact at present and will discharge her from the service. She can of course be re-referred in the future should you feel it appropriate. Please do not hesitate to contact me should you require any further information.

Yours sincerely

Gemma Hadden
(electronically checked and signed 4 July 2014)

Gemma Hadden
Clinical Associate in Applied Psychology

NHS Confidential: Personal data about a patient

03 DEC 2013

NHS
Tayside

STACEY ELLIS
17 ANNAT ROAD,
MONTROSE,

DD10 8EF

NHS Tayside Psychological Therapies Service
Primary Care Division
Stracathro Hospital
Brechin
DD9 7QA
Telephone Number: 01356 692865
Fax Number: 01356 692864
www.nhstayside.scot.nhs.uk

Date: 25/11/2013
Your Ref:
Our Ref: 2804880060

Enquires to: Psychological Therapies
Direct Line: 01356 692865 (Secretary)

Dear STACEY ELLIS,

RE: ASSESSMENT APPOINTMENT

I am writing to confirm that an assessment appointment has now been arranged for you,

at: CASTLEGAIT SURGERY, LINKS HEALTH CENTRE, MARINE AVENUE, MONTROSE, DD10 8TR

on: Thu 12 Dec 2013

at: 10:15

with: GEMMA HADDEN

If you are unable to attend this appointment, please contact the Psychological Therapies Team on **01356 692865** to arrange an alternative, and to allow the appointment to be allocated to someone else.

Yours sincerely,

Psychological Therapies Team

copy to:Annat Bank Practice, Links Health Centre, Frank Wood Way, DD10 8TY

Date: 25/11/2013
Our Ref: LDHENDERSON 2804880060
Letter: PRIMR2ANEW
Clinic: R2CAPE7A

NHS Confidential: Personal data about a patient

NHS
Tayside

03 DEC 2013

STACEY ELLIS
23 SEAGATE,
MONTROSE,

DD10 8BA

NHS Tayside Psychological Therapies Service
Primary Care Division
Stracathro Hospital
Brechin
DD9 7QA
Telephone Number: 01356 692865
Fax Number: 01356 692864
www.nhstayside.scot.nhs.uk

Date: 25/11/2013
Your Ref:
Our Ref: 2804880060

Enquires to: Psychological Therapies
Direct Line: 01356 692865 (Secretary)

Dear STACEY ELLIS,

You were recently referred to the Psychological Therapies Team and we wrote to you inviting you to arrange an assessment appointment with our Team.

We note from our records that to date you have not arranged any appointments. If you wish an appointment with one of our therapists, please contact us on **01356 692865** to arrange a suitable time. If we do not hear from you by **Monday, 09 December 2013** then we will assume that you no longer wish to be seen and your file will be closed and your GP informed of this.

Yours sincerely,

Psychological Therapies Team

Enc:
copy to Annat Bank Practice, Links Health Centre, Frank Wood Way, DD10 8TY.

Date: 25/11/2013
Our Ref: MWEBSTER1 2804880060
Letter: PRIMR2APRM
Clinic:

Working with you for better health and better care
Headquarters: King's Cross Cleptington Road, Dundee, DD3 8EA
Chairman, Mr Sandy Watson, OBE DL
Chief Executive, Mr Gerry Marr

NHS Confidential: Personal data about a patient

12 NOV 2013

NHS Tayside

STACEY ELLIS
23 SEAGATE,
MONTROSE,

DD10 8BA

NHS Tayside Psychological Therapies Service
Primary Care Division
Stracathro Hospital
Brechin
DD9 7QA
Telephone Number: 01356 692865
Fax Number: 01356 692864
www.nhstayside.scot.nhs.uk

Date: 04/11/2013
Your Ref:
Our Ref: 2804880060

Enquires to: Psychological Therapies
Direct Line: 01356 692865 (Secretary)

Dear STACEY ELLIS,

As you will be aware, you have recently been referred to the Psychological Therapies Team.

I am writing to invite you to make an appointment, in order to get a clear idea of your current difficulties and discuss how psychological treatment may help you.

Please could you contact the **Psychological Therapies Team on 01356 692865** to arrange an appointment. If I do not hear from you within **two weeks**, I will assume that you no longer wish to be seen and your GP will be informed.

There are two forms enclosed with this letter. Completing these forms is entirely voluntary but does provide us with useful information. There is also a copy of your contact details. Please could you check that these details are correct and return it at your first appointment.

Yours sincerely,

Psychological Therapies Team

Enc:
copy to Annat Bank Practice, Links Health Centre, Frank Wood Way, DD10 8TY

Date: 04/11/2013
Our Ref: LDHENDERSON
2804880060
Letter: PRIMR2APIN
Clinic:

NHS Confidential: Personal data about a patient

355 2031 Tel. 07840470020 Form GP IC. (Scotland) (Rev)

INTIMATION TO HEALTH BOARD
OF
CHANGE OF PATIENT'S NAME AND/OR ADDRESS

Dr

Patient on list of

PARTICULARS SHOWN ON MEDICAL CARD

SURNAME (Block Letters) Ellis

05 NOV 2013

Mr / Mrs / Ms

National Health Service No. CV 68 60 [illegible] S 1/1/13 13

CHRISTIAN NAMES (Block Letters) Stacey

Date of Birth: Day 28 | Month 04 | Year 88

ADDRESS (Block Letters) 23 Seagate.

NEW NAME (Block Letters)

NEW ADDRESS (Block Letters) 17 Annat Road DD10 8EF.

Enter "D" here if supplying Drugs		Enter Distance here if claiming Mileage		For Office Use

Printed for RRD B61803 8/09 (001065)

P.T.O.

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PRESCRIPTION REQUEST FROM MONTROSE MATERNITY UNIT

Date Fax Sent:	9/4/13.
Name:	STACEY ELLIS
DOB/CHI:	2804 88 0060.
Gestation/EDD/ Days postnatal:	29/7/13
Feeding Method:	Ante Natal.
Clinical Details: Has fundal fibroid + low placenta at 20 wk scan.	24 weeks gestation P2+0. Symptomatic of UTI. leucocytes ++ nitrites ++ MSSU ✓ dysuria and lower backache. NO drug allergies – (Latex only)
Result/request:	Please prescribe antibiotic for UTI.
Pharmacy:	will collect later today – thanks.

Many thanks,

Signed Sharon Peat ..... PRINT S. PEAT
(MIDWIFE)

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Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Stacey Ellis**	Other number		Date of Birth	**28/4/1988**
Address	**23, Seagate, Montrose, DD10 8BA**	Sex	**Female**	GP	**Rc Cranswick Annet Bank Practice Links Health Centre Marine Avenue Montrose DD10 8QN**
		Hospital Number	**2804880060**		
		Midwife	**Mrs Phyllis Winters** 22 JUL 2013		
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Beata Kamusella**	Telephone	

MOTHER'S DISCHARGE SUMMARY (Printed 12 July 2013)

Social history	**Single**	Obstetric History	
Smoking Status	**at booking Smoker at delivery**	Onset	**Spontaneous**
Augmentation	**None**	Membrane To Birth	**58:45**
Delivery (most significant method)	**Spontaneous - Vertex**	First Stage	**03:10**
		Second Stage	**00:10**
Intrapartum Problems	**No**		
Third Stage	**Controlled Cord Traction**	Third Stage	**00:05**
Management	**Primary Oxytocic : Syntometrine i/m.**		
Tubal Ligation	**No**		
Pain Relief	**Labour: Self Administered Inhalation**		
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
Blood Loss	**200 mls**	Postpartum Problems	**No**
Perineum	**No damage recorded**		

Livebirth Baby: 1 10:15 Thursday 11 July 2013

Baby	**Baby Ellis (Male)**	Other number	Livebirth at 37 weeks
Birth Order	**1 of 1**	Hospital Number **1107130352**	**2610 grams**

Blood Group	**Not Known**	Rhesus Group	**Not Known**
Mother's HB	**Not Recorded**	Rhesus Anti-D	**Not Required**
Transfusion	**None**	Rubella	**Not required**
Feeding	**Artificial**		
Problems			
Perineal	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharge Examination	**12/7/2013 at 10:00 from Ward 38, with baby**	Postnatal Stay	**Not Recorded**
Family Planning	**Discussed, Planned method Undecided**		
Postnatal Smear	**Not required**		
Medication	**Iron**		
Follow Up	**Postnatal check at Health Centre/Surgery.**		
Recommendation	**Yes, Discharged home day 1 svd. Appears well at time of discharge. Home on iron- hb**		
Discharged To	**Not Recorded**		

ASSESSED FIT FOR DISCHARGE Name: **Susan Bertenshaw** Status: **Hospital Midwife** Signed: Date: 12/7/13

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Tayside University Hospitals NHS Trust - PRI MATERNITY UNIT

NHS

Baby	**Baby Ellis**	Other number		Date of Birth	**11/7/2013**
Address	**23, Seagate, Montrose, DD10 8BA**	Sex	Male	GP	Rc Cranswick Annet Bank Practice Links Health Centre Marine Avenue Montrose DD10 8QN
		Hospital Number	1107130352		
		Birth Order	1 of 1		
		Midwife	Mrs Phyllis Winters		
		Obstetrician	Dr Pauline Lynch		
Telephone		Paediatrician	Beata Kamusella	Telephone	

BABY'S DISCHARGE SUMMARY (Printed 12 July 2013)

Weight	2610 grams	Sex	Male
Delivery Indication	Spontaneous - Vertex	Birth Order	1 of 1
Gestation	37 weeks	Paediatric Estimate	Same
Method of Resuscitation	None	Spont. respiration	Within one minute
Drugs Administered	Not administered		
Apgar Scores	6 at 1 min, 7 at 5 mins, 10 at 10 mins		
Umbilical Vessels	Normal	Cord Round Neck	No
Baby Length	48 cm	Head Circumference	32.2 cm
Neonatal transfer at birth	No		

Livebirth Baby: 1 10:15 Thursday 11 July 2013

Mother	Stacey Ellis	Born	28/4/1988 (25 years)	Hospital Number	2804880060
Marital Status	Single	Social history		Smoking Status at Delivery	Smoker

Later Neonatal Unit Admission: No

Examination Problems

Hip	Normal
Jaundice	Absent or Insignificant
Vitamin K given	Intramuscular (1 mg)
Hearing test	Normal

Metabolic Screen (PKU)	Not Recorded		
Hip screening	Normal		
Diagnosis	1) None Recorded 2) 3)	Abnormality	1) None Recorded 2) 3)
Discharge Weight	Not Recorded	Weight Change	Not calculated
Method of feeding	Artificial	Feeding pattern	Regular
Feeding problems	None Recorded		
Urine passed	Yes	Bowels opened	Yes, Meconium
Eyes	Normal	Umbilicus	Cord attached
Problems			

Discharge plan	Not discharged - Document prepared on 12/07/2013
Follow up arrangements	Not required
Referrals	None Recorded
Recommendations	Yes, Discharged home with mum. Appears well at tiem of discharge.

Discharge Assessment completed by (sign)..... Status..W..... Date..12/7/13

COPY FOR

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr G.A. KRAMER
DoB : 28 Apr 1988 Sex: F Annat Bank Practice
Post Code: DD10 8BA

bilateral otitis externa, both ears discharging

12B527067 Date/Time of Specimen: 02 Aug 2012 15:10
Left Ear Swab

Sensitivities	1
Gentamicin	S
Ciprofloxacin	S

Culture:
1) Profuse Growth of Pseudomonas aeruginosa
No Candida Isolated

Date of Report: 06 Aug 2012 AUTH: olvw
ANNMON KRAG1G

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr G.A. KRAMER
DoB : 28 Apr 1988 Sex: F Annat Bank Practice
Post Code: DD10 8BA

bilateral otitis externa, both ears discharging

12B527068 Date/Time of Specimen: 02 Aug 2012 15:10
Right Ear Swab

Sensitivities	1
Gentamicin	S
Ciprofloxacin	S

Culture:
1) Profuse Growth of Pseudomonas aeruginosa
No Candida Isolated
Cultures for fungi set up
If Positive, Will be Reported later

Date of Report: 06 Aug 2012 AUTH: olvw
ANNMON KRAG1G

NHS Confidential: Personal data about a patient

Multi-professional Assessment in Pregnancy

NHS Tayside

First Name: Surname: ELLIS Address: STACEY 2804880060 23 SEAGATE F 17 JAN 2013 MONTROSE DD10 8BA	CHI: Telephone Number: 07840420020
LMP: GP: Annat Bank Practice, Links Health Cent	EDD: 29.7.13. BMI: 20.

	Yes	No
SWHMR commenced		
Previous medical/obstetric notes reviewed		
Midwife Led Care		
Consultant Led Care		
Risk Factors		
• Obstetric risk factors		
• Medical risk factors		
• Social risk factors		
FOO		
Booking bloods obtained		
MSSU		
Information pack given		
Folic Acid/Healthy Start Vitamins	commenced	Requires script

Obstetric history

050602 V emboss - Nicolls 39+5 wks.

280511 SVD mRI 39+ wks.

Past Personal / Family History of Significance

	Personal	Family
Essential Hypertension		
Cardiac or Renal Problems		
Diabetes or Thyroid Problems		
Epilepsy		
Thrombosis		
Genetic Disorders/ Fetal Abnormalities		
Medication: Prescribed : Non -Prescription		
Depression or Mental Illness	previous depression.	

NHS Confidential: Personal data about a patient

Multi-professional Assessment in Pregnancy

NHS Tayside

Social Issues		
Alcohol	no	
Smoking	10-15 a day	
Other		

Additional comments

Yours sincerely midwives,

MRI.

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr G.A. KRAMER
DoB : 28 Apr 1988 Sex: F Annat Bank Practice
Post Code: DD10 8BA

RIF pain for 3 weeks. urine dip Leuco ++

12B153764 Date/Time of Specimen: 17 Jul 2012 16:00
Midstream Urine

Urine Culture:
No Significant Bacteriuria

Date of Report: 19 Jul 2012 AUTH:
ANNMON KRAG1G

NHS Confidential: Personal data about a patient

NHS Tayside: Clinical Report - Stracathro Hospital

ELLIS, STACEY
23 SEAGATE, MONTROSE, DD10 8BA
Ref. Locn.: GENERAL PRACTITIONER
Referrer: DR GRAHAM A KRAMER

DoB: 28/04/1988
Hosp. No.:
CRIS No.: 580345
CHI No.: 2804880060

VERIFIED Verified By : NICOLA RITCHIE 27/07/12
Typed By : NICL . 26/07/12

Clinical History :

Right iliac fossa pain for 3 weeks, episodic and severe.
OE (was not in pain at time of examination), thin lady, Abdomen soft, not tender, no masses.
BS normal.
ENTERED BY: Sarab Hanna (Medical)
BLEEP: 67044

US Pelvis transabdominal - Sonographer scan/Sonographer report.
The uterus, adnexae, bladder and both kidneys have been examined and no ultrasonically detectable abnormality has been demonstrated.

Event Number: E-3878543
Copy To: ,
Examinations: **US Pelvis transabdominal**

Examination Date: 26/07/12
Attendance Number: 3

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355 2031 PH – 078 926 305 01 **Form GP IC. (Scotland) (Rev)**

INTIMATION TO HEALTH BOARD OF CHANGE OF PATIENT'S NAME AND/OR ADDRESS

Patient on list of Dr

National Health Service

07 JUN 2011

PARTICULARS SHOWN ON MEDICAL CARD

SURNAME (Block Letters) ELLIS

~~Mr~~ ~~Mrs~~ Miss

CHRISTIAN NAMES (Block Letters) STACEY .

Date of Birth: Day 28 Month 04 Year 88

ADDRESS (Block Letters) 8 MILL PLACE

NEW NAME (Block Letters)

NEW ADDRESS (Block Letters) 45A HIGH STREET MONTROSE DD10 8TL

Enter "D" here if supplying Drugs		Enter Distance here if claiming Mileage		For Off

Printed for RRD B52883 8/07 (001065)

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MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 8LR

Clinician: Dr M.J. ANDERSON
Annat Bank Practice

CPA Accredited 0221

11B209970 Date/Time of Specimen: 18 Aug 2011
VAGINAL SWAB

Culture:
No Candida Isolated

Few Polymorphs
No Trichomonas

23 AUG 2011

Date of Report: 22 Aug 2011 AUTH:
ANNMON ANDM1G

REPORT RECEIVED

DOCTOR'S INITIALS

NHS Confidential: Personal data stored overleaf

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 8LR

Clinician: - NOT GIVEN
Annat Bank Practice

CPA Accredited 0221

?Urinary Tract Infection

12B128276 Date/Time of Specimen: 22 Feb 2012 11:00
Urine - Unspecified

Urine Culture:
No Significant Bacteriuria

27 FEB 2012

Date of Report: 24 Feb 2012
ANNMON NG

AUTH:

REPORT RECEIVED

DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient

NHS Grampian **Dr Rainer Goldbeck**
Consultant Liaison Psychiatrist
Department of Psychological Medicine
Old Admin Block (1st Floor) **Upper Hospital**
Royal Cornhill Hospital
Cornhill Road, Aberdeen AB25 2ZH
Direct Line (01224) 557680
Fax No. (01224) 557797

NHS Grampian

RCH No. (No RCH notes available when typed)
MB / LG

06 MAY 2011

Dr RC Cranswick
Annat Bank
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

CRN: 1138627E

CHI: 2804880060

☐ Paper Copy Required For GP

Date Dictated: 22/04/2011
Date Typed: 29/04/2011

Dear Dr Cranswick

Ms Stacey Ellis (28 April 1988) 8 Mill Place,Craigo, Montrose, Angus, DD10 9LB

Date of Self Harm: **18th April 2011**
Nature of Self Harm: **Overdose of:**
Solpadol tablets x 22
(Paracetamol 11grams, Codeine 660mgs)
Date of Assessment: **21st April 2011**
Psychiatric Diagnosis: **Depressive episode**

Circumstances of Self Harm

Ms Ellis presented to A&E in Aberdeen in the evening of Monday 18th April after having ingested the above over the preceding 24 hours in an attempt to alleviate the pain experienced by her due to right sided hydronephrosis. She is 33weeks pregnant, estimated delivery date 30th May 2011. She was unaware of the potentially serious side-effects of Paracetamol overdose and it would seem that this was indeed a genuine mistake on her part. Because of this, A&E did not feel it necessary to refer her to our service and it was not until she had been transferred to Aberdeen Maternity Hospital that a referral was made, as it was felt by staff there that she was possibly experiencing an underlying depressive disorder.

Stacey Ellis, (1138627E), MB

This letter is viewable in SCI Store

Relevant Background History

Ms Ellis is not currently in contact with psychiatric services. She has previously been seen by the Young People's Department at Royal Cornhill Hospital between May 2005 and May 2006. During this period she was prescribed Fluoxetine 40mgs daily, she appeared to me to be rather ambivalent as to how helpful this had been.

Contact with psychiatric services in Grampian ceased at her request in May 2006. Since then she has moved from Laurencekirk to Montrose and tells me she had a brief period of contact with a CPN (Patricia Mayes telephone 01674 832283), based at Sunnyside Hospital towards the end of last year. I have since spoken to Ms Mayes and it would seem that Stacy did not fully engage with her and contact was terminated as a result.
Ms Ellis tells me she is not currently prescribed any medication.

According to her notes, Ms Ellis had a highly disruptive, unhappy childhood, being sexually, physically and emotionally abused, as a result of which she and her siblings were placed in foster care.

Ms Ellis is currently unemployed and living on benefits. She tells me she is some £7,000 in debt to various credit card companies. Ms Ellis lives with her 3-year old son, [redacted]. She resides in a privately rented apartment. She has contact with a family support worker (Marie Still telephone 01674 678509) and a Health Visitor, Sandra Stephens (telephone 01674 667040) and with her permission I had a telephone conversation with Ms Stephens.

Ms Stephens told me that Ms Ellis has been offered a considerable amount of support from health and social services but has proved reluctant to accept this. Ms Ellis tells me she has no contact with or support from either the father of her 3-year old, or the father of the child she is now expecting. When telling me this she became somewhat distraught and tearful. She would appear to have limited social support, telling me that her sister is the main source of assistance to her. I do understand however from speaking to her former CPN and Health Visitor that she has been offered more input from professionals but declined this. Ms Ellis tells me that at present due to her pregnancy she does not consume alcohol. She does not use illicit drugs and tells me she has no forensic history.

Apart from the recent episode of hydronephrosis she told me she has no significant past medical history. She stated to me that in recent weeks her appetite has decreased, although she denied to me having any symptoms suggestive of an eating disorder, something which had recently been queried by her CPN. She stated that her energy levels are "fine" and denied having any feelings of anhedonia although she told me that she has "no time" for hobbies or outside interests. She states her concentration and ability to focus is poor, but this would appear to be a longstanding problem.

Mental State Examination

Ms Ellis appeared a brown-haired, bespectacled, slightly overweight young woman who sat opposite me, sitting in a rather hunched downcast manner. Eye contact was poor. She spoke in a voice normal for rate, tone and volume. When asked to describe her mood to me she stated it was "normal, fine". To me her mood appeared low and she was unhappy in demeanour. She was reactive in affect. There was no evidence of psychosis or other perceptual abnormalities at interview and she denied having any such experiences in the past.

This letter is viewable in SCI Store

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There was no evidence of formal thought disorder. She denied to me having any suicidal ideation. With regards to insight, she appeared to be at a loss as to what she felt could be offered to her by ourselves that would be of any assistance. She was orientated and cognitively intact, seeming to be of around average intelligence.

Impression

It seems to me that this was undoubtedly an accidental overdose. Nevertheless, Ms Ellis does appear to me to be at least mildly depressed. She told me she has not previously experienced post natal depression or depression associated with pregnancy and this depressive episode is perhaps as much related to her adverse social and family circumstances as it is to anything else.

Suggested Disposal and Follow up

I recommended her discharge from the ward once medically fit. In view of her previous history I feel it would be helpful for her to have further psychiatric review and she stated she would be amenable to this. I will therefore make onward referral to the perinatal mental health team at Royal Cornhill Hospita, which also operates a clinic at AMH. Her next appointment at Aberdeen Maternity Hospital is on the 12th May 2011 and I will request from them that if possible she could be reviewed on that date in view of the considerable distance she has to travel, **although I did say to her that this could not be guaranteed** and it may be that an appointment will be offered at another date

I have talked to several professionals in regard to Ms Ellis in order to ascertain further details of her history and I will copy them into this letter also.

I have now closed her case to liaison psychiatry.

Yours Sincerely,

Martin R. Blair

Mr Martin Blair
Liaison Psychiatric Nurse

Cc Dr Crichton, Consultant Obstetrician
Westburn ward, Aberdeen Maternity Hospital

cc ARI records (filing)

Dr Paul Sclare Perinatal Mental Health Team
Block A, Clerkseat Building, Royal Cornhill Hospital

Sandra Stephens, Health Visitor
Annat Bank, Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Patricia Mayes, CPN
Sunnyside Hospital, Hillside
Montrose
DD10 9JP

Stacey Ellis, (1138627E), MB

This letter is viewable in SCI Store

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ADULT MENTAL HEALTH DIRECTORATE

Perinatal Mental Health Clinic
Block A
Clerkseat Building
Royal Cornhill Hospital
ABERDEEN AB25 2ZH
Tel: (01224) 557520
Fax: (01224) 557433

NHS
Grampian

IN CONFIDENCE

Dr. R.C. Cranswick,
Annat Bank,
Links Health Centre,
Frank Wood Way,
Montrose,
DD10 8TY

23 MAY 2011

Date: May 17, 2011
Your Ref:
Our Ref: PDS /KEB/N0214317
Chi: 2804880060

Dear Dr. Cranswick,

Re: Ms. Stacey Ellis (28.04.88), 8 Mill Place, Craigo, Montrose, DD10 9LB

Stacey failed to attend her appointment at the Perinatal Mental Health Clinic at Aberdeen Maternity Hospital on 12th May 2011. We have not made arrangements to offer her further follow-up.

With kind regards,

Yours sincerely

Dr. Paul D. Sclare
Consultant Psychiatrist

ADULT MENTAL HEALTH DIRECTORATE

RHS Confidential: Personal data about a patient

Complete this page by hand or affix hospital computer discharge summary here.

Postnatal discharge summary

Discharged from MRI

1 JUN 2011

28 04 88

2804880060

STACEY ELLIS

To (address) 8 mill pl 07 8926 30501

GP Cranso at

Obstetrician Lynch Midwife L mcfarlane Paediatrician

Labour, birth and postnatal period ☐ Gravida ☑ Para

Onset of labour ☑ Spontaneous ☐ Induced: indication

Mode of delivery SVD on Sat day 28/5/11 at 00:12 Sex m

Indication LOL Presentation Cephn Location mat.

Live birth/Stillbirth Gestation 39+5 Birthweight 3160 g Blood loss 2500 mls

APGARs ☑ 1 minute ☑ 5 minutes ☐ 10 minutes Placenta/membranes appears complete

Perineum/abdominal wound 1° tear Sutures —

Haemoglobin 11.1 g/dl on 30/5/11 Repeat ☐ Not needed ☑ done due on / /

Blood group O Pos anti-D needed ☑ No ☐ Yes anti-D given on / /

Rubella status Immune Vaccination needed ☑ No ☐ Yes Vaccinated on / /

Contraception/sexual health needs discussed ☑ No ☐ Yes

Details

Cervical smear due ☐ No ☑ Yes: due in Nov (month) 20 2011

Discharge medication ☑ No ☐ Yes: details

Postnatal check with Arranged for / / Mother to arrange ☐

Problems identified during pregnancy, labour/birth

Problems in the postnatal period/referrals, investigations or results pending

Social Work advised of Stacey's discharge home.

Summary completed by (Print name) L mcfarlane Date 28/5/11

Signed L mcfarlane Designation SM

28/5/11 – Home from MRI.

NHS Confidential: Personal data about a patient

Complete this page by hand or affix hospital computer discharge summary here.

28 04 88
2804880060
STACEY ELLIS

Postnatal discharge summary Discharged from MRI

To (address) 8 mill Pl

GP Annac Dents at 07892630501

Obstetrician Lyncia Midwife Paediatrician

Labour and postnatal period

Onset of labour ☑ Spontaneous ☐ Induced: indication

Mode of delivery SVD on Sat day 28/5/11 at 00:12 Sex m

Indication low Presentation Cephx Location mrh

Gestation 38+5 Birthweight 3160 g Blood loss 450 mls

APGARs 1 minute 5 minutes 10 minutes Placenta/membranes expulsion complete

Maternal blood group O Pos Anti-D needed ☑ No ☐ Yes Anti-D given on

Rubella status Immune Vaccination needed ☑ No ☐ Yes Vaccinated on

Further details, including problems identified during pregnancy, labour, birth and the postnatal period/referrals, investigations or results pending:

Baby CHI 280511 Discharged home with mum ☐ No ☑ Yes Feeding: type/comments BF

Length 47 cm OFC 34.5 cm Discharge Weight g

BCG vaccination needed ☑ No ☐ Yes: given on

Newborn blood spot screening done ☐ No: due on ☐ Yes: on ☐ Declined

Newborn hearing screening done ☐ No: due on ☐ Yes: on ☐ Declined

Vitamin K administered ☐ No ☑ Yes: details 0.1 mg

Admitted to neonatal unit ☐ No ☐ Yes: details

Discharge medication ☐ No ☐ Yes: details

Further details, including problems identified/referrals, investigations or results pending:

Summary completed by (print name) L McFarlane Date 28/5/11

Signature: L McFarlane Designation SM

NHS Confidential: Personal data about a patient

Montrose Maternity Unit - results requiring treatment

Date fax sent: 28/3/11

Patient Name: Stacey Ellis

DOB/CHI: 280488 0060

28 MAR 2011

Gestation/EDD/Days postnatal:

31 wks gestation

28 MAR 2011

~~Breast feeding/ artificial feeding~~

Result/request: Profuse growth of Candida on HVS.
Oral thrush treatment — CONTRA-INDICATED
Pessary and cream required please
(if this is OK during pregnancy).

Pharmacy:

script done Canesten Pessary & Cream 6gm

Many thanks JGabrelli (midwife).

NHS Confidential: Personal data about a patient

06 MAY 2011

NHS Grampian

Emergency Department Ward
Emergency Department
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN
Direct Line 01224-553177/550506
Fax 01224-550718

Email to sarahwalton@nhs.net

NS/SEW/2804880060

Dr R C Cranswick
Annat Bank
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date dictated: 20/04/2011
Date typed: 22/04/2011

Dear Dr Cranswick

Ms Stacey Ellis (dob 28.04.1988) 8 Mill Place, Craigo, Montrose, Angus, DD10 9LB

Date of Admission: **18 April 2011**
Date of Discharge: **19 April 2011 (transferred to AMH)**
Consultant: **Dr M Mitchelson**
Diagnosis: **Accidental overdose of Paracetamol**

This 22 year old lady, who is 34 weeks pregnant, was admitted to the Accident and Emergency Department following an accidental overdose of Solpadol (Paracetamol + Codeine). She states she took the tablets to get rid of abdominal pain and she didn't realise you could overdose on Paracetamol and thus had been taking 2-3 tablets every 2-3 hours for the past 24 hours. She had no intent of overdose or self-harm.

On examination she was alert and well, all other examinations were normal. We obtained an SOU which showed glucose and NIL else. Her blood tests revealed a raised Alk Phos of 201 and a Paracetamol level of 26. Her clotting was normal and she had a raised white cell count of 22.9. She was commenced on Parvolex due to the overdose being staggered.

The next morning she was still complaining of right sided abdominal pain which was not particularly exacerbated on palpation.

Cont/...

NHS Confidential: Personal data about a patient

Her abdomen was soft and bowel sounds were present. The baby was moving well. We contacted the on-call obstetrics team for some advice regarding both her abdominal pain and analgesia that she could be prescribed. They felt she clearly needed assessment due to the pain being so severe and her taking so many painkillers. She was transferred to the Westburn ward for assessment. No follow up has been arranged in terms of overdose by ourselves. I am sure a letter will follow from the obstetrics department to update you on her status..

Yours sincerely,

NICOLA O'SHAUGHNESSY
FY 1 - Accident and Emergency

countersigned by

TOM HOPKINS
Specialist Trainee 4

NHS Confidential: Personal data about a patient

DSH PSYCHIATRIC CONSULTATION FORM, ABERDEEN ROYAL INFIRMARY

Name of patient: Stacey Ellis
DOB: 28 April 88
Male/female: F
RCH number:
Address: 8 Mill Place, Craigo, Montrose
Telephone: 07892630501

06 MAY 2011

Consultant: Dr. Goldbeck
Ward: Crestlaw Ward 1
Date of admission: 18 April 2011
Date of assessment: 21 April 2011
GP: Annat Bank, Links Rd, Montrose

Nature of Deliberate Self-harm (DSH)

	Substance taken	Amount	Strength	Date taken
Self-poisoning ☑	Salpadol (Paracetamol 1g, Codeine 60mg)	22		17-19 April
Self-mutilation ☐				
Other ☐				

First episode ☐ Previous episode(s) of DSH ☑ Illicit drugs involved ☐ Alcohol involved ☐

Summary of assessment

Accidental, unintentional o/d in response to mild right sided hydronephrosis. Did not realise potential lethality of above tablet ingestion.

History of depression. X1 previous deliberate o/d age 16. Single mother of 3yr old, no support from father of this child or the current pregnancy (E.D.D 30.5.11)

No evidence of psychosis, confusion or ongoing suicidal ideation - appears mild to moderately depressed.

Diagnosis

1. ~~Acute~~ Depressive episode, F32. 2. F

Recommended action (if necessary, specify further details in medical notes)

Immediate	Discharge when medically fit	☑	*Follow up*	GP	☑
	IP psychiatric admission	☐		Liaison team	☐
	Detention under MH(S)A	☐		Psychiatric OP clinic	☑
				CPN	☐
				Drug/Alcohol team	☐
				Psychology	☐
				Social Work	☐
				Non-statutory agency	☐
				Follow-up refused	☐
				Other (specify):	☐

Recommendations, psychotropic medication: - I will refer to Peri-natal mental health Clinic (requesting follow up appt for 12.5.11 if poss bk).

Other recommendations:

Discussed with: ARI staff ☐ GP ☐ Other psychiatric staff ☐ Relatives/friends ☐ Other: .....

Signature of assessor: Martin Blair

Name & designation (please print): MARTIN BLAIR LIAISON PSYCH. NURSE PAGER 4255

COPY, GENERAL PRACTITIONER

NHS Confidential: Personal data about a patient

Montrose Maternity Unit - results requiring treatment

Date fax sent: 18·3·11

Patient Name: STACEY ECCLS

DOB/CHI: 28.04.80 0060

22 MAR 2011

Gestation/EDD/Days postnatal:

30·5·11

29+4

Breast feeding/ artificial feeding

Result/request:

VAGINAL SWAB

PROFUSE GROWTH OF CANDIDA

TREATMENT REQUIRED. PLEASE

Please advise?

Script done

Pharmacy: STEEPLE

Many thanks Deidre Meyer MIW

NHS Confidential: Personal data about a patient

Tayside Sexual and Reproductive
Health Service
Abbey Health Centre
East Abbey Street
Arbroath
DD11 1EN

NHS Tayside

Dr Patrick Chien
Consultant Obstetrician and Gynaecologist
Gynaecology Outpatients Department
Primary Care Division
NHS Tayside
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY.

04 MAR 2011

Date 23.2.2011
Your Ref DR/LIF
Our Ref

Enquiries to Dr D Reed
Extension
Direct Line 01241 430303
Email

Dear Dr Chien

RE: STACEY ELLIS 8 MILL PLACE CRAIGO MONTROSE DD10 9LB 280488 0060

With reference to the above patient you referred to the Psychosexual clinic at Abbey Health Centre Arbroath, on 21.6.2010.

The patient failed to respond to a letter offering an appointment explaining that they had come to the top of the waiting list. Six weeks have passed and as we have not heard from Stacey ,we assume she is not requiring an appointment anymore and have removed them from our waiting list.

Many thanks

Yours sincerely

Dr D Reed
Associate Specialist in Sexual and Reproductive Health

Copy to
Dr R Cranswick Annat Bank Practice Links Health Centre Frank Wood Way Montrose DD10 8TY

NHS Confidential: Personal data about a patient

17 DEC 2010

Clinical Genetics, Human Genetics Unit
Clinical Group of Surgery & Oncology
Ninewells Hospital
Dundee
DD1 9SY
Telephone No (01382) 632035
Fax No (01382) 496382

Dr Marta Reis
Associate Specialist
General Surgery Department
Ninewells Hospital
Dundee
DD1 9SY

Date Typed	13/12/10	Printed/sent 14/12/10
Date Dictated	29/11/10	
Date of Clinic		
Your Ref		
Our Ref	NE/KC/2804880060	
Pedigree No	05454	
Enquiries to	Miss Natalie Ellery	
Extension	32035	
Direct Line	(01382) 632035	
Email	natalie.ellery@nhs.net	

Dear Dr Reis

RE: STACEY ELIS, DOB: 28/04/88, 8 MILL PLACE, CRAIGO, MONTROSE, DD10 9LB

Thank you for referring the above patient to our department. Unfortunately, she has failed to respond to our requests for further information about her family history, and to offers of an appointment. We would be happy to see her in the future if you or her GP wish to re-refer her.

Yours sincerely

Natalie Ellery
Genetic Counsellor

c.c. Registry File
Case Notes
Dr Cranswick, Annat Bank Practice, Links Health Centre, Frank Wood Way, Montrose, DD10 8TY

NHS Confidential: Personal data about a patient

NHS Tayside

Montrose Maternity
Bridge Street
Montrose
DD10 8AJ

Tel-01674 830361

Multi-professional Assessment in Pregnancy		
Midwife-led Care	Consultant-led care	
SWHMR commenced ✓	SWHMR not commenced	
Down's Syndrome Screen organised (date and place)	MRI	Date 18/2
Booking Scan organised (date and place)	MRI	Date 18/2
Urinalysis	NAD	
Blood pressure	120/80	
Information pack given	Yes	No
Folic Acid	✓	Requires prescription
BMI	29	

Referral for maternity care

Dear Dr Cranswick.

- 6 OCT 2010

This lady was seen by a midwife at the antenatal booking clinic.

Surname: Ellis	First Name: Stacey
Address: 8 Mill Pl Craigo, Montrose	Telephone Number: 078 9263 0501
CHI: 2804880600	Date of Birth: 28/4/88.

Past Obstetric History
1 x SVD 5/6/08 [redacted]

Past Personal or Family History of Significance		
	Personal	Family
Essential Hypertension		
Cardiac or Renal Problems		
Diabetes or Thyroid Problems		
Epilepsy		
Thrombosis		

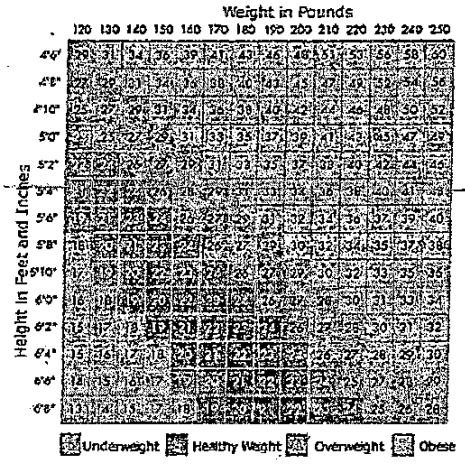
NHS Confidential: Personal data when a patient

NHS Tayside

Genetic Disorders/ fetal abnormalities		
Medication: Prescribed : Non -Prescription		
Depression or mental illness	H/o depression since 13y.o	
Social issues including formal social work involvement	Hea SW involvement SW Marie Dill. PRAM✓	
Alcohol		
Smoking	current 10-15/day.	
Other		

Yours sincerely,

(Midwife) Suzanne Knox SM.



NHS Confidential: Personal data enclosed

Delivery Unit

Surgical Directorate
General Surgery Department
Ninewells Hospital
Dundee, DD1 9SY
www.nhstayside.scot.nhs.uk

NHS Tayside

Dr RuthC Cranswick
Annat Bank
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

22 September 2010
Clinic 20/09/2010 Date: 22/09/2010
Dictation Date: 20/09/2010
Your Ref: (CHI:2804880060)
Our Ref: MMR/JEB/2804880060
Enquiries To: Breast Team Office
Extension: 33885
Direct Line : (01382) 633885

28 SEP 2010

Dear Dr Cranswick,

Stacey Ellis, 280488-0060
8 Mill Place, Craigo, Montrose, DD10 9LB

This lady has a seven weeks history of bilateral breast pain and Stacey herself does not check her breasts. She is a heavy smoker and is under the impression that she has a latex allergy but has never had this formally checked by my Dermatology colleagues. [redacted] maternal grandmother had developed breast cancer at the age of 28 and maternal aunt at the age of 30 respectively. However it seems that her mother is aged 48 and has not been affected by the condition.

Apart from referred tenderness during examination no palpable abnormalities have been detected from either side of her breasts. Breast imaging was not required but I suspect her symptoms have a combination of both hormonal local changes and maybe early stages of duct ectasia. I gave her an information leaflet on the management of breast pain and duct ectasia for background reading and hopefully the suggestions made should see an improvement of her symptoms. She was agreeable to be seen at the Family History Clinic to be formally assessed with regards to risks for breast cancer but I would be grateful if you could discuss with Stacey the issues surrounding the possible latex allergy which is a serious condition and may need to be looked into in more detail for future advice from yourself.

Further arrangements for this clinic were not required but I would be happy to see her back in the future if she has further worries about her breasts.

Yours sincerely

M. M. Reis, MD PhD,
Associate Specialist

NHS Confidential: Personal data about a patient

ELLIS, STACEY
8 MILL PLACE, CRAIGO, MONTROSE, ANGUS, DD10 9LB
Ref. Locn. : **GENERAL PRACTITIONER**
Referrer : **DR S ARUN**

DoB : **28/04/1988**
Hosp. No. :
CRIS No. : **580345**
CHI No. : **2804880060**

VERIFIED Verified By : NICOLA RITCHIE 02/09/10
Typed By : MR06 01/09/10

US Kidney Both :

Sonographer scan/Sonographer report.
Both kidneys, liver, spleen, abdominal aorta, bladder, uterus and adnexae have been examined. There is slight prominence of both renal pelves. No other ultrasonically detectable abnormality has been demonstrated. No bladder or renal calculi identified.

- 3 SEP 2010

Event Number : E-3311834
Copy To : ,
Examinations : **US Kidney Both**

Examination Date : **01/09/10**
Attendance Number : 2

NHS Confidential: Personal data about a patient

Ophthalmology Out-patient Department
NHS Tayside
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

NHS Tayside

Telephone Number 01382 660111
Fax Number 01674 832196
www.nhs.tayside.scot.nhs.uk

Date of clinic 05 August 2010
Date dictated 05 August 2010
Date typed 11 August 2010

Your Ref
Our Ref GS/lwg/ 28 04 88 0060

Enquiries to Lynne Grant - Secretary
Extension 67173
Direct Line 01674 832173
Email lynne.grant@nhs.net

Mr Ian Morris
Specsavers Montrose
83 High Street
Montrose
DD10 8QY

Dear Mr Morris

STACEY ELLIS 8 MILL PLACE CRAIGO MONTROSE DD10 9LB

Thank you for sending this young lady back to the clinic.

Her left eye is amblyopic and she is not really able to tolerate a contact lens in that side. She has been having frequent episodes where the sight seems to go on that side but on examining her today her optic discs look to be reasonably healthy if a little hypermetropic. In the absence of any serious findings probably we can accept this as normal for her but I would hope that her symptoms resolve at some point. She doesn't need a routine appointment to come back but I would happily see her again at your request if things are worsening.

Yours sincerely

12 AUG 2010

Dr Graeme Sharpe
Associate Specialist in Ophthalmology
(Dictated but not read)

Copy to
Dr R Cranswick Annat Bank Practice Links Health Centre Frank Wood Way Montrose DD10 8TY

NHS Confidential: Personal data about a patient

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9LB

Clinician: Dr R.J. CRANSWICK
Annat Bank Practice

CPA Accredited 0221

10B202736 Date/Time of Specimen: 05 Aug 2010 AM
Midstream Urine

09 AUG 2010

No Growth

Date of Report: 06 Aug 2010 AUTH:
ANNMON CRARIG

REPORT RECEIVED

[redacted]

NHS Confidential: Personal data about a patient

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician:Dr M.J. ANDERSON
Dob : 28 Apr 1988 Sex: F Annat Bank Practice
Post Code: DD10 9LB Source:Annat Bank Practice

CPA Accredited 0221

- - - COBAS PCR SERVICE - - - Urine

Specimen number 10V107659
Date taken 03 Aug 2010

Chlamydia trachomatis PCR : POSITIVE

11 AUG 2010

NB: ONLY use YELLOW-top "Roche Cobas PCR" containers any other will be rejected

PLEASE NOTE - In infected patients who have been compliant with therapy and in whom there is no risk of reinfection, a test of cure need NOT be performed. However, if required, this should be performed a minimum of 5 weeks after initiation of therapy, to avoid false positive results.

Date of Report: 09 Aug 2010
ANNMON ANDM1G

REPORT RECEIVED

[redacted]

NHS Confidential: Personal data about a patient

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr M.J. ANDERSON
DoB : 28 Apr 1988 Sex: F Annat Bank Practice
Post Code: DD10 9LB

CPA Accredited 0221

10B201646 Date/Time of Specimen: 03 Aug 2010
Midstream Urine

No Growth

06 AUG 2010

Date of Report: 05 Aug 2010 AUTH:
ANNMON ANDM1G

REPORT RECEIVED

[redacted]

NHS Confidential: Personal data about a patient

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9LB

Clinician: - NOT GIVEN
Annat Bank Practice

CPA Accredited 0221

10B199502 Date/Time of Specimen: 29 Jul 2010
HIGH VAGINAL SWAB

No Candida Isolated

No Polymorphs
No Trichomonas

- 3 AUG 2010

Date of Report: 02 Aug 2010 AUTH:
ANNMON NG

REPORT RECEIVED

[redacted]

NHS Confidential: Personal data about a patient

Gynaecology Out-patient Department
Primary Care Division
NHS Tayside
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

NHS Tayside

Telephone Number 01382 660111
Fax Number 01674 832196
www.nhs.tayside.scot.nhs.uk

24 JUN 2010

Date of clinic 21 June 2010
Date dictated 21 June 2010
Date typed 23 June 2010

Your Ref
Our Ref PC/lwg/ 28 04 88 0060

Enquiries to Lynne Grant - Secretary
Extension 67173
Direct Line 01674 832173
Email lynne.grant@nhs.net

Dr D Reed
Associate Specialist
Psychosexual Clinic
Abbey Health Clinic
Arbroath

Dear Dr Reed

STACEY ELLIS 8 MILL PLACE CRAIGO MONTROSE DD10 9LB

I would be grateful if you could see this above 22 year old para 1 + 1 for possible psychosexual counselling with her partner. She was first referred to me in June 2009 with vaginal bleeding and dyspareunia. It was difficult to examine her at the clinic because she was extremely tensed up and hence we undertook a diagnostic laparoscopy in September 2009. Her laparoscopy was completely normal and she was then discharged from any further follow-up.

She was then referred back to me recently and was seen at my clinic here in Montrose today, 21 June 2010 with superficial dyspareunia. All these symptoms post-dated her last delivery in 2008.

On examination the abdomen was soft and non-tender. There was no mass felt. On inspection of the vulva there were no lesions seen or any distortion of her vulval anatomy. Vaginal speculum examination was also entirely normal.

I wonder whether she has got vaginismus to account for her superficial dyspareunia. I would be grateful if you could assess her on this possibility. When she was seen at my clinic she also asked about the possibility of being sterilised. Given her young age I informed her I was not happy to sterilise her as there are other methods of reversible and reliable contraception available. I have not made any follow-up appointment for her in the meantime.

Kind regards.

Yours sincerely

Dr Patrick Chien
Consultant Obstetrician and Gynaecologist
(Dictated but not read)

Copy to
Dr R Cranswick Annat Bank Practice Links Health Centre Frank Wood Way Montrose DD10 8TY

NHS Confidential: Personal data about a patient

Closed Call Details

NHS No:	8985050	Call Received:	07/07/2010 18:55	Received by:	(Non-clinical user) (Edinburgh)	NHS 24
Outcome:	Transport to PCEC within 2 Hrs			Outcome Code:	PCT3	
PCC:	RURAL ANGUS	Triage Start:	07/07/2010 18:56	Triage Finish:	07/07/2010 19:09	

Patients Present Location		Patient Home Details (2804880060)	
Address:	8 Mill Place, Craigo, Montrose, Angus DD10 9LB	Name:	STACEY ELLIS
		Address:	8 Mill Place, Craigo, Montrose, Angus, DD10 9LB
Phone:	07892 630501 Ext:	Phone:	
		Sex:	F
Registered GP Details (at time of call)		DOB:	28/04/1988
Dr Name:	CRANSWICK, RUTH	Age:	22 years old
Practice:	ANNAT BANK PRACTICE (13706)	Contact:	
Script No:	T72001		

Clinical Summary:	Date: 07/07/2010 Description: ABDOMINAL PAIN, BLOATING, AND EPISODE BLACK STOOLS FOR BLACK STOOLS THIS MORNING. AND FELT ABDO PAIN, NAUSEA LAST 3 DAYS. GETS A LITTLE LIGHT HEADED ON STANDING BUT SETTLES QUICKLY. STATES THIS MORNING SHE HAD AN EPISODE OF BLACK LOOSE STOOLS. NONE SINCE. ADVISE ATTEND PCEC WITHIN 2 HRS WITH TRANSPORT.

Call Number:	0000696195	Date:	07/07/2010	Time:	19:12	Passed:	19:14
Started:	19:15	Status:	Attend				
Urgency:	Within 2 Hours	Attended:	☑	Date:	07/07/2010	Time:	19 :40

Notes to Practice:

referred via NHS 24, PMH, Meds nil, Allergy to latex. hpc - 3 days ago c/o pain shooting down both legs, relieved somewhat with ibuprofen. Past few days had headache, felt nauseated and breasts tender. Did pregancy test 2 days ago. she states showed faint line +ve. Was having depot inj for contraception, last had in March, ?LMP not had since starting inj. Passing urine more frequently, no dysuria. This morning passed stools x 3, which were dark/black and 'syrupy'. Hasn't had b/o since though feels she needs to go. No PV discharge. Drinking ++, doesn't eat much normally. Tried to get appointment with own GP today and told no appointments until next week. o/e T 36.3, P89, BP 140/76, BM 4.2 mmols. RSU blood ++ and leu +, HCG-ve. Bowel sounds present, states pain to lower back, constant, abdomen soft, non tender on palpation. Last had ibuprofen this morning, hasn't taken paracetamol.

Diagnosis:

To attend Arb MIIU for further assessment. 08/07/2010 0755hrs - did not attend Arbroath last night.

Drugs:	There were no drugs attached to the call						
Outcome:		Death/Presume Life Extinct:	☐	GP to certify:	☐	No Further Action:	☐
		Refer To:	Minor Injury Unit		Dept:	Links, Montrose	
Review by GP:	☐	When:			Where:		
Patient to contact GP:	☐						

Consultation 1:	Date	Start Time	Finish Time	Consultation 2:	Date	Start Time	Finish Time
	07/07/2010	19:40	20:10				

	Clinical Group	Name		Completion Date/Time:	08/07/2010 07:57
Duty Clinician	Angus	Ms ELAINE SIMPSON		Closed By:	eslmpson

Last Modified by PCEC: 08/07/2010 07:57

09 JUL 2010

NHS Confidential: Personal data about a patient

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9LB

Clinician: - NOT GIVEN
Annat Bank Practice

CPA Accredited 0221

Endocervical

Specimen Number 10V054987
Date Taken 29 Jul 2010

Laboratory comment: Red-top COPAN brand virus testing swab received. Specimen unsuitable for investigation(s) required. Send a Yellow COBAS PCR container for chlamydia.

- 2 AUG 2010

MICROBIOLOGY HANDBOOK is on Central Vision, click on "Links" (top right), and on Staffnet>Clinical Information>Clinical Guidance. Includes available tests, best samples, turnaround times, and background information e.g. on Lyme.

Date of Report: 30 Jul 2010
ANNMON NG

REPORT RECEIVED

DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: - NOT GIVEN
DoB : 28 Apr 1988 Sex: F Annat Bank Practice
Post Code: DD10 9LB

0221

10B199505 Date/Time of Specimen: 29 Jul 2010
ENDOCERVICAL SWAB

N. gonorrhoeae NOT isolated

- 3 AUG 2010

Date of Report: 02 Aug 2010 AUTH:
ANNMON NG

REPORT RECEIVED

DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: - NOT GIVEN
DoB : 28 Apr 1988 Sex: F Annat Bank Practice
Post Code: DD10 9LB

CPA Accredited 0221

10B163353 Date/Time of Specimen: 13 May 2010
Urine - Unspecified

No Growth

18 MAY 2010

Date of Report: 15 May 2010 AUTH:
ANNMON NG

REPORT RECEIVED

DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient

NHS Tayside

Community Mental Health Services

Angus Council

Montrose/Brechin & Fróckheim
Community Mental Health Team
Booth House
Sunnyside Royal Hospital
Hillside
DD10 9JP
Telephone: 01674 832219
Fax Number: 01674 832286
www.nhstayside.scot.nhs.uk

Dr Kramer
Annat Bank Practice
Links Health Centre
Montrose
Angus
DD10 8TY

Your Ref	
Our Ref	PM/CW/2804880060
Date Dictated	28/05/10
Date Received	28/05/10
Date Typed	28/05/10
Enquiries to	Patricia Mayes
Extension	67230
Direct Line	01674 832230
Email	

Dear Dr Kramer

RE: Stacey Ellis, 8 Mill Place, Craigo, By Montrose D.O.B 28.04.88

Since my assessment letter to you dated the 16th November 2009, I have been seeing Stacey Ellis initially at the Links Health Centre and then at her home in Craigo. At the time there were concerns about Stacey's mental and physical health in particular her dysfunctional eating pattern which may have had an effect on her young son Declan. I know there was considerable input from the Family Support Team and the Social Work Department to help support Stacey in caring for your young son. My role was to help Stacey to address her own mental health issues and as you know I made a referral to the Tayside Eating Disorders Services. Although Clinical Psychologist Louise Hobbs of the Eating Disorder Service assessed Stacey and agreed to commence treatment with her, Stacey has decided not to go ahead with this. She feels that she is coping well at present and has no need of further psychological intervention. My last meeting with Stacey was at her home on Thursday 20th May when she told me that her mood was at a good level. She said that her son's physical problems were being treated and she was having continued support from Social Work so therefore we agreed that she did not require input from the Community Mental Health Team at this point in her life.

I have therefore discharged Stacey from my caseload on the 27th May 2010.

Yours sincerely

Patricia Mayes

Patricia Mayes
Community Mental Health Nurse

Copy: Dr Blake, Consultant Psychiatrist, CMHT, Booth House, Sunnyside Royal Hospital, Hillside

Data Protection Act 1998
The Data Protection Act 1998 states that we must make any information we hold about a person available for them to see unless there are good reasons for not doing this.

NHS Confidential: Personal data about a patient

26 APR 2010

NHS Tayside Eating Disorders Service
4 Dudhope Terrace
Dundee
DD3 6HG
Telephone Number 01382 322026
Fax Number 01382 424535
Eatingdisorders.tayside@nhs.net

STRICTLY PRIVATE & CONFIDENTIAL

Dr Kramer
Annat Bank Practice
Links Health Centre,
Marine Avenue
Montrose

Date dictated	20.4.10
Date typed	22.4.10
Our Ref	/DA/
Enquiries to	Louise Hobbs
Extension	+
Direct Line	01382 424534
Email	

Dear Dr Kramer

RE: Stacey Ellis, 8 Mill Place, Craigo, By Montrose, DD10 9LB
CHI: 2804880060

Discharge

Further to my letter dated 26th of January 2010, Stacey has failed to attend 4 appointments. Following her most recent non-attendance on the 25th of March, she was sent an opt-in letter asking her to get in touch within the next 14 days if she would like to arrange another time to meet. As I have heard nothing from Stacey I am now formally discharging her from the Tayside Eating Disorder Service.

Of course, if it is felt to be necessary and Stacey is willing to engage and attend appointments, re-referral will be possible in the future.

Best wishes

Yours sincerely

pp

Louise Hobbs
Chartered Clinical Psychologist
Tayside Eating Disorders Service

C.c Patricia Mayes, CMHN, Booth House, Sunnyside Royal Hospital, Montrose

NHS Confidential: Personal data about a patient

NHS Tayside Eating Disorders
4 Dudhope Terrace
Dundee
DD3 6HG
Telephone Number 01382 322026
Fax Number 01382 424535
Eatingdisorders.tayside@nhs.net

28 APR 2010

STRICTLY PRIVATE & CONFIDENTIAL

Dr Kramer
Annat Bank Practice
Links Health Centre,
Marine Avenue
Montrose

Date dictated	20.4.10
Date typed	22.4.10
Our Ref	/DA/
Enquiries to	Louise Hobbs
Extension	+
Direct Line	01382 424534
Email	

Dear Dr Kramer

RE: Stacey Ellis, 8 Mill Place, Craigo, By Montrose, DD10 9LB
CHI: 2804880060

Discharge

Further to my letter dated 26th of January 2010, Stacey has failed to attend 4 appointments. Following her most recent non-attendance on the 25th of March, she was sent an opt-in letter asking her to get in touch within the next 14 days if she would like to arrange another time to meet. As I have heard nothing from Stacey I am now formally discharging her from the Tayside Eating Disorder Service.

Of course, if it is felt to be necessary and Stacey is willing to engage and attend appointments, re-referral will be possible in the future.

Best wishes

Yours sincerely

Louise Hobbs
Chartered Clinical Psychologist
Tayside Eating Disorders Service

C.c Patricia Mayes, CMHN, Booth House, Sunnyside Royal Hospital, Montrose

NHS Confidential: Personal data about a patient

Bruce & Co. SOLICITORS

29 JAN 2010

Partners: *Robert H. Bruce*
William P. Rennie
Keith A. Sym
Associate: *Susan Rhodes*

DATE: 28th January, 2010

OUR REF: RB/MF/PP/MA0991

Doctor Cranswick
Annat Bank Medical Practice
Marine Avenue
MONTROSE

pacman

Dear Doctor Cranswick,

OUR CLIENT: STACEY ELLIS (D.O.B. 28/04/1988)
8 MILL PLACE, CRAIGO, MONTROSE

We enclose Medical Mandate authorising us to seek information on our client's behalf. Please note we only have a very small amount of Advice and Assistance Legal Aid in order to pay for any such letter to a limit of £40. If your report is going to cost more than this then please do let us know in order that we may apply for more funding from the Scottish Legal Aid Board.

Our client informs us that her son [redacted] is due to have an operation in Ninewells in March of this year in relation to sleep apnoeia. In the meantime, however, Stacey feels that she is not being supported by the medical team dealing with [redacted] She believes that he may require an oxygen cylinder at his home in relation to his condition and she wonders whether or not she might be able to have a second opinion about this from an appropriate consultant. We have advised our client to make an appointment to discuss this matter with you and it may be that a report in relation to this matter is unnecessary. We would be grateful, however, if you would keep us informed as to whether or not a second opinion has been facilitated. If you are to provide a report we would be grateful if you would let us know precisely what Declan's condition and prognosis is.

We look forward to hearing from you.

Yours faithfully

Ask Stacey to make double appt. to discuss letter from lawyer with me.
Thanks
Ruth

Please reply to office indicated below quoting our reference

☐ **Arbroath Office**
89-91 High Street
ARBROATH
DD11 1DP
Tel: (01241) 430660
Fax: (01241) 430144
DX 530450
info@bruce-co.co.uk

☐ **Forfar Office**
24 West High Street
FORFAR
DD8 1BA
Tel: (01307) 460666
Fax: (01307) 460682
DX 530684

☐ **Montrose Office**
184 High Street
MONTROSE
DD10 8PH
Tel: (01674) 675534
Fax: (01674) 678316
DX 530915

Legal Aid Reference Number 22768
VAT Reg. No. 607 5046 55
www.bruce-co.co.uk

NHS 078 614 6521 5

NHS Confidential: Personal info about a patient

BRUCE & CO.
SOLICITORS
Partner: Robert H. Bruce
Partner: William P. Rennie

89-91 High Street
Arbroath, DD11 1DP
Telephone: (01241) 430660
Fax: (01241) 430144
Rutland Exchange: 530450
Legal Aid Reference No. 22768
VAT Reg. No. 607504655

Doctor Cranswick
Arnot Bank
Marine Avenue
Montrose

MEDICAL MANDATE

Dear Sir/Madam,

I, We hereby authorise and instruct you to pass over any medical information that you hold on my behalf to my Solicitors, Messrs Bruce & Company, 89-91 High Street, Arbroath, DD11 1DP (Rutland Exchange Box No. 530450, Arbroath).

Further it is declared that the terms of this Mandate are irrevocable and must be enforced.

Yours faithfully,

Signature .....

Date 20/1/10

NHS Confidential: Personal data about a patient

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr R.J. CRANSWICK
DoB : 28 Apr 1988 Sex: F Annat Bank Practice
Post Code: DD10 9LB

CPA Accredited 0221

10B118514 Date/Time of Specimen: 10 Feb 2010 16:40
HIGH VAGINAL SWAB

No Candida Isolated

Few Polymorphs
No Trichomonas

Date of Report: 13 Feb 2010 AUTH:
ANNMON CRAR1G

REPORT RECEIVED

[redacted] DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient

FOR PHARMACY USE
Checked by:
Clinical Pharmacist
Patient Counselled:
(Initials)
Medicines Required On Ward
Date
Time
2nd Fold

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Int.

To Dr. CRANSWICK
ANNAT BANK PRACTICE
LINKS HEALTH CENTRE, DRANK, Woodway

HOSPITAL: MW WARD/CLINIC: 11

11 FEB 2010

D D M M Y Y
2 8 0 4 8 8 0 0 6 0 C.H.I. No.

Surname: ELLIS
First Name: STACEY M. State
Address: 8 MILL PLACE, CRAIGO, MONTROSE

ALWAYS USE BALLPOINT PEN

THIS IS THE ONLY *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor)

Date Placed on Waiting List: (if appropriate) Date of Admission: 7/2/10

* Delete as appropriate Type of Admission: ~~Elective~~ /Emergency ~~/ Urgent / Transfer~~

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
		SURGERY	LAVELLE-JONES	HOME			

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: UTI

PRINCIPAL OPERATION / PROCEDURES: URINALYSIS ++BLOOD, + LEUCOCYTES done 10/2/10 SB

OTHER CONDITIONS:
1.
2.
3.

OTHER OPERATIONS / PROCEDURES: GP PLEASE TAKE HIGH VAGINAL SWAB IF PT BECOMES UNWELL/ACS RE-REFER PT

When Medicines are to be dispensed All copies to be sent to Pharmacy

MEDICINE TREATMENT ON DISCHARGE — Days	NAME OF MEDICINE	DOSE	Times of Administration (Mark √) 8 10 12 14 16 18 20 22 24	DURATION OF TREATMENT	DISPENSED BY PHARMACY Number	Brand Names (for information only)
	PARACETAMOL	500mg	✓ ✓ ✓ ✓		16	64x500mg
~~1st Fold~~	~~TRAMADOL~~	~~50mg~~	~~✓ ✓ ✓ ✓~~			
5	TRIMETHOPRIM	200mg	✓ ✓ ✓		10	10x200mg ✓
	Codeine	30mg	✓ ✓ ✓ ✓ prn pain		28	28x30mg ✓
2	Diclofenac	75mg	✓ ✓		12	12x75mg ✓

7 days supply will be dispensed unless stated otherwise in box provided

DISCONTINUED MEDICINE	REASON DISCONTINUED
1. IF PATIENT FEELS UNWELL	GP CAN RE-REFER HER
2.	
3.	
4.	

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge

INFORMATION / ADVICE TO PATIENT: ☐ YES ☑ NO IF YES, SPECIFY

KNOWN ALLERGIES: NKDA.

CARE ARRANGEMENTS ON DISCHARGE (TICK BOX): NONE ☑ DISTRICT NURSE ☐ SOCIAL WORK ☐ HOME HELP/ RELATIVES ☐

Final Distribution:
WHITE - GP
PINK - Pharmacy
YELLOW - Case Records
BLUE - Audit/Coding

FOLLOW-UP APPOINTMENT	DATE	TIME	CLINIC	DELETE AS APPROPRIATE: GIVEN / TO BE SENT	RESULTS AWAITED: YES ☐ NO ☑ IF YES, SPECIFY:

FOR FURTHER INFORMATION CONTACT: LAVELLE-JONES (NAME) CONSULTANT (STATUS) (TEL NO)

Signature: Status: FY1

LAVELLE-JONES Consultant Date: 9/2/10

Dispensed By:
Checked By:
Date: 9/2/10

THB(MR)26
4 Part Set

NHS Confidential: Personal data about a patient

Angus Community Health Partnership
NHS Tayside Eating Disorders Service
Constitution House
55 Constitution Road
Dundee, DD1 1LB
Telephone Number 01382 424544
Fax Number 01382 424535
Eatingdisorders.tayside@nhs.net

NHS Tayside

STRICTLY PRIVATE & CONFIDENTIAL

Dr Kramer
Annat Bank Practice
Links Health Centre,
Marine Avenue
Montrose

08 FEB 2010

Date dictated	26.01.10
Date typed	29.01.10
Our Ref	/DA/
Enquiries to	Louise Hobbs
Extension	+
Direct Line	01382 424534
Email	

Dear Dr Kramer

RE: Stacey Ellis, 8 Mill Place, Craigo, By Montrose, DD10 9LB
CHI: 2804880060

As you will be aware from her initial assessment letter, Patricia Mays, Community Mental Health Nurse, referred the above young woman to the Tayside Eating Disorders Service on 16th November 2009. I was able to offer Stacey an initial appointment on Thursday 17th December, but unfortunately had to cancel this due to ill health. In the event, I met with her for an initial assessment on 14th January 2010 at Links Health Centre, Montrose.

Presenting problem
Stacey (21) attended with her younger sister, [redacted], who had brought along her 9 month old son, [redacted]. Stacey told me that she felt a bit anxious about coming to the appointment and indicated that she had brought her sister for support and to speak for her if need be.

Stacey acknowledged that she does have eating difficulties "to an extent" and that this dated back may years. She spoke of her fears about being fat – "being fat is ugly". With respect to her body image, Stacey was critical and negative about her body as a whole, with issues about excess skin on her stomach and stretch marks following the birth of her son [redacted] now 19 months.

With respect to her weight, at a height of about 156cm, Stacey reported her highest adult weight as being 7st 6/7lb and her lowest adult weight being 6st. When she was weighed during this appointment it was recorded as 45.6kg (7st 2lb) giving her a BMI of 18.7. During her pregnancy, she thought she might have reached a high of 9st and felt huge, although her sister indicated that Stacey didn't even look pregnant. She told me that she weighed herself as frequently as 3 times per day since [redacted]'s birth and told me that she could not consider an increase in her weight at all, saying that if she went from 7 st 1lb up to 7st 4lb "it would be the end of the world". When we explored the impact of her frequent weighing on her mood and behaviour, Stacey acknowledged that this could be detrimental, although if she had lost weight this would create "great excitement".

With respect to her eating pattern, Stacey identified that the foods she would eat were limited. From her description, it is likely that this is learned behaviour from her childhood, when she told me she was "starved" and I am aware she was emotionally, physically and sexually abused within her family. The foods that she will eat include, pasta with chicken and mushroom or tuna, mince, potatoes prepared most ways, including chips, and biscuits, whereas foods she avoids include vegetables, fruit, salad and added sugar, for example to drinks or cereal. In terms of her eating pattern, she told me that she did not usually eat at weekends, would not eat in front of people, partly because it did not feel safe. During the

week she seems to survive on drinking tea and coffee until, possibly 3pm, when she might have a sandwich, but more usually eating nothing until 5 – 7.30pm when she might have something like sausage and mash or mince and mash. Thus Stacey's food intake is clearly extremely restricted. With respect to compensatory behaviours, she denied engaging in self-induced vomiting or laxative misuse, although she said that she did go out walking a lot.

Relevant background details.
On this occasion, we did not have the opportunity to explore Stacy's background in any depth, although she did allude to the abusive nature of her upbringing and the fact that her fear of fatness had been an issue for her at age 7, when she first became involved in competitive highland dancing. Stacy also spoke openly about her difficulties associated with Declan, who she told me had recently been diagnosed with sleep-apnoea, which she felt had contributed to some of his early difficulties with sleep and eating. Stacy said that she had mixed feeling about this diagnosis, being angry because it had taken so long to be diagnosed and a sense of relief to know that there was an underlying physical cause to his difficulties. She said that he was due to have an operation to remove his tonsils and adenoids towards the end of January, which was to take place in Edinburgh.

Opinion and recommendations
This 21 year old woman clearly presents with significant eating disordered psychopathology, with typical fears of fatness, an extremely negative body image and a restrictive eating pattern. Her current weight – 45.6 kg (7st 2lb) – and self reported height of 156cm – gives a BMI of 18.7. In view of this and the fact that she is still menstruating, Stacy does not fulfil criteria for anorexia nervosa. Certainly if she continues with this pattern of eating In tandem with her fears of fatness and gaining weight, her condition is likely to deteriorate. Following this, I felt that it would be beneficial for Stacy to have contact with the Eating Disorder Service, initially perhaps for some fairly time-limited input focussed on some nutritional education and encouraging her to improve her eating pattern and food intake. I emphasised to Stacey that if contact with the Eating Disorder Service were to be productive it would require her commitment, motivation and desire to make changes in her eating behaviour. I provided her with some basic information about the consequences of low weight and also asked her to complete a number of standardised questionnaires looking at typical eating disordered psychopathology. At this stage, Stacy appeared to be willing to consider further contact and I am due to see her again on 28th of January.

At the end of our appointment I was fortunate enough to have the opportunity to speak with Patricia Mayes regarding the outcome of this initial contact, Patricia confirmed that she would also maintain contact with Stacey in order to provide support as necessary. I will, of course, keep you informed of any developments and update you once I have had the opportunity to complete a more comprehensive assessment. In the meantime, please do not hesitate to get in touch if you would like to discuss this case further.

Yours sincerely

pp LD

Louise Hobbs
Chartered Clinical Psychologist - Tayside Eating Disorders Service

C.c Patricia Mayes, CMHN, Booth House, Sunnyside Royal Hospital, Hillside, Montrose.

NB. As Tricia is aware, Stacey did not attend her appointment on 28th January and I have heard nothing from her with respect to this. I have sent her another appointment for 2pm Thursday 11th February, at Links Health Centre, emphasizing that she must let me know if she will be unable/does not wish to attend so the appointment can be offered to someone else.

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Closed Call Details

NHS No:	8406809	**Call Received:**	06/02/2010 23:25	**Received by:**	(Non-clinical user) (Glasgow)	NHS 24
Outcome:	Dr to phone patient within 2 Hrs			**Outcome Code:**	DPP3	
PCC:	RURAL ANGUS	**Triage Start:**	06/02/2010 23:27	**Triage Finish:**	06/02/2010 23:38	

Patients Present Location		**Patient Home Details (2804880060)**	
Address:	8 Mill Place, Craigo, Montrose, Angus DD10 9LB	**Name:**	STACEY ELLIS
		Address:	8 Mill Place, Craigo, Montrose, Angus, DD10 9LB
Phone:	07861 465215 Ext:	**Phone:**	
Registered GP Details (at time of call)		**Sex:**	F
Dr Name:	CRANSWICK, RUTH	**DOB:**	28/04/1988
Practice:	ANNAT BANK PRACTICE (13706)	**Age:**	21 years old
Script No:	T72001	**Contact:**	

Clinical Summary: **Date:** 06/02/2010
Description: R/S LOWER ABDO PAIN FOR 11 HOURS AND NAUSEATED. TOLERATING DIET & FLUIDS. PAIN RADIATES TO BACK. FEELS FEVERISH. ALSO POSTERIOR HEADACHE. NO URINARY OR BOWEL SYMPTOMS. PT ADVISED ANALGESIA INITIALLY. UNABLE TO TRAVEL TO PCEC. DR TO PHONE WITHIN 2 HOURS.

Call Number:	0000650804	**Date:**	06/02/2010	**Time:**	23:39	**Passed:**	23:43
Started:	23:43	**Status:**	Visit				
Urgency:	Within 2 Hours	**Visited:**	☑	**Date:**	07/02/2010	**Time:**	00:30

Notes to Practice:

23-43 Phioned patient No reply message left on answerphone Hub Notified. From hisory above patient requires assessment Request See and treat. Dr Acheson./S&T visit 0030hrs. allergies-NKDA.PMH-Ix ?PID/laparoscopy-ABx oct 2009.DH-contraceptive inj.HPC-onset of (R)abdo pain 1100hrs.worsened over last few hrs.nauseated,hot and lethargic since 1900hrs. O/E-looks unwell,clammy.pain described as stabbing,constant.abdo -guarding over (R)IF,tender on percussion,pain on cough. no urinary Sx.LBO yest.-normal.LMP-NK-pt gets depo-provera inj.has bloodstained PV discharge. P120;SATS95% on air;BP126/68;T37.8oC.pain score 9/10.IMP-? appendicitis/?gynae.d/w oncall Dr ward 10-will kindly see and assess.emergency transfer.opiate analgesia + antiemetic administered by paramedic.pts 19mth old son left in care of her older sister who came from Montrose to care for child.

Diagnosis:

acute abdo

Drugs: There were no drugs attached to the call

Outcome:		**Death/Presume Life Extinct:**	☐	**GP to certify:**	☐	**No Further Action:**	☐
		Refer To:	SEE & TREAT SERVICE			**Dept:**	SEE & TREAT
Review by GP:	☐	**When:**				**Where:**	
Patient to contact GP:	☐						

Consultation 1:	Date	Start Time	Finish Time	**Consultation 2:**	Date	Start Time	Finish Time
	06/02/2010	23:43	23:45		07/02/2010	00:30	02:37
	Clinical Group		Name		**Completion Date/Time:**	07/02/2010 05:12	
Duty Clinician	Angus		Ms SHELLY CLARK		**Closed By:**	sclarke	

Last Modified by PCEC: 07/02/2010 05:11

M)

08 FEB 2010

NHS Confidential: Personal data about a patient

7 JAN 2010

NHS
Tayside

The Nairn Suite
Ninewells Hospital and Medical School
Dundee
DD1 9SY
Telephone Number: 01382 660111
Fax Number: 01382 740023
www.nhstayside.scot.nhs.uk
Direct Line: 01382 632761

31st December, 2009

Dr.G.Kramer,
Annat Bank Practice,
Links H.C.,
Montrose.

Dear Dr. Kramer,

RE: Stacey Ellis, 8 Mill Place, Craigo, Montrose.
MPI: 280488 0060

Your patient attended the Early Pregnancy Counselling Clinic in Ninewells Hospital on 21/12/09 considering a termination of pregnancy. She was duly admitted to the Nairn Suite, Ninewells Hospital on 31/12/09 at 7+6 weeks gestation and underwent a Medical termination of pregnancy.

Contraception was discussed and Stacey was given Depo Provera prior to leaving the Ward. She will be attending you or Family Planning for further contraceptive advice.

A Chlamydia test was carried out and the result was negative. She is aware of this result.

She has also been tested for Rubella immunity, and will phone for the result.

Anti D was not required.

Follow up was not required.

Yours sincerely,

G.Mackie,
Staff Nurse

For N/W File

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21/12/09 Faxed as patient forgot to collect.

HOSPITAL USE ONLY	CLINIC:	DAY: DATE:	TIME:	HOSPITAL NO:

OUTPATIENT REFERRAL TO: NINEWELLS HOSPITAL

FROM: DR GRAHAM KRAMER ANNAT BANK PRACTICE, LINKS HEALTH CENTRE, MARINE AVENUE, MONTROSE, DD10 8TY TEL: 01674 673400

PRACTICE CODE NO: 13706
REFERRAL DATE: 15 December 2009

Please arrange for this patient to attend the: NAIRN SUITE *Clinic of:*

SURNAME: ELLIS
FIRST NAME: STACEY
DATE OF BIRTH: 28.04.88 0060
ADDRESS: 8 MILL PLACE, CRAIGO, BY MONTROSE, DD10 9LB
TELEPHONE NUMBER:

Previous Hospital Attendance: YES *When:* 2009
Hospital: EATING DISORDER CLINIC DUNDEE *Previous X-Rays* YES

Appointment – 10.30 Monday 21st December 2009

Reason – Unwanted Pregnancy

I am grateful for your involvement with Stacey. She is a 21 year old with very significant psychosocial problems. She has had a very disturbing childhood and suffers from an eating disorder. She has an 18 month old boy [redacted], who has failure to thrive and requires quite extensive medical and social work input. Stacey feels that she could not cope with another pregnancy and indeed feels strongly that she never wants any more children. I have no hesitations in referring her for a termination. I enclose a completed green form.

Stacey's last period was some time in mid October. She had a negative pregnancy test on 12th November, but two weeks later has had a positive pregnancy test.

She had an implanon in until 15th October, but this was removed because of constant bleeding. She was waiting for her next period to start Microgynon.

Yours sincerely

Dr Graham Kramer
GMC No., 3205066

NHS Confidential: Personal data about a patient

IN CONFIDENCE Certificate A

Not to be destroyed within three years of the date of the operation

ABORTION ACT 1967
Certificate to be completed in relation to an abortion under Section 1(1) of the Act

I DR GRAHAM KRAMER MBChB MRCP(UK) MRCGP.
(name and qualifications of practitioner : in Block Capitals)

of ANNAT BANK PRACTICE
LINKS HEALTH CENTRE MONTROSE DD10 8TY
(full address of practitioner)

Have/~~have not~~* seen/~~examined~~* the pregnant woman to whom this certificate relates at
ANNAT BANK PRACTICE LINKS HC MONTROSE
(Full address of place at which patient was seen or examined)

on 11.12.09

and I .....
(Name and qualifications of practitioner : in Block Capitals)

of .....
(Full address of practitioner)

*(*delete as appropriate)*

Have/have not* seen/and examined* the pregnant woman to whom this certificate relates at
.....
(Full address of place at which patient was seen or examined)

on .....

We hereby certify that we are of the opinion, formed in good faith, that in the case of

STACEY ELLIS
(Full name of pregnant woman : in Block Capitals)

of 8 MILL PLACE, CRAIGO, BY MONTROSE, DD10 9LB
(Usual place of residence of pregnant woman : in Block Capitals)

Tick appropriate box

- ☐ A the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated.
- ☐ B the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.
- ☑ C the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman.
- ☐ D the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the existing child(ren) of the family of the pregnant woman.
- ☐ E there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

This certificate of opinion is given before the commencement of treatment for the termination of pregnancy to which it refers.

Signed .....

Date 15/12/09

Signed .....

Date .....

(OVERLEAF: CERTIFICATE B - FOR USE IN CASES OF EMERGENCY)

NHS Confidential: Personal data about a patient

Sending Confirm

Date : 21-DEC-2009 MON 11:57
Name :
Tel. :

Phone	:	901382740023
Pages	:	1/1
Start Time	:	12-21 11:55
Elapsed Time	:	00'53"
Mode	:	G3
Result	:	Ok

First page of recent document transmitted...

IN CONFIDENCE

Certificate A

Not to be destroyed within three years of the date of the operation

ABORTION ACT 1967

Certificate to be completed in relation to an abortion under Section 1(1) of the Act

I DR GRAHAM REENCE MILLS MRCOG/MRCGP

of ANNEX LANE PRACTICE

LOWER HEATH CENTRE ANNEXE LANE ST

(and address of practitioner)

have advised the pregnant woman to whom this certificate relates at

ANNEX LANE PRACTICE LOWER HEATH WC ANNEXE

(final address of person with parental responsibility)

on 11.12.09

and I

(name and qualifications of practitioner) (in Block Capitals)

of

(full address of practitioner)

Where as appropriate

have/have not* personally examined* the pregnant woman to whom this certificate relates at

(full address of place where person was examined)

on

We hereby certify that we are of the opinion, formed in good faith, that in the case of

STACEY ELLIS

(full name of pregnant woman) (in Block Capitals)

of 8 HILL PLACE, LONGD, ST MONTROSE, DD10 9LB

(usual place of residence if pregnant woman) (in Block Capitals)

The appropriate box

- [ ] A the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated.
- [ ] B the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.
- [x] C the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman.
- [ ] D the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the existing child(ren) of the family of the pregnant woman.
- [ ] E there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

This certificate of opinion is given before the commencement of treatment for the termination of pregnancy to which it refers.

Signed [signature] Date 15/12/09

Signed Date

(OVERLEAF: CERTIFICATE B - FOR USE IN CASES OF EMERGENCY)

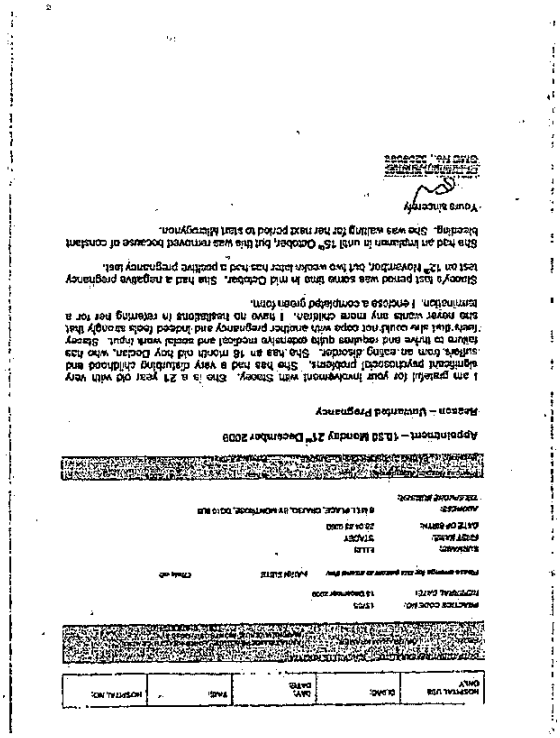
NHS Confidential; Personal data about a patient

Sending Confirm

Date : 21-DEC-2009 MON 11:50
Name :
Tel. :

Phone	:	901382740023
Pages	:	1/1
Start Time	:	12-21 11:48
Elapsed Time	:	00'59"
Mode	:	G3
Result	:	Ok

First page of recent document transmitted...



NHS Confidential: Personal data about a patient

MICROBIOLOGY

Tayside Clinical Laboratory Services

BACTERIOLOGY

DMR320

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988
Post Code: DD10 9LB

Sex: F

01382 632559

Clinician: Dr R.J. CRANSWICK
Annat Bank Practice

CPA Accredited 0221

09B250180 Date/Time of Specimen: 12 Nov 2009
Midstream Urine

No Growth

17 NOV 2009

Date of Report: 14 Nov 2009
ANNMON CRARIG

AUTH:

REPORT RECEIVED

DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient

NHS Tayside

Community Mental Health Services

20 NOV 2009

Angus Council

Montrose/Brechin & Friockheim
Community Mental Health Team
Booth House
Sunnyside Royal Hospital
Hillside
DD10 9JP
Telephone: 01674 832219
Fax Number: 01674 832286
www.nhstayside.scot.nhs.uk

Dr Kramer
Annat Bank Practice
Links Health Centre
Montrose
Angus
DD10 8TY

Your Ref	
Our Ref	PM/CW/2604880060
Date Dictated	16/11/09
Date Received	16/11/09
Date Typed	17/11/09
Enquiries to	Patricia Mayes
Extension	67230
Direct Line	01674 832230
Email	

Dear Dr Kramer

RE: Stacey Ellis, 8 Mill Place, Craigo, By Montrose D.O.B 28.04.88

Thank you for your referral of the above young woman to the Community Mental Health Team. I note your concern about Stacey Ellis's dysfunctional eating and the possible effect this is having on your young one year old son Declan who is also failing to thrive and gain weight satisfactorily. I have met with Stacey at the Links Health Centre on three occasions namely the 14th and 28th October and the 9th of November for assessment purposes.

During our meetings Stacey presented as tense and tearful at times. At our last meeting she had some difficulty walking due to back pain and she told me she felt exhausted most of the time. I advised to make an appointment with you in light of the fact that she has recent pelvic infections and other physical problems.

Stacey described a very unhappy personal history. She was born in Arbroath to a family which included an older brother, two younger brothers and a younger sister. Her youngest brother went away when she was young and she was never really sure what happened to him. Other members of the household included Stacey's mother, her grandfather, her aunt [redacted] and two other men. Stacey never knew her real father. Throughout her childhood Stacey suffered from physical and emotional neglect and sexual abuse from her grandfather and other men in the family. All the children were malnourished and Stacey had to steal food to help feed the younger children. Stacey felt that most of the time they were starving. When Stacey was six years old she and her siblings were taken into care. Some of the foster placements failed because Stacey's older brother was "out of control" and the foster parents were unable to put up with his behaviour. On a number of occasions the children were returned to their mother to try and make a go of living at home but this was never successful. Stacey later found out that her sister was also her aunt because her grandfather had sexually abused her mother. Stacey's grandfather was accused of rape but died by suicide before the trial took place. Stacey still keeps some contact with her foster mother although this has recently been difficult as her foster mother keeps telling her that she's too thin and needs to put on weight. Through out Stacey's teenage years she used to self harm by cutting herself or pulling out her hair. She also abused alcohol and drugs for a number of years. At the age of sixteen she took an overdose of Paracetamol when feeling suicidal. In the past Stacey had been offered counselling for the sexual abuse she had experienced but declined this as she did not feel she was ready to talk about it. She is still ambivalent about this.

Data Protection Act 1998
The Data Protection Act 1998 states that we must make any information we hold about a person available for them to see unless there are good reasons for not doing this.

At the age of eighteen years Stacey moved into her own flat. She dropped out of college to live with an older man. She found him very controlling. When she became pregnant with [redacted] he moved out of her flat to be with another woman and in the end she felt quite relieved about this. She said that her ex-partner abused alcohol and drugs and she did not want him to have any influence over her young son. Stacey moved out of her tenancy to private rented accommodation in a rural setting because she wished to be away from drug dealers and addicts. Since the birth of [redacted] one year ago, Stacey has cut off all contact with all her friends and is determined to be independent. Stacey told me that she came to the attention of the medical services when she acquired a pelvic infection a couple of months ago and was very ill. She said that she has previously had difficulties with breathing and chest infections. I know there was concern from yourself and other health professionals over the fact that her son Declan was failing to thrive and gain weight. Stacey tells me she has had a lot of input from social workers from the Broomfield Centre and for a few weeks her son has been removed from her care. I understand that she now has custody of him again.

Stacey explained that for some months now she has been suffering from low mood, tiredness, poor motivation and a disturbed sleep pattern. She has had no thoughts of suicide as she wants to live for her son who is the most important thing in her life. Her self esteems seems very poor and she has a lot of unresolved anger about the past and indeed her current situation.

Stacey said that she felt fat all of the time. She disliked the look of her body and became very anxious if she thought she was nearing seven stone in weight. She thought that currently she was about six stone 12lb and her height is 156cms. During her childhood she was always hungry and felt that she was being starved. Throughout her teenage years and since she has purposely tried to starve herself by eating one small meal a day. Because of her son and the concerns about him she felt there had been a lot of pressure of her to eat more and she had felt that she did not know how to change. Some days she would try to eat more and end up binge eating which would result in her starving herself for days after. Stacey assured me that she was not withholding food from her son but accepted that her dysfunctional eating might not encourage him to eat properly. She said that she had difficulty getting her son to accept food and she thought that perhaps he played up because she was anxious about this. She also accepted that her poor physical health and exhaustion made it difficult dealing with her lively son.

In summary, Stacey Ellis is still been suffering the effects of the abuse and neglect which she has experienced throughout her childhood and adolescence. She struggles to cope with her depression and dysfunctional eating while caring for her young son. I discussed Stacey's needs with her and although she has been reluctant in the past to accept psychological help, she said that she would like to try and sort out her eating problems for the sake of herself and her son's future. Having discussed the matter with Consultant Dr Blake I have decided to refer Stacey to the Tayside Eating Disorder Service and Stacey is happy with this decision.

In the meantime I will continue to see Stacey on a regular basis and offer her support.

Yours sincerely

Patricia Mayes

Patricia Mayes
Community Mental Health Nurse

Copy: Louise Hobbs, Clinical Psychologist, NHS Tayside Eating Disorders Service
Dr Blake, Consultant Psychiatrist, CMHT, Booth House, Sunnyside Royal Hospital

NHS Confidential: Personal data about a patient

Tayside Primary Care

NHS Tayside

NHS Tayside Eating Disorders Service
Constitution House
55 Constitution Road
Dundee, DD1 1LB
Telephone Number 01382 424544
Fax Number 01382 424535
Eatingdisorders.tayside@nhs.net

03 DEC 2009

PRIVATE & CONFIDENTIAL
Stacey Ellis
8 Mill Place
Craigo
By Montrose
DD10 9LB

Date Typed: 27.11.09
Your Ref
Our Ref
Enquiries to
Extension
Direct Line 01382 424534
Email

Dear Stacey

As you will know, it has been suggested that it might be helpful for you to see one of the Clinicians attached to NHS Tayside Eating Disorders Service. An appointment has, therefore, been arranged for you to attend for an assessment:

On: Thursday 17th December 2009

At: 3.00pm

At : Links Health Centre, Marine Avenue, Montrose (Outpatients Dept)

Your appointment is with Louise Hobbs, Clinical Psychologist.

Please contact the service on **01382 424534** or e-mail **eatingdisorders.tayside@nhs.net** to confirm this appointment, or to reschedule if it is not convenient for you.

Yours sincerely,

Diane Atkinson
Secretary
NHS Tayside Eating Disorders Service

C.c: Dr Kramer, Annat Bank Practice, Links Health Centre, Marine Avenue, Montrose.
Patricia Mayes, CMHN, Community Mental Health Team, Booth House, Montrose

NHS Confidential: Personal data about a patient

15 OCT 2009

Proforma for Implanon removal

Stacey Ellis.

Name [redacted] Clinic number 2804880060 Date of birth _____

Date of insertion 16 mths ago Hospital. Date of removal 15.10.09 Duration of use 16 mth.

Reason for removal

- ☐ End of licensed duration of use (3 yrs)
- ☐ Pregnancy wish
- ☑ No need for contraception
- ☑ Problem with Implant (please specify) Bleeding frequent.
- ☐ Other (please specify) _____

Future method of contraception (where appropriate) Consider Mirena.

Removal procedure

Name & position of clinician Dr Anderson

Implant site	Left ☑ Right ☐	upper arm
Implanon palpated	Yes ☑ No ☐	
Implanon removed	Yes ☑ No ☐	
Problems encountered	Yes ☐ No ☑	

If yes, what kind: _____

NHS Confidential: Personal data about a patient

15 OCT 2009

Weight - 45.1kg
Height - 1.59m
BMI - 17.8.

BP - 126/75
LMP - WAS Rx DEPO BUT DOES NOT WANT.
SMEAR - 010808.

Annat Bank Practice
Minor Surgery Patient Consent Form

Name STACEY ELLIS
DOB 28/04/88
CHI 0060
Address 8, MILL PLACE
CRAIGO
MONTROSE DD10 9LB

Proposed Minor Surgery Procedure REMOVAL OF IMPLANON

Statement of Health Professional: I have explained the procedure to the patient/patients carer. In particular, I have explained the intended benefits of the procedure, as well as the serious or frequently occurring risks: I have also discussed what the procedure is likely to involve, the benefits and side effects of any alternative procedures [including no procedure] and any particular concerns of this patient.

Signed: M Anderson

Date: 15:10:09

Clinician's stamp

ANNAT BANK PRACTICE
LINKS HEALTH CENTRE
MONTROSE DD10 8TY
Tel: 01674 673400
713706

Statement of Patient/Patients Carer:
I am satisfied with the information I have been given in relation to this procedure and I agree to the procedure described on this form

Signed SEE Date 15:10:09

Name ..... Patient Relationship .....

Anaesthetic no/(yes) Lidocaine 2% CSSD Label-stick here

Lot no 8143C4 Exp date 03/12

M Anderson: Review 9/09

NHS Confidential: Personal data about a patient

Medical Advisory Service
Westgate Health Centre
Charleston Drive
Dundee
DD2 4AD
Telephone Number 01382 647474
Fax Number 01382 647473
www.nhstayside.scot.nhs.uk

NHS Tayside

21 OCT 2009

Date 16 October 2009
Your Ref
Our Ref CMM/AL/ANG08E-34

Enquiries to Dr R Toller
Extension
Direct Line
Email ruth.toller@nhs.net

ASSESSMENT FOR REHOUSING - ANGUS

Stacey ELLIS, 8 Mill Place, Montrose (28 04 88)

I have examined the available information with regard to the application by the above named for rehousing on health grounds and would advise:

0 points on current information.

Medical Advisory Service

c.c. Dr Cranswick, lhc - I have received a self assessment form from your patient

Copy to:	Date
Hillcrest Housing Association (Angus)	16 October 2009
Angus Housing Association (Angus)	16 October 2009 (18737)
Servite Housing Association (Angus)	

NHS Confidential: Personal data about a patient

LINKS HEALTH CENTRE
MONTROSE Hospital

Accident and Emergency No. .....

USE BALL POINT PEN AND BLOCK LETTERS

Surname ....Ellis..... 28:04:88 D. of B.
First Name ..Stacey.. 0060 C. State
Address 8 Mill Place Sex
... Craigo DD10 9UB
Occupation... By Montrose MPI No. (last 4 digits)

Maiden Name
14 SEP 2009
Age 21

Next of Kin and Relationship (Contacted YES / NO)
[redacted]
Tel. No.: 01892630501

Date and Time of Injury | Accident | Emergency | Casual

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance Other
14/9/09	1145	1145	1205		

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

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

DIAGNOSIS:
Check post op wound

MEDICINES PRESCRIBED	DOSE	GIVEN BY
Ibuprofen	400mgs x 6	SWardle

T. 36·9 P. B.P.

HISTORY / COMPLAINT:
allergies - Rash with latex Meds/nil PMH/ co-dydramol laparscopy for investigation 1/7 ago.

HPC,
Patient removed dressing from wound today - concerned as she feels wound may have opened up. Feels sore around area - co dydramol not helping, making her feel sick.

O/E, Area around umbilicus bruised and tender. Abdomen otherwise soft.

SITES X-RAYED:

X-RAY FINDINGS:
Slight bleed from umbilicus. no signs of infection.

TREATMENT:
Imp, Healing wound.
Plan - Saline cleanse, mepore.
- See GP next week for review.
- Try ibuprofen and paracetamol instead of co-dydramol
- Return if concerns.

Doctors Signature .....
Print Name For Legal Reasons SSN SWardle

THB(MR)5A (Rev.3/94)

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged
OP Clinic .....
Ward No. .....
Other Hospital .....

Name and Address of Family Doctor:
Dr. Cranswick.

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

NHS Confidential: Personal data about a patient

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr R.J. CRANSWICK
DoB : 28 Apr 1988 Sex: F Annat Bank Practice
Post Code: DD10 9LB

CPA Accredited 0221

09B222234 Date/Time of Specimen: 14 Sep 2009
Midstream Urine

Sensitivities	1
Amoxicillin	S
Nitrofurantoin	S

CULTURE
1) 10^4 orgs/ml of Enterococcus faecalis

16 SEP 2009

Date of Report: 16 Sep 2009 AUTH: olvw
ANNMON CRARIG

REPORT RECEIVED

DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient

NHS
Tayside

23 SEP 2009

Women's & Child Health Clinical Group
Acute Services Division
Wards 37/38
Ninewells Hospital & Medical School
DUNDEE DD1 9SY
Tel Number: 01382 660111
Fax Number: 01382 632096
www.tayside.scot.nhs.uk

Date: 17th September 2009
Your Ref:
Our Ref: RY/MC
Enquiries to: Mrs Margaret Coull
Extension: 32085
Direct Line: 01382 632085
Email: margaret.coull@nhs.net

Dictated: 10/09/09
Theatre: 10/09/09

Dr M Ireland
Annat Bank Practice
Links Health Centre
MONTROSE

Dear Dr Ireland

RE: STACEY ELLIS, 8 MILL PLACE, CRAIGO, MONTROSE, DD10 9LB
MPI: 28.04.88 0060

Your patient underwent diagnostic laparoscopy under a general anaesthetic uneventfully today.

During the procedure the pelvic cavity looked entirely normal, with no evidence of endometriosis or adhesions. The left ovary had what looked like a normal follicle.

All being well she will be able to go home later on today, with no routine follow-up plans.

Yours sincerely

Dr R Youssef, Specialist Registrar to
Dr P Chien, Consultant Gynaecologist & Obstetrician

NHS Confidential: Personal data about a patient

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr R.J. CRANSWICK
DoB : 28 Apr 1988 Sex: F Annat Bank Practice
Post Code: DD10 9LB

CPA Accredited 0221

09B217760 Date/Time of Specimen: 03 Sep 2009
Midstream Urine

No Significant Bacteriuria

Date of Report: 05 Sep 2009 AUTH:
ANNMON CRAR1G

REPORT RECEIVED

[redacted] DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient

11 SEP 2009

NHS Tayside Psychological Therapies Service
Primary Care Division
Booth House
Sunnyside Royal Hospital
Montrose
DD10 9JP
Tel: 01674 830361
Fax: 01674 832293
www.nhstayside.scot.nhs.uk

NHS Tayside

Duty Worker
Community Mental Health Team
Booth House
Sunnyside Royal Hospital.
Hillside

Date	09 Sep. 09
Your Ref	
Our Ref	AP/PW/2804880060
Date Dictated:	09/09/09
Date Typed:	09/09/09
Enquiries to	Mrs Alison Peaker
Extension ,	67357
Direct Line:	01674832251

Dear Colleague Dr Kramer.

RE: Stacey Ellis, 8 Mill Place, Craigo, Montrose
D.O.B.: 14/08/79

This person was referred to our service by Dr Kramer, however after discussion with Susan McGregor, Duty Worker and Dr Kramer it would seem that this person meets the eligibility criteria for your service rather than this service. The Angus Psychological Therapies Team provides time-limited, structured psychological therapies to adults with mild to moderate mental health difficulties.

We would be grateful if you could therefore add this to your waiting list.

Yours Sincerely,

Pauline Watson

P.P **Alison Peaker**
Chartered Clinical Psychologist

Copy. Dr Kramer, Annat Bank Practice, Links Health Centre, Marine Avenue, Montrose, Angus, DD10 8TR

NHS Confidential: Personal data should be protected

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician:Dr G.A. KRAMER
Dob : 28 Apr 1988 Sex: F Annat Bank Practice
Post Code: DD10 9LB Source:Annat Bank Practice

CPA Accredited 0221

TAYSIDE CHLAMYDIA SERVICE Chlam cervical
Specimen number 09V056835
Date taken 27 Aug 2009

Chlamydia trachomatis PCR : Negative

1 SEP 2009

PLEASE NOTE - In infected patients who have been compliant with therapy and in whom there is no risk of reinfection, a test of cure need NOT be performed. However, if required, this should be performed a minimum of 5 weeks after initiation of therapy, to avoid false positive results.

Date of Report: 28 Aug 2009
ANNMON KRAG1G

REPORT RECEIVED

DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr G.A. KRAMER
DoB : 28 Apr 1988 Sex: F Annat Bank Practice
Post Code: DD10 9LB

CPA Accredited 0221

09B214090 Date/Time of Specimen: 26 Aug 2009 PM
HIGH VAGINAL SWAB

No Candida Isolated

Few Polymorphs
No Trichomonas

1 SEP 2009

Date of Report: 29 Aug 2009 AUTH:
ANNMON KRAG1G

REPORT RECEIVED

DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient

Wd 36

STACEY ELLIS

26/04/88 0060

2 6 AUG 2009

ANNATEANK
26/08/09.

faxed to 32096.

Dear Doctor,

Thank you for seeing this girl who was assessed by Dr Kramer yesterday in RIF/suprapubic tenderness + PV vag discharge + creamy d/c + cervical tenderness. Swabs were taken /PT neg/ urine leu⊕ only and doxycycline /metronidazole was prescribed. Unfortunately, Stacey phoned today + is now feverish /pain worse and vomiting... D/W Dr Kramer — requests admission.

N.B. Child — 1yr old "declan".
aware + social will look after.

Yours Sincerely

Whittington.

acey Ellis 28/04/1988 369/88/128

All Medical History

Address and Telephone numbers

8 Mill Place Craigo Montrose DD10 9LB
Mobile phone 078 926 305 01 (02/12/2007)

All Medical History

26/08/2009 Telephone encounter pt worse today-feverish/vomiting and pain no better. Dw Dr Kramer -admit gynae-dw gynae Rv wd 26 -referral to be faxed Dr Locum Doctor
25/08/2009 Right iliac fossa pain and vaginal discharge for 3 days, feels unwell. O/e mild pelvic tenderness, Inga will do HVS and chlamydia swabs, will start antibiotics.
VE has creamy discharge tender in right fornix, urinalysis rcytes but looks clear, not turbid. Preg test negative. Dr Graham Kramer
10/07/2009 Patient reviewed - no cough. Apyrexial. Chest clear. No doubt viral but I dont feel influenzal. Advice. Dr Richard Marwood
09/07/2009 Telephone encounter High fever and chest feels heavy. No cough or runny nose or sore throat Declan had feverish times last few days. Has taken paracetamol and Ibuprofen.
eating and drinking Ok Advised rest if possible Doesn't think anyone can help her with Declan tonight. Offered appt mane Dr Ruth Cranswick
09/07/2009 Administration - 0789 263 0501 - Please call re thinks has bronchitis and not feeling very well (AS)
16/05/2009 Letter from specialist Clinical Letter Links H C Gynaecology Ms Jackie Dempster
03/06/2009 Letter received Clinical Letter Links H C Physiotherapy Miss Isla Sutherland
27/05/2009 Dysfunctional uterine bleeding has Implanon, c/o persistant vaginal bleeding for a year following birth of son, has only had 3 breaks in that time, c/o superficial dyspareunia-sore in ere where stitches were. Also suprapubic pain. had USS 14/52 post partum-NAD. Requests D&C-explained this is not usually done nowadays in view of good scanning. Refer Gynae Dr Monica Ireland
15/05/2009 DNA hospital appointment with Physio, now discharged - (See Doctman 03.06.09)
01/04/2009 Blepharitis Contact lens wearer Dr Ruth Cranswick
31/03/2009 Letter received Clinical Letter Ninewells Hospital Ophthalmology Ms Jackie Dempster
12/03/2009 Tired all the time and nausea last 10 days. Says sleeping Ok and eating better, gets out every day. Check preg test but very unlikely. General lifestyle advice and Rv if not improving Dr Ruth Cranswick
12/03/2009 C/O - lumbar pain Since pregnancy but getting worse. No radiation No red flags. Declan 9mths and crawling. Posture very poor. Normal alignment spine and Good rom No painkillers help so stay off them Given advice re posture and exercise sheet Ref physio Dr Ruth Cranswick
12/03/2009 Intermenstrual bleeding - Irregular Has stopped. No bleeding. Dr Ruth Cranswick
19/02/2009 Did not attend - no reason Implanon removal planned Dr Margaret Anderson
06/01/2009 C/O - cough for week, productive, yellowish sputum. chest tightness. feels hot, sore throat. Her son in the hospital and was told not to visit him until she gets better.
OE afebrile, throat red, no exudate, chest clear.
Impression ViRAL chest infection.
Advised for Sx treament but she was concerned as not seeing her son so deferred Abx given to use if no improvement by the end of tomorrow (smoker as well). Extra Contraception precaution advised. Dr Trainee Doctor
22/12/2008 Did not attend - no reason Didn't come to appt today I phoned ward. SN reports Stacey much more involved. Stayed overnight last night and did all his care today including tube feeds and managing these well. Hoping to get him home at Xmas but possibly only for day pass. Dr Ruth Cranswick
15/12/2008 Telephone encounter Discussion with Lynda Clarahew. Disappointed Stacey has not been back to ward since she saw her last Tues. Will see her tommorrow if Stacey goes. Ix now limited as Stacey not there to give consent. Child protection action now looking likely .
Bonnie aware of all this and will try to speak to Stacey Dr Ruth Cranswick
15/12/2008 Had a chat to patient Long chat with Stacey and friend. Stacey quite tearful. Now quite entrenched in her position of not liking NWs and not wanting to go there. Hasn't been to see Declan for 5-6 days. "They're playing games with me". Tried to explain that no-one had any incentive to do this and that everyone's aim should be to get Declan home, healthy and feeding as soon as possible. Stacey feels let down that the admission has been much longer than initially suggested. Thinks Declan would feed Ok at home and that if he needed readmitted she would want him to go to ARI. Tried to encourage her to communicate with hospital staff but wouldn't be moved. Suggested that SW may become involved and that Declan may be taken into care She is aware of this. Plans to go and take Declan home mane. Encouraged to at least listen to consultant who has offered to see her regularly personally. Rv with me 1/52. Happy for me to phone consultant Dr Ruth Cranswick
11/12/2008 Telephone encounter Spoke to Dr lynda Clarahew, Paed Consutant Has taken over Declan's care this week and spoken to Stacey. Organic Ix so far neg and thinks behavioural feeding problems most likley. Agrees Stacey needs some continuity to build trust with hospital staff. Bonnie and I both feel she is a motivated parent but struggling for various reasons. Lynda plans to see her personally regularly. Said I felt she is not currently depressed but will continue to Rv this.Declan will be in hosp further 2 weeks at least and may need to go home with NG tube Stacey currenly reluctant to do the tube feeding. Seeing me on Mon. Dr Ruth Cranswick
08/12/2008 Telephone encounter Phoned and spoke to SN Meikle. Took on board our concerns re Stacey May ask medical staff to ring me back. Dr Ruth Cranswick
08/12/2008 Emotional problem Declan been in hosp for 2 weeks Admitted after clinic appt due to poor weight gain and feeding issues. Being tube fed in hosp and Ix so far negative Stacey struggling. Doesn't feel she can live at NWs and has been spending all her money travelling there each day. Getting very frustrated with hospital staff. Doesn't seem to be any continuity and she feels she is being given no information. Wants Declan home. Explained the aim would be to get him home healthy. Hosp made this appt for her as felt she was depressed She, I think, is correct i n thinking that this is a situational problem. Plans to have a rest this week and not travel to Dundee every day. I will ring the ward. Dr Ruth Cranswick
04/12/2008 Letter received Out of Hours Out of Hours Service Ms Jackie Dempster
12/11/2008 Abdominal pain see consult on 10/11. Presenting with abdominal pain again. No change since Monday. Similar symptoms. Has moved bowels and normal. No UTI symptoms. Has implanon in situ. Anxious and worried if it could be pregnancy. Reports had UPT done 7 times which was negative and then apparently one UPT turned positive. Distraught about that. o/e alert and oriented. Mood low. Speaks in short sentences only. Difficult but did achieve rapport eventually. Afebrile. Normal colour. No neck nodes. PA - soft. No distension. No mass felt. No acute abdominal signs. No rigidity or rebound tenderness. BS heard. Non-specific abdominal pain - I think more likely related to psychosocial stressors. Urine dipstick negative and UPT negative. Reassurance. Long chat. Declines any further antispasmodic. Will return next week if any concerns. Dr Suresh Arunachalam
10/11/2008 Intermenstrual bleeding - Irregular Reports bleeding all the time since Implanon fitted immediately after Declan.s birth. Bleeding like period Also dyspareunia. Can't have sex due to bleeding. Has boyfriend of 6 months. Wants implnon removed as wants bleeding to stop ASAP. Try adding COCP for few months RV 2 weeks and do PV then. (Prev on depo but lost weight, tends to forget pills) Dr Ruth Cranswick
10/11/2008 Patient reviewed Eating much better. Having lunch and tea and feeling hungry all the time. Feeling generally unwell last 2 days. nausea, abd cramps, ears sore, chest sore. No diarrhoea. O/E T 38, P- 72 reg, chest clear, ears NAD, Imp viral illnes. Advised fluids and paracetamol. Calpol prescribed as can't swallow tablets. Unfortunately childminder unwell so can't have Declan today. Dr Ruth Cranswick
27/10/2008 Did not attend - no reason Bonnie seeing her tomorrow and will report back. Dr Ruth Cranswick
20/10/2008 Patient reviewed Came with younger sister and initially much brighter and reactive. Declan not gaining weigt and has Rv at NWs on Wed Manages solids but still very poor milk intake.SALt are advising trial of cup. Stacey had burger today and having some "junk food" . Childminder ill so not getting night off tonight Complimented on her coping and gentley encouraged re food See again 1 week. ? involve eating disorder team or too many professionals already. Dr Ruth Cranswick
15/10/2008 Letter received Clinical Letter Ninewells Hospital womans and childs health clinical group Miss Isla Sutherland
13/10/2008 Patient reviewed Generally very low, exhausted and tearful. Eating very little and has lost weight. Getting very little sleep as baby wakes frequently. Declan goes to childminder for 24 hrs Mon/Tues and 3 hrs Thurs pm. Has family Support worker (Kate , visiting tomorrow). Bonnie and speech and language therapist all involved. Vulnerable young Mum although considerable support already in place. Most urgent issue seems to be her nutrition. Unwilling to take antidepressants and denies any thoughts of self harm (other than not eating). Encouraged to buy some pasta on way home now. See 1 week. Kate visiting mane. I will liase with HVs. RV 1 week Dr Ruth Cranswick
29/09/2008 Abdominal pain Has taken lactulose and reports pain no better but tenderness and fullness gone from LIF Still some fullness L mid abd. Not eating anything until teatime. Chat re trying to eat earlier in day. Baby awake and playful at night, chat Back pain prob related to lifting, advice re lifting and posture and simple analgesia. see 2 weeks Seeing Bonnie mane Dr Ruth Cranswick
23/09/2008 Did not attend - no reason Mrs Lynne Garden
22/09/2008 Abdominal pain Baby has been in hosp few days due to poor feeding. Staff happy no medical cause but feel Stacey needs a lot of support. Bonnie organised meeting of all involved in her care this week.
Describes ongoing cramping abd pain esp with food. No bowel or urinary sx. Has had FV, negative swabs and USS which she was told showed no abnormality. Abd - Palpable bowel as she is so slim. Denies constipation but I think this is most likly cause of her abd pain. Bonnie has been trying to encourage improved diet but tends to skip meals. Laxative, FBC, PV, UE, LFt, TSt and Rv next week Dr Ruth Cranswick
20/09/2008 Laboratory result Result Ninewells Hospital Microbiology Ms Jackie Dempster
18/09/2008 Left iliac fossa pain Went to NWs 6/7 ago Had USS and told NAD Result not available on central vision. Not admitted Advised pain not gynaecological and sent home. No bow or urinary sx. Nausea and feeling generally unwell. Pain unchenged. LIF and also pain in midback. Finding it hard to care for baby O/E despondant, T 37.9, P 96 reg , abd tender LIF Lump felt which I think is bowel , very slim. Urinalysis - WBCs, protein and blodd MSU sent. AB and fluids RV MOn earlier if any deterioration Dr Ruth Cranswick
15/09/2008 Discharged from hospital Discharge Letter/Summary Ninewells Hospital Unknown Ms Jackie Dempster
12/09/2008 Failed encounter NOS see query Phone engaged x2 Will try later Dr Margaret Anderson
11/09/2008 Other abnormal uterine and vaginal bleeding blood stained discharg also tender lump LIF o/e ? palpable colon. declines VE will see female doctor. On Implanon, check preg ta Unlikely). Will see MA on Monday Dr Graham Kramer
11/09/2008 Letter received Clinical Letter Westgate Health Centre Medical Advisory Service Ms Jackie Dempster
26/08/2008 Letter received Admin Letter Housing Application Mrs Aileen Coull

Bcey Ellis 28/04/1988 369/88/128

19/08/2008 Letter received from Medical Advisory Service, Westgate Health Centre, File and Form passed to GK boley (IAS) REPLY SENT 25.08.08
11/08/2008 Letter sent to outside agency Clinical Letter Westgate Health Centre Medical Advisory Service Miss Isla Sutherland
11/08/2008 Administration - Letter done to Dr Jane Forsyth, Medical Advisor, Westgate (IAS) Dr Ruth Cranswick
08/08/2008 Abnormal weight loss - symptom feels she is losing weight. BMI 18.2. Monitor weight weekly over next month. (May improve with elevation of mood) Dr Locum Doctor
08/08/2008 Low mood Note high EPNDS score. I think a large element may be due to circumstances - but try low dose citalopram (bottle feeding). Dr Locum Doctor
08/08/2008 Vaginal discharge symptom continues, could not tolerate clotrimazole pessary. Dr Locum Doctor
08/08/2008 Backache symptom since delivery (ventouse). Locates over SI joints. Try NSAI. Dr Locum Doctor
08/08/2008 Seen by health visitor Discussed Stacey's high EPNDS and low mood with Dr Kramer and advice given by Health Visitor to make an appointment to see a GP. Mrs Bonnie Troup
07/08/2008 Seen by health visitor Repeated Edinburgh Post Natal Scale. Scored very high 21. Advised to see GP to discuss mood as she has a history of depression. To continue with weekly support visits meantime from health visitor. Mrs Bonnie Troup
04/08/2008 Laboratory result Result Ninewells Hospital Microbiology Ms Jackie Dempster
21/07/2008 Seen by health visitor Edinburgh Post-Natal Depression Scale carried out. 12 scored, discussed at length, feeling mood down at times.Advised to make use of support available, Child & Family Support team involved prior to the birth, community childminding in place and health visitor visiting weekly meantime. Referred for infant massage.Appears to be overwhelmed by the birth. Mrs Bonnie Troup
07/07/2008 Had a chat to patient HV sent along as wt dropping and no inclination to eat. no probs prior to pregnancy with eating. Note baby very poor sleeper and needs fed every 2-3 hours. little support and lots of money worries. cone al down. says mood ok, but admits to freq tearful. has contact with broomfield but feels they are not giving much support. Mum in middle of radiotherapy. I think this is all part of psychological stress. may turn into actual post natal depression. needs to be observed. Check if HV visiting more than standard and whole mood situation needs to be rev at post- natal. MJSimpson Dr Locum Doctor
13/06/2008 Fax received Clinical Letter MRI Maternity Miss Isla Sutherland
06/06/2008 Discharged from hospital Discharge Letter/Summary Ninewells Hospital Maternity Mrs Aileen Coull
02/05/2008 Anaemia during pregnancy, childbirth and the puerperium (Ferrous Sulphate) Dr Ruth Cranswick
02/05/2008 Thrush (Clotrimazole) Dr Ruth Cranswick
14/01/2008 Notes summary on computer Dr Graham Kramer
03/01/2008 Telephone encounter Concerned as 18 weeks pregnant and been in contact with child with measles (says definite diagnosis) She had MMR in June 07 so reassured. Dr Ruth Cranswick
21/12/2007 Letter received Result MRI Maty Mrs Susan Maddock
21/12/2007 Thrush on HVS 15 weeks gestation Dr Margaret Anderson
19/12/2007 Laboratory result Result Ninewells Hospital Immunology Mrs Aileen Coull
06/12/2007 Patient MRE received from FPC files now merged and with Dr Kramer for summary on 14/12/07
02/12/2007 Letter received Out of Hours Out of Hours Service Mrs Susan Maddock
13/11/2007 Letter received Admin Letter New Pt Questionnaire Mrs Susan Maddock
12/11/2007 White Scottish Mrs Lynne Garden
08/2006 Acne vulgaris
09/2005 Depressive disorder NEC and alcohol misuse. Referred Comhil
02/04/2005 Right iliac fossa pain admitted gynae with a false pos preg test, settled spontaneously
1997 Breast lump symptom prepubertal
1995 Eye muscle operations squint correction Dr Graham Kramer
1994 Foster care
1994 Child on protection register mother psychiatric illness, father in prison.
1992 Convergent squint left
1992 Minor head injury
1992 Burn of wrist or hand NOS right hand
1992 Insertion of grommet bilateral
1991 Recurrent acute otitis media
1989 Specific delays in development poor social circumstances

Encounter Report

Address and Telephone numbers

8 Mill Place Craigo Montrose DD10 9LB
Mobile phone 078 926 305 01 (02/12/2007)

Significant Medical History

05/2005 Depressive disorder NEC and alcohol misuse. Referred Cornhill
1994 Foster care
1994 Child on protection register mother psychiatric illness, father in prison.

Chronic Disease Register

No data recorded.
No data recorded.
No data recorded.
No data recorded.
No data recorded.
No data recorded.
No data recorded.

Current Repeat Medication

No data recorded.

Acute and Repeat Issues in last 3 months

25/08/2009 METRONIDAZOLE tabs 200mg Supply: (21) tablet(s) TAKE ONE 3 TIMES/DAY Dr Graham Kramer
25/08/2009 DOXYCYCLINE (AS HYCLATE) caps 100mg Supply: (8) capsule(s) TWO NOW THEN ONE DAILY Dr Graham Kramer

Allergies and Intolerances

No data recorded.
12/11/2007 Allergy Moderate H/O: non-drug allergy Latex itchy and red Mrs Lynne Garden

Recalls - 3 months back to 1 month in future

No data recorded.

Referrals and Requests in last 3 months

27/05/2009 Refer for Gynaecological referral Action: 17/06/2009 Referred Text Dr Monica Ireland

Tests in last 3 months

No data recorded.

Last Consultation

25/08/2009 Administration Dr Graham Kramer
25/08/2009 Right iliac fossa pain and vaginal discharge for 3 days, feels unwell. O/e mild pelvic tenderness, Inga will do HVS and chlamydia swabs, will start antibiotics.
VE has creamy discharge tender in right fornix, urinalysis leytes but looks clear, not turbid. Preg test negative. Dr Graham Kramer
25/08/2009 METRONIDAZOLE tabs 200mg Supply: (21) tablet(s) TAKE ONE 3 TIMES/DAY Dr Graham Kramer
25/08/2009 DOXYCYCLINE (AS HYCLATE) caps 100mg Supply: (8) capsule(s) TWO NOW THEN ONE DAILY Dr Graham Kramer

Prevention

12/11/2007 11:24.00 BP 111 / 67 taken Sitting from Right Cuff: Standard recall due: O/E - blood pressure reading Mrs Lynne Garden
12/11/2007 Never smoked Never smoked tobacco Mrs Lynne Garden
12/11/2007 Life teetotaler Non drinker alcohol Mrs Lynne Garden
10/11/2008 Weight: 44 kgs BMI: 17.8 O/E - weight Dr Ruth Cranswick
12/11/2007 Height: 1.57 metres O/E - height Mrs Lynne Garden
19/12/2007 Blood grouping Blood group: O+
01/08/2008 reported 21/08/2008 Ca cervix screen normal Dr Margaret Anderson
No data recorded.

New Consultation Details

Date: Clinician:

NHS Confidential: Personal data about a patient

Sending Confirm

Date : 26-AUG-2009 WED 13:47
Name :
Tel. :

Phone	:	32096
Pages	:	4/4
Start Time	:	08-26 13:44
Elapsed Time	:	03'12"
Mode	:	G3
Result	:	Ok

First page of recent document transmitted...

STMGM ELLIS
26/04/88 0060

W/36
RH
Huntingdon
24/08/09.

Dear Doctor,

Thank you for seeing this girl who was assessed by Dr Kramer yesterday — RIF/suprapubic tenderness + PV vag discharge — creamy d/c + cervical tenderness. Swabs were taken (PT ng/ urine (LCR only and doxycycline/metronidazole was prescribed. Unfortunately, Stacey phoned today + is now feverish/pain worse and vomiting. D/W Dr Kramer — requests admission.

N.B.: Child — 1yr old "Dylan" protection register — SW aware + works with both after.

Yours Sincerely

Dr [illegible]

NHS Confidential: Personal data about a patient

Notes requested 1330 ✓ 26 AUG 2009

Emergency Gynaecology Assessment Sheet

Grey shaded areas to be completed by nursing staff. White areas to be completed by medical staff.

SURNAME ELLIS	Date of Referral 26.8.09	Time of Referral 1330	
FORENAME STACEY	Date of Arrival	Time of Arrival 1540	
CHI No. 280488 0060	Assessed by Nurse	Signature Name	
ADDRESS 8 Mill Place Craigo Montrose (Ang)	Time	Status	
GP ADDRESS Dr Granwistick Annatbank Health Centre	Assessed by Doctor A Yousaf	Signature Name	
PATIENT'S Tel. No. 07892630501	Time 1910	Status	
	Consultant Dr R Allen		

Presenting Complaints
1. Rt lower abd pain & Rt renal angle pain
2.
3.

Clinical Findings T 37.1° Soft abdomen. tender in RIF & Rt renal angle no rebound tenderness no mass felt AV uterus average size cervical excitation tender RIF

Investigations UBC 11.7 CRP < 3 U&E WNL
TVS small cyst(s) Rt adnexal structure ? tubular small amount of fluid in POD urine) leuc +ve

Diagnosis
1. ? PID ? awaiting results awaited
2.

Suggested Management Suitable for outpatient management

Drug	Dose	Times per day	Number of days	Date	Signature
Ofloxacin tab	400mg	2	14		~Yo
Metronidazole	400mg	3	14		~Yo

Follow up			
Discharged home ☑	Admitted Ward ☐	Outpatient Follow Up ☐	Referred to other speciality ☐
Date of discharge 26/8/09		Time of discharge	
Signature ~Yo		Designation	

NHS Confidential: Personal data about a patient

Gynaecology Out-patient Department
Primary Care Division
NHS Tayside
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

NHS Tayside

Telephone Number 01382 660111
Fax Number 01674 832136
www.nhs.tayside.scot.nhs.uk

18 JUN 2009

Dr M Ireland
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date of clinic 15 June 2009
Date dictated 15 June 2009
Date typed 17 June 2009

Your Ref
Our Ref PC/lwg/ 28 04 88 0060

Enquiries to Lynne Grant - Secretary
Extension 67173
Direct Line 01674 832173
Email lynne.grant@nhs.net

Dear Dr Ireland

STACEY ELLIS 8 MILL PLACE CRAIGO MONTROSE DD10 9LB

I saw this 21 year old para 1 + 1 at my Gynae Out-patient Clinic today who is complaining of constant vaginal bleeding since her last delivery a year ago. The bleeding has settled within the last two weeks. Currently she has got Implanon in situ for contraception which was inserted about a year ago. Her last cervical smear in 2008 was negative. She also complained of some dyspareunia but I note that her ultrasound scan on 23 June 2009 on her pelvis and abdomen was normal. She was also keen to preserve her future fertility.

On examination the abdomen was soft and non-tender. There was no mass felt. It was impossible to perform a vaginal speculum examination or pelvic examination on her as she was extremely tearful with the tenderness just on even light touch to her vulva or vagina. Therefore, that information is completely uninformative.

I had a discussion with her and have advised her to leave the Implanon in situ and hopefully her periods will settle down without any further treatment required. There is no indication to undertake any endometrial biopsy on her given her age.

In relation to her dyspareunia, I have offered her a diagnostic laparoscopy. She is aware of the need for a general anaesthetic and possible injury to the bowel, bladder and pelvic blood vessels which may subsequently require laparotomy. She is keen to go through with this so I have put her name down on my waiting list for a day case diagnostic laparoscopy to be done in the near future.

Yours sincerely

Dr Patrick Chien
Consultant Obstetrician and Gynaecologist
(Dictated but not read)

Copy to
Margaret Coull - Dr Chien's Secretary Ninewells Hospital

NHS Confidential: Personal data about a patient

- 3 JUN 2009

Angus Physiotherapy Service
Angus CHP
Physiotherapy Department
Links Health Centre, Marine Avenue
Montrose
DD10 8TY
Telephone Number: 01674 832195
Fax Number: 01674 832195
www.nhstayside.scot.nhs.uk

NHS Tayside

Dr. Cranswick,
Annat Bank Practice,
Links Health Centre,
Montrose.

Date 2 June 2009
Clinic Date
Our Ref

Enquiries to Sabrina Dunne
Extension 67178/67195
Direct Line 01674 832195
Email sabrinadunne @ nhs.net

Dear Dr. Cranswick

PHYSIOTHERAPY REPORT

STACEY ELLIS, 8 MILL PLACE, CRAIGO, DD10 94B.
2804880060

This patient has been attending for physiotherapy at Links Health Centre, Montrose for low back pain of mechanical nature. Unfortunately, she did not attend the second arranged appointment on 15/05/2009 and has not contacted the department within 10 days to arrange an alternative date.

Therefore, this patient has been discharged.

Yours sincerely

Sabrina Dunne
Sabrina Dunne.
Physiotherapist

NHS Confidential: Personal data about a patient

31 MAR 2009

31 [illegible]09

Ophthalmology Department
Acute Services Division
NHS Tayside
Ward 25, Ninewells Hospital
DUNDEE
DD1 9SY
01382 660111
01382 632893
www.nhstayside.scot.nhs.uk

Dr R Cranswick
Annat Bank
Links Health Centre
Frank wood Way
Montrose

Date	16th March 2009 (dictated 13.03.09)
Your Ref	
Our Ref	UO/LMcG/MPI/28 04 88 0066
Enquiries to	Dr U O'Colmain
Extension	33428
Direct Line	
Email	lmcgrattan@nhs.net

Dear Dr Cranswick

STACEY ELLIS, 8 MILL PLACE, CRAIGO

Your patient attended the Ophthalmology OPD on 13.03.09
Our findings were as follows:-

Diagnoses:
Blepharitis
Contact lens wearer

Visual Acuity:
6/12 right
6/9 left

Outcome:
This lady is complaining of right worse than left ocular discomfort. She has evidence of mild infection and significant blepharitis. I have advised her regarding lid hygiene and to not wear her contact lenses. I have not arranged to see her again.

Yours sincerely

Dr. Fouls

Dr U O'Colmain
Specialist Registrar

NHS Confidential: Personal data about a patient

Closed Call Details

NHS No:	6537388	**Call Received:**	04/12/2008 21:18	**Received by:**	(Non-clinical user) (Edinburgh)	NHS 24
Outcome:	PCEC within 4 Hrs			**Outcome Code:**	PCC4	
PCC:	RURAL ANGUS	**Triage Start:**	04/12/2008 22:17	**Triage Finish:**	04/12/2008 22:27	

Patients Present Location

Address: 8 Mill Place, Craigo, Montrose, Angus DD10 9LB

Phone: 07892 630501 Ext:

Patient Home Details (2804880060)

Name: STACEY ELLIS

Address: 8 Mill Place, Craigo, Montrose, Angus, DD10 9LB

Phone:

Sex: F

DOB: 28/04/1988

Age: 20 years old

Contact:

Registered GP Details (at time of call)

Dr Name: CRANSWICK, RUTH

Practice: ANNAT BANK PRACTICE (13706)

Script No: T72001

Clinical Summary:

Date: 04/12/2008

Description: HEAVY VAGINAL BLEEDING FOR 1 DAY AND WORSENING TONIGHT, CHANGING PADS EVERY 30 MINS FOR LAST 4 HRS AS COMPLETLY SOAKED THROUGH. STATES HAS HAD 2 EPISODES TODAY WHERE STATES COULD FEEL BLOOD RUNNING OUT, LOWER ABDOMINAL CRAMPING . STATES HAS SPOTTING DAILY FOR LAST 6/12, GP COMMENCED CONTRCEPTIVE PILL, ALSO HAS IMPLANT. ADVISED PCEC 4 HUB TO PHONE WITH APPT PLEASE

Call Number:	0000511904	**Date:**	04/12/2008	**Time:**	22:28	**Passed:**	22:31
Started:	00:01	**Status:**	Attend				
Urgency:	Within 4 Hours	**Attended:**	☑	**Date:**	05/12/2008	**Time:**	00 :00

Notes to Practice:

ongoing spotting for past 6 months...recently commenced on contraceptive pill...also has implant...slight lower abd. cramps...pads checked-traceamount of bld.pregtest-ve...urine dipstik-+leuco...blood++...nil else...t-36 degrees...bp-112/68mhg...p-82/min...abd.:soft throughout except for slight discomfort in the epigastrium...nil else...no nausea...no urinary symptoms...suggested pcm tonight...worsening adv. given...sample to be sent for lab. analysis am...review if needed.

Diagnosis:

pv bleed

Drugs: There were no drugs attached to the call

Outcome:		**Death/Presume Life Extinct:**	☐	**GP to certify:**	☐	**No Further Action:**	☐
		Refer To:	None		**Dept:**	None	
Review by GP:	☐	**When:**			**Where:**		
Patient to contact GP:	☐						

	Date	Start Time	Finish Time		Date	Start Time	Finish Time
Consultation 1:	05/12/2008	00:01	00:12	**Consultation 2:**			
	Clinical Group		**Name**		**Completion Date/Time:**	05/12/2008 00:12	
Duty Clinician	Angus		Dr G KHANNA		**Closed By:**	acairns	

Last Modified by PCEC: 05/12/2008 00:15

- 5 DEC 2008

PRINTED:05/12/2008

TayCare

NHS Confidential: Personal data about a patient

15 OCT 2008

Women's & Child's Health Clinical Group
Wards 37&38
Acute Services Division
NHS Tayside
Ninewells Hospital and Medical School
DUNDEE
DD1 9SY
TEL 01382 660111
Email www.nhstayside.scot.nhs.uk
Fax No 01382 632098
Enquiries: Mrs T Carlin, Obs & Gynae Secretary
Direct Line 01382 632089
E mail: tracycarlin@nhs.net
Ref /TC

8 October 2008
Dictated 02.10.08

Dr Anderson
Annat Bank Practice
Links Health Centre
Marine Avenue
MONTROSE

Dear Dr Anderson

STACEY ELLIS, 10 CONDOR CRESCENT, MONTROSE
MPI 2804880060

This 20 year old lady was assessed at the Gynaecology Ward on 15.09.08.

She was 14 weeks post partum and complained of a 2-3 weeks history of swelling in the left iliac fossa with a one week history of increasing pain and tenderness. She also had more recent fever and nausea.

On assessment on the ward, Stacey was afebrile. She had a tender lower abdomen on palpation. She also reported that she had no pv discharge. Her pregnancy test on the ward was also negative.

Stacey had a transvaginal ultrasound scan to rule out pelvic pathology. This showed no adnexal mass or free fluid. Both ovaries were normal in size and appearance. Stacey was informed there was no gynaecological cause to find for her pain. She did however complain that the pain was still present and that she was no longer eating because of it. She had normal bowel motions. After further discussion it was felt that it was probably a gastro-oesophageal reflux element to her pain, and she was therefore given some Lansoprazole on top of normal analgesia on discharge.

Stacey will not routinely be followed up.

Yours sincerely

Dr S Cooper
GP ST2 to Dr P W Chien

Headquarters
King's Cross, Clepington Road
Dundee
DD3 8EA

NHS Confidential: Personal data about a patient

FOR PHARMACY USE

Checked by

Clinical Pharmacist

Patient Counselled

(Initls)

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Inf.

To Dr. [illegible]

19 SEP 2008

Ward/Clinic/Hosp. NWH, 36. Cons.

D D M M Y Y

28 04 88 0160 C.H.I. No.

Surname Ellis

First Name Stacey M. State

Address Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor).

Date Placed on Waiting List (if appropriate) Date of Admission:

*Delete as appropriate

..... 2nd Fold .....

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	15/9/8						

When Medicines are to be dispensed all copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: LIF pain

OTHER CONDITIONS:

PRINCIPAL OPERATION / PROCEDURES: Tv ultrasound scan - no adnexal mass or free fluid. both ovaries normal in size & appearance

OTHER OPERATIONS / PROCEDURES:

Days	MEDICINE TREATMENT ON DISCHARGE — NAME — State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (Mark ✓) 8 10 12 14 16 18 20 22 24	DISPENSED BY PHARMACY — Number	Brand Names (for information only)
	Co-codamol 30/500	2tab		✓ ✓ ✓		
	[illegible]	[illegible]		[illegible]		

.... 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge.

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

Lansoprazole prescribed

Co-codamol prescribed

CONDITION ON DISCHARGE

COMPLETELY AMBULANT ☐ CONFINED TO HOUSE ☐ PARTIALLY BEDRIDDEN ☐ CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS

DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT

1. ..... Consultant
2. ..... Sen. Registrar/Registrar
3. ..... Ward/Unit Secretary Telephone ..... Ext. .....

TO PHARMACY MEDICINES REQUIRED ON WARD AT ..... (TIME) .....

Signature [signature] Status GRST2

for Consultant Date 15/9/8

Dispensed By .....

Checked By .....

Date .....

Final Distribution
WHITE - G.P.
PINK - General Office Medical Records
YELLOW - Case Records
BLUE - Pharmacy

TH3(MR)26 DTH 4 Part Set

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MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9LB

Clinician: Dr R.J. CRANSWICK
Annat Bank Practice

CPA Accredited 0221

08B224662 Date/Time of Specimen: 18 Sep 2008
Midstream Urine

23 SEP 2008

No Growth

Date of Report: 20 Sep 2008 AUTH:
ANNMON CRAR1G

REPORT RECEIVED

DOCTOR'S INITIALS :

NHS Confidential: Personal data about a patient

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9DA

Clinician: Dr M.J. ANDERSON
Annat Bank Practice

CPA Accredited 0221

08B200741 Date/Time of Specimen: 01 Aug 2008
HIGH VAGINAL SWAB

No Candida Isolated
N. gonorrhoeae not isolated
No growth of pathogenic bacteria

No Polymorphs
No Trichomonas

JG		GK	
MI		RC	
MA		RM	
		M	
05 AUG 2008			
TCI		PX	
NOTES		REPEAT	
STATS		VISIT	
		NORM	

Date of Report: 04 Aug 2008 AUTH:
ANNMON ANDM1G

REPORT RECEIVED

DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient

Medical Advisory Service
Primary Care Division
NHS Tayside
Westgate Health Centre
Charleston Drive
DUNDEE DD2 4AD
Telephone Number: (01382) 647474
Fax Number: (01382) 647673

NHS Tayside

Date 14 August 2008
Your Ref
Our Ref JDJF/AL/ANG08E-14

Enquiries to Dr J Forsyth
Extension
Direct Line
Email joan.forsyth@nhs.net

MI MA
19 AUG 2008
TCI PX
NOTES ASSIST
STATS VISIT
NORM

Dr G Kramer
Annat Bank Practice
Links Health Centre
MONTROSE

Dear Dr Kramer

Re: Stacey Ellis, 26 Westwood Walk, Montrose (28 04 88)

MEDICAL PRIORITY FOR REHOUSING – APPLICANTS WITH SPECIAL NEEDS

Thank you for your letter of 11 08 08.

Verification from yourself [either by completing this pro forma or in a separate letter], on various aspects of your patient's health, housing and community care needs would be helpful as I need to have more detail of her current housing situation, and (any) history of previous depression.

1) The diagnosis and treatment. You refer to PND. Normally this has to be of six months duration or be recurring to be considered for medical priority.
Certainly currently very low mood + lethargy, struggling with 2 month old baby - Edinburgh PNDS = 21 (very high)
Recently started citalopram 20mg with a view to titrating up.

2) Any relevant medical history.
· Acne.
· [redacted]
· Attended Cornhill Hospital in 2005.
· Concerns re weight - Not eating - 8st 11 - 18.2

Headquarters
King's Cross, Clepington Road, Dundee DD3 8EA

Chairman, Mr Sandy Watson OBE DL
Chief Executive, Professor Tony Wells

NHS Confidential: Personal data about a patient

3) In your opinion what adverse health related housing conditions exist? What do you feel are the housing needs on health grounds?

Patients reported concerns are she feels very vulnerable in current housing. Apparently concerns over local drug dealers. Difficult to know whether her percieved vulnerability is a feature of her depressive illness. However she rates her housing concerns as the chief cause of her anxiety + low mood.

4) Is current housing a permanent tenancy?
Not known

5) Level of any community support in place/has been requested/from whom/how often/for what?
Child + Family support team involved before birth.
Community Child-minding
Weekly Health visitor visits.

6) The patient's (likely) compliance with any support (in your opinion).

Struggling with compliance + full engagement at present - however a very needy + distressed young lady.

Under the NHS Circular PCS (DD) 120000/3 you are entitled to a fee of £25.15 for a detailed report from your records for this purpose. Please return the enclosed fee note with your reply.

Yours sincerely

Medical Advisory Service

Encl

NHS Confidential: Personal data about a patient

11 SEP 2008

Medical Advisory Service
Westgate Health Centre
Charleston Drive
Dundee
DD2 4AD
Telephone Number 01382 647474
Fax Number 01382 647473
www.nhstayside.scot.nhs.uk

NHS Tayside

Date 08 September 2008
Your Ref
Our Ref JDJF/AL/ANG08E-34

Enquiries to Dr J Forsyth
Extension
Direct Line
Email joan.forsyth@nhs.net

ASSESSMENT FOR REHOUSING - ANGUS

Stacey ELLIS, 26 Westwood Walk, Montrose (28 04 88)

I have examined the available information with regard to the application by the above named for rehousing on health grounds and would advise:

20 points to alternative housing.

Medical Advisory Service

c.c. Dr Kramer, lhc - thank you.

Copy to:	Date
Hillcrest Housing Association (Angus)	08 September 2008
Angus Housing Association (Angus)	08 September 2008
Servite Housing Association (Angus)	08 September 2008

NHS Confidential: Personal data about a patient

Fax from Montrose Maternity Unit

Blood/swab results requiring treatment

Patient Name: Stacey Ellis

DOB/CHI: 180488 0060

~~Cesarean/E D/Days postnatal~~: 15+5

Result: HVS

Light growth of candida

Pharmacy: Please prescribe relevent treatment please

Prescription to go to Lloyds pharmacy Pl

Many Thanks

Suzanne Knox (SM)

Pr Done

NHS Confidential: Personal data about a patient

Fax from Montrose Maternity Unit.

Blood/swab results requiring treatment.

Patient Name: Stacey Ellis

CHI: 2804880060

EDD: 10 days P/N

Result: sxx results

Pharmacy: will collect prescription from surgery this pm.

13/6/08.
STILL TO BE SCANNED.

Pr done by MA 13/06/08
Patient to collect SB

NHS Confidential: Personal data about a patient

DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9DA

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

0221

08B175153 Date/Time of Specimen: 09 Jun 2008 11:30
HIGH VAGINAL SWAB

Sensitivities
Metronidazole S

No Candida Isolated
1) Profuse Growth of Mixed Anaerobes
N. gonorrhoeae not isolated
Clue cells seen on microscopy
Consistent with Gardnerella infection

Many Polymorphs
No Trichomonas

AUTH: dlr

Date of Report: 11 Jun 2008
MRIMATY LYNPJH

REPORT RECEIVED

DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient

MICROBIOLOGY

Tayside Clinical Laboratory Services BACTERIOLOGY

DMR920

01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9DA

Clinician: LOTHIAN
N/W Labour Suite

[redacted]
Accredited
0221

08B13033 Date/Time of Specimen: 04 Jun 2008 00:05
HIGH VAGINAL SWAB

1) Light Growth of Candida
No growth of pathogenic bacteria
N. gonorrhoeae not isolated

No Polymorphs
No Trichomonas

13.6.08 09⁰⁰ no answer
phoned back 10³⁰

Date of Report: 06 Jun 2008
NLABR NG

AUTH: an..s

REPORT RECEIVED
06

NHS Confidential: Personal data about a patient

NHS Tayside

WOMEN'S AND REPRODUCTIVE HEALTH

Enquiries to: Team Leader - Lesley A Mays
Counsellors - Amanda Sullivan / Fiona McCarle
01382 660111 Bleep 4052
01382 660111 ext 35621
01382 425621

JG		CM	
MI		RC	
MA		RM	
		M	

12 DEC 2007

GI		RV	
		REPEAT	
NOTES		VISIT	
STATS		NORM	

ELLIS 280488
STACEY 0060
25 WESTWOOD WALK
MONTROSE
DD10 9DA

~~DR. PD MULCAHY~~ CRANNOCK
~~HOWE OF THE MEARNS~~
~~BLACKIEMUIR AVENUE~~
~~LAURENCEKIRK 32529~~

Date:

Dear Doctor

DOWN'S SYNDROME SCREENING

The above patient was scanned on 28.11.07 and was 12+5 weeks pregnant.

Her choice regarding Down's Syndrome Screening is:

- [x] Wishes screening
- [ ] Unsure about screening
- [ ] Does not wish screening
- [ ] Private NT screening
- [ ] Amniocentesis / CVS

Multiple Pregnancy Screening:

- [ ] Wishes screening
- [ ] Does not wish screening

She will attend:

- [ ] Your surgery / Midwife Clinic
- [ ] Ninewells Hospital / Perth Royal Infirmary
- [x] Peripheral Clinic

This will be done on 17.12.07

The patient's consultant is P Lynch

Please ensure all the details requested on the Biochemistry form are recorded.

Thank you.

Yours sincerely

Sign A Mays Print Name

Designation S/N

NHS Confidential: Personal data about a patient

Closed Call Details

NHS No:	5162222	Call Received:	02/12/2007 14:09	Received by:	(Non-clinical user) (Glasgow)	NHS 24
Outcome:	Untriaged call - OOH Service clinician to phone patient			Outcome Code:	UNT1	
PCC:	RURAL ANGUS	Triage Start:	02/12/2007 14:29	Triage Finish:	02/12/2007 14:29	

Patients Present Location

Address:	26 Westwood Walk, Montrose, Angus DD10 9DA
Phone:	07892 630501 Ext:

Patient Home Details (2804880060)

Name:	STACEY ELLIS
Address:	26 Westwood Walk, Montrose, Angus, DD10 9DA
Phone:	
Sex:	F
DOB:	28/04/1988
Age:	19 years old
Contact:	

Registered GP Details (at time of call)

Dr Name:	CRANSWICK, RUTH
Practice:	ANNAT BANK PRACTICE (13706)
Script No:	T72001

Clinical Summary: **Date:** 02/12/2007
Description: UNTRIAGED CALL FOR X AND HUB TO TRIAGE

Call Number:	0000405311	Date:	02/12/2007	Time:	14:29	Passed:	14:30
Started:	14:48	Status:	Attend				
Urgency:	Within 1 Hour	Attended:	☑	Date:		Time:	

Notes to Practice:

Headache. R bachache. Nausea.- to attend Montrose pmh 13/52 pregnant dh nil allergies latex hpc Feeling unwell for past 5/7 pain rt flank frontal headache last 24 hrs vomitting x5 today. O/E T 36.1 P 93 BP 122/57 no radiation of headache no visual disturbance or dizziness.no frrequency or pain on micturition urinalysis leuc trace .NO pv discherge/bleeding . ent tm's normal throat nad chest rt=t sounds unremarkable abdo soft ,tender over lt iliac fossa. Has not taken any analgesia. plan d/w Dr Arbroath to commence on atbiotic if symptoms persist to attend Gp next week with specimen of urine.R/V if concerns.

Diagnosis:

?uti

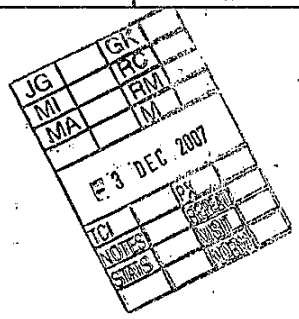
Drugs:

	Drug Name	Form	Strength	Quantity	Category
1	Amoxycillin	tabs	250	21	Prescribed

Outcome:		Death/Presume Life Extinct:	☐	GP to certify:	☐	No Further Action:	☐
		Refer To:	Minor Injury Unit	Dept:	Links, Montrose		
Review by GP:	☐	When:		Where:			
Patient to contact GP:	☐						

Consultation 1:	Date: 02/12/2007	Start Time: 15:40	Finish Time: 16:20	Consultation 2:	Date:	Start Time:	Finish Time:
	Clinical Group:		Name:	Completion Date/Time:	02/12/2007 16:30		
Duty Clinician:	Angus		Ms W MELDRUM	Closed By:	smcquistan		

Last Modified by PCEC: 02/12/2007 16:28



MJ

NHS Confidential: Personal data about a patient

Department of Transfusion Medicine
Ninewells Hospital, Dundee

CPA

IMMUNOHAEMATOLOGY

Name (Surname & Forename) & Address:
ELLIS, STACEY
26 WESTWOOD WALK
MONTROSE

EDD / Gest^{n}: 08/06/2008 / 16 week(s)

Date Specimen Received: 19/12/2007

Report Date: 19/12/2007

Sex: Female
D.O.B.: 28/04/1988 CHI / Unit No.: 2804880060 SNBTS No.: 6585676

Results for Specimen No: 2705427

Comments:

Rh (D) Positive repeat at 28 to 36 weeks.

ABO / RhD: O RhD Positive

Additional Blood Groups:

Red Cell Antibody Screen: Negative

Other Screening Results:

JG		GK	
MI		RC	
MA		RM	
		M	
24 DEC 2007			
TCI		PX	
NOTES		REPEAT	
STATS		VISIT	
		NORM	

Signed: .....

Report Destination:
Dr. CRANSWICK

GP Surgery
Annat Bank Practice
Links Health Centre
DD10 8TR

Copies of Report to:

NHS Confidential: Personal data about a patient

Date 8/11/07

ANNAT BANK PRACTICE

CONFIDENTIAL MEDICAL QUESTIONNAIRE

Thank you for completing the following questions, the answers will help us to plan your health care.

SURNAME Ellis Mr/Mrs/Ms/Other Miss

FIRST NAMES Stacey Louise Date of Birth 28/04/88

FORMER SURNAME Leonard Telephone (home)

ADDRESS 26 Westwood Walk (work)

Montrose (mobile) 07908815078

Angus Post Code DD10 9DA

MARITAL STATUS: (Single)/ Married/ Separated/ Divorced/ Widowed/ Other

ETHNIC ORIGIN: (White) Black /Asian / Other

FAMLY HISTORY

	Year of Birth	Any Serious Illness	Age & Cause of Death
Father	Don't know		
Mother	Don't know		
Brother (s)	1986	No	
Sister (s)	1989	No	
Husband / Wife			
Children			

Have you any relative with a serious illness? No

PAST MEDICAL HISTORY

Please make a list of all important illnesses, operations or investigations you may have had:

Date	Details
	N/A

DRUGS & MEDICINES

1. Are you allergic to anything? latex

2. Do you take any medicines or remedies regularly? No.

Please list these:.....

.....

.....

FEMALES

1. Do you have any period problems? .....No.....

2. When was your last cervical smear taken? ...2004.....

3. How many pregnancies have you had? .....Im...pregnant..1st..one.....

4. Did any end in miscarriage or abortion? .....

5. Do you, or have you used oral contraceptives? .No.....

6. Do you have a coil (IUCD) fitted? ...No.....

IMMUNISATIONS

Have you had recent immunisation against:-

Tetanus.....Yes.....

Polio .....yes.....

Other ..hep.B.....

LIFESTYLE

1. Do you take part in any pastimes/sports? .....no.....

2. Do you have a regular job? ..no.....Occupation .....

3. If you smoke, how many per day? .....10.....

4. If you drink alcohol, how much per day? or per week? .....N/A.....

5. Are there any other things you would like us to know? .....

CARER / CARED FOR

1. Are you a carer? If so, who do you care for .....No.....
(e.g. husband, wife, parent, etc)

2. Are you cared for? If so, who cares for you .....No.....
(e.g. husband, wife, parent, etc)

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Unique Care Pathway Number

1010396742382

REFERRAL TO

Genito-Urinary Medicine - ContraceptionAAT1
TAY General Referral v6.2

— **Consultant / receiving practitioner and/or specialty clinic**

Ninewells Hospital
Dundee
DD1 9SY

— **Hospital and hospital address**

Hospital unit no.: T101H

Email address:

Date of Referral (set by referrer) 16-Apr-2026

Date referral was submitted 16-Apr-2026

Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans

- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)

- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous

Interpreter Required: None
Details of "Other" Language: None

PATIENT DETAILS

Surname	LEONARD
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

2 WARDS ROAD
BRECHIN
DD9 7AS

Contact number(s)

Voice: 01356 622497
Voice: 07731805886
E-mail: stacdecril1610@gmail.com

REGISTERED GP DETAILS

Name	Dr Tara Morley		
GMC code	7042388	GP code	72613
Practice name	Brechin Health Centre		
Practice code	10498		

Practice address

INFIRMARY STREET
BRECHIN
ANGUS

Contact number(s)

Voice: 01356624411

REFERRING PRACTITIONER DETAILS

Name	Dr. Amy Tewson		
GMC code	6148196	GP code	72320
Practice name	Brechin Medical Practice (10498)		
Practice code	10498		

Practice address

Brechin Health Centre
Infirmary Street
Brechin

Contact number(s)

Voice: 01356 624411

Periods of Future Unavailability	None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: IUS insertion

Comment: This 37 yea old lady has 7 children and wishes to be certain of avoiding further pregnancies. She is currently taking the POP and has a contraceptive implant. She has had irregular bleeding in the past (adenomyosis on ultrasound) but since the implant was inserted this is now constant heavy bleeding. The POP helped initially but now seems to have no effect. She is taking lamotrigine. She was reluctant to have an IUS previously but feels this is now the best option for her and I'd be grateful if you coul arrange this as we do not have this service currently in the practice. Of note she is engaging with social work about domestic abuse, is under psychiatry and may need extra support during an appointment.

Examinations and Investigations

Not interested in stopping smoking:		2017-12-22
Teetotaller:	Drinking status on eventdate: Life teetotaler.	2017-12-22
GPPAQ physical activity index: active:		2017-12-22

Most recent height, weight, BMI and Blood Pressure

Height:	1.549	m	Recorded Date: None provided
Weight:	44.3	Kg	Recorded Date: None provided
BMI:	18.4	Kg/m^2	Recorded Date: None provided
Blood Pressure:	105/70	mmHg	Recorded Date: None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Dry eyes	-	-	-	05-Mar-2026
Subject of multi-agency risk assessment conference	-	-	- Identified as a high- risk victim of domestic abuse in context of a relationship with ongoing incidents and risk, please see MARAC in docman dated 4.3.26	04-Mar-2026
[V]Other eye problems	-	-	- left amblyopia	12-Feb-2026
Keratitis	-	-	left contact lens measuring 0.3mm in size off axis	28-Apr-2025
Suicidal ideation	-	-	fleeting, prior to admission	03-Mar-2025
Depressive disorder NEC	-	-	/ illness	03-Mar-2025
[X]Postpartum depression NOS	-	-	-	29-Mar-2024
Possible condition	-	-	- Likely postpartum depression	16-Feb-2024
Spontaneous vaginal delivery	-	-	37+4, 2700g, boy	22-Dec-2023
Spontaneous vaginal delivery	-	-	male	24-Sep-2021
[D]Abdominal pain	-	-	- acute abdominal pain syndrome	19-Aug-2021
Spontaneous vaginal delivery	-	-	female	16-May-2020
				01-Feb-

Anorexia nervosa	-	-	-	2018
Emotionally unstable personality	-	-	-	15-Aug-2017
Generalised anxiety disorder	-	-	-	19-Apr-2017
Vaginismus	-	-	-	04-Aug-2016
[X]Post - traumatic stress disorder	-	-	- related to childhood experiences	18-Jun-2016
Deliberate self-harm	-	-	- 2017: cutting	01-Jan-2016
Spontaneous vaginal delivery	-	-	- female	15-Feb-2015
Anxiety states	-	-	with low mood	22-Jun-2014
Spontaneous vaginal delivery	-	-	- male	11-Jul-2013
Spontaneous vaginal delivery	-	-	- male	28-May-2011
[X]Accidental drug overdose / other poisoning	-	-	- accidental over dose of Solpadol in pregnancy	18-Apr-2011
Acute pyelonephritis	-	-	-	18-Apr-2011
Poor self esteem	-	-	-	16-Nov-2009
Seen by mental health counsellor	-	-	- depression, dysfunctional eating	14-Oct-2009
Low back pain	-	-	-	14-Oct-2009
Dysfunctional uterine bleeding	-	-	-	27-May-2009
[X]Eating disorders	-	-	-	31-Mar-2009
Blepharitis	-	-	-	16-Mar-2009
Low mood	-	-	-	08-Aug-2008
Iron deficiency anaemia of pregnancy	-	-	+ folate	22-May-2008
Self-harm	-	-	- cutting/hair pulling/polydrug abuse	28-Jun-2005
Nondependent alcohol abuse, unspecified	-	-	-	04-May-2005
Depressed	-	-	-	04-May-2005
Acne vulgaris	-	-	-	01-Feb-2004
[D]Reactive lymphadenopathy	-	-	-	16-Oct-1995
Social worker involved	-	-	-	12-Apr-1995
Looked after child	-	-	-	12-Apr-1995
				03-

Child on protection register	-	-	- abuse/neglect	Nov-1994
Convergent squint	-	-	+ hypentropia, left	02-Mar-1992
Born by normal vaginal delivery	-	-	-	28-Apr-1988

Past procedures

Description	Laterality	Modifier	Date performed
Patient pregnant	-	-	01-Jun-2023
Excision	-	-	28-Oct-2021
Male baby	-	-	24-Sep-2021
Patient pregnant	-	-	19-Feb-2021
Full dental clearance	-	-	08-Oct-2020
Removed from waiting list	-	-	17-Jan-2020
Patient pregnant	-	-	12-Nov-2019
Fine needle aspiration of breast	-	-	04-Oct-2016
LLETZ - Large loop excision of transformation zone	-	-	15-Aug-2016
Diagnostic cystoscopy	-	-	04-Aug-2016
Incision and drainage of abscess	-	-	02-May-2015
Diagnostic laparoscopy	-	-	19-Sep-2009
Vacuum delivery	-	-	05-Jun-2008
Blood group O	-	-	19-Dec-2007
Bilateral recession of medial recti muscles of eye	-	-	18-Jul-1995
Myringotomy and insertion of short term grommet	-	-	16-Jun-1992

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Propranolol 80mg modified-release capsules	66307020	capsule	TAKE ONE CAPSULE IN THE MORNING	-	25-Jun-2025	-
Aripiprazole 15mg tablets	87946020	tablet	1 TABLET EACH DAY IN THE MORN[more]	-	02-Apr-2024	-
Aripiprazole 10mg tablets	87944020	tablet	1 TABLET EACH DAY IN THE MORN[more]	-	02-Apr-2024	-
Desogestrel 75microgram tablets	81169020	tablet	TAKE ONE TABLET ONCE DAILY	-	17-Dec-2025	-
Folic acid 5mg tablets	59305020	tablet	1 TABLET ONCE A DAY FOR 3 MONTHS	-	17-Apr-2025	-
Hylo-Tear 0.1% eye drops preservative free (Scope Ophthalmics Ltd)	02969021	ml	APPLY TO BOTH EYES UP TO 6X D [more]	-	24-Jun-2025	-
Lamotrigine 200mg tablets	79266020	tablet	TAKE ONE DAILY AT NIGHT AS A[more]	-	19-Feb-2024	-
Lamotrigine 100mg tablets	66060020	tablet	TAKE ONE TABLET IN THE MORNING	-	25-Jun-2025	-
Propranolol 40mg tablets	59369020	tablet	TAKE ONE TABLET IN THE EVENING	-	25-Jun-2025	-

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Tranexamic acid 500mg tablets	67141020	tablet	TWO TABLETS 3 TIMES A DAY FO [more]	-	16-Apr-2026	-

Clinical warnings

Allergies

Allergy, unspecified	Reaction type: Allergy, Certainty of allergy: Likely, - Severity of allergy: Moderate. NOTES: - Latex (coded as per patient report) - causing rash.

Additional relevant information
Administrative information

Referred By:Registered GP

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Unique Care Pathway Number

101029302528H

REFERRAL TO

GynaecologyF2
TAY General Referral v6.2

Consultant / receiving practitioner and/or specialty clinic

Ninewells Hospital
Dundee
DD1 9SY

Hospital and hospital address

Hospital unit no.: T101H

Email address: -

Date of Referral (set by referrer) 14-Apr-2023

Date referral was submitted 14-Apr-2023

Urgency of referral **Urgent**

Armed Forces Personnel, Immediate Families & Veterans

- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)

- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous

Interpreter Required:None
Details of "Other" Language:None

PATIENT DETAILS

Surname	LEONARD
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

2 WARDS ROAD
BRECHIN
DD9 7AS

Contact number(s)

Voice: 01356 622497
Voice: 07731805886
E-mail: stacdecril1610@gmail.com

REGISTERED GP DETAILS

Name	Dr Tara Morley		
GMC code	7042388	GP code	72613
Practice name	Brechin Health Centre		
Practice code	10498		

Practice address

INFIRMARY STREET
BRECHIN
ANGUS

Contact number(s)

Voice: 01356624411

REFERRING PRACTITIONER DETAILS

Name	Dr Pei Sin Ang		
GMC code	7480963	GP code	72923
Practice name	Brechin Health Centre		
Practice code	10498		

Practice address

INFIRMARY STREET
BRECHIN
ANGUS

Contact number(s)

Voice: 01356624411

Periods of Future Unavailability	None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: For urgent assessment

Comment: Dear colleague,

Ms Stacey Leonard is a 34 year old lady who presented with 6-7 months history of abdominal pain, irregular period and brownish discharge. She also complained of painful sex and itch down below. She has a history of CIN3 and had loop excision of cervix in 2016.

On examination, she looked well. Her abdomen is soft with no mass palpable. She was tender around RIF and pubic region. I struggled to indentify the cervix with 3 different sizes of speculum. I can see a structure that shaped like a W from the right lateral wall - I wonder if this is the cervix but I couldnt find the os.

I have sent away swabs and arranged USS pelvis for investigation of her presenting symptoms. However I would be grateful if you could examine her to advise if the structure visualised is actually a cervix or lump/ mass that requires further investigation.

Many thanks,
Dr Ang
Salaried GP

Examinations and Investigations

Not interested in stopping smoking:		2017-12-22
Teetotaller:	Drinking status on eventdate: Life teetotaler.	2017-12-22
GPPAQ physical activity index: active:		2017-12-22

Most recent height, weight, BMI and Blood Pressure

Height:	1.549	m	Recorded Date:	None provided
Weight:	44.3	Kg	Recorded Date:	None provided
BMI:	18.4	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	95/61	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Spontaneous vaginal delivery	-	-	male	24-Sep-2021
[D]Abdominal pain	-	-	- acute abdominal pain syndrome	19-Aug-2021
Spontaneous vaginal delivery	-	-	female	16-May-2020
Anorexia nervosa	-	-	-	01-Feb-2018
Emotionally unstable personality	-	-	-	15-Aug-2017
Generalised anxiety disorder	-	-	-	19-Apr-2017
Vaginismus	-	-	-	04-Aug-2016
[X]Post - traumatic stress disorder	-	-	- related to childhood experiences	18-Jun-2016
Deliberate self-harm	-	-	- 2017: cutting	01-Jan-2016
				15-Feb-

Spontaneous vaginal delivery	-	-	- female	2015
Anxiety states	-	-	with low mood	22-Jun-2014
Spontaneous vaginal delivery	-	-	- male	11-Jul-2013
Spontaneous vaginal delivery	-	-	- male	28-May-2011
[X]Accidental drug overdose / other poisoning	-	-	- accidental over dose of Solpadol in pregnancy	18-Apr-2011
Acute pyelonephritis	-	-	-	18-Apr-2011
Poor self esteem	-	-	-	16-Nov-2009
Seen by mental health counsellor	-	-	- depression, dysfunctional eating	14-Oct-2009
Low back pain	-	-	-	14-Oct-2009
Dysfunctional uterine bleeding	-	-	-	27-May-2009
[X]Eating disorders	-	-	-	31-Mar-2009
Blepharitis	-	-	-	16-Mar-2009
Low mood	-	-	-	08-Aug-2008
Iron deficiency anaemia of pregnancy	-	-	+ folate	22-May-2008
Self-harm	-	-	- cutting/hair pulling/polydrug abuse	28-Jun-2005
Nondependent alcohol abuse, unspecified	-	-	-	04-May-2005
Depressed	-	-	-	04-May-2005
Acne vulgaris	-	-	-	01-Feb-2004
[D]Reactive lymphadenopathy	-	-	-	16-Oct-1995
Social worker involved	-	-	-	12-Apr-1995
Looked after child	-	-	-	12-Apr-1995
Child on protection register	-	-	- abuse/neglect	03-Nov-1994
Convergent squint	-	-	+ hypentropia, left	02-Mar-1992
Born by normal vaginal delivery	-	-	-	28-Apr-1988

Past procedures

Description	Laterality	Modifier	Date performed
Excision	-	-	28-Oct-2021
Male baby	-	-	24-Sep-2021
Patient pregnant	-	-	19-Feb-2021
Full dental clearance	-	-	08-Oct-2020
Removed from waiting list	-	-	17-Jan-2020
Patient pregnant	-	-	12-Nov-2019
Fine needle aspiration of breast	-	-	04-Oct-2016
LLETZ - Large loop excision of transformation zone	-	-	15-Aug-2016
Diagnostic cystoscopy	-	-	04-Aug-2016
Incision and drainage of abscess	-	-	02-May-2015
Diagnostic laparoscopy	-	-	19-Sep-2009
Vacuum delivery	-	-	05-Jun-2008

Date of Referral (set by referrer)	07-Mar-2022	Armed Forces Personnel, Immediate Families & Veterans	Impairment(s)
[redacted]	07-Mar-2022	☐ On active service	☐ Learning

Blood group O	-	-	19-Dec-2007
Bilateral recession of medial recti muscles of eye	-	-	18-Jul-1995
Myringotomy and insertion of short term grommet	-	-	16-Jun-1992

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Lamotrigine 100mg tablets	66060020	tablet	TAKE ONE A DAY AS ADVISED BY [more]	-	17-Aug-2022	-
Lamotrigine 50mg tablets	66059020	tablet	TAKE ONE A DAY AS ADVISED BY [more]	-	17-Aug-2022	-
Fluoxetine 20mg capsules	69654020	capsule	TAKE ONE A DAY	-	12-Dec-2022	-

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Allergies

Allergy, unspecified	Reaction type: Allergy, Certainty of allergy: Likely, - Severity of allergy: Moderate. NOTES: - Latex (coded as per patient report) - causing rash.

Additional relevant information

Administrative information

Referred By:Registered GP

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

file:///N:/PCTI/Docman7/Data_S1/Document/DMEDOC01/00051400/01057563.HTM 28/04/2026

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Unique Care Pathway Number

1010253658169

REFERRAL TO

Mental Health ECS Screening HubG1T7
TAY General Referral v6.2

— **Consultant / receiving practitioner and/or specialty clinic**

Links Health Centre
Frank Wild Way
Montrose
Angus
DD10 8TY

— **Hospitaland hospital address**

Hospital unit no.: T357C

Email address:

Date of Referral (set by referrer) 21-Jan-2022

Date referral was submitted 21-Jan-2022

Urgency of referral **Urgent**

Armed Forces Personnel, Immediate Families & Veterans

- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)

- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous

Interpreter Required:None
Details of "Other" Language:None

PATIENT DETAILS

Surname	LEONARD
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

2 WARDS ROAD
BRECHIN
DD9 7AS

Contact number(s)

Voice: 01356 622497
Voice: 07368227877

REGISTERED GP DETAILS

Name	Dr Tara Morley		
GMC code	7042388	GP code	72613
Practice name	Brechin Health Centre		
Practice code	10498		

Practice address

INFIRMARY STREET
BRECHIN
ANGUS

Contact number(s)

Voice: 01356624411

REFERRING PRACTITIONER DETAILS

Name	Dr. Pei Sin Ang		
GMC code	7480963	GP code	72923
Practice name	Brechin Medical Practice (10498)		
Practice code	10498		

Practice address

Brechin Health Centre
Infirmary Street
Brechin

Contact number(s)

Voice: 01356 624411

Periods of Future None provided.

Unavailability

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: Urgent Mental Health Deterioration

Comment:

Dr Colleagues,
I would be very grateful if you would consider making contact with Stacey once again s she is requiring further input and support form your team. She stopped all her medication during her pregnancy, and delivered a baby boy 3 weeks ago. She is now keen to start back on medication as she really is struggling. SHe is feeling pressure from social work to be able to manage with out medicines and to present well, but feels her mental health is worsening. SHe doesn't have any suicidal ideation but feels her mood is low. She is obviously at a vulnerable point postnatally now and has had severe postnatal depression. She is well known to your team so I felt it was more appropriate that you pick her up again, after she didn't attend an appointment in the summer and therefore isn't under follow up at present.
She has been started back on quetiapine and fluoxetine.
Many thanks
Dr EJ Cooper

The current crisis with her mental health involves a catheterization over 2 weeks following [redacted]. Her sister [redacted] is with pt, Family members are planning to stay with her and her children to provide support over the weekend and ensure safety. She has self-referred to the CMT and been advised that she needed to see her GP to consider referral for mood stabilisers. She has declined face-to-face assessment as does not think this would be helpful as really needing CMT input. I would therefore be grateful for your urgent assessment regarding this. She continue on quetiapine 100 mg nocte and fluoxetine 20 mg od. KR Dr Alison Clement, GP.

Examinations and Investigations

Not interested in stopping smoking:		2017-12-22
Teetotaller:	Drinking status on eventdate: Life teetotaler.	2017-12-22
GPPAQ physical activity index: active:		2017-12-22

Most recent height, weight, BMI and Blood Pressure

Height:	1.549	m.	Recorded Date:	None provided
Weight:	44.3	Kg	Recorded Date:	None provided
BMI:	18.4	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	95/61	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Spontaneous vaginal delivery	-	-	male	24-Sep-2021
[D]Abdominal pain	-	-	- acute abdominal pain syndrome	19-Aug-2021
Spontaneous vaginal delivery	-	-	female	16-May-2020
Anorexia nervosa	-	-	-	01-Feb-2018
Emotionally unstable personality	-	-	-	15-Aug-2017
Generalised anxiety disorder	-	-	-	19-Apr-2017
Vaginismus	-	-	-	04-Aug-2016
[X]Post - traumatic stress disorder	-	-	- related to childhood experiences	18-Jun-

				2016
Deliberate self-harm	-	-	- 2017: cutting	01-Jan-2016
Spontaneous vaginal delivery	-	-	- female	15-Feb-2015
Anxiety states	-	-	with low mood	22-Jun-2014
Spontaneous vaginal delivery	-	-	- male	11-Jul-2013
Spontaneous vaginal delivery	-	-	- male	28-May-2011
[X]Accidental drug overdose / other poisoning	-	-	- accidental over dose of Solpadol in pregnancy	18-Apr-2011
Acute pyelonephritis	-	-	-	18-Apr-2011
Poor self esteem	-	-	-	16-Nov-2009
Seen by mental health counsellor	-	-	- depression, dysfunctional eating	14-Oct-2009
Low back pain	-	-	-	14-Oct-2009
Dysfunctional uterine bleeding	-	-	-	27-May-2009
[X]Eating disorders	-	-	-	31-Mar-2009
Blepharitis	-	-	-	16-Mar-2009
Low mood	-	-	-	08-Aug-2008
Iron deficiency anaemia of pregnancy	-	-	+ folate	22-May-2008
Self-harm	-	-	- cutting/hair pulling/polydrug abuse	28-Jun-2005
Nondependent alcohol abuse, unspecified	-	-	-	04-May-2005
Depressed	-	-	-	04-May-2005
Acne vulgaris	-	-	-	01-Feb-2004
[D]Reactive lymphadenopathy	-	-	-	16-Oct-1995
Social worker involved	-	-	-	12-Apr-1995
Looked after child	-	-	-	12-Apr-1995
Child on protection register	-	-	- abuse/neglect	03-Nov-1994
Convergent squint	-	-	+ hypentropia, left	02-Mar-1992
Born by normal vaginal delivery	-	-	-	28-Apr-1988

Past procedures

Description	Laterality	Modifier	Date performed
Excision	-	-	28-Oct-2021
Male baby	-	-	24-Sep-2021
Patient pregnant	-	-	19-Feb-2021
Full dental clearance	-	-	08-Oct-2020
Removed from waiting list	-	-	17-Jan-2020
Patient pregnant	-	-	12-Nov-2019
Fine needle aspiration of breast	-	-	04-Oct-2016
LLETZ - Large loop excision of transformation zone	-	-	15-Aug-2016

Diagnostic cystoscopy	-	-	04-Aug-2016
Incision and drainage of abscess	-	-	02-May-2015
Diagnostic laparoscopy	-	-	19-Sep-2009
Vacuum delivery	-	-	05-Jun-2008
Blood group O	-	-	19-Dec-2007
Bilateral recession of medial recti muscles of eye	-	-	18-Jul-1995
Myringotomy and insertion of short term grommet	-	-	16-Jun-1992

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Fluoxetine 20mg capsules	69654020	capsule	TAKE ONE TABLET DAILY	-	11-Dec-2021	-
Quetiapine 100mg tablets	85204020	tablet	TAKE ONE TABLET AT NIGHT	-	11-Dec-2021	-

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Allergies

Allergy, unspecified	Reaction type: Allergy, Certainty of allergy: Likely, - Severity of allergy: Moderate. NOTES: - Latex (coded as per patient report) - causing rash.

Additional relevant information

Administrative information

Referred By:Registered GP

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Unique Care Pathway Number
101024434471T

REFERRAL TO

Plastic SurgeryC9
TAY General Referral v6.2

— **Consultant / receiving practitioner** and/or **specialty clinic**

Stracathro Hospital
By Brechin
DD9 7QA

— **Hospitaland hospital address**

Hospital unit no.: T312H

Email address:

Date of Referral (set by referrer) 23-Sep-2021
Date referral was submitted 23-Sep-2021
Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans
- [x] On active service
- [ ] Condition related to service
- [ ] Immediate family member

Impairment(s)
- [x] Learning
- [ ] Visual
- [x] Hearing

Miscellaneous
Interpreter Required:None
Details of "Other" Language:None

PATIENT DETAILS

Surname	LEONARD
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address
2 WARDS ROAD
BRECHIN
DD9 7AS

Contact number(s)
Voice: 01356 622497
Voice: 07368227877

REGISTERED GP DETAILS

Name	Dr Tara Morley		
GMC code	7042388	GP code	72613
Practice name	Brechin Health Centre		
Practice code	10498		

Practice address
INFIRMARY STREET
BRECHIN
ANGUS

Contact number(s)
Voice: 01356624411

REFERRING PRACTITIONER DETAILS

Name	Dr Annabelle Kerr		
GMC code	6151125	GP code	72958
Practice name	Brechin Health Centre		
Practice code	10498		

Practice address
INFIRMARY STREET
BRECHIN
ANGUS

Contact number(s)
Voice: 01356624411

Periods of Future None provided.

Unavailability

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: Scalp lesion

Comment: Dear colleagues

Many thanks for your assessment of this lady who has a lesion on her scalp which is catching and bleeding when she brushes her hair. Please see the attached photos.
I did initially wonder if it could be a BCC but she is quite young, however it is clearly going to continue to cause problems.

Kind Regards

Dr Annabelle Kerr
eConsult for Brechin Health Centre

Date sent: 23/09/2021

Examinations and Investigations

Not interested in stopping smoking:		2017-12-22
Teetotaller:	Drinking status on eventdate: Life teetotaler.	2017-12-22
GPPAQ physical activity index: active:		2017-12-22

Most recent height, weight, BMI and Blood Pressure

Height:	1.549	m	Recorded Date:	None provided
Weight:	44.3	Kg	Recorded Date:	None provided
BMI:	18.4	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	95/61	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
[D]Abdominal pain	-	-	- acute abdominal pain syndrome	19-Aug-2021
Spontaneous vaginal delivery	-	-	female	16-May-2020
Anorexia nervosa	-	-	-	01-Feb-2018
Emotionally unstable personality	-	-	-	15-Aug-2017
Generalised anxiety disorder	-	-	-	19-Apr-2017
Vaginismus	-	-	-	04-Aug-2016
[X]Post - traumatic stress disorder	-	-	- related to childhood experiences	18-Jun-2016
Deliberate self-harm	-	-	- 2017: cutting	01-Jan-2016
Spontaneous vaginal delivery	-	-	- female	15-Feb-2015
Anxiety states	-	-	with low mood	22-Jun-2014
Spontaneous vaginal delivery	-	-	- male	11-Jul-2013
Spontaneous vaginal delivery	-	-	- male	28-May-

				2011
[X]Accidental drug overdose / other poisoning	-	-	- accidental over dose of Solpadol in pregnancy	18-Apr-2011
Acute pyelonephritis	-	-	-	18-Apr-2011
Poor self esteem	-	-	-	16-Nov-2009
Seen by mental health counsellor	-	-	- depression, dysfunctional eating	14-Oct-2009
Low back pain	-	-	-	14-Oct-2009
Dysfunctional uterine bleeding	-	-	-	27-May-2009
[X]Eating disorders	-	-	-	31-Mar-2009
Blepharitis	-	-	-	16-Mar-2009
Low mood	-	-	-	08-Aug-2008
Iron deficiency anaemia of pregnancy	-	-	+ folate	22-May-2008
Self-harm	-	-	- cutting/hair pulling/polydrug abuse	28-Jun-2005
Nondependent alcohol abuse, unspecified	-	-	-	04-May-2005
Depressed	-	-	-	04-May-2005
Acne vulgaris	-	-	-	01-Feb-2004
[D]Reactive lymphadenopathy	-	-	-	16-Oct-1995
Social worker involved	-	-	-	12-Apr-1995
Looked after child	-	-	-	12-Apr-1995
Child on protection register	-	-	- abuse/neglect	03-Nov-1994
Convergent squint	-	-	+ hypentropia, left	02-Mar-1992
Born by normal vaginal delivery	-	-	-	28-Apr-1988

Past procedures

Description	Laterality	Modifier	Date performed
Patient pregnant	-	-	19-Feb-2021
Full dental clearance	-	-	08-Oct-2020
Removed from waiting list	-	-	17-Jan-2020
Patient pregnant	-	-	12-Nov-2019
Fine needle aspiration of breast	-	-	04-Oct-2016
LLETZ - Large loop excision of transformation zone	-	-	15-Aug-2016
Diagnostic cystoscopy	-	-	04-Aug-2016
Incision and drainage of abscess	-	-	02-May-2015
Diagnostic laparoscopy	-	-	19-Sep-2009
Vacuum delivery	-	-	05-Jun-2008
Blood group O	-	-	19-Dec-2007
Bilateral recession of medial recti muscles of eye	-	-	18-Jul-1995
Myringotomy and insertion of short term grommet	-	-	16-Jun-1992

Current and recent medication

Current repeat medication

No current repeat medications recorded

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Allergies

Allergy, unspecified	Reaction type: Allergy, Certainty of allergy: Likely, - Severity of allergy: Moderate. NOTES: - Latex (coded as per patient report) - causing rash.

Additional relevant information

Administrative information

Referred By:Locum

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Unique Care Pathway Number

101019747160L

REFERRAL TO

ObstetricsF3
TAY General Referral

— **Consultant / receiving practitioner and/or specialty clinic**

Ninewells Hospital
Dundee
DD1 9SY

— **Hospitaland hospital address**

Hospital unit no.
T101H

Email address

Date of Referral (set by referrer) 04-Oct-2019
Date referral was submitted 04-Oct-2019
Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans
☐ On active service
☐ Condition related to service
☐ Immediate family member

Impairment(s)
☐ Learning
☐ Visual
☐ Hearing

Miscellaneous
Interpreter Required:No
Details of "Other" Language:None

PATIENT DETAILS

Surname	LEONARD
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

2 WARDS ROAD
BRECHIN
DD9 7AS

Contact number(s)

Voice: 01356 622497

REGISTERED GP DETAILS

Name	Dr Stewart Rooney		
GMC code	7037004	GP code	72583
Practice name	Brechin Health Centre		
Practice code	10498		

Practice address

INFIRMARY STREET
BRECHIN
ANGUS

Contact number(s)

Voice: 01356624411

REFERRING PRACTITIONER DETAILS

Name	Dr. Laura Pole		
GMC code	6128648	GP code	72567
Practice name	Brechin Medical Practice (10498)		
Practice code	10498		

Practice address

Brechin Health Centre
Infirmary Street
Brechin

Contact number(s)

Voice: 01356 624411

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: Unexpected pregnancy, had MRI for investigation of cyst

Comment: I would be grateful if you would see this 31 year old who has 4 children. She had been referred to gynae for investigation of pelvic pain and a cyst, and a raised Ca125 at 50. She attended for her MRI last week as planned which shows a simple cyst. However after the MRI she realised that her period had not come and she checked a urine pregnancy test which was positive. She has since had a serum B-HCG which is 1084.

Initially she was worried that this might be related to her raised Ca125 and a false positive - I attach our advice from her gynaecologist Dr Bhushan who feels this is most likely to be a pregnancy and she should be treated as such. However she has had an MRI very early in pregnancy and Dr Bhushan advised she should be referred to the obstetric team with regards to this, and also referred to EPAS for an early scan.

I have phoned EPAS and left a message but no one has got back to me. I would be grateful if you would see as per Dr Bhushan's request given the circumstances.

Examinations and Investigations

Not interested in stopping smoking:		2017-12-22
Teetotaller:	Drinking status on eventdate: Life teetotaler.	2017-12-22
GPPAQ physical activity index: active:		2017-12-22

Most recent height, weight, BMI and Blood Pressure

Height:	1.549	m	Recorded Date:	None provided
Weight:	44.3	Kg	Recorded Date:	None provided
BMI:	18.4	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	95/61	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient
Expected outcome: Investigate

Past medical history
Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Anorexia nervosa	-	-	-	01-Feb-2018
Emotionally unstable personality	-	-	-	15-Aug-2017
Generalised anxiety disorder	-	-	-	19-Apr-2017
Vaginismus	-	-	-	04-Aug-2016
[X]Post - traumatic stress disorder	-	-	- related to childhood experiences	18-Jun-2016
Deliberate self-harm	-	-	- 2017: cutting	01-Jan-2016
Spontaneous vaginal delivery	-	-	- female	15-Feb-2015
Anxiety states	-	-	with low mood	22-Jun-2014
Spontaneous vaginal delivery	-	-	- male	11-Jul-2013
Spontaneous vaginal delivery	-	-	- male	28-May-2011
[X]Accidental drug overdose / other poisoning	-	-	- accidental over dose of Solpadol in pregnancy	18-Apr-2011
Acute pyelonephritis	-	-	-	18-Apr-2011

Poor self esteem	-	-	-	16-Nov-2009
Seen by mental health counsellor	-	-	- depression, dysfunctional eating	14-Oct-2009
Low back pain	-	-	-	14-Oct-2009
Dysfunctional uterine bleeding	-	-	-	27-May-2009
[X]Eating disorders	-	-	-	31-Mar-2009
Blepharitis	-	-	-	16-Mar-2009
Low mood	-	-	-	08-Aug-2008
Iron deficiency anaemia of pregnancy	-	-	+ folate	22-May-2008
Self-harm	-	-	- cutting/hair pulling/polydrug abuse	28-Jun-2005
Nondependent alcohol abuse, unspecified	-	-	-	04-May-2005
Depressed	-	-	-	04-May-2005
Acne vulgaris	-	-	-	01-Feb-2004
[D]Reactive lymphadenopathy	-	-	-	16-Oct-1995
Social worker involved	-	-	-	12-Apr-1995
Looked after child	-	-	-	12-Apr-1995
Child on protection register	-	-	- abuse/neglect	03-Nov-1994
Convergent squint	-	-	+ hypentropia, left	02-Mar-1992
Born by normal vaginal delivery	-	-	-	28-Apr-1988

Past procedures

Description	Laterality	Modifier	Date performed
Fine needle aspiration of breast	-	-	04-Oct-2016
LLETZ - Large loop excision of transformation zone	-	-	15-Aug-2016
Diagnostic cystoscopy	-	-	04-Aug-2016
Incision and drainage of abscess	-	-	02-May-2015
Diagnostic laparoscopy	-	-	19-Sep-2009
Vacuum delivery	-	-	05-Jun-2008
Blood group O	-	-	19-Dec-2007
Bilateral recession of medial recti muscles of eye	-	-	18-Jul-1995
Myringotomy and insertion of short term grommet	-	-	16-Jun-1992

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Olanzapine 7.5mg tablets	83404020	tablet	TAKE ONE TABLET AT NIGHT AS A[more]	-	27-Jun-2019	-
Prazosin 1mg tablets	66154020	tablet	TAKE ONE AT NIGHT INCREASING [more]	-	07-May-2019	-
Sertraline 50mg tablets	74050020	tablet	1 TABLET ONCE A DAY IN THE MORNING	-	13-Dec-2018	-

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Otomize ear spray (Teva UK Ltd)	72505020	ml	1 SPRAY THREE TIMES DAILY	-	30-Sep-2019	-
Amoxicillin 500mg capsules	59330020	capsule	1 THREE TIMES A DAY	-	04-Sep-2019	-

Clinical warnings

Allergies

Allergy, unspecified	Reaction type: Allergy, Certainty of allergy: Likely, - Severity of allergy: Moderate. NOTES: - Latex (coded as per patient report) - causing rash.

Additional relevant information

Administrative information

Referred By:Resident GP

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

ADVICE REQUEST

MEDICAL IN CONFIDENCE

Unique Care Pathway Number

101019704780I

REQUESTED OF

GynaecologyF2
Tay Advice Protocol

— **Consultant / receiving practitioner** and/or **specialty clinic**

Ninewells Hospital
Dundee
DD1 9SY.

— **Hospitaland hospital address**

Hospital unit no.
T101H

Email address

Date of Request (set by referrer) 30-Sep-2019
Date request was submitted 30-Sep-2019
Urgency of request Advice

Armed Forces Personnel, Immediate Families & Veterans

- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)

- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
Interpreter Required:No
Details of "Other" Language:None

PATIENT DETAILS

Surname	LEONARD
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

2 WARDS ROAD
BRECHIN
DD9 7AS

Contact number(s)

Voice: 01356 622497

REGISTERED GP DETAILS

Name	Dr Stewart Rooney		
GMC code	7037004	GP code	72583
Practice name	Brechin Health Centre		
Practice code	10498		

Practice address

INFIRMARY STREET
BRECHIN
ANGUS

Contact number(s)

Voice: 01356624411

REFERRING PRACTITIONER DETAILS

Name	Dr. Laura Pole		
GMC code	6128648	GP code	72567
Practice name	Brechin Medical Practice (10498)		
Practice code	10498		

Practice address

Brechin Health Centre
Infirmary Street
Brechin

Contact number(s)

Voice: 01356 624411

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Advice requested

Description: Advice RE urine b-hcg

Comment: This 31 year old is currently attending gynaecology clinic with longstanding RIF pain and a raised Ca125, currently 50, with a cystic lesion on US. She had an MRI done last week for investigation of this and was asked whether she was currently pregnant, to which she replied no. However when she got home she looked at her period dates and realised her last period was 5 weeks prior and then checked a urine pregnancy test which was positive. She has had a further positive pregnancy test today. She does have tender breasts but no other symptoms of pregnancy.

She is concerned about the urine pregnancy test result - could this be a false positive related to her raised Ca125 or is it most likely that she is pregnant. I suspect it is more likely that she is pregnant but wanted to check whether there would be any correlation between her raised Ca125 and b-HCG levels and I would be grateful for your advice.

Examinations and Investigations

Not interested in stopping smoking:		2017-12-22
Teetotaller:	Drinking status on eventdate: Life teetotaler.	2017-12-22
GPPAQ physical activity index: active:		2017-12-22

Most recent height, weight, BMI and Blood Pressure

Height:	1.549	m	Recorded Date:	None provided
Weight:	44.3	Kg	Recorded Date:	None provided
BMI:	18.4	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	95/61	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Advice
Expected outcome: Advice

Past medical history
Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Anorexia nervosa	-	-	-	01-Feb-2018
Emotionally unstable personality	-	-	-	15-Aug-2017
Generalised anxiety disorder	-	-	-	19-Apr-2017
Vaginismus	-	-	-	04-Aug-2016
[X]Post - traumatic stress disorder	-	-	- related to childhood experiences	18-Jun-2016
Deliberate self-harm	-	-	- 2017: cutting	01-Jan-2016
Spontaneous vaginal delivery	-	-	- female	15-Feb-2015
Anxiety states	-	-	with low mood	22-Jun-2014
Spontaneous vaginal delivery	-	-	- male	11-Jul-2013
Spontaneous vaginal delivery	-	-	- male	28-May-2011
[X]Accidental drug overdose / other poisoning	-	-	- accidental over dose of Solpadol in pregnancy	18-Apr-2011
Acute pyelonephritis	-	-	-	18-Apr-2011
				16-Nov-

Poor self esteem	-	-	-	2009
Seen by mental health counsellor	-	-	- depression, dysfunctional eating	14-Oct-2009
Low back pain	-	-	-	14-Oct-2009
Dysfunctional uterine bleeding	-	-	-	27-May-2009
[X]Eating disorders	-	-	-	31-Mar-2009
Blepharitis	-	-	-	16-Mar-2009
Low mood	-	-	-	08-Aug-2008
Iron deficiency anaemia of pregnancy	-	-	+ folate	22-May-2008
Self-harm	-	-	- cutting/hair pulling/polydrug abuse	28-Jun-2005
Nondependent alcohol abuse, unspecified	-	-	-	04-May-2005
Depressed	-	-	-	04-May-2005
Acne vulgaris	-	-	-	01-Feb-2004
[D]Reactive lymphadenopathy	-	-	-	16-Oct-1995
Social worker involved	-	-	-	12-Apr-1995
Looked after child	-	-	-	12-Apr-1995
Child on protection register	-	-	- abuse/neglect	03-Nov-1994
Convergent squint	-	-	+ hypentropia, left	02-Mar-1992
Born by normal vaginal delivery	-	-	-	28-Apr-1988

Past procedures

Description	Laterality	Modifier	Date performed
Fine needle aspiration of breast	-	-	04-Oct-2016
LLETZ - Large loop excision of transformation zone	-	-	15-Aug-2016
Diagnostic cystoscopy	-	-	04-Aug-2016
Incision and drainage of abscess	-	-	02-May-2015
Diagnostic laparoscopy	-	-	19-Sep-2009
Vacuum delivery	-	-	05-Jun-2008
Blood group O	-	-	19-Dec-2007
Bilateral recession of medial recti muscles of eye	-	-	18-Jul-1995
Myringotomy and insertion of short term grommet	-	-	16-Jun-1992

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Olanzapine 7.5mg tablets	83404020	tablet	TAKE ONE TABLET AT NIGHT AS A[more]	-	27-Jun-2019	-
Prazosin 1mg tablets	66154020	tablet	TAKE ONE AT NIGHT INCREASING [more]	-	07-May-2019	-
Sertraline 50mg tablets	74050020	tablet	1 TABLET ONCE A DAY IN THE MORNING	-	13-Dec-2018	-

Recent acute medication (last 30 days)

					Course	

Drug name	BNF code	Formulation	Dosage	Frequency	started	Duration
Otomize ear spray (Teva UK Ltd)	72505020	ml	1 SPRAY THREE TIMES DAILY	-	30-Sep-2019	-
Amoxicillin 500mg capsules	59330020	capsule	1 THREE TIMES A DAY	-	04-Sep-2019	-

Clinical warnings

Allergies

Allergy, unspecified	Reaction type: Allergy, Certainty of allergy: Likely, - Severity of allergy: Moderate. NOTES: - Latex (coded as per patient report) - causing rash.

Additional relevant information

Administrative information

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

Tayside Advice Protocol (Tayside, v0.8)/v3.16

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Unique Care Pathway Number

1010190954472

REFERRAL TO

General Surgery - BreastC1A
TAY General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Ninewells Hospital
Dundee
DD1 9SY

— **Hospital and hospital address**

Hospital unit no.: T101H

Email address:

Date of Referral (set by referrer) 08-Jul-2019

Date referral was submitted 08-Jul-2019

Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans

- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)

- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous

Interpreter Required:No
Details of "Other" Language:None

PATIENT DETAILS

Surname	LEONARD
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

2 WARDS ROAD
BRECHIN
DD9 7AS

Contact number(s)

Voice: 01356 622497

REGISTERED GP DETAILS

Name	Dr Stewart Rooney		
GMC code	7037004	GP code	72583
Practice name	Brechin Health Centre		
Practice code	10498		

Practice address

INFIRMARY STREET
BRECHIN
ANGUS

Contact number(s)

Voice: 01356624411

REFERRING PRACTITIONER DETAILS

Name	Dr I M Mahon		
GMC code	3291072	GP code	75752
Practice name	Brechin Health Centre		
Practice code	10498		

Practice address

INFIRMARY STREET
BRECHIN
ANGUS

Contact number(s)

Voice: 01356624411

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: Breast lump
Comment: Dear Doctor

This pleasant girl who is para 4 presented complaining of noticing a lump in her left breast.

Examination revealed some diffuse changes in the left upper outer quadrant spreading into the axilla. No definite discreet hard irregular lesions or definite lymphadenopathy. This girl has a strong family history of breast cancer on the maternal side (maternal aunt and maternal grandmother developed breast cancer at the age of 26).

Re the strong family history and these unilateral changes which have persisted for 6 weeks I would be most grateful if you could arrange to review and advise re further investigations if appropriate.

This lady was last seen in your service on the 22nd September 2010 when her surname at that time was Ellis. Follow up was not carried out as she was found to be pregnant at this juncture.

Yours Sincerely
Dr Irene Mahon
Locum GP
Brechin Health Centre

Date typed: 08/07/2019
Date dictated: 05/07/2019

Examinations and Investigations

Not interested in stopping smoking:		2017-12-22
Teetotaller:	Drinking status on eventdate: Life teetotaler.	2017-12-22
GPPAQ physical activity index: active:		2017-12-22

Most recent height, weight, BMI and Blood Pressure

Height:	1.549	m	Recorded Date: None provided
Weight:	44.3	Kg	Recorded Date: None provided
BMI:	18.4	Kg/m^2	Recorded Date: None provided
Blood Pressure:	95/61	mmHg	Recorded Date: None provided

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Anorexia nervosa	-	-	-	01-Feb-2018
Emotionally unstable personality	-	-	-	15-Aug-2017
Generalised anxiety disorder	-	-	-	19-Apr-2017
Vaginismus	-	-	-	04-Aug-2016
[X]Post - traumatic stress disorder	-	-	- related to childhood experiences	18-Jun-2016
Deliberate self-harm	-	-	- 2017: cutting	01-Jan-2016
Spontaneous vaginal delivery	-	-	- female	15-Feb-2015

Anxiety states	-	-	with low mood	22-Jun-2014
Spontaneous vaginal delivery	-	-	- male	11-Jul-2013
Spontaneous vaginal delivery	-	-	- male	28-May-2011
[X]Accidental drug overdose / other poisoning	-	-	- accidental over dose of Solpadol in pregnancy	18-Apr-2011
Acute pyelonephritis	-	-	-	18-Apr-2011
Poor self esteem	-	-	-	16-Nov-2009
Seen by mental health counsellor	-	-	- depression, dysfunctional eating	14-Oct-2009
Low back pain	-	-	-	14-Oct-2009
Dysfunctional uterine bleeding	-	-	-	27-May-2009
[X]Eating disorders	-	-	-	31-Mar-2009
Blepharitis	-	-	-	16-Mar-2009
Low mood	-	-	-	08-Aug-2008
Iron deficiency anaemia of pregnancy	-	-	+ folate	22-May-2008
Self-harm	-	-	- cutting/hair pulling/polydrug abuse	28-Jun-2005
Nondependent alcohol abuse, unspecified	-	-	-	04-May-2005
Depressed	-	-	-	04-May-2005
Acne vulgaris	-	-	-	01-Feb-2004
[D]Reactive lymphadenopathy	-	-	-	16-Oct-1995
Social worker involved	-	-	-	12-Apr-1995
Looked after child	-	-	-	12-Apr-1995
Child on protection register	-	-	- abuse/neglect	03-Nov-1994
Convergent squint	-	-	+ hypentropia, left	02-Mar-1992
Born by normal vaginal delivery	-	-	-	28-Apr-1988

Past procedures

Description	Laterality	Modifier	Date performed
Fine needle aspiration of breast	-	-	04-Oct-2016
LLETZ - Large loop excision of transformation zone	-	-	15-Aug-2016
Diagnostic cystoscopy	-	-	04-Aug-2016
Incision and drainage of abscess	-	-	02-May-2015
Diagnostic laparoscopy	-	-	19-Sep-2009
Vacuum delivery	-	-	05-Jun-2008
Blood group O	-	-	19-Dec-2007
Bilateral recession of medial recti muscles of eye	-	-	18-Jul-1995
Myringotomy and insertion of short term grommet	-	-	16-Jun-1992

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Olanzapine 7.5mg tablets	83404020	tablet	TAKE ONE TABLET AT NIGHT AS A[more]	-	27-Jun-2019	-
Prazosin 1mg tablets	66154020	tablet	TAKE ONE AT NIGHT INCREASING [more]	-	07-May-2019	-
Sertraline 50mg tablets	74050020	tablet	1 TABLET ONCE A DAY IN THE MORNING	-	13-Dec-2018	-

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Allergies

Allergy, unspecified	Reaction type: Allergy, Certainty of allergy: Likely, - Severity of allergy: Moderate. NOTES: - Latex (coded as per patient report) - causing rash.

Additional relevant information

Administrative information

Referred By:Locum

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

Tayside General Referral Protocol (Tayside, v5.14)/v3.16

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Unique Care Pathway Number

101018853007I

REFERRAL TO

GynaecologyF2
TAY General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Whitehills Health and Community Care Centre
By Forfar
DD8 3DY

— **Hospitaland hospital address**

Hospital unit no. T319H

Email address

Date of Referral (set by referrer) 05-Jun-2019

Date referral was submitted 05-Jun-2019

Urgency of referral **Urgent**

Armed Forces Personnel, Immediate Families & Veterans

- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)

- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous

Interpreter Required:No
Details of "Other" Language:None

PATIENT DETAILS

Surname	LEONARD
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

2 WARDS ROAD
BRECHIN
DD9 7AS

Contact number(s)

Voice: 01356 622497

REGISTERED GP DETAILS

Name	Dr Stewart Rooney		
GMC code	7037004	GP code	72583
Practice name	Brechin Health Centre		
Practice code	10498		

Practice address

INFIRMARY STREET
BRECHIN
ANGUS

Contact number(s)

Voice: 01356624411

REFERRING PRACTITIONER DETAILS

Name	Dr Stewart Rooney		
GMC code	7037004	GP code	72583
Practice name	Brechin Health Centre		
Practice code	10498		

Practice address

INFIRMARY STREET
BRECHIN
ANGUS

Contact number(s)

Voice: 01356624411

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: Pelvic pain and raised CA125

Comment: Dear Doctor

This 31 year old lady has been experiencing deep pelvic pain since last August. This is a strong pain which radiates through to the back and does not seem to by cyclical. Her periods are irregular in timing being every 3 to 4 weeks and irregular in heaviness, sometimes they are very heavy and sometimes very light. She gets a strong pressure type pain during periods. She also experiences a large volume of watery discharge from one week before her period through till one week after her period. She has a previous history of a high grade CIN treated in 2017.

On speculum examination she had a scarred looking cervix and swabs were taken which were normal. She went on to have a pelvic ultrasound which showed a 1.5cm simple cyst and a small amount of free fluid in the Pouch of Douglas and some hyperechoic foci which might be related to previous instrumentation. We did offer referral to yourselves at that point but she was keen to have blood tests first.

We have now done extensive blood tests which have all been normal except her CA125 which is raised at 72.

In view of her on-going symptoms, her abnormal ultrasound scan and her raised CA125 I would be grateful if you would review her urgently.

Yours Sincerely

Dr Sarah Moore
Locum GP
Brechin Health Centre

Date dictated: 04/06/2019
Date typed: 05/06/2019

Examinations and Investigations

Not interested in stopping smoking:		2017-12-22
Teetotaller:	Drinking status on eventdate: Life teetotaler.	2017-12-22
GPPAQ physical activity index: active:		2017-12-22

Most recent height, weight, BMI and Blood Pressure

Height:	1.549	m	Recorded Date:	None provided
Weight:	44.3	Kg	Recorded Date:	None provided
BMI:	18.4	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	95/61	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Anorexia nervosa	-	-	-	01-Feb-2018
Emotionally unstable personality	-	-	-	15-Aug-2017
Generalised anxiety disorder	-	-	-	19-Apr-2017
Vaginismus	-	-	-	04-Aug-2016
[X]Post - traumatic stress disorder	-	-	- related to childhood experiences	18-Jun-2016

Deliberate self-harm	-	-	- 2017: cutting	01-Jan-2016
Spontaneous vaginal delivery	-	-	- female	15-Feb-2015
Anxiety states	-	-	with low mood	22-Jun-2014
Spontaneous vaginal delivery	-	-	- male	11-Jul-2013
Spontaneous vaginal delivery	-	-	- male	28-May-2011
[X]Accidental drug overdose / other poisoning	-	-	- accidental over dose of Solpadol in pregnancy	18-Apr-2011
Acute pyelonephritis	-	-	-	18-Apr-2011
Poor self esteem	-	-	-	16-Nov-2009
Seen by mental health counsellor	-	-	- depression, dysfunctional eating	14-Oct-2009
Low back pain	-	-	-	14-Oct-2009
Dysfunctional uterine bleeding	-	-	-	27-May-2009
[X]Eating disorders	-	-	-	31-Mar-2009
Blepharitis	-	-	-	16-Mar-2009
Low mood	-	-	-	08-Aug-2008
Iron deficiency anaemia of pregnancy	-	-	+ folate	22-May-2008
Self-harm	-	-	- cutting/hair pulling/polydrug abuse	28-Jun-2005
Nondependent alcohol abuse, unspecified	-	-	-	04-May-2005
Depressed	-	-	-	04-May-2005
Acne vulgaris	-	-	-	01-Feb-2004
[D]Reactive lymphadenopathy	-	-	-	16-Oct-1995
Social worker involved	-	-	-	12-Apr-1995
Looked after child	-	-	-	12-Apr-1995
Child on protection register	-	-	- abuse/neglect	03-Nov-1994
Convergent squint	-	-	+ hypentropia, left	02-Mar-1992
Born by normal vaginal delivery	-	-	-	28-Apr-1988

Past procedures

Description	Laterality	Modifier	Date performed
Fine needle aspiration of breast	-	-	04-Oct-2016
LLETZ - Large loop excision of transformation zone	-	-	15-Aug-2016
Diagnostic cystoscopy	-	-	04-Aug-2016
Incision and drainage of abscess	-	-	02-May-2015
Diagnostic laparoscopy	-	-	19-Sep-2009
Vacuum delivery	-	-	05-Jun-2008
Blood group O	-	-	19-Dec-2007
Bilateral recession of medial recti muscles of eye	-	-	18-Jul-1995
Myringotomy and insertion of short term grommet	-	-	16-Jun-1992

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Prazosin 1mg tablets	66154020	tablet	TAKE ONE AT NIGHT INCREASING [more]	-	07-May-2019	-
Olanzapine 5mg tablets	83403020	tablet	TAKE ONE TABLET AT NIGHT AS D[more]	-	26-Jul-2018	-
Sertraline 50mg tablets	74050020	tablet	1 TABLET ONCE A DAY IN THE MORNING	-	13-Dec-2018	-

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Prazosin 1mg tablets	66154020	tablet	TAKE ONE AT NIGHT INCREASING [more]	-	07-May-2019	-

Clinical warnings

Allergies

Allergy, unspecified	Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. NOTES: - Latex (coded as per patient report) - causing rash.

Additional relevant information

Administrative information

Referred By:Registered GP

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

Tayside General Referral Protocol (Tayside, v5.14)/v3.16

From: CRANSWICK, Ruth (NHS TAYSIDE)
Sent: 20 November 2017 11:56:55
To: LINDSAY, Sandra (NHS TAYSIDE)
Subject: SE 2804880060

Hi Sandra,

I hope you're well. I'm just getting in touch about Stacey Ellis and family. We're aware that they don't seem to have registered in Brechin. They're still registered at Annat Bank and we're receiving any medical correspondence which is obviously a concern.

I know you have already addressed this with Stacey but can you do so again? We've tried contacting her directly but are getting no answer when we phone.

Please pass on our best wishes,

Ruth Cranswick

From: CRANSWICK, Ruth (NHS TAYSIDE)
Sent: 14 December 2017 18:51
To: LINDSAY, Sandra (NHS TAYSIDE)
Subject: Re: SE 2804880060

Hi Sandra,

I spoke to Penny today. Has Stacey registered herself and the family yet?

Penny has some background information which should make things a bit easier for Stacey. She can ask for an appointment with Penny but she would need to book ahead for this - and it's quite variable depending on how many GPs there are in Brechin.

Like anywhere else, for on the day appointments such as when the kids are ill she would see the duty GP. There is a good system of GPs phoning back if she has any concerns.

Give her my best wishes ,

Ruth Cranswick

From: LINDSAY, Sandra (NHS TAYSIDE)
Sent: 04 December 2017 15:45
To: CRANSWICK, Ruth (NHS TAYSIDE)
Subject: SE 2804880060

Hi Dr Cranswick

You spoke with me last week with regards to the above lady. I have spoken to her today and she will register at Brechin if you would speak to Dr Penny Lockwood about Stacy.

Regards

Sandra Lindsay
Sandra Lindsay
Senior Mental Health Nurse
Montrose and Brechin Community Mental Health Team
Learning Development Centre
Stracathro Hospital

01356 692856

RC/KD

05 May 2017

Ms Louise Hobbs
Clinical Psychologist
NHS Tayside Eating Disorder Service
15 Dudhope Terrace
Dundee
DD3 6HG

Dear Louise

Re: STACEY ELLIS, DATE OF BIRTH (28.04.88) 0060
17 ANNAT ROAD, MONTROSE, DD10 8EF

Thank you very much for your letter after seeing Stacey. I have been seeing Stacey regularly for the last 9 years and I am very happy to discuss her if this would be helpful. As you have already realised due to her previous trauma's she finds it hard to trust people and it may therefore take her some time to build a relationship with you. The main point I wanted to raise at the moment is that she did not have cervical cancer. She was found to have an abnormal appearance of her cervix last year and there was concern that this may be cancer. However on biopsy there was no cancer and Stacey has been reassured and discharged. I think she is quite clear about this so I am not sure where the miss-information has come from.

Please let me know if you want any further information.

With best wishes.

Yours sincerely

Dr Ruth Cranswick
GMC No., 3260678

Cc: Sandra Lindsay, CMHT, Stracathro Hospital
Shaina Anderson, Social Worker, Family Support Team, Broomfield Road, Montrose

From: CRANSWICK, Ruth (NHS TAYSIDE)
Sent: 21 February 2017 13:02
To: LINDSAY, Sandra (NHS TAYSIDE)
Subject: SE 280488

Dear Sandra,

I have just had a call from Stacey about 2 issues.

Firstly, the chemist said he could not dispense the prescription you gave her last week as it was incorrectly completed. I've asked Stacey to hand the prescription in to the practice. We normally get very prompt communication on MIDIS about any prescriptions but have not received any regarding this.

Also, she said you had suggested I refer her to the Eating disorder service Again, I have no information about this except via Stacey. Can you let me know if this is correct and update me on your contacts with Stacey?

Thank you,

Ruth Cranswick

From: CRANSWICK, Ruth (NHS TAYSIDE)
Sent: 21 February 2017 19:01
To: MCQUITTY, Luke (NHS TAYSIDE); LINDSAY, Sandra (NHS TAYSIDE)
Subject: Re: Referral for Stacey Ellis to EDS

Dear Luke,
Thanks very much for forwarding this.
Just to confirm our discussion -
I have done a prescription for olanzapine 2.5mg nocte and 2.5mg up to once daily prn and have let Stacey know. - 56 tabs
She was previously prescribed Quetiapine in December and has not been on olanzapine up till now.
She has NOT had cervical cancer. This was suspected as she had a very abnormal cervix, but it was genital warts and there was no malignancy.
We normally get very prompt infomation via MIDIS from psychiatry particularly regarding prescriptions and I don't know why this did not happen this time. If the prescription was not urgent you would normally ask us to prescribe.
Also any onward referrals would normally be copied to the GP.

As discussed, Stacey has multiple professionals involved in her life and it is worth bearing this in mind when considering adding more. Please do not hesitate to contact me if you or Sandra wish to discuss anything further.
Best wishes
Ruth Cranswick

From: MCQUITTY, Luke (NHS TAYSIDE)
Sent: 21 February 2017 19:53
To: CRANSWICK, Ruth (NHS TAYSIDE)
Cc: LINDSAY, Sandra (NHS TAYSIDE)
Subject: Re: Referral for Stacey Ellis to EDS

Dear Ruth

Thanks for your email. I can only apologise for the confusion.

Having reflected on the case, I think the reason a paper script was done was so Sandra could give it Stacey and she could hopefully get it a wee bit sooner. This is only done where there is a sense of urgency but i will make sure to complete MIDIS form too next time I use paper prescriptions. The vast majority are some purely via MIDIS.

This case has highlighted the importance of good communication in complex, multidisciplinary cases like this.

Could I request that you cancel the quetiapine for the time being please? I hope the olanzapine helps and she benefits from EDS assessment. I will of course forward any further prescription requests and referrals to yourself.

It was good to get a chance to meet today and discuss the case. Please let me know if you have any questions.

Once again, apologies for any difficultly this caused Stacey or yourself.

Luke McQuitty

electronic Notification of Cervical Cytology Results Service

New Result

CHI Number	2804880060
Name	ELLIS, STACEY
Date Of Birth	28/ 04/ 1988
GMC Code of Registered GP	3260678
Practice Code	T13706

Smear Taker	Loraine Stirton
Reporting Location	NW Cytology Dundee

SCCRS ID	**1416745013**
Laboratory ID	**17T1003851**
Smear Taken Date	**13/ 02/ 2017 00:00:00**
Result	**Negative (4K22.)**
Report Comments	**HPV Result : hr-HPV Negative.**
Recommended Management	**Routine Recall**
Recall Date	**13/ 02/ 2020**

From: RAGUPATHY, Kalpana (NHS TAYSIDE)
Sent: 20 November 2016 16:46
To: CRANSWICK, Ruth (NHS TAYSIDE)
Cc: GILCHRIST, Jacqueline (NHS TAYSIDE)
Subject: Re: SE 2804880060

Thank you for your email. Could be cervical stenosis since it was a large loop done to sample the cervix properly. We will see her in the fast track clinic (next available). Meanwhile, could you start her on some regular analgesics please?(if not started already); Will also organise a scan prior to her clinic appointment to rule out haematometra.

Jackie - could you organise an appointment with scan (will fill a form this week) and then review in clinic?

Dr Ragupathy
Consultant Obstetrician and Gynaecologist
Special Interest Gynae-oncology
Lead Colposcopist
Ninewells Hospital
Dundee

From: CRANSWICK, Ruth (NHS TAYSIDE)
Sent: 17 November 2016 16:16
To: RAGUPATHY, Kalpana (NHS TAYSIDE)
Subject: SE 2804880060

Dear Dr Ragupathy,
You may remember this 28 year old lady who had a LLETZ for a highly suspicious looking cervix in August. The diagnosis turned out to be wart virus but also CIN 3.
She came yesterday complaining of cervical pain starting about 4 weeks after the procedure. This is present most of the time and worse on intercourse. She has a discharge which is offensive at times. she has had 2 episodes of bleeding since the procedure, light and lasting 12-14 days.
On examination, everything looked fine. The cervix appeared to have healed but it was tender. There was light bleeding . I took a bacterial swab which is negative and the chlamydia swab is awaited. She describes the pain as often severe and preventing her normal activities.
I'd be very grateful for any thoughts and advice.
Thank you
Ruth Cranswick GP

From: Ragupathy Kalpana (NHS TAYSIDE)
Sent: 06 September 2016 08:27
To: Cranswick Ruth (NHS TAYSIDE)
Subject: RE: Patient SE 2804880060

Dear Dr Cranswick,
Thanks for the query. We had asked for the MRI to be cancelled (at the MDT) once we knew it was cancer. Not sure why this was not done. Could you ask Stacey not to attend MRI please. I have been to radiology now and they have assured me that the request will be cancelled. The wart was removed at the same time as LLETZ and she does not need any separate treatment. I hope this clarifies

Dr Ragupathy
Consultant Obstetrician and Gynaecologist
Special Interest Gynae-oncology
Ninewells Hospital
Dundee

electronic Notification of Cervical Cytology Results Service

Exclusion Information

CHI Number	2804880060
Name	ELLIS, STACEY
Date Of Birth	28/ 04/ 1988
GMC Code of Registered GP	3260678
Practice Code	T13706

Exclusion Reason	At Colposcopy
Exclusion Date	30/ 08/ 2016
Exclusion End Date	28/ 02/ 2017
Extended	No
Closed	No
Next Recall Date	16/ 02/ 2017

electronic Notification of Cervical Cytology Results Service

Exclusion Information

CHI Number	2804880060
Name	ELLIS, STACEY
Date Of Birth	28/ 04/ 1988
GMC Code of Registered GP	3260678
Practice Code	T13706

Exclusion Reason	At Colposcopy
Exclusion Date	30/ 08/ 2016
Exclusion End Date	28/ 02/ 2017
Extended	No
Closed	No
Next Recall Date	16/ 02/ 2017

From: Cranswick Ruth (NHS TAYSIDE)
Sent: 05 September 2016 17:31
To: Ragupathy Kalpana (NHS TAYSIDE)
Subject: Patient SE 2804880060

Dear Dr Ragupathy,

I hope you don't mind me emailing.

Thank you for your letter of 30 August advising the good news that Stacey Ellis does not have cervical cancer.

She has received a follow MRI appointment as, at the initial one, it was not clear if findings were due to post-op swelling. I assume this is no longer necessary?

I understand the findings on examination were due to wart virus, is any further treatment required for this?

Thank you.

Ruth Cranswick

GP

electronic Notification of Cervical Cytology Results Service

Exclusion Information

CHI Number	2804880060
Name	ELLIS, STACEY
Date Of Birth	28/ 04/ 1988
GMC Code of Registered GP	3260678
Practice Code	T13706

Exclusion Reason	At Colposcopy
Exclusion Date	04/ 08/ 2016
Exclusion End Date	04/ 02/ 2017
Extended	No
Closed	No
Next Recall Date	19/ 01/ 2017

electronic Notification of Cervical Cytology Results Service

Exclusion Information

CHI Number	2804880060
Name	ELLIS, STACEY
Date Of Birth	28/ 04/ 1988
GMC Code of Registered GP	3260678
Practice Code	T13706

Exclusion Reason	At Colposcopy
Exclusion Date	04/ 08/ 2016
Exclusion End Date	04/ 02/ 2017
Extended	No
Closed	No
Next Recall Date	19/ 01/ 2017

electronic Notification of Cervical Cytology Results Service

New Result

CHI Number	2804880060
Name	ELLIS, STACEY
Date Of Birth	28/ 04/ 1988
GMC Code of Registered GP	3260678
Practice Code	T13706

Smear Taker	Dr Caithlin Neill
Reporting Location	NW Cytology Dundee

SCCRS ID	1390909726
Laboratory ID	16T1016258
Smear Taken Date	19/ 07/ 2016 00:00:00
Result	Severe Dyskaryosis/Invasive (4K25.)
Report Comments	High grade (severe) dyskaryosis with marked inflammatory response in a defaulter with irregular appearance of cervix. Requires urgent assessment.
Recommended Management	Unknown Recommended Management
Recall Date	19/ 01/ 2017

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Montrose/Brechin CMHTG1TK
TAY General Referral

Stracathro Hospital
By Brechin
DD9 7QA

— **Consultant / receiving practitioner and/or specialty clinic**

— **Hospitaland hospital address**

Hospital unit no.: T312H

Email address:

Date of Referral (set by referrer) 10-Jun-2016
Date referral was submitted 13-Jun-2016
Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans
- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)
- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
Interpreter Required: No
Details of "Other" Language: None

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

17 ANNAT ROAD
MONTROSE
DD10 8EF

Contact number(s)

Voice: 959209
Voice: 07938812432

REGISTERED GP DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

REFERRING PRACTITIONER DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: anxiety and depression

Comment: I would be grateful if you could see Stacey who is a 28 year old mother of 4. She lives with her partner [redacted] and children aged 9, 5, 3 and 1.

Stacey is experiencing symptoms of anxiety and depression. She is finding difficulties in parenting particularly with her eldest child, [redacted]. [redacted] has significant behavioural problems and following a recent network meeting, Social Work have become involved.

Stacey experienced a very traumatic childhood herself and many of her difficulties stem from this. She describes feeling like running away most of the time. She tends to neglect herself including eating very little. Her BMI is 17.

She has been seeing Gail Penman who has been working with [redacted]. Gail would be happy to give you further background for Stacey. She was referred to psychology and saw Alison Peaker earlier this year. She was not able to engage in formal psychology therapy as her focus is very much on her children and discussing her traumatic past was too overwhelming for her.

I think her current need is for a more flexible, practical approach. She is finding it increasingly difficult to continue to function and parent. I would therefore be grateful if she could be seen within 4 weeks.

Thank you.

Dr Ruth Cranswick
GMC No., 3260678

Stacey took Sertraline 50mg from mid March for 2 months but did not continue as did not think it was helping.

Examinations and Investigations

Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 25.	2016-04-12
Non drinker alcohol:	Drinking status on eventdate: Life teetotaler.	2007-11-12
Exercise grading:	Walking alot	2007-11-12

Most recent height, weight, BMI and Blood Pressure

Height:	1.59	m	Recorded Date:	None provided
Weight:	45	Kg	Recorded Date:	None provided
BMI:	17.7	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	112/78	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
[D]Lump, localized and superficial	-	-	Subcut, ref plastics.	12-Apr-2016
Depressed mood	-	New event	[TRUNCATED]Very flat. Feels like running away most days. 4 kids age 7, 4, 2 and 1. Husband supportive but works full time and aware she won't let him help with much. Long established eating habits o	15-Mar-2016
O/E - discharge from ear	-	-	[TRUNCATED]bilateral ear ache for 2 weeks, both ears discharging, clinically pussy discharge both ears left > right, tympanic membranes seem intact however reports right ear drum perforation as chil	02-Aug-2012
Anxiety with	-	-	[TRUNCATED]Low mood 3 months Feels not coping Anxious and feels unsafe alone in house. House cold. Sees Mhairi Still weekly.	05-Jan-

depression			gets no time alone as Declan up till midnight. Can't keep him in room as	2012
Spontaneous vaginal delivery	-	-	- MRI, Male, 3160 grams, 39+5 weeks gestation. (See Docman 01.06.11)	28-May-2011
H/O: amblyopia	-	-	L eye Doesn't tolerate contact lens	19-Aug-2010
Blepharitis	-	-	Contact lens wearer	01-Apr-2009
Acne vulgaris	-	-	[MONTH AND YEAR OF EVENT 08/2006]	01-Aug-2006
Depressive disorder NEC	-	-	[MONTH AND YEAR OF EVENT 05/2005] NOTES: and alcohol misuse. Referred Cornhill.	01-May-2005
Right iliac fossa pain	-	-	admitted gynae with a false pos preg test, settled spontaneously	02-Apr-2005
Breast lump symptom	-	-	[YEAR OF EVENT 1997] NOTES: prepubertal.	01-Jan-1997
Child on protection register	-	-	[YEAR OF EVENT 1994] NOTES: mother psychiatric illness, father in prison. .	01-Jan-1994
Convergent squint	-	-	[YEAR OF EVENT 1992] NOTES: left.	01-Jan-1992
Minor head injury	-	-	[YEAR OF EVENT 1992]	01-Jan-1992
Burn of wrist or hand NOS	-	-	[YEAR OF EVENT 1992] NOTES: right hand.	01-Jan-1992
Recurrent acute otitis media	-	-	[YEAR OF EVENT 1991]	01-Jan-1991
Specific delays in development	-	-	[YEAR OF EVENT 1989] NOTES: poor social circumstances.	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Patient reviewed	-	-	12-Apr-2016
Discharged from hospital	-	-	15-Mar-2015
Advice about long acting reversible contraception	-	-	06-Mar-2013
Termination of pregnancy NEC	-	-	31-Dec-2009
Eye muscle operations	-	-	01-Jan-1995
Foster care	-	-	01-Jan-1994
Insertion of grommet	-	-	01-Jan-1992

Current and recent medication

Current repeat medication

No current repeat medications recorded

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Allergies

H/O: non-drug allergy	Reaction type: Allergy, Certainty of allergy: Likely, - Severity of allergy: Moderate. NOTES: Latex itchy and red.

Additional relevant information

Administrative information

Referred By:Registered GP

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Plastic SurgeryC9
TAY General Referral

Consultant / receiving practitioner and/or specialty clinic

Stracathro Hospital
By Brechin
DD9 7QA

Hospitaland hospital address

Hospital unit no.: T312H

Email address:

Date of Referral (set by referrer) 13-Apr-2016
Date referral was submitted 13-Apr-2016
Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans

- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)

- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous

- ☐ Requires support of a translator

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

17 ANNAT ROAD
MONTROSE
DD10 8EF

Contact number(s)

Voice: 959209
Voice: 07938812432

REGISTERED GP DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

REFERRING PRACTITIONER DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: subcutaneous lump right axillae

Comment: This 27 year old slim lady has been aware of a lump of her right axillae for several months. It is not changing and is non tender.

On examination there is a very superficial lump measuring approximately 2cm in diameter with the skin mobile over it. It appears benign. She would be very grateful if you would consider removing this.

Thank you.

Yours sincerely

Dr Ruth Cranswick
GMC No., 3260678

Examinations and Investigations

Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 25.	2016-04-12
Non drinker alcohol:	Drinking status on eventdate: Life teetotaler.	2007-11-12
Exercise grading:	Walking alot	2007-11-12

Most recent height, weight, BMI and Blood Pressure

Height:	1.59	m	Recorded Date:	None provided
Weight:	45	Kg	Recorded Date:	None provided
BMI:	17.7	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	112/78	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
[D]Lump, localized and superficial	-	-	Subcut, ref plastics.	12-Apr-2016
Depressed mood	-	New event	[TRUNCATED]Very flat. Feels like running away most days. 4 kids age 7, 4, 2 and 1. Husband supportive but works full time and aware she won't let him help with much. Long established eating habits o	15-Mar-2016
O/E - discharge from ear	-	-	[TRUNCATED]bilateral ear ache for 2 weeks, both ears discharging, clinically pussy discharge both ears left > right, tympanic membranes seem intact however reports right ear drum perforation as chil	02-Aug-2012
Anxiety with depression	-	-	[TRUNCATED]Low mood 3 months Feels not coping Anxious and feels unsafe alone in house. House cold. Sees Mhairi Still weekly. gets no time alone as Declan up till midnight. Can't keep him in room as	05-Jan-2012
Spontaneous vaginal delivery	-	-	- MRI, Male, 3160 grams, 39+5 weeks gestation. (See Docman 01.06.11)	28-May-2011
H/O: amblyopia	-	-	L eye Doesn't tolerate contact lens	19-Aug-2010.
Blepharitis	-	-	Contact lens wearer	01-Apr-2009
Acne vulgaris	-	-	[MONTH AND YEAR OF EVENT 08/2006]	01-Aug-

				2006
Depressive disorder NEC	-	-	[MONTH AND YEAR OF EVENT 05/2005] NOTES: and alcohol misuse. Referred Cornhill.	01-May-2005
Right iliac fossa pain	-	-	admitted gynae with a false pos preg test, settled spontaneously	02-Apr-2005
Breast lump symptom	-	-	[YEAR OF EVENT 1997] NOTES: prepubertal.	01-Jan-1997
Child on protection register	-	-	[YEAR OF EVENT 1994] NOTES: mother psychiatric illness, father in prison. .	01-Jan-1994
Convergent squint	-	-	[YEAR OF EVENT 1992] NOTES: left.	01-Jan-1992
Minor head injury	-	-	[YEAR OF EVENT 1992]	01-Jan-1992
Burn of wrist or hand NOS	-	-	[YEAR OF EVENT 1992] NOTES: right hand.	01-Jan-1992
Recurrent acute otitis media	-	-	[YEAR OF EVENT 1991]	01-Jan-1991
Specific delays in development	-	-	[YEAR OF EVENT 1989] NOTES: poor social circumstances.	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Patient reviewed	-	-	12-Apr-2016
Discharged from hospital	-	-	15-Mar-2015
Advice about long acting reversible contraception	-	-	06-Mar-2013
Termination of pregnancy NEC	-	-	31-Dec-2009
Eye muscle operations	-	-	01-Jan-1995
Foster care	-	-	01-Jan-1994
Insertion of grommet	-	-	01-Jan-1992

Current and recent medication

Current repeat medication

No current repeat medications recorded

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Sertraline 50mg tablets	74050020	tablet	1 TABLET ONCE A DAY	-	12-Apr-2016	-
Sertraline 50mg tablets	74050020	tablet	1 TABLET ONCE A DAY	-	15-Mar-2016	-

Clinical warnings

Allergies

H/O: non-drug allergy	Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. NOTES: Latex itchy and red.

Additional relevant information

Administrative information

Referred By:Registered GP

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery (excl Vascular)C11
TAY General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Stracathro Hospital
By Brechin
DD9 7QA

— **Hospital and hospital address**

Hospital unit no. T312H

Email address

Date of Referral (set by referrer) 19-Apr-2016
Date referral was submitted 19-Apr-2016
Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans
- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)
- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
- ☐ Requires support of a translator

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

17 ANNAT ROAD
MONTROSE
DD10 8EF

Contact number(s)

Voice: 959209
Voice: 07938812432

REGISTERED GP DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

REFERRING PRACTITIONER DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: lump right axilla

Comment: This 27 year old lady has been aware of a lump of her right axillae for several months. It is not changing and is non tender. On examination there is a very superficial lump measuring approximately 2cm in diameter with the skin mobile over it, it would appear to be a benign cyst. She has no significant skin lesions and no breast lumps. I think this is a simple benign cyst but she would like it to be removed.

I would be very grateful if you would consider this.

Thank you.

Dr Ruth Cranswick
GMC No., 3260678

Examinations and Investigations

Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 25.	2016-04-12
Non drinker alcohol:	Drinking status on eventdate: Life teetotaler.	2007-11-12
Exercise grading:	Walking alot	2007-11-12

Most recent height, weight, BMI and Blood Pressure

Height:	1.59	m	Recorded Date:	None provided
Weight:	45	Kg	Recorded Date:	None provided
BMI:	17.7	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	112/78	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
[D]Lump, localized and superficial	-	-	Subcut, ref plastics.	12-Apr-2016
Depressed mood	-	New event	[TRUNCATED]Very flat. Feels like running away most days. 4 kids age 7, 4, 2 and 1. Husband supportive but works full time and aware she won't let him help with much. Long established eating habits o	15-Mar-2016
O/E - discharge from ear	-	-	[TRUNCATED]bilateral ear ache for 2 weeks, both ears discharging, clinically pussy discharge both ears left > right, tympanic membranes seem intact however reports right ear drum perforation as chil	02-Aug-2012
Anxiety with depression	-	-	[TRUNCATED]Low mood 3 months Feels not coping Anxious and feels unsafe alone in house. House cold. Sees Mhairi Still weekly. gets no time alone as Declan up till midnight. Can't keep him in room as	05-Jan-2012
Spontaneous vaginal delivery	-	-	- MRI, Male, 3160 grams, 39+5 weeks gestation. (See Docman 01.06.11)	28-May-2011
H/O: amblyopia	-	-	L eye Doesn't tolerate contact lens	19-Aug-2010
Blepharitis	-	-	Contact lens wearer	01-Apr-2009
Acne vulgaris	-	-	[MONTH AND YEAR OF EVENT 08/2006]	01-Aug-2006

Depressive disorder NEC	-	-	[MONTH AND YEAR OF EVENT 05/2005] NOTES: and alcohol misuse. Referred Cornhill.	01-May-2005
Right iliac fossa pain	-	-	admitted gynae with a false pos preg test, settled spontaneously	02-Apr-2005
Breast lump symptom	-	-	[YEAR OF EVENT 1997] NOTES: prepubertal.	01-Jan-1997
Child on protection register	-	-	[YEAR OF EVENT 1994] NOTES: mother psychiatric illness, father in prison. .	01-Jan-1994
Convergent squint	-	-	[YEAR OF EVENT 1992] NOTES: left.	01-Jan-1992
Minor head injury	-	-	[YEAR OF EVENT 1992]	01-Jan-1992
Burn of wrist or hand NOS	-	-	[YEAR OF EVENT 1992] NOTES: right hand.	01-Jan-1992
Recurrent acute otitis media	-	-	[YEAR OF EVENT 1991]	01-Jan-1991
Specific delays in development	-	-	[YEAR OF EVENT 1989] NOTES: poor social circumstances.	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Patient reviewed	-	-	12-Apr-2016
Discharged from hospital	-	-	15-Mar-2015
Advice about long acting reversible contraception	-	-	06-Mar-2013
Termination of pregnancy NEC	-	-	31-Dec-2009
Eye muscle operations	-	-	01-Jan-1995
Foster care	-	-	01-Jan-1994
Insertion of grommet	-	-	01-Jan-1992

Current and recent medication

Current repeat medication

No current repeat medications recorded

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Sertraline 50mg tablets	74050020	tablet	1 TABLET ONCE A DAY	-	12-Apr-2016	-

Clinical warnings

Allergies

H/O: non-drug allergy	Reaction type: Allergy, Certainty of allergy: Likely, - Severity of allergy: Moderate. NOTES: Latex itchy and red.

Additional relevant information

Administrative information

Referred By:Registered GP

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Clinical Psychology Adult Psychological Therapy SeR2T4
TAY General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Stracathro Hospital
By Brechin
DD9 7QA

— **Hospital and hospital address**

Hospital unit no.: T312H

Email address:

Date of Referral (set by referrer) 04-Dec-2015
Date referral was submitted 07-Dec-2015
Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans

- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)

- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous

- ☐ Requires support of a translator

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

17 ANNAT ROAD
MONTROSE
DD10 8EF

Contact number(s)

Voice: 959209
Voice: 07938812432

REGISTERED GP DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

REFERRING PRACTITIONER DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: For the attention of Gemma Hadden

Comment: I referred Stacey in August of this year and I think she has failed to opt in to the service.

After discussion with Gail Penman she is keen to be offered a further appointment and I would be very grateful if you could do this. Could you please copy all correspondence to Gail Penman who will support Stacey in attending her appointments? Stacey has consented to this.

Many thanks.

Dr Ruth Cranswick
GMC No., 3260678

Examinations and Investigations

Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	2015-09-24
Non drinker alcohol:	Drinking status on eventdate: Life teetotaler.	2007-11-12
Exercise grading:	Walking alot	2007-11-12

Most recent height, weight, BMI and Blood Pressure

Height:	1.59	m	Recorded Date:	None provided
Weight:	44.6	Kg	Recorded Date:	None provided
BMI:	17.6	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	112/78	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
O/E - discharge from ear	-	-	[TRUNCATED]bilateral ear ache for 2 weeks, both ears discharging, clinically pussy discharge both ears left > right, tympanic membranes seem intact however reports right ear drum perforation as chil	02-Aug-2012
Anxiety with depression	-	-	[TRUNCATED]Low mood 3 months Feels not coping Anxious and feels unsafe alone in house. House cold. Sees Mhairi Still weekly. gets no time alone as Declan up till midnight. Can't keep him in room as	05-Jan-2012
Spontaneous vaginal delivery	-	-	- MRI, Male, 3160 grams, 39+5 weeks gestation. (See Docman 01.06.11)	28-May-2011
H/O: amblyopia	-	-	L eye Doesn't tolerate contact lens	19-Aug-2010
Blepharitis	-	-	Contact lens wearer	01-Apr-2009
Acne vulgaris	-	-	[MONTH AND YEAR OF EVENT 08/2006]	01-Aug-2006
Depressive disorder NEC	-	-	[MONTH AND YEAR OF EVENT 05/2005] NOTES: and alcohol misuse. Referred Cornhill.	01-May-2005
Right iliac fossa pain	-	-	admitted gynae with a false pos preg test, settled spontaneously	02-Apr-2005
Breast lump symptom	-	-	[YEAR OF EVENT 1997] NOTES: prepubertal.	01-Jan-1997

Child on protection register	-	-	[YEAR OF EVENT 1994] NOTES: mother psychiatric illness, father in prison. .	01-Jan-1994
Convergent squint	-	-	[YEAR OF EVENT 1992] NOTES: left.	01-Jan-1992
Minor head injury	-	-	[YEAR OF EVENT 1992]	01-Jan-1992
Burn of wrist or hand NOS	-	-	[YEAR OF EVENT 1992] NOTES: right hand.	01-Jan-1992
Recurrent acute otitis media	-	-	[YEAR OF EVENT 1991]	01-Jan-1991
Specific delays in development	-	-	[YEAR OF EVENT 1989] NOTES: poor social circumstances.	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Discharged from hospital	-	-	15-Mar-2015
Advice about long acting reversible contraception	-	-	06-Mar-2013
Termination of pregnancy NEC	-	-	31-Dec-2009
Eye muscle operations	-	-	01-Jan-1995
Foster care	-	-	01-Jan-1994
Insertion of grommet	-	-	01-Jan-1992

Current and recent medication

Current repeat medication

No current repeat medications recorded

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Allergies

H/O: non-drug allergy	Reaction type: Allergy, Certainty of allergy: Likely, - Severity of allergy: Moderate. NOTES: Latex itchy and red.

Additional relevant information

Administrative information

Referred By:Registered GP

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

GynaecologyF2
TAY General Referral

— **Consultant / receiving practitioner and/or specialty clinic**

Links Health Centre
Marine Avenue
Montrose
Angus
DD10 8TR

— **Hospitaland hospital address**

Hospital unit no.: T357C

Email address:

Date of Referral (set by referrer) 16-Mar-2016
Date referral was submitted 17-Mar-2016
Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans

- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)

- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous

- ☐ Requires support of a translator

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

17 ANNAT ROAD
MONTROSE
DD10 8EF

Contact number(s)

Voice: 959209
Voice: 07938812432

REGISTERED GP DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

REFERRING PRACTITIONER DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: request for sterilisation

Comment: This 27 year old lady has 4 children aged, 7, 4, 2 and 1 years. She is in a stable relationship and is absolutely sure that she does not want any further children.

She currently has a Nexplanon implant but gets irregular bleeding on this. She has also tried a mirena coil in the past and did not like it.

She is generally fit with no significant medical history. She has just started sertraline 50mg daily and is on no other medication.

I would be very grateful if you would consider her request.

Thank you.

Dr Ruth Cranswick
GMC No., 3260678

Examinations and Investigations

Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	2015-09-24
Non drinker alcohol:	Drinking status on eventdate: Life teetotaler.	2007-11-12
Exercise grading:	Walking alot	2007-11-12

Most recent height, weight, BMI and Blood Pressure

Height:	1.59	m	Recorded Date:	None provided
Weight:	44.6	Kg	Recorded Date:	None provided
BMI:	17.6	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	112/78	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Depressed mood	-	New event	[TRUNCATED]Very flat. Feels like running away most days. 4 kids age 7, 4, 2 and 1. Husband supportive but works full time and aware she won't let him help with much. Long established eating habits o	15-Mar-2016
O/E - discharge from ear	-	-	[TRUNCATED]bilateral ear ache for 2 weeks, both ears discharging, clinically pussy discharge both ears left > right, tympanic membranes seem intact however reports right ear drum perforation as chil	02-Aug-2012
Anxiety with depression	-	-	[TRUNCATED]Low mood 3 months Feels not coping Anxious and feels unsafe alone in house. House cold. Sees Mhairi Still weekly. gets no time alone as Declan up till midnight. Can't keep him in room as	05-Jan-2012
Spontaneous vaginal delivery	-	-	- MRI, Male, 3160 grams, 39+5 weeks gestation. (See Docman 01.06.11)	28-May-2011
H/O: amblyopia	-	-	L eye Doesn't tolerate contact lens	19-Aug-2010
Blepharitis	-	-	Contact lens wearer	01-Apr-2009
Acne vulgaris	-	-	[MONTH AND YEAR OF EVENT 08/2006]	01-Aug-

				2006
Depressive disorder NEC	-	-	[MONTH AND YEAR OF EVENT 05/2005] NOTES: and alcohol misuse. Referred Cornhill.	01-May-2005
Right iliac fossa pain	-	-	admitted gynae with a false pos preg test, settled spontaneously	02-Apr-2005
Breast lump symptom	-	-	[YEAR OF EVENT 1997] NOTES: prepubertal.	01-Jan-1997
Child on protection register	-	-	[YEAR OF EVENT 1994] NOTES: mother psychiatric illness, father in prison. .	01-Jan-1994
Convergent squint	-	-	[YEAR OF EVENT 1992] NOTES: left.	01-Jan-1992
Minor head injury	-	-	[YEAR OF EVENT 1992]	01-Jan-1992
Burn of wrist or hand NOS	-	-	[YEAR OF EVENT 1992] NOTES: right hand.	01-Jan-1992
Recurrent acute otitis media	-	-	[YEAR OF EVENT 1991]	01-Jan-1991
Specific delays in development	-	-	[YEAR OF EVENT 1989] NOTES: poor social circumstances.	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Discharged from hospital	-	-	15-Mar-2015
Advice about long acting reversible contraception	-	-	06-Mar-2013
Termination of pregnancy NEC	-	-	31-Dec-2009
Eye muscle operations	-	-	01-Jan-1995
Foster care	-	-	01-Jan-1994
Insertion of grommet	-	-	01-Jan-1992

Current and recent medication

Current repeat medication

No current repeat medications recorded

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Sertraline 50mg tablets	74050020	tablet	1 TABLET ONCE A DAY	-	15-Mar-2016	-

Clinical warnings

Allergies

H/O: non-drug allergy	Reaction type: Allergy, Certainty of allergy: Likely, - Severity of allergy: Moderate. NOTES: Latex itchy and red.

Additional relevant information

Administrative information

Referred By:Registered GP

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

RC/KD

02 December 2015

NHS Tayside Psychological Therapies Services
Learning & Development Centre
Stracathro Hospital
Brechin
Angus

For the attention of Gemma Hadden

Dear Gemma

Re: STACEY ELLIS, DATE OF BIRTH (28.04.88)0060
17 ANNAT ROAD, MONTROSE, DD10 8EF

I referred Stacey in August of this year and I think she has failed to opt in to the service.

After discussion with Gail Penman she is keen to be offered a further appointment and I would be very grateful if you could do this. Could you please copy all correspondence to Gail Penman who will support Stacey in attending her appointments? Stacey has consented to this.

Many thanks.

Yours sincerely

Dr Ruth Cranswick
GMC No., 3260678

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Clinical Psychology Adult Psychological Therapy SeR2T4
TAY General Referral

Consultant / receiving practitioner and/or specialty clinic

Stracathro Hospital
By Brechin
DD9 7QA

Hospitaland hospital address

Hospital unit no.: T312H

Email address:

Date of Referral (set by referrer) 25-Aug-2015
Date referral was submitted 25-Aug-2015
Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans

- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)

- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous

- ☐ Requires support of a translator

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

17 ANNAT ROAD
MONTROSE
DD10 8EF

Contact number(s)

Voice: 959209
Voice: 07840470020

REGISTERED GP DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

REFERRING PRACTITIONER DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: stress and anxiety

Comment: For the attention of Gemma Hadden

You met Stacey on three occasions last year and discussed issues surrounding her stress and anxiety. These relate to her own childhood issues and affect her interaction with her own children. Stacey has since had a daughter in March of this year, so she now has 3 sons aged 7, 4, 2 and her daughter [redacted]. She has been seeing Gail Penman along with [redacted] for the last few months. Stacey has made considerable progress and has good insight to the impact of her own background problems on her relationship with her children. I would therefore be grateful if you could offer her another appointment in order to address these with her.

She would like Gail to be present at her first session to help communicate the work they have done so far. Gail plans to discuss this with you personally.

Thank you very much for seeing her.

Yours sincerely

Dr Ruth Cranswick
GMC No., 3260678

Examinations and Investigations

Heavy smoker - 20-39 cigs/day:	Smoking status on date of event: Smoker.	2013-08-09
Non drinker alcohol:	Drinking status on eventdate: Life teetotaler.	2007-11-12
Exercise grading:	Walking alot	2007-11-12

Most recent height, weight, BMI and Blood Pressure

Height:	1.59	m	Recorded Date: None provided
Weight:	44.6	Kg	Recorded Date: None provided
BMI:	17.6	Kg/m^2	Recorded Date: None provided
Blood Pressure:	112/78	mmHg	Recorded Date: None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
O/E - discharge from ear	-	-	[TRUNCATED]bilateral ear ache for 2 weeks, both ears discharging, clinically pussy discharge both ears left > right, tympanic membranes seem intact however reports right ear drum perforation as chil	02-Aug-2012
Anxiety with depression	-	-	[TRUNCATED]Low mood 3 months Feels not coping Anxious and feels unsafe alone in house. House cold. Sees Mhairi Still weekly. gets no time alone as Declan up till midnight. Can't keep him in room as	05-Jan-2012
Spontaneous vaginal delivery	-	-	- MRI, Male, 3160 grams, 39+5 weeks gestation. (See Docman 01.06.11)	28-May-2011
H/O: amblyopia	-	-	L eye Doesn't tolerate contact lens	19-Aug-2010
Blepharitis	-	-	Contact lens wearer	01-Apr-2009
Acne vulgaris	-	-	[MONTH AND YEAR OF EVENT 08/2006]	01-Aug-

				2006
Depressive disorder NEC	-	-	[MONTH AND YEAR OF EVENT 05/2005] NOTES: and alcohol misuse. Referred Cornhill.	01-May-2005
Right iliac fossa pain	-	-	admitted gynae with a false pos preg test, settled spontaneously	02-Apr-2005
Breast lump symptom	-	-	[YEAR OF EVENT 1997] NOTES: prepubertal.	01-Jan-1997
Child on protection register	-	-	[YEAR OF EVENT 1994] NOTES: mother psychiatric illness, father in prison. .	01-Jan-1994
Convergent squint	-	-	[YEAR OF EVENT 1992] NOTES: left.	01-Jan-1992
Minor head injury	-	-	[YEAR OF EVENT 1992]	01-Jan-1992
Burn of wrist or hand NOS	-	-	[YEAR OF EVENT 1992] NOTES: right hand.	01-Jan-1992
Recurrent acute otitis media	-	-	[YEAR OF EVENT 1991]	01-Jan-1991
Specific delays in development	-	-	[YEAR OF EVENT 1989] NOTES: poor social circumstances.	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Discharged from hospital	-	-	15-Mar-2015
Advice about long acting reversible contraception	-	-	06-Mar-2013
Termination of pregnancy NEC	-	-	31-Dec-2009
Eye muscle operations	-	-	01-Jan-1995
Foster care	-	-	01-Jan-1994
Insertion of grommet	-	-	01-Jan-1992

Current and recent medication

Current repeat medication

No current repeat medications recorded

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Nexplanon 68mg implant (Merck Sharp & Dohme Ltd)	98949020	device	AS DIRECTED	-	11-Aug-2015	-

Clinical warnings

Allergies

H/O: non-drug allergy	Reaction type: Allergy, Certainty of allergy: Likely, - Severity of allergy: Moderate. NOTES: Latex itchy and red.

Additional relevant information

Administrative information

Referred By:Registered GP

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

electronic Notification of Cervical Cytology Results Service

Exclusion Information

CHI Number	2804880060
Name	ELLIS, STACEY
Date Of Birth	28/ 04/ 1988
GMC Code of Registered GP	3260678
Practice Code	T13706

Exclusion Reason	Pregnant
Exclusion Date	16/ 03/ 2015
Exclusion End Date	16/ 12/ 2015
Extended	No
Closed	No
Next Recall Date	01/ 08/ 2011

RM/KD

30 September 2013

To whom it may concern

Re: Stacey Ellis 28.04.1988
[redacted]

Residing at 23 Seagate, Montrose, DD10 8BA

This is to confirm that Stacey has shown me photographs of current significant (wet) mould in a large number of areas in their residence.

In my opinion the amount of mould/damp depicted would be enough to potentially affect the health of this family, particularly the ten week old baby [redacted], and five year old [redacted] who has been recently troubled by poorly controlled asthma.

Yours sincerely

Dr Richard Marwood
GMC No., 2651989

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Adullt Psychological Therapies ServicesR2T4
TAY General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Stracathro Hospital
By Brechin
DD9 7QA

— **Hospitaland hospital address**

Hospital unit no.: T312H

Email address: [redacted]

Date of Referral (set by referrer) 30-Oct-2013
Date referral was submitted 31-Oct-2013
Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans
- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)
- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
- ☐ Requires support of a translator

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

23 SEAGATE
MONTROSE
DD10 8BA

Contact number(s)

Voice: 07840470020

REGISTERED GP DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

REFERRING PRACTITIONER DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: psycholgical problems

Comment: Stacey would be grateful for your help with some longstanding and current difficulties.

She is a 25 year old mother of 3 young sons, 5 years, 2 years and 4 months, and lives with her partner.

Stacey spent much of her own childhood in foster care and is finding that issues from this time are causing difficulties in her parenting. Her eldest son is now receiving some support from Gail Penman. [redacted] (the eldest), failed to thrive in his first year and had many investigations and hospital admissions. Stacey was a single parent at this time and found it very difficult but did not feel open to any psychological intervention.

Since then she has grown in confidence and developed significant insight and feels she would benefit from your service.

She is very slim and has issues regarding food stemming from going hungry in childhood. I think this made [redacted]s nutritional problems even more challenging for her.

However, she is now more trusting of professionals.

Thank you for offering her an appointment.

Yours sincerely

Dr Ruth Cranswick
GMC No., 3260678

Examinations and Investigations

Heavy smoker - 20-39 cigs/day:	Smoking status on date of event: Smoker.	2013-08-09
Non drinker alcohol:	Drinking status on eventdate: Life teetotaler.	2007-11-12
Exercise grading:	Walking alot	2007-11-12

Most recent height, weight, BMI and Blood Pressure

Height:	1.59	m	Recorded Date:	None provided
Weight:	46	Kg	Recorded Date:	None provided
BMI:	18.1	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	96/64	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
O/E - discharge from ear	-	-	[TRUNCATED]bilateral ear ache for 2 weeks, both ears discharging, clinically pussy discharge both ears left > right, tympanic membranes seem intact however reports right ear drum perforation as chil	02-Aug-2012
Anxiety with depression	-	-	[TRUNCATED]Low mood 3 months Feels not coping Anxious and feels unsafe alone in house. House cold. Sees Mhairi Still weekly. gets no time alone as Declan up till midnight. Can't keep him in room as	05-Jan-2012
Spontaneous vaginal delivery	-	-	- MRI, Male, 3160 grams, 39 5 weeks gestation. (See Docman 01.06.11)	28-May-2011
H/O: amblyopia	-	-	L eye Doesn't tolerate contact lens	19-Aug-2010

Blepharitis	-	-	Contact lens wearer	01-Apr-2009
Acne vulgaris	-	-	[MONTH AND YEAR OF EVENT 08/2006]	01-Aug-2006
Depressive disorder NEC	-	-	[MONTH AND YEAR OF EVENT 05/2005] NOTES: and alcohol misuse. Referred Cornhill.	01-May-2005
Right iliac fossa pain	-	-	admitted gynae with a false pos preg test, settled spontaneously	02-Apr-2005
Breast lump symptom	-	-	[YEAR OF EVENT 1997] NOTES: prepubertal.	01-Jan-1997
Child on protection register	-	-	[YEAR OF EVENT 1994] NOTES: mother psychiatric illness, father in prison. .	01-Jan-1994
Burn of wrist or hand NOS	-	-	[YEAR OF EVENT 1992] NOTES: right hand.	01-Jan-1992
Minor head injury	-	-	[YEAR OF EVENT 1992]	01-Jan-1992
Convergent squint	-	-	[YEAR OF EVENT 1992] NOTES: left.	01-Jan-1992
Recurrent acute otitis media	-	-	[YEAR OF EVENT 1991]	01-Jan-1991
Specific delays in development	-	-	[YEAR OF EVENT 1989] NOTES: poor social circumstances.	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Advice about long acting reversible contraception	-	-	06-Mar-2013
Termination of pregnancy NEC	-	-	31-Dec-2009
Eye muscle operations	-	-	01-Jan-1995
Foster care	-	-	01-Jan-1994
Insertion of grommet	-	-	01-Jan-1992

Current and recent medication

Current repeat medication

No current repeat medications recorded

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Allergies

H/O: non-drug allergy	Reaction type: Allergy, Certainty of allergy: Likely, - Severity of allergy: Moderate. NOTES: Latex itchy and red.

Additional relevant information

Administrative information

Referred By:Registered GP

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

electronic Notification of Cervical Cytology Results Service

Exclusion Information

RC/KD

09 August 2010

Dr Dianne Reed
Family Planning Clinic
Arbroath
Angus

Dear Dianne

Re: STACEY ELLIS, DATE OF BIRTH (28.04.88) 0060
8 MILL PLACE, CRAIGO, MONTROSE, DD10 9LB

I would be very grateful if you would see this 22-year-old girl regarding contraception. I discussed her with you recently.

Stacey has one son [redacted] aged 2 years, and requests sterilisation. I did refer her to Dr Chien at the Links Health Centre, Gynaecology Clinic but he declined to consider it with her on the basis of her age and there being long term methods of contraception available.

However, knowing Stacey well, I think she is making a mature and sensible decision.

She has consistently said she never wanted to be a mother and her pregnancy with [redacted] was unplanned. Stacey's mum had 4 children all of whom ended up in care and for this reason Stacey has never wanted to have children herself. [redacted] has had very difficult problems with failure to thrive and spent prolonged periods being investigated in hospital. Stacey has been a motivated mum but has often struggled to cope. There has been extensive multi-agency support and [redacted] has been in care for a brief period.

Stacey rightly perceives that she would be unable to adequately care for [redacted] if she had another child.

In terms of other methods of contraception, she is not a reliable pill taker; she has tried Depo-Provera at least twice and has not continued it due to pelvic pain. She had her Implanon removed due to persistent bleeding despite addition of Microgynon. She is not keen to try an IUCD or Mirena and I think she is therefore unlikely to tolerate it.

She had a medical termination of pregnancy at the Nairn Suite in December 2009. She wants to avoid this in future and I support her in her request for sterilisation.

Thank you for seeing her.

Yours sincerely

Dr Ruth Cranswick
GMC No., 3260678

(P.S., I note Dr Chien has referred her to you for psychosexual counselling. I do not think she has psychosexual problems, and I do not think she knows she has been referred for this).

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery - Breast C1A
TAY General Referral

Consultant / receiving practitioner and/or specialty clinic

Ninewells Hospital
Dundee
DD1 9SY

Hospitaland hospital address

Hospital unit no.: T101H

Email address:

Date of Referral (set by referrer) 16-Aug-2010

Date referral was submitted 16-Aug-2010

☐ If patient is an armed forces veteran please tick this box

Urgency of referral Routine

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

8 MILL PLACE
CRAIGO
MONTROSE
DD10 9LB

Contact number(s)

Voice: sandrastephenhasno

REGISTERED GP DETAILS

Name	Dr RC Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

REFERRING PRACTITIONER DETAILS

Name	Dr M Ireland		
GMC code	2848837	GP code	76007
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Breast Pain

Comment: This 22 year old lady complains of bilateral breast pain for 5 weeks. The pain has not varied with her period. O/E-She is tender in the upper outer quadrants of both breast which feel uneven and lumpy but no distinct lump was felt. She has a pigmented papilloma in her left axilla which has a smooth lump underneath (She is being referred to dermatologist about this).
I would be grateful for your assessment.

Examinations and Investigations

Cigarette smoker:	Smoking status on date of event: Smoker.	2010-08-05
Non drinker alcohol:	Drinking status on eventdate: Life teetotaler.	2007-11-12
Exercise grading:	Walking alot	2007-11-12

Most recent height, weight, BMI and Blood Pressure

Height:	1.59	m	Recorded Date: None provided
Weight:	44.5	Kg	Recorded Date: None provided
BMI:	17.6	Kg/m^2	Recorded Date: None provided
Blood Pressure:	126/75	mmHg	Recorded Date: None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Blepharitis	-	-	Contact lens wearer	01-Apr-2009
Acne vulgaris	-	-	[MONTH AND YEAR OF EVENT 08/2006]	01-Aug-2006
Depressive disorder NEC	-	-	[MONTH AND YEAR OF EVENT 05/2005] NOTES: and alcohol misuse. Referred Cornhill.	01-May-2005
Right iliac fossa pain	-	-	admitted gynae with a false pos preg test, settled spontaneously	02-Apr-2005
Breast lump symptom	-	-	[YEAR OF EVENT 1997] NOTES: prepubertal.	01-Jan-1997
Convergent squint	-	-	[YEAR OF EVENT 1992] NOTES: left.	01-Jan-1992
Minor head injury	-	-	[YEAR OF EVENT 1992]	01-Jan-1992
Burn of wrist or hand NOS	-	-	[YEAR OF EVENT 1992] NOTES: right hand.	01-Jan-1992
Recurrent acute otitis media	-	-	[YEAR OF EVENT 1991]	01-Jan-1991
Specific delays in development	-	-	[YEAR OF EVENT 1989] NOTES: poor social circumstances.	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Termination of pregnancy NEC	-	-	31-Dec-2009
Eye muscle operations	-	-	01-Jan-1995
Foster care	-	-	01-Jan-1994
Insertion of grommet	-	-	01-Jan-1992

Current and recent medication

Current repeat medication

No current repeat medications recorded

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
AZITHROMYCIN tabs 500mg	05476003	tablet(s)	TAKE TWO TABLETS AS A SINGLE DOSE	-	11-Aug-2010	-
TRIMETHOPRIM tabs 200mg	05148002	tablet(s)	TAKE ONE TWICE DAILY	-	03-Aug-2010	-
LAXIDO ORANGE oral pwdr	16111001	sachet(s) orange	1-3 SACHETS PER DAY FOR CONST[more]	-	22-Jul-2010	-

Clinical warnings

Allergies

H/O: non-drug allergy	Reaction type: Allergy, Certainty of allergy: Likely, - Severity of allergy: Moderate. NOTES: Latex itchy and red.

Additional relevant information

Administrative information

Referred By:Registered GP

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

DermatologyA7
TAY General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Stracathro Hospital
By Brechin
DD9 7QA

— **Hospitaland hospital address**

Hospital unit no.: T312H

Email address:

Date of Referral (set by referrer) 16-Aug-2010

Date referral was submitted 16-Aug-2010

☐ If patient is an armed forces veteran please tick this box

Urgency of referral Routine

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

8 MILL PLACE
CRAIGO
MONTROSE
DD10 9LB

Contact number(s)

Voice: sandrastephenhasno

REGISTERED GP DETAILS

Name	Dr RC Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

REFERRING PRACTITIONER DETAILS

Name	Dr M Ireland		
GMC code	2848837	GP code	76007
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: 2 Pigmented Skin Lesions.

Comment: This 22 year old lady is very worried about 2 skin lesions. The first one is in her left axilla and has recently increased in size and she has noticed a lump underneath it. O/E-There is a pigmented skin papilloma with a small cystic swelling underneath.
The second lesion is on her left lower leg and has recently appeared. O/E-there is a tiny pigmented cyst like lesion on her calf.
Both these lesions look benign but I would be grateful for your opinion.

Examinations and Investigations

Cigarette smoker:	Smoking status on date of event: Smoker.	2010-08-05
Non drinker alcohol:	Drinking status on eventdate: Life teetotaler.	2007-11-12
Exercise grading:	Walking alot	2007-11-12

Most recent height, weight, BMI and Blood Pressure

Height:	1.59	m	Recorded Date: None provided
Weight:	44.5	Kg	Recorded Date: None provided
BMI:	17.6	Kg/m^2	Recorded Date: None provided
Blood Pressure:	126/75	mmHg	Recorded Date: None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Blepharitis	-	-	Contact lens wearer	01-Apr-2009
Acne vulgaris	-	-	[MONTH AND YEAR OF EVENT 08/2006]	01-Aug-2006
Depressive disorder NEC	-	-	[MONTH AND YEAR OF EVENT 05/2005] NOTES: and alcohol misuse. Referred Cornhill.	01-May-2005
Right iliac fossa pain	-	-	admitted gynae with a false pos preg test, settled spontaneously	02-Apr-2005
Breast lump symptom	-	-	[YEAR OF EVENT 1997] NOTES: prepubertal.	01-Jan-1997
Convergent squint	-	-	[YEAR OF EVENT 1992] NOTES: left.	01-Jan-1992
Minor head injury	-	-	[YEAR OF EVENT 1992]	01-Jan-1992
Burn of wrist or hand NOS	-	-	[YEAR OF EVENT 1992] NOTES: right hand.	01-Jan-1992
Recurrent acute otitis media	-	-	[YEAR OF EVENT 1991]	01-Jan-1991
Specific delays in development	-	-	[YEAR OF EVENT 1989] NOTES: poor social circumstances.	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Termination of pregnancy NEC	-	-	31-Dec-2009
Eye muscle operations	-	-	01-Jan-1995
Foster care	-	-	01-Jan-1994
Insertion of grommet	-	-	01-Jan-1992

Current and recent medication

Current repeat medication

No current repeat medications recorded

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
AZITHROMYCIN tabs 500mg	05476003	tablet(s)	TAKE TWO TABLETS AS A SINGLE DOSE	-	11-Aug-2010	-
TRIMETHOPRIM tabs 200mg	05148002	tablet(s)	TAKE ONE TWICE DAILY	-	03-Aug-2010	-
LAXIDO ORANGE oral pwdr	16111001	sachet(s) orange	1-3 SACHETS PER DAY FOR CONST[more]	-	22-Jul-2010	-

Clinical warnings

Allergies

H/O: non-drug allergy	Reaction type: Allergy, Certainty of allergy: Likely, - Severity of allergy: Moderate. NOTES: Latex itchy and red.

Additional relevant information

Administrative information

Referred By:Registered GP

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

RC/KD

Your Ref: RB/MF/PP/MA0991

24 February 2010

Bruce & Co
89-91 High Street
Arbroath
DD11 1DP

Dear Sir/Madam

Re: STACEY ELLIS, DATE OF BIRTH (28.04.1988)
8 MILL PLACE, CRAIGO, MONTROSE

I arranged to see Stacey for the purpose of discussing the issues raised in your letter of 28th January.

The situation has moved on and [redacted] now has a date for surgery. Stacey therefore no longer wishes to pursue the matter.

A formal report is not required. We will therefore only charge a nominal fee of £7.50.

Yours faithfully

Dr Ruth Cranswick
GMC No., 3260678

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

GynaecologyF2
TAY General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Links Health Centre
Marine Avenue
Montrose
Angus
DD10 8TR

— **Hospitaland hospital address**

Hospital unit no.: T357C

Email address: -

Date of Referral (set by referrer) 29-Apr-2010

Date referral was submitted 29-Apr-2010

☐ If patient is an armed forces veteran please tick this box

Urgency of referral Routine

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

8 MILL PLACE
CRAIGO
MONTROSE
DD10 9LB

Contact number(s)

Voice: sandrastephenhasno

REGISTERED GP DETAILS

Name	Dr RC Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

REFERRING PRACTITIONER DETAILS

Name	Dr M Ireland		
GMC code	2848837	GP code	76007
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Dyspareunia

Comment: This 22 year old lady complains of dyspareunia since the birth of her son 2 years ago. She had a tear which required stitches. She examined herself and though she could feel a "hole" in her vagina.
O/E-V/e-Tender at vaginal entrance, no other abnormality noted.
She had a laparoscopy last year which was normal.
I would be grateful for your opinion.

Examinations and Investigations

Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 25.	2009-10-15
Non drinker alcohol:	Drinking status on eventdate: Life teetotaler.	2007-11-12
Exercise grading:	Walking alot	2007-11-12

Most recent height, weight, BMI and Blood Pressure

Height:	1.59	m	Recorded Date: None provided
Weight:	46.5	Kg	Recorded Date: None provided
BMI:	18.3	Kg/m^2	Recorded Date: None provided
Blood Pressure:	126/75	mmHg	Recorded Date: None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Blepharitis	-	-	Contact lens wearer	01-Apr-2009
Acne vulgaris	-	-	[MONTH AND YEAR OF EVENT 08/2006]	01-Aug-2006
Depressive disorder NEC	-	-	[MONTH AND YEAR OF EVENT 05/2005] NOTES: and alcohol misuse. Referred Cornhill.	01-May-2005
Right iliac fossa pain	-	-	admitted gynae with a false pos preg test, settled spontaneously	02-Apr-2005
Breast lump symptom	-	-	[YEAR OF EVENT 1997] NOTES: prepubertal.	01-Jan-1997
Child on protection register	-	-	[YEAR OF EVENT 1994] NOTES: mother psychiatric illness, father in prison.	01-Jan-1994
Convergent squint	-	-	[YEAR OF EVENT 1992] NOTES: left.	01-Jan-1992
Minor head injury	-	-	[YEAR OF EVENT 1992]	01-Jan-1992
Burn of wrist or hand NOS	-	-	[YEAR OF EVENT 1992] NOTES: right hand.	01-Jan-1992
Recurrent acute otitis media	-	-	[YEAR OF EVENT 1991]	01-Jan-1991
Specific delays in development	-	-	[YEAR OF EVENT 1989] NOTES: poor social circumstances.	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Termination of pregnancy NEC	-	-	31-Dec-2009
Eye muscle operations	-	-	01-Jan-1995
Foster care	-	-	01-Jan-1994
Insertion of grommet	-	-	01-Jan-1992

Current and recent medication

Current repeat medication

No current repeat medications recorded

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
MEBEVERINE HCl tabs 135mg	04075001	tablet(s)	TAKE ONE 3 TIMES/DAY	-	26-Apr-2010	-
FYBOGEL MEBEVERINE sach	00980001	sachet(s)	TAKE ONE TWICE DAILY FOR UP T[more]	-	21-Apr-2010	-

Clinical warnings

Allergies

H/O: non-drug allergy	Reaction type: Allergy, Certainty of allergy: Likely, - Severity of allergy: Moderate. NOTES: Latex itchy and red.

Additional relevant information

Administrative information

Referred By:Registered GP

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

HOSPITAL USE ONLY	CLINIC:	DAY: DATE:	TIME:	HOSPITAL NO:

OUTPATIENT REFERRAL TO: NINEWELLS HOSPITAL

FROM: DR GRAHAM KRAMER

ANNAT BANK PRACTICE, LINKS HEALTH CENTRE, MARINE AVENUE, MONTROSE, DD10 8TY
TEL: 01674 673400

PRACTICE CODE NO: 13706

REFERRAL DATE: 15 December 2009

Please arrange for this patient to attend the: NAIRN SUITE *Clinic of:*

SURNAME: ELLIS

FIRST NAME: STACEY

DATE OF BIRTH: 28.04.88 0060

ADDRESS: 8 MILL PLACE, CRAIGO, BY MONTROSE, DD10 9LB

TELEPHONE NUMBER:

Previous Hospital Attendance: YES *When:* 2009

Hospital: EATING DISORDER CLINIC, DUNDEE *Previous X-Rays* YES

Appointment – 10.30 Monday 21st December 2009

Reason – Unwanted Pregnancy

I am grateful for your involvement with Stacey. She is a 21 year old with very significant psychosocial problems. She has had a very disturbing childhood and suffers from an eating disorder. She has an 18 month old boy Declan who has failure to thrive and requires quite extensive medical and social work input. Stacey feels that she could not cope with another pregnancy and indeed feels strongly that she never wants any more children. I have no hesitations in referring her for a termination. I enclose a completed green form.

Stacey's last period was some time in mid October. She had a negative pregnancy test on 12th November, but two weeks later has had a positive pregnancy test.

She had an implanon in until 15th October, but this was removed because of constant bleeding. She was waiting for her next period to start Microgynon.

Yours sincerely

Dr Graham Kramer
GMC No., 3205066

GK/IAS

31st August 2009

Dr Clerihew
Consultant Pediatrician
Ward 29
Ninewells Hospital
Dundee

Dear Dr Clerihew

Re: STACEY ELLIS 28.04.88 0060
8 MILL PLACE, CRAIGO, MONTROSE, DD10 9LB

Following my colleague Dr Cranswicks letter to you, Stacey actually came back to see me after her recent hospital admission. Stacey was quite insightful about her eating disorder and recognizes that this is impacting on her ability to feed [redacted]. She finds feeding him extremely stressful and recognizes that meal times are unlikely to be a pleasant experience for [redacted] She believes it is becoming less of a problem as he has increasing ability to feed himself. I am in no doubt that [redacted] failure to thrive is in a sense an extension of mums psychopathology. Stacey has agreed to my referring her to the Clinical Psychologist. I have gone ahead and made a referral and we will see whether Stacey keeps the appointment. Social Services are aware of the situation and closely involved.

With best wishes

Yours sincerely

Dr Graham Kramer
GMC NO 3205066

RC/KD

27 August 2009

Dr Clerihew
Consultant Paediatrician
Tayside Children's Hospital
Ward 29
Ninewells Hospital, Dundee

Dear Dr Clerihew

Re: [redacted]
STACEY ELLIS, DATE OF BIRTH (28.04.88) 0060
8 MILL PLACE, CRAIGO, BY MONTROSE, DD10 9LB

Thank you for your letter following [redacted]'s admission to hospital in August with failure to thrive.

Apparently during admission Stacey did express some concerns around her own issues with food, and we were therefore asked to follow this up. Stacey has been admitted acutely to the Gynaecology Ward today with right iliac fossa pain and vomiting. Once she has recovered I will discuss things with her and see if she is willing to engage with a Psychologist. I do suspect that she is not ready for this at present, but will nevertheless explore the issue with her.

This letter is simply for information. I am sorry that I cannot attend the network meeting this Friday but Sandra Stephen will keep me informed.

With best wishes.

Yours sincerely

Dr Ruth Cranswick
GMC No., 3260678

HOSPITAL USE ONLY	CLINIC:	DAY: DATE:	TIME:	HOSPITAL NO:

OUTPATIENT REFERRAL TO: SUNNYSIDE ROYAL HOSPITAL

FROM: DR GRAHA KRAMER

ANNAT BANK PRACTICE, LINKS HEALTH CENTRE,
MARINE AVENUE, MONTROSE, DD10 8TY
TEL: 01674 673400

PRACTICE CODE NO: 13706

REFERRAL DATE: 31ST AUGUST 2009

Please arrange for this patient to attend the: CLINICAL PSYCHOLOGY

SURNAME: ELLIS

FIRST NAME: STACEY

DATE OF BIRTH: 28.04.88 0060

ADDRESS: 8 MILL PLACE, CRAIGO, MONTROSE, DD10 9LB

TELEPHONE NUMBER: 078 926 305 01

Previous Hospital Attendance: YES *When:* 2009

Hospital: NINEWELLS HOSPITAL *Previous X-Rays*

I would be grateful if you could provide input for this 21 year old girl. The situation is interesting, but quite disturbing. She has a 1-year-old boy who is failing to thrive and gain weight satisfactorily. It is clear that central to this issue is Stacey's own eating disorder. She finds food very stressful and acknowledges that feeding Declan is a very stressful experience for both of them. It seems clear that Declan's failure to thrive is actually a manifestation of mother's psychopathology. Stacey has had a troubled upbringing, spending much of her childhood in foster care. The situation is being closely monitored by Social Services.

Stacey has acknowledged that it will be important for her to received help for eating issues and I would be grateful if you could see her in this regard.

Many thanks

Yours sincerely

Dr Graham Kramer
GMC NO 3205066

GK/IAS

11 August 2008

Dr Jane Forsyth
Medical Advisor
Westgate Health Centre
DUNDEE

Dear Dr Forsyth

Re: STACEY ELLIS 28.04.88 0060
26 WESTWOOD WALK, MONTROSE, DD10 9DA

This young mother has recently moved to Montrose with her 8 week old baby son. She scores very highly with regard to Post Natal Depression. However, this seems very much reactive to a variety of psychosocial stresses in her life. Paramount to her is her inadequate housing and fears about some rather unsavoury neighbours. I feel that much of her vulnerable mental health could be improved by urgent re-housing and I would be grateful if you could give priority to this.

With best wishes.

Yours sincerely

Dr Graham Kramer
GMC NO 3205066

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Gynaecology F2
TAY General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Links Health Centre
Marine Avenue
Montrose
Angus
DD10 8TR

— **Hospital** and **hospital address**

Hospital unit no.: T357C

Email address:

Date of Referral (set by referrer) 28-May-2009

Date referral was submitted 28-May-2009

Suspicion of cancer: ○ Yes ○ No

Urgency of referral Routine

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

8 MILL PLACE
CRAIGO
MONTROSE
DD10 9LB

Contact number(s): -

REGISTERED GP DETAILS

Name	Dr RC Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s): Voice: 01674-673400

REFERRING PRACTITIONER DETAILS

Name	Dr M Ireland		
GMC code	2848837	GP code	76007
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s): Voice: 01674-673400

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Dysfunctional uterine bleeding

Comment: This 21 year old lady complains of continual vaginal bleeding with only 3 breaks from bleeding in the last year. She had an Implanon inserted following the birth of her son one year ago. 14 weeks post partum she had an USS done at Ninewells on 15/09/08 when she was complaining of a swelling in the left iliac fossa. The Scan was normal.

She came requesting a D&C today and I explained that this is only occasionally performed as Scans are very helpful nowadays.She is also unsure about continuing with Implanon. I would be grateful for your advice.

Examinations and Investigations

Never smoked tobacco:	Smoking status on date of event: Never smoked.	2007-11-12
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 8.	2007-11-12
Non drinker alcohol:	Drinking status on eventdate: Life teetotaler.	2007-11-12
Exercise grading:	Walking alot	2007-11-12

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Blepharitis	-	-	Contact lens wearer	01-Apr-2009
Acne vulgaris	-	-	[MONTH AND YEAR OF EVENT 08/2006]	01-Aug-2006
Depressive disorder NEC	-	-	[MONTH AND YEAR OF EVENT 05/2005] NOTES: and alcohol misuse. Referred Cornhill.	01-May-2005
Right iliac fossa pain	-	-	admitted gynae with a false pos preg test, settled spontaneously	02-Apr-2005
Breast lump symptom	-	-	[YEAR OF EVENT 1997] NOTES: prepubertal.	01-Jan-1997
Convergent squint	-	-	[YEAR OF EVENT 1992] NOTES: left.	01-Jan-1992
Minor head injury	-	-	[YEAR OF EVENT 1992]	01-Jan-1992
Burn of wrist or hand NOS	-	-	[YEAR OF EVENT 1992] NOTES: right hand.	01-Jan-1992
Recurrent acute otitis media	-	-	[YEAR OF EVENT 1991]	01-Jan-1991
Specific delays in development	-	-	[YEAR OF EVENT 1989] NOTES: poor social circumstances.	01-Jan-1989

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
VARENICLINE tabs 500 micrograms	14598001	tablet(s)	TAKE ONE DAILY FOR 3 DAYS THE[more]	-	04-May-2009	-

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Allergies

H/O: non- Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. NOTES: Latex itchy and

drug allergy red.

Additional relevant information
Administrative information
Referred By:Registered GP

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

Brechin Medical Practice

Labs 2804880060

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Brechin Medical Practice

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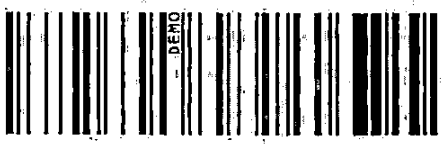
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Date	*	Clinical Notes	Diagnosis

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
HOWARD	STACY

Address

Date of Birth: 28/4/88

Date	*	Clinical Notes	Diagnosis
18/6/04	DS	Irregular periods. Not on OCP.	
	C	Also menorrhagia and dysmenorrhoea.	
		Had ~~three~~ this for a while, but lately	
		getting worse.	
		Trng Mefenamic acid (under age of bleeding)	
		pt Mefenamic acid 500mg tds/7/52	
		R/V 3/12	
24/9/4		Pancytha repeat	
		pt has stopped meferamic acid	
		? hence added in benzafi persists	
		5% gel to axe regime	
		May be worth considering diarette	
		? mentioned it.	
			MW STABS.
2.6.05		(R) IF pain 3/7	
		no vomity or diarrhoea	
		LMP Jan (on depo)	
		mild nausea.	
		O/E abdo: non tender soft	
		BS normal	
		P 70	
		T 36.4	
		Δ ~~#~~ ? appendicitis.	
		check preg test -	
		VSC -	
		Suggest see Dr Mac for ? ectopic	
		should check with scan date.	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

PRINTED FOR ASTRON, B26862 7/02 (017302)

355 2095

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	Date of Birth
LEONARD	STACEY	

Address: MEARNSVIEW, CHURCH ROAD, LUTHERMUIR

Date	*	
3/9/99		New patient registration from Anglia.
		Height 132.
		Weight: 28kg. Urinalysis negative.
		Fully immunised
		Healthy
		New squint surgery: not else
		PFR 210
		13.5.99 (12) - TM joint pain. O/E palp NAD. No ↑ LNs. - in parotid, throat, ears NAD. TM joint strain
11/8/99	A	Routine annual medical - see photocopy.
		Rx (1) Diclofen 50mg tds pc (2) TM 20 + Broched ET. AR. KEMPCUSSONS.
		Review 4/7 if doesn't settle
12.11.99		(1) otitis media pen V 250 (20)
18.11.99	S	small painful L ear has initially had improved. No fever. Not unwell. Pen helps.
	O	L TM ½ obscured by wax. Sl. pinkish - not acutely infected.
	A	ET dysfunction
	P	Advice. R/V more

*This column has been provided for doctors to enter A, V or G at their discretion.

FORM GP111F
355 2095

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
LEONARD	STACY

Address	Date of Birth
C/o 49 Millfield Rd DD11 4HU Arbroath	28.04.88

Date	*	
8/11/94		Crying sore throat 5/7 Cough. Nose blocked. Has been run down & URTI & Amoxil 250 tds (7/7) Cyst ADD present on breast & has surgery Glands small & soft Nose runs from time to time — sinuses? hay fever?
10/11/94		Throat lumps tender red throughout. Neck lymph also. Antibiotics given? Has symptoms for 3 days. Tonsils & Pharynx Pharynx injected mild exudate
30/11/94	V/DR	Submitted — Earache, Fever o/e o.m Amoxycillin 125 mg x 100 mls.
02/12/94		Overall improved x 10/7
4/1/95		Cough for 2 days A & O media R Tympanic 37 125
2.2.95	S	general check up - runny nose & cough for 3 days - has had appetite good 8/
2.6.95	S	Admitted in Care Medical Medical & Mrs Irene Clapperton

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
LEONARD	STACY

Address: (c/o 9 LANCAY TERR. & 49 [illegible])

Date of Birth: 25-04-88

Date	*	
		Separation Cons – not moving eyebrows – drooping. Mum took my mark & written to John re
14/4/94		Lyclear Cream Rx x 60
8/5/94		Almus pin – Colic. Bowels fine + y Urine clear
		now giving: – Muriwig & Sick
19/10/94		Gt Thriving advice: NAD otherwise
		Eating well & bowels – urine OK
		Gait shows Mom
19/12/94		MR vac done at school
4/9/95		© Acute media / Non blanching
		Cons opinion. © scattered rash.
		Rx Amoxicillin 125 stat + 8 days
26/9/95		Reassurance re © scabies, opinion, rubbing
		– some completing most common.
		Likely viral
		Rash this point – appearance
		No glands abnormal
		Keep BCG ✓
		Rx Imigrax syrup to recall clinic for
		examination. & Base line ✓
		Mum letters ✓
5/6/96		Mum + baby well – Immunisations
		Billie in safe
2/11/96		Has seen Paediatrician re BCG – Tuberculin
		re lumps – No pain & running
		R/T axillary area – no obvious
		Fatty discharge at present & baby

*This column has been provided for doctors to enter A, V or C at their discretion.

FORM GP111F

National Health Service Number

Surname (Block Letters): LEONARD

Forenames (Block Letters): Stacy

NURSES AND HEALTH VISITORS RECORDS

Address

Date of Birth

Date	
23/6/88	8 wks - up for milestones. Wt still below 3rd centile, but velocity OK. Breast fed initially, now bottle. GW
21/12/88	8 months - Hearing satisfactory.
7/2/89	43 wks - Some delay in most milestones. Not sitting, and not wt bearing. Duodenal atresia suspected - rad. hyp. & X-ray arranged. Slim baby & distended abdomen

FORM GP131M

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
LEONARD	STACEY

Address	Date of Birth
9 LANCKY THERRACE ALCESTER	28-4-88

Date	*	
9/6/88		poss gastro-enteritis. Diarrhoea + Vomiting
10/6/88		O/E Pale Mouth dry Slightly ill
		Adm Jacksons unit
		? Hydration drops. Antibiotics Sandimmune
22.7.88		Snuffly + Tachypnoeic — chest clear. Raised bright red lesions Hands abdo — ? Skin disease, measles/rubella/roseola/meningitis — no antibiotics.
24/8/88		Vomiting + diarrhoea. Obs ? / ?
		Abdo Active Bowel sounds Abdo soft
		Bronchitis
3/9/88		Started augmentin. Diarrhoea settling
		? Exhausted now. Drops 4/5
28/10/88		Very dry skin ? Drops Mouth
3/11/88		Skin better — ? Drops Mouth
		IM DTP + polio Calpol
		Child cold + chronic glue ear + bronchitis.
1/12/88		Rubella Measles + Mumps
9/12/88		Diarrhoea + temp for 2 days.
		Vomited x 1 last night. Has had
		7oz feeds today. No vomit
		O/E Bright + alert not dehydrated
		but shallow breathing ? temp ↑.
		Chest clear Ears NAD
		Abdo soft + distended. No hepatosplenomegaly
		BS - active.
		Measles rash + Dx Gastroenteritis
		Rx Rehydral only for next 12hrs
		+ Contact if not settling.
		Tribudesone Cream bd to bottom rx
27/2/89		Nappy Rash + Tinea Cx bx
		- keep also flucon ?? Spread Infection - Xy

*This column has been provided for doctors to enter A, V or C at their discretion

X-ray o/c — will not WT bear ?
Degree of spinal curvature ?

FORM GP111F

Brechin Medical Practice
Chi Number

2	8	0	4	8	8	0	0	6	0

Administration

Administration

Administration

Administration

Administration



Administration

Administration

Administration

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]TCITEMPSL...

DATE OF LAST UPDATE 10/09/98

CHI - DISPLAY OF PATIENT DETAILS (CHI No. 280488 0060) ORIGIN N003A

surname:	LEONARD	1st fnme:	STACEY
2nd fnme:	LOUISE	O. inits:	
bth snme:		prv snme:	LAING
Alt fnme:		Title:	
sex:	FEMALE m/s: SINGLE	DOB:	28 04 1988 CONFIRMED(P/CARE)
address 1:	MEARNSVIEW	SURNAME CHANGED ON 10 09 98 By N002A	
2:	CHURCH RD,LUTHERMUIR		
3:	LAURENCEKIRK	postcode:	AB301YS
NHS No:	369/88/128	GP:	N6527 7 (P D MULCAHY)
date acc:	080998 date into practice	080998	Disp. Dr:
Mileage:	05 (ROAD) (RESTR)		
area res:	N Conc code:	Immig.	Inst. reas. reg. T
new area:	reason for transfer T	old area T	MRE DATA EXISTS
Hosp. recs:	00 Comm. recs: 00	prev. GP ref.:	date acc
prev. 1:			
address 2:			
3:		prev. postcode:	

NEXT SCREEN: [S] X=M.CARD A=AMND D=DTH J=LINK K=NAMESAKE V=PEPP W=CONT U=MRE P=CH.SURV Q=R.CLAIM F=CHI G=PREP.No B=DOB N=NAME

42 MONTHS EXAMINATION 0060 90

Name Stacey Leonard CHI No. 280488

Address 9 Lairlea Tce Ardrossan

Place of Examination Abbey HC G.P. D Hornby

DEVELOPMENTAL EXAMINATION

MOTOR	Runs smoothly and fast	(Yes) No	H	O
	Takes running kick at ball	(Yes) No	H	O
	Alternates feet going upstairs	Yes No	H	O
ADAPATIVE	Builds 7-8 cube towers No. 6	Yes No	H	O
	Imitates circle after watching one drawn	(Yes) No	H	O
	Copies circle when shown one already drawn	Yes No	H	O
	Imitates cross	(Yes) No	H	O
	6-hole formboard 3 trials	(Yes) No	H	O
	Preferred hand	(Right) Left / Both		
	Intention tremor / ataxia	Yes (No)	H	O
	Clumsy with hands	Yes (No)	H	O
LANGUAGE AND HEARING	Intelligibility to strangers ?	Good / Fair / Poor		
	Recounts experiences to mother/examiner	Yes (No)	H	O
	Sentence length 4-6 words	Yes? No	H	O
	Understands prepositions	(Yes) No	H	O
SELF-HELP	Complete self-feeding (not too messy)	Yes No	H	O
	Responsible for toilet asks	Yes No	H	O
	goes himself	Yes No	H	O
	Nappies at night	Yes No	H	O
BEHAVIOUR	Separates from mother	Yes No	H	O
	Plays happily with peers	Yes No	H	O
	Sleeping problems	Yes No	H	O
	Frequent temper tantrums	Yes No	H	O
	Hyperactivity	Yes (No)	H	O
	Soiling	Yes? No	H	O

PHYSICAL EXAMINATION

In pants 10.35 Wt. ..... gms. Ht. 93 cms. O.F.C. ..... cms.

History of convulsions ..... Yes / No

Ears N D (A) Hearing N (D) A

Squint (Yes) / No Vision N (D) A

Heart Murmur Yes / (No)

Gait (N) D A Testes 

Other abnormalities .....

Diagnosis ~~Developmental~~ Coded Yes/No

.....

Hospital attendances since last visit .....

Referral to ✓Eye Clinic + ENT Clinic

Recall interval 3 yrs 1/12

Signature ..... Date 5/12/91

THB(MR)56G

AK

FEMALE SURNAME: LEONARD | CHRISTIAN NAMES: STACEY 28.4.88

ADDRESS | Date of Birth: 1 | 12 | 89

DATE	C F	CLINICAL NOTES	DIAGNOSIS
11/3/93	O	Conj infection R ? Mechanical OC	
09.8.95		(L) EAR DISCHARGE (WHITE FLUID) DW Gwells REG. → Amoxycillin orally Gentisone HC ear drops c 20 mls warm water → ENT clinic A.I. if not settling Due 14th MARCH.	
21/3		bacterial infected toe.	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD FORM GP8 (SCOT) Code 355 2048

Dd 8435644 150 M 7/93 25364

]TCITEMPSEEPC NO INFORMATION ON COMMENTS SCREEN

DATE OF LAST UPDATE 19/11/07

CHI DISPLAY OF PATIENT DETAILS (CHI No 280488 0060) ORIGIN T013A CONSORTIUM E

surname:	ELLIS	1st fnme:	STACEY
2nd fnme:	LOUISE	O. inits:	
bth snme:		prv snme:	LEONARD
Alt fnme:		Title:	MS
sex:	FEMALE m/s: SINGLE	DOB:	28 04 1988 CONFIRMED (P/CARE)
address 1:	26 WESTWOOD WALK	SURNAME CHANGED ON	09 11 07 By T002A
2:	MONTROSE	Practice:	T1370 6
3:		postcode:	DD109DA
NHS No:	369/88/128	GP:	T7200 1 (R C CRANSWICK)
date acc:	081107 date into practice	081107	Disp. Dr:
Mileage:			
area res:	T Conc code:	Immig.	Inst. reas. reg. J
new area:	reason for transfer Z	old area N	MRE DATA EXISTS
Hosp. recs:	05 Comm. recs: 01	prev. GP ref.:	date acc
prev. 1:	MEARNS VIEW		
address 2:	CHURCH RD	ADDRESS CHANGED ON	19 11 07 By T312H
3:	LUTHERMUIR	prev. postcode:	

NEXT SCREEN: [S] X=M.CARD A=AMND D=DTH J=LINK K=NAMESAKE V=PEPP W=CONT U=MRE P=CH.SURV Q=R.CLAIM F=CHI G=PREP.No B=DOB N=NAME

File rec 05/12/07

on comp ✓

Merge ✓

Sunny/grey sheet

H9344

ENCOUNTER FORM printed 19/09/98 at DR.A.H.HORNSBY DR.M.W.GRAY & DR.S.P.

Miss LEONARD STACY DOB: 28/04/1988 FEMALE ID No.: 785
49 MILLFIELD ROAD ARBROATH
Post code : DD11 4HW Tel No.:
NHS No.: 36988128 Dispensing Status
Hospital No. : .... Registered with: DR A H HORNSBY

Blood Group : no record
Allergies : no record
Intolerances : no record

Blood Pressure: no record
Recall : no record
Immunisation : Booster DTPOL DUE 28/08/0
Rubella vacc NOT REQUIRE
Mantoux test REQUIRE
BCG REQUIRE
Weight/Height : no record
Test results : no record
Investigations: no record

Date Medical history Comment Priorit
More than 12 history entries, therefore priorities 1 & 2 printed only

---

Repeat Medication Frm Strength Unit Dosage Days Qty Op Rp I
Repeat till:

Last issued Acute Medication Frm Strength Unit Dosage Days Qty Op Rp I
02/02/98 CALPOL PAEDIATRIC SOS 120.00 mg/5ml MDU 140

Reason for Consultation:

New Therapy:

LAURENCEKIRK MEDICAL GROUP

Dr Neil Anderson
Dr Pat Mulcahy
Dr Kerstin Box

Telephone: 01561 377258
Fax: 01561 378270

Date: 020998

Thank you for registering with our practice.

We would like to invite you for a check up to discuss your health and to measure your weight, height, blood pressure and urine test.

Kindly fill in this form now and bring it with you when you come, together with a urine sample and if available, your National Health Medical Card.

Name STACEY LEONARD

Address MEARNS VIEW
CHURCH RD LUTHERMUIR
ABERDEENSHIRE AB30 1YS

Date of Birth 280488

Telephone No. 01674840628

Daytime "

Evenings "

Marital Status SINGLE

Occupation SCHOOL

Partner's Name/Occupation

Names of other household members

---

ase note below if you:

Have had any significant past illness, operation or hospital admissions.

age 6-7 squint operation
burn (R) hand.
grommets.

Do you take regular exercise?
Give details.

Do you smoke?
How many yesterday?

Have illnesses that run in your family such as heart disease, strokes, blood pressure, diabetes etc.

Do you drink?
How much per week on average?

When was your last tetanus injection

Take any regular medicaion, stating name and dose if known (including contraceptive pill).

Approx. dates of your last smears.
(Women only)

Have any allergies to medicines, cats, pollen etc

What do you feel you would like to do to improve your health?

Thank you for taking time to complete this form.

Encounter Report

Miss Stacey Ellis 28/04/1988 **Female** 36988128 **Transferred Out**

Address
26 Westwood Walk Montrose DD10 9DA

Communication numbers
Mobile phone 07908813072
Telephone - home 01674 840628

Problems
Currently Relevant Started: 05/08/2002 Ended:

Medical History
18/10/2007 Telephone encounter - pt phoned to say she had decided to continue with pregnancy. Phoned Ninewells to cancel termination appt. Spoke to midwife who then spoke to pt and confirmed LMP 26/9/07. she has a 3 weekly cycle lasting 3-7 days. Booking appt made for 29th Oct. JB
11/10/2007 Telephone encounter appointment made for Wed 31st october 2 p.m. prompt at Mearns Suite Clinic, Level 6, Ninewells. Patient to be informed that IF LATE WILL NOT BE SEEN. MUST BRING LETTER WITH HER OR AGAIN WILL NOT BE SEEN. To attend with full bladder for scan purposes and to inform this is a consultation appointment only bb
11/10/2007 Termination of pregnancy has got back to the surgery and is requesting TOP. have dictated a referral letter. Dr Victoria Ripley
10/10/2007 Menstrual period late sexually active. In a serious relationship. Period is 16 days late. Does not use contraceptives. Pregnancy test positive today. has obviously come as a shock. have discussed all her options, she will have a little think about these and get back to us within the next week after she has spoken to her mum and partner. Dr Victoria Ripley
21/08/2007 Letter from specialist Clinical Letter Stracathro Hospital Dermatology Ms L Hudson
13/06/2007 Had a chat to patient patient has period at present asked to hand in specimen when period finished Ms E Brown
08/06/2007 Abdominal pain recurrent >1y. intermittent low abd R>L stabbing lasts 5 mins. Nausea eating makes worse. Wt gain if anything. No bowel disturbance. No GU symptom reg periods. No triggers Bad week this week. 2-3 episodes/day. Not relieved by defaecation. No night symptoms. No wind. o/e palpable sigmoid colon. acitve BS. IMpr: likely IBS. check u+e lft gluc fbc esr and AXR in view of o/e. R after tests. declines Rx today. Dr K Box

01/05/2007 Foreign travel advice goin gto cuba needs mmr hepa typhoid Ms E Brown
15/03/2007 Letter from specialist Clinical Letter Stracathro Hospital Dermatology Ms L Hudson
19/01/2007 Did not attend - no reason bb Dr K Box

Repeat Masters
DERMOL 500 lotion Until: Last issued: Number of issues: maximum 99 allowed
APPLY AS DIRECTED FOR SKIN DRYNESS

Acute and Repeat Issue Therapy
01/05/2007 issued HEPATYRIX vaccine Supply: (1) 1ml pre-filled syringe 1ML IM
29/12/2006 issued BENZOYL PEROXIDE crm 4% Supply: (40) gram(s) APPLY 1-2 TIMES/DAY
29/12/2006 issued LYMECYCLINE caps 408mg Supply: (112) capsule(s) 1 TABLET(S) ONCE DAILY FOR ACNE
14/11/2006 issued AMOXICILLIN caps 250mg Supply: (21) capsule(s) ONE THREE TIMES DAILY FOR INFECTION
25/07/2006 issued DEPO-PROVERA inj 150mg/ml Supply: (1) 1ml pre-filled syringe EVERY 12 WEEKS FOR CONTRACEPTION
19/07/2006 issued LYMECYCLINE caps 408mg Supply: (112) capsule(s) 1 TABLET(S) ONCE DAILY FOR ACNE
19/07/2006 issued ADAPALENE crm 0.1% Supply: (45) gram(s) APPLY ONCE DAILY
19/07/2006 issued TRANEXAMIC ACID tabs 500mg Supply: (60) tablet(s) 2 THREE TIMES A DAY FROM 1ST DAY OF PERIOD. MAXIMUM OF 8 TABLETS DAILY AFTER FOOD

27/04/2006 issued DEPO-PROVERA inj 150mg/ml Supply: (1) 1ml pre-filled syringe EVERY 12 WEEK S FOR CONTRACEPTION
01/02/2006 issued DEPO-PROVERA inj 150mg/ml Supply: (1) 1ml pre-filled syringe EVERY 12 WEEK S FOR CONTRACEPTION

Recall
06/02/2006 Recall on 06/02/2011 for O/E - blood pressure readin with Ms E Brown

Consultation
02/11/2007 Administration Ms B Beattie

Blood pressure
29/10/2007 15:33:00 BP 90/50 taken Sitting Cuff: Standard recall due: O/E - blood pressure reading

Referrals
29/10/2007 Refer for Antenatal care at Kincar dine Community Hospital department of Ante-Natal clinic with by: Mrs Christine Mann
11/10/2007 Refer for Gynaecological referral at Ninewells Hospital department of Gynaecology with by: Dr A Locum
07/04/2006 Refer for Dermatological referral at Stracathro Hospital department of Dermatology with by: Dr A Locum
04/05/2005 Refer for Psychiatric referral at Royal Cornhill Hospital department of Young People 's Department with by:
01/12/2004 Refer for Dermatological referral at Stracathro Hospital department of Dermatology with by: Dr Duncan Macdonald

Smoking
29/10/2007 Smoker 8 cigarettes per day Cigarette smoker Mrs Christine Mann

Alcohol
02/05/2006 Life teetotaler units per week Teetotaller Ms E Brown

Weight
29/10/2007 Weight: 50 kgs BMI: 20 O/E - weight

Height
06/02/2006 Height: 1.58 metres O/E - height Ms E Brown

Contraception
31/07/2006 Depo-provera inject ion given Subsequent service recall due: 23/10/2006 on depo-provera has had some intra menstral bleeding,given depo-provera 150mg/ml lotna0847 ex11/08 can have next vac earlier if starts bleed ing early,due to have depo last week as per grampian protocol no extra precaution needed. stacey was given condoms on her request. Ms E Brown

Immunisations

13/06/2007 Ms E Brown	MUMPS	B	Given	Routine Measure	Due	Batch: nd69130/0448fex23/12/07s/p
13/06/2007 Ms E Brown	RUBELLA	B	Given	Routine Measure	Due	Batch: nd69130/0448fex23/12/07s/p
13/06/2007 Ms E Brown	MEASLES	B	Given	Routine Measure	Due	Batch: nd69130/0448fex23/12/07s/p
24/05/2007 hepa 6-12months Ms E Brown	TYPTYPHERIX	0	Given	Traveller	Due 24/11/2007	Batch: atyab011cccx1/08gsk needs bood=ster

24/05/2007 HEPA 1 Given Traveller Due 24/11/2007 Batch: atyab011ccex1/08gsk needs bood=ster
hepa 6-12months
Ms E Brown
19/03/2003 POLIO B Given Routine Measure Due 19/03/2013
Ms H Cruickshank
19/03/2003 TETANUS B Given Routine Measure Due
Ms H Cruickshank
19/03/2003 DIPHTHERIA B Given Routine Measure Due
Ms H Cruickshank
16/06/2000 MENING 0 Given Due ACTION=No Action Required :
RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter
Dr Staff Unknown Member Of Staff
19/12/1999 RUBELLA 1 Given Routine Measure Due 19/12/2002
Mrs Nerys Rae
17/12/1999 MEASLES 1 Given Routine Measure Due 17/12/2002
Mrs Nerys Rae
26/03/1992 MUMPS 1 Given Routine Measure Due 26/03/1995
Mrs Nerys Rae
26/03/1992 RUBELLA 1 Given Routine Measure Due 26/03/1995
Mrs Nerys Rae
26/03/1992 MEASLES 1 Given Routine Measure Due 26/03/1995
Mrs Nerys Rae
28/09/1991 POLIO 3 Given Routine Measure Due 28/09/1994
Mrs Nerys Rae
28/09/1991 TETANUS 3 Given Routine Measure Due 28/09/1994
Mrs Nerys Rae
28/09/1991 DIPHTHERIA 3 Given Routine Measure Due 28/09/1994
Mrs Nerys Rae
30/08/1990 POLIO B Given Routine Measure Due 30/08/2000
Mrs Nerys Rae
30/08/1990 TETANUS B Given Routine Measure Due 30/08/2000
Mrs Nerys Rae
30/08/1990 DIPHTHERIA B Given Routine Measure Due 30/08/2000
Mrs Nerys Rae
13/07/1990 POLIO 2 Given Routine Measure Due 10/08/1990
Mrs Nerys Rae
13/07/1990 TETANUS 2 Given Routine Measure Due 10/08/1990
Mrs Nerys Rae
13/07/1990 DIPHTHERIA 2 Given Routine Measure Due 10/08/1990
Mrs Nerys Rae
03/11/1988 POLIO 1 Given Routine Measure Due 01/12/1988
Mrs Nerys Rae
03/11/1988 TETANUS 1 Given Routine Measure Due 01/12/1988
Mrs Nerys Rae
03/11/1988 DIPHTHERIA 1 Given Routine Measure Due 01/12/1988
Mrs Nerys Rae

Chlamydia

29/10/2007 Chlamydia antigen test Original result:
"Chla
mydia DNA
test"
= NEGNEG

Urine test

29/10/2007 RBCs- red blood cells in urine Original result:
"Red
cells"
= NEGNEG
29/10/2007 Pus cells in urine Original result:
"Pus
cells"
= 32(0 -
39)*
*
*
NUMERIC VALUE SUPPLIED: = 32
*
29/10/2007 Urine glucose test = trace Routine MSSU sent,also consent for chlamydia testing.

Absence of condition
02/03/2005 No known allergies of

Other Laboratory tests
29/10/2007 Epithelial cell count = 94 Original result: "Squamous epithelial cells" = 94 No Growth

Urine dipstick for glucose
13/06/2007 Urine dipstick for glucoseNil

Urine dipstick for protein
13/06/2007 Urine dipstick for proteinNil

Urine dipstick for ketones
13/06/2007 Urine dipstick for ketonesNil

Urine dipstick for blood
13/06/2007 Urine dipstick for blood ++++

Urine dipstick for pH
13/06/2007 Urine dipstick for pH = 7

Urine Dipstick for Nitrites
13/06/2007 Urine nitrite Trace

Urine Leucocytes
13/06/2007 Leucocytes in urine Positive

Total patients for report 1

LAURENCEKIRK MEDICAL CENTRE ADVICE AND IMMUNISATION FOR FOREIGN TRAVEL

PLEASE RETURN COMPLETED FORM TO OUR PRACTICE NURSE SO THAT SHE CAN ASSESS THE VACCINES REQUIRED. ALLOW ONE WEEK TO PROCESS YOUR PRESCRIPTION BEFORE COLLECTING IT FROM THE MEDICAL CENTRE. AT THIS POINT YOU CAN MAKE AN APPOINTMENT FOR THE VACCINES TO BE ADMINISTERED

A CHARGE WILL BE MADE FOR CERTAIN VACCINES NOT AVAILABLE ON NHS PRESCRIPTION.
Please allow 4-6 weeks to complete the immunisation programme
Vaccination will not be given if you have cold/flu/headache symptoms

NAME Stacey Ellis DATE OF BIRTH 28/04/88

ADDRESS Hearnsview, Church Rd, Luthermuir, Aberdeenshire AB30 1YS TEL NO 01674 840 628

We would be grateful if you could fill in the questionnaire below

Number in the family travelling? 10

Which country(ies) are you visiting? Cuba

When do you leave? 5 July

How long are you staying there? 2 weeks

Are you stopping anywhere on the journey?
e.g. to change flights no
If yes
Where and for how long?

Are you staying in a hotel or private home? hotel

Will you camp or sleep rough? no

Have you been immunised previously against any of the following and if so when?

		DATE			DATE
TETANUS	YES/NO		YELLOW FEVER	YES/NO	
POLIO	YES/NO		RABIES	YES/NO	
TYPHOID	YES/NO		HEPATITIS B	YES/NO	
MENINGITIS	YES/NO		HEPATITIS A	YES/NO	
CHOLERA	YES/NO				

Do you have any medical problems requiring regular supervision? YES/NO

Are you taking any regular medicine? YES/NO

Are you pregnant? YES/NO

Have you reacted badly to any previous vaccine YES/NO
If YES which vaccine

Are you allergic to any medicine YES/NO
If YES which medicine?

CONSENT TO VACCINATION
PLEASE SIGN AND DATE S Ellis

file copy

Mearns Academy(05/06)

STACEY ELLIS, 6X3

DATE OF BIRTH 28 04 88 SEX F	ADMISSION DATE 15 08 2000 ROLL No 98360	TG 6X3 HOUSE CON YEAR S6

HOME ADDRESS	Mearns View, Church Road, LUTHERMUIR, Laurencekirk AB30 1YS
HOME TELEPHONE	01674 840628
MOTHER & FATHER	Mr and Mrs R Ellis
DAYTIME TELEPHONE	Mother: / Father:
EMERGENCY CONTACTS	Hilary Brown, Luthermuir - 01674 840567
DOCTOR	Dr Anderson Tel: 01561 377258
PREVIOUS SCHOOL	Luthermuir Primary School

	1	2	3	4	5	6
MON	52EN11N2 40 52 English Int... Ms HORNSTED	6-GA6X3 6X3 Games Miss CATTO	53AM12H1 21 53 Administra... MR ALEX ...	6-ASD6X3 45 6X3 ASDAN MR GRAHAM	55LC11N1 13 55 Childcare Mrs Mitchell	55LC11N1 13 55 Childcare Mrs Mitchell
TUE	51MA11N1 46 51 Mathematic... MR COWIE	51MA11N1 46 51 Mathematic... MR COWIE	52EN11N2 40 52 English Int... Ms HORNSTED	6-GA6X3 6X3 Games Miss CATTO		53AM12H1 21 53 Administra... MR ALEX ...
WED			6-ASD6X3 45 6X3 ASDAN MR GRAHAM	6-PSE6X3 51 6X3 PSE MRS HEND...	55LC11N1 13 55 Childcare Mrs Mitchell	51MA11N1 46 51 Mathematic... MR COWIE
THU	53AM12H1 21 53 Administra... MR ALEX ...	53AM12H1 21 53 Administra... MR ALEX ...	55LC11N1 13 55 Childcare Mrs Mitchell	51MA11N1 46 51 Mathematic... MR COWIE	52EN11N2 42 52 English Int... Ms Corrigan	
FRI	52EN11N2 40 52 English Int... Ms HORNSTED	52EN11N2 40 52 English Int... Ms HORNSTED	51MA11N1 46 51 Mathematic... MR COWIE	53AM12H1 21 53 Administra... MR ALEX ...	55LC11N1 13 55 Childcare Mrs Mitchell	

Tues P1 and Thurs P4 - Classroom Help
Wed P3 and Fri P2 - SFL Department

VISIT FORM

Admitting GP (Please circle as appropriate)

Dr P Mulcahy
Dr N Anderson
Dr P Diack
Dr D MacDonald
Dr K Box

Surgery Details:

Laurencekirk Medical Centre
Blacklemuir Avenue
Laurencekirk
AB30 1GX
Tel - 01561 377258 and Fax 01561 378270

Contact Details

Mearnsview Church Road Luthermuir Laurencekirk AB30 1YS
Telephone - home 01674 840628
Stacey Ellis 28/04/1988 NHS: 36988128 CHI: 2804880060

REPEAT MEDICATION

Repeat CIPRALEX tabs 10mg Last issued: 11/04/2005 Issued: 2 of 99 Supply: (56) tablet(s) 1 DAILY FOR DEPRESSION Dr K Box

ACUTE MEDICATION (PAST 3 MONTHS)

09/05/2005 IBUPROFEN tabs 400mg Supply: (36) tablet(s) 1 THREE TIMES A DAY AFTER FOOD FOR PAIN/INFLAMATION Dr Duncan Macdonald
09/05/2005 OMEPRAZOLE caps(ec grans) 20mg Supply: (28) capsule(s) 1 DAILY FOR INDIGESTION Dr Duncan Macdonald
29/04/2005 RANITIDINE tabs 150mg Supply: (28) tablet(s) 1 TO 2 DAILY FOR STOMACH Dr K Box
29/04/2005 AMITRIPTYLINE HCl tabs 10mg Supply: (14) tablet(s) 1 TO 2 EVERY NIGHT TO HELP SLEEP Dr K Box
20/04/2005 DEPO-PROVERA inj 150mg/ml Supply: (1) 1ml pre-filled syringe AS DIRECTED FOR CONTRACEPTION Dr K Box

SCANNED LETTERS

25/04/2005 Letter from specialist Woman & child Health
Ninewells Hospital
25/04/05

Women & Child Health Clinical Group N H S
Wards 37/38
Acute Services Division
NHS Tayside
Level 6 Tayside
Ninewells Hospital
DUNDEE DD1 9SY
TEL. 01382 660111
Email www.nhstayside.scot.nhs.uk
Enquiries: Mrs E Goodall
Direct Line 01382 632089 Fax: 01382 632096
E mail: egoodall@tuht.scot.nhs.uk Ref DK/EMG
25 April 2005 Dictated 20.04.05
Dr Box
The Health Centre LAURENCEKIRK
Dear Dr Box
RE: STACEY ELLIS, 10 CONDOR CRESCENT, MONTROSE MPI: 28 04 88 0060
Stacey was admitted to Ward 36 on 02.04.05 with a 1 week history of right iliac fossa pain. She denied any urinary or vaginal bleeding. She was approximately 10 - 11 weeks gestation according to her last menstrual period which was at the beginning of January. On examination her abdomen was soft and non tender. A scan was done which showed a thickened endometrium with no gestational sac seen. A pregnancy test was found to be positive in the ward. The impression was either early pregnancy or early ectopic pregnancy. HCG was taken at that point and she was advised to come back to have another HCG taken 8 hours later or if her pain got worse. Surprisingly the HCG result came back less than 1 and the pregnancy test was repeated again on 04.04.05 and was negative. I assume that the first pregnancy test was falsely positive and as her pain had settled she was discharged from the ward.
Yours sincerely
1. cr
I Dr D Koh
Registrar to Dr I D Duncan
Headquarters
vE neo, King's Cross, Clepington Road
, %/ova Dundee DD3 8EA
'jSAI E'
Chairperson, Mr Peter Bates
Chief Executive. Professor Tony Wells Ms L Hudson

15/02/2005 Letter from specialist Dr Green
Dermatology
Stracathro Hospital
15/2/2005

NHS
Dermatology Clinic - Nr Stracathro Hospital
BRECHIN Tayside
Telephone Number 01356 647291 Fax Number 01356 665101 www.N.nhstaysidc.scot.nhs.uk
Dr. Duncan MacDonald, Date 2nd February, 2005 Clinic: 26 January, 2005
Laurencekirk Medical Centre, Your Ref
Our Ref CG/YF/280488/0060
Blackiamuir Avenue, Enquiries to Mrs. Y. Findlay - Secretary
LAURENCEKIRK, Extension 65036
1DX Direct Line 01356 665036
AB30
Email yvonne.findlayotuht.scot.nhs.uk
Dear Dr. MacDonald,
Stacey Leonard, Mearns View, Church Road, Luthermuir.
The above patient did not attend her Dermatology Out Patient Clinic Appointment and there was no message. In view of the pressure on clinic time I have not re-appointed her.
Kind regards. Yours sincerely,
Dictated Not Read
Dr. C. Green, FRCP, Consultant Dermatologist,
Headquarters
King's Cross, Clepington Road, Dundee. DD3 8EA
Chairperson, Mr. Peter Bates
Chief Executive, Professor Tony Wells
vE A804
O1SAM-v
0 t Ms L Hudson

PAST MEDICAL HISTORY

02/03/2005 Notes summary on computer PD/kc
1995 Operations for squint - correction
1992 Myringotomy and insertion of short term grommet - bilateral
02/2005 [X]Depression NOS
1991 Otitis media NOS - recurrent
02/03/2005 No known allergies
1994 Child on protection register - in foster care
1992 Squint - symptom - convelgent left

Allergies / Intollerances

Last Consultation

20/05/2005 Surgery consultation Ms H Cruickshank
20/05/2005 High vaginal swab taken also chlamydia swabs taken Ms H Cruickshank
18/05/2005 Telephone call from a patient Dr K Box
18/05/2005 Telephone encounter DM suggested swabs to Ix tummy pain.Appt with PN for HVS and chlamydia. R NW. Dr K Box
10/05/2005 Clinic Ms E Brown
10/05/2005 Leucocytes in urine Trace Ms E Brown
10/05/2005 Urine nitrite Nil Ms E Brown
10/05/2005 Urine dipstick for pH = 7 Ms E Brown
10/05/2005 Urine dipstick for blood Nil Ms E Brown
10/05/2005 Urine dipstick for ketones Nil Ms E Brown
10/05/2005 Urine dipstick for protein Nil Ms E Brown
10/05/2005 Urine dipstick for glucose Nil Ms E Brown
09/05/2005 Surgery consultation Dr Duncan Macdonald
09/05/2005 Colicky abdominal pain RT iliac fossa pain at times severe.O/E soft abdo-tender RIF, no mass.Need to exclude chlamydia (no discharge).Will try omeprazole for dyspepsia,ibuprofen for pain and will also check MSU and arrange u/s in view of persistant pain. Dr Duncan Macdonald.
09/05/2005 IBUPROFEN tabs 400mg Supply: (36) tablet(s) 1 THREE TIMES A DAY AFTER FOOD FOR PAIN/INFLAMATION Dr Duncan Macdonald
09/05/2005 OMEPRAZOLE caps(ec grans) 20mg Supply: (28) capsule(s) 1 DAILY FOR INDIGESTION Dr Duncan Macdonald
03/05/2005 Clinic Ms E Brown
03/05/2005 Depo-provera injection given First service recall due: Claim Expiry Date: came for depo-provera no periods since 16012005, pregnancy test 1month ago -ve, has had unprotected,Intercourse since then, discussed with dr mulcahy , if this pregnancy test comes back -ve can has, preg test -ve, depo-provera given in rt buttock lot lj1310 ex 9/2007 condoms given also advised should use for next 14days,until depo effective Ms E Brown
03/05/2005 Recall on 26/07/2005 for Depo-provera Injection given with Ms E Brown
03/05/2005 Weight: 49.5 kgs BMI: 20.3 O/E - weight Ms E Brown
03/05/2005 Current drinker units per week: 45 Alcohol intake above recommended sensible limits has been referred re this Ms E Brown
03/05/2005 Smoker Cigarettes: 20 Cigarette smoker Ms E Brown
03/05/2005 Health ed. - smoking for Smoking advised re nrt to asee gp Ms E Brown
03/05/2005 Health ed. - smoking for Smoking advised to see gp re nrt therapy Ms E Brown
03/05/2005 12:23.00 BP 126 / 64 taken Sitting Cuff: Standard recall due: O/E - blood pressure reading Ms E Brown
29/04/2005 Surgery consultation Dr K Box
29/04/2005 [X]Depression NOS still poor eye conyact and communication. Hasn't brought depo; worried about wt gain. Drinking heavily on 3-4 nights: makes her happy but feels terrible next day. Realises this is a bad idea. Body aches and tiredness. Dr K Box
29/04/2005 Abdominal pain attending clinic in Arbroath today. Dr K Box
29/04/2005 C/O - insomnia brother in court. Dr K Box
29/04/2005 RANITIDINE tabs 150mg Supply: (28) tablet(s) 1 TO 2 DAILY FOR STOMACH Dr K Box
29/04/2005 AMITRIPTYLINE HCl tabs 10mg Supply: (14) tablet(s) 1 TO 2 EVERY NIGHT TO HELP SLEEP Dr K Box

Consultation / Visit Details

PLEASE PRESS FIRMLY WITH A FINE TIPPED BALL-POINT PEN

NEONATAL RECORD (Revised 1.1.87)

Hospital of Birth (Name or Code No.) 1 3 0 4 H 1

Case Reference No. 2 8 0 4 8 8 6

Maternal Reference No. 2 1 1 1 6 8 16

Surname [redacted] 26

Infant Forenames STACY

Telephone No.

Home Address 49 GRANT RD

ABERDEEN Post Code D D 1 1 1 J Y 38

Religion CATH Occupation of Mother H/D

Father's Age [redacted] Occupation of Father [redacted]

Family Doctor HOWDEN

Address ABERDEEN H.C. ABERDEEN

[redacted] Telephone No

Obstetrician Jones Ward [redacted] 1

Paediatrician or G.P. Horrobin 1 3 2 3 7 8

LABOUR RECORD

Onset (1) Spontaneous 2. Induced 3. None 9. N/K

Duration 1st Stage 5 1/60 2nd Stage 1/60

Foetal Distress 1. Yes, Mont'd 3. No, Mont'd 5. Doubtful
2. Yes, Not Mont'd (4) No, Not Mont'd 9. N/K 4 45

Drugs Given (1) Analgesic 2. Anaesthetic 8. Other 9. N/K

Specify Pethidine 100mg Time 0045 hrs

Drugs given in labour

Mode of Delivery

(0) Vertex 3. Forceps Low 6. Caesarean
1. Manipulation 4. Forceps Other 8. Other
2. Breech 5. Ventouse 9. N/K

Comments

Complication of Delivery Cord Snapped

Placenta Weight 600g

Condition (1) Normal 2. Abnormal 3. Doubtful 9. N/K

MATERNAL RECORD

Age 20 Parity (Previous) No. 1 L.B. 1 S.B. Abor.

Marital Status 1. Married 8. Other
(2) Single 9. N/K

Health in Pregnancy (Normal) Abnormal

Specify

Drugs in Pregnancy Gestation

Previous Obstetric History

	Place	Gest.	Delivery	Sex	B.W.	Outcome
1986	[redacted]	42	SVD	M	3328	ALIVE
1986	[redacted]	9	F.D.	F		
1988	[redacted]	20	SP	F	2LBS	ALIVE

SEROLOGY

	Blood Group		Antibody		WR/Kahn
	ABO	Rh	Type	Titre	
Mother	A	Pos			Neg

Rh Genotypes:
Amniocentesis
Infant Blood Group
1. O Rh−ve 5. B Rh−ve 9. N/K
2. O Rh+ve 6. B Rh+ve
3. A Rh−ve 7. AB Rh−ve
4. A Rh+ve 8. AB Rh+ve

Coombs Test 1. Positive 2. Negative 9. N/K 9 46

Family History

Past History of Mother

BIRTH RECORD

Specify Place (1) Hospital 2. Home 8. Other 9. N/K 1

Aberdeen Maternity

E.D.D. 20.4.88 (Sure) Not Sure N/K

Gestation (by dates) 40

Membrane Rupture/Delivery Interval 4/60

Time Hrs. Date of Birth 1 8 0 4 8 8

Apgar Score 1 min. 5 min. 8 9
(for 9 and 10 enter 9)

Time to First Breath (mins.) 1 1

Time to Establish Respiration (mins.) 1 1

Resuscitation

(1) Nil (with clear airway, funnel O2) 5. Intubation, IPPV (with drugs)
2. Mask, IPPV (no drugs) 6. Drugs only
3. Mask, IPPV (with drugs) Specify:
4. Intubation, IPPV (no drugs) 8. Other 9. N/K 1

Birth Weight (g) 2 4 4 0

Number of births this pregnancy and Birth Order NUMBER: 1 BIRTH ORDER 1 1

Sex 1. Male (2) Female 9. N/K 2

O.F.C. cm. 3 3 C

Length (Crown–Heel) 50·3 cm. 5 0

(Crown–Rump) cm. 9 9

No. of Umbilical Vessels 3

Gestational Age by Assessment of baby by scoring method (Completed Weeks) 3 9 9

Guthrie Test 1. Yes 2. No 9. N/K 2

B.C.G. 1. Yes 2. No 9. N/K 2

Transfers within hospital (2 only)

0. None 8. Other 1st 0
1. Post Natal Cot 9. N/K 2nd 0
2. SCBU

Number of days in SCBU 0 0

Local Option

Normal	Abn.	Doubtful	N/K
1	2	3	9

Date / Signature

Exam. 28/4/88 First

Final

	Head	Facies	Eyes	Ears	Nose	Mouth	Palate	Neck	Skin	Umbilicus	Femoral pulses	Heart sounds	Murmurs (Absent=1)	Chest Auscultation	Abdomen	Spleen	Liver	Kidneys	Genitalia	Anus	Spine	Arms	Hands	Legs	Feet	Hips	Posture & Movement	Muscle tone	Grasp	Moro	Cry (not heard=9)
First	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Final																															

Jaundice (bilirubin mg%; μmol/l) 1. Absent 2. Mild (5–11.9; 86–204) or not measured 3. Moderate (12.0–19.9; 205–340) 4. Severe (20.0+; 342+) 9. N/K [1] 116

Absent	Present	N/K
1	2	9

Any age

Infection	1	117
Significant Hypotonia	1	118
Cyanosis (Central)	1	119
Oedema	1	120
Convulsions	1	121
Recurrent Apnoea	1	122
Assisted Ventilation after 30 mins.	1	123
Feeding Difficulty	1	124
Vomiting	1	125
Diarrhoea	1	126

TRANSFER BETWEEN HOSPITALS (Neonatal Only)

TRANSFER 1

Receiving Hospital Code No. 127

Case Reference No. 132

Paediatrician or G.P. 142

Date of Admission 149

Admitted to 1. Post Natal Cot 2. SCBU 8. Other 155

Number of days in SCBU 156

TRANSFER 2

Receiving Hospital Code No. 158

Case Reference No. 163

Paediatrician or G.P. 173

Date of Admission 180

Admitted to 1. Post Natal Cot 2. SCBU 8. Other 186

Number of days in SCBU 187

DISCHARGE RECORD

Feed 1. Breast 2. Bottle 3. Breast and Comp. 4. Not Applicable 8. Other 9. N/K [1] 189

Condition 1. Normal 2. Doubtful 3. Cong. Abn. 4. Dead 5. Dead P.M. 6. Cong. Abn. & Other 8. Other 9. N/K [1] 190

Discharge (Final)
1. Home with Mother
2. Home after Mother
3. To care of relative
4. To other ward or hospital (Medical or Surgical)
5. Residential or Foster care
6. Dead
8. Other
9. N/K [1] 191

FOLLOW UP 1. None 2. This Hospital 3. Elsewhere 4. Multiple

Coding completed ..... Letter written .....

Age (Days) 5 Weight at Discharge 2450 g 192

Date of Discharge 03 05 88 196

DIAGNOSIS

SINGLETON	–V30.0	202
		208
		214
		220
		226
		232
		238
		244
		250
		256

Operations (2 only) 1. 262

2. 268

270

271

281

Local Option

Brechin Medical Practice

Historical

Historical

Historical

Historical

Historical

Historical

Historical

Historical

Historical

Historical



Historical

Historical

Historical

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GK/IAS

31st August 2009

Dr Clerihew
Consultant Pediatrician
Ward 29
Ninewells Hospital
Dundee

Dear Dr Clerihew

Re: STACEY ELLIS 28.04.88 0060
8 MILL PLACE, CRAIGO, MONTROSE, DD10 9LB

Following my colleague Dr Cranswicks letter to you, Stacey actually came back to see me after her recent hospital admission. Stacey was quite insightful about her eating disorder and recognizes that this is impacting on her ability to feed Declan. She finds feeding him extremely stressful and recognizes that meal times are unlikely to be a pleasant experience for Declan. She believes it is becoming less of a problem as he has increasing ability to feed himself. I am in no doubt that Declans failure to thrive is in a sense an extension of mums psychopathology. Stacey has agreed to my referring her to the Clinical Psychologist. I have gone ahead and made a referral and we will see whether Stacey keeps the appointment. Social Services are aware of the situation and closely involved.

With best wishes

Yours sincerely

Dr Graham Kramer
GMC NO 3205066

HOSPITAL USE ONLY	CLINIC:	DAY: DATE:	TIME:	HOSPITAL NO:

OUTPATIENT REFERRAL TO: SUNNYSIDE ROYAL HOSPITAL

FROM: DR GRAHA KRAMER

ANNAT BANK PRACTICE, LINKS HEALTH CENTRE,
MARINE AVENUE, MONTROSE, DD10 8TY
TEL: 01674 673400

PRACTICE CODE NO: 13706
REFERRAL DATE: 31ST AUGUST 2009
Please arrange for this patient to attend the: CLINICAL PSYCHOLOGY

SURNAME: ELLIS
FIRST NAME: STACEY
DATE OF BIRTH: 28.04.88 0060
ADDRESS: 8 MILL PLACE, CRAIGO, MONTROSE, DD10 9LB
TELEPHONE NUMBER: 078 926 305 01

Previous Hospital Attendance: YES *When* 2009
Hospital: NINEWELLS HOSPITAL *Previous X-Rays*

I would be grateful if you could provide input for this 21 year old girl. The situation is interesting, but quite disturbing. She has a 1-year-old boy who is failing to thrive and gain weight satisfactorily. It is clear that central to this issue is Stacey's own eating disorder. She finds food very stressful and acknowledges that feeding Declan is a very stressful experience for both of them. It seems clear that Declan's failure to thrive is actually a manifestation of mother's psychopathology. Stacey has had a troubled upbringing, spending much of her childhood in foster care. The situation is being closely monitored by Social Services.

Stacey has acknowledged that it will be important for her to received help for eating issues and I would be grateful if you could see her in this regard.

Many thanks.

Yours sincerely

Dr Graham Kramer
GMC NO 3205066

Wd 36

STACEY ELLIS

28/04/88 0060

26 AUG 2009

ANNATEANK

26/08/09

faxed to 32096.

Dear Doctor,

Thank you for seeing this girl who was assessed by Dr Kramer yesterday re RIF/suprapubic tenderness + PV discharge + creamy d/c + cervical tenderness. Swabs were taken (PT neg) ~~me~~ UTI only and doxycycline/metronidazole was prescribed. Unfortunately, Stacey phoned today + is now feverish/pain worse and asstd vomiting. D/w Dr Kramer — requests admission

NB Child is on protection register — SW aware + sure will look after.

Yours Sincerely

B. Whittingham

WHITTINGHAM

All Medical History

ddress and Telephone numbers

8 Mill Place Craigo Montrose DD10 9LB
Mobile phone 078 926 305 01 (02/12/2007)

ll Medical History

26/08/2009 Telephone encounter pt worse today-feverish/vomiting and pain no better. Dw Dr Kramer -admit gynae-dw gynae Rv wd 26 -referral to be faxed Dr Locum Doctor
25/08/2009 Right iliac fossa pain and vaginal discharge for 3 days, feels unwell. O/e mild pelvic tenderness. Inga will do HVS and chlamydia swabs, will start antibiotics.
VE has creamy discharge tender in right fornix, urinalysis t'cytes but looks clear, not turbid. Preg test negative. Dr Graham Kramer
10/07/2009 Patient reviewed - no cough. Apyrexial. Chest clear. No doubt viral but I dont feel influenzal. Advice. Dr Richard Marwood
09/07/2009 Telephone encounter High fever and chest feels heavy. No cough or runny nose or sore throat Declan had feverish illnes last few days. Has taken paracetamol and ibuprofen.
eating and drinking Ok Advised rest if possible Doesn't think anyone can help her with Declan tonight. Offered appt mane Dr Ruth Cranswick
09/07/2009 Administration - 0789 263 0501 - Please call re thinks has bronchitis and not feeling very well (IAS)
18/06/2009 Letter from specialist Clinical Letter Links H C Gynaecology Ms Jackie Dempster
03/06/2009 Letter received Clinical Letter Links H C Physiotherapy Miss Isla Sutherland
27/05/2009 Dysfunctional uterine bleeding has Implanon, c/o persistant vaginal bleeding for a year following birth of son, has only had 3 breaks in that time, c/o superficial dyspareunia-sore
in are where stitches were. Also suprapubic pain. had USS 14/52 post partum-NAD, Requests D&C-explained this is not usually done nowadays in view of good scanning. Refer Gynae Dr
Monica Ireland
15/05/2009 DNA hospital appointment - with Physio, now discharged - (See Docman 03.05.09)
01/04/2009 Blepharitis Contact lens wearer Dr Ruth Cranswick
31/03/2009 Letter received Clinical Letter Ninewells Hospital Ophthalmology Ms Jackie Dempster
12/03/2009 Tired all the time and nausea last 10 days. Says sleepign Ok and eating better. gets out every day. Check preg test but very unlikely. General lifestyule advice and Rv if not
improving Dr Ruth Cranswick
12/03/2009 C/O - lumbar pain Since pregnancy but getting worse. No radiation No red flags. Declan 9mths and crawling. Posture very poor. Normal alignment spine and Good rom No
painkillers help so stay off them Given advice re posture and exercise sheet Ref physio Dr Ruth Cranswick
12/03/2009 Intermenstrual bleeding - Irregular Has stopped. No bleeding. Dr Ruth Cranswick
19/02/2009 Did not attend - no reason Implanon removal planned Dr Margaret Anderson
06/01/2009 C/O - cough for week, productive, yellowish sputum. chest tightness. feels hot, sore throat. Her son in the hospital and was told not to visit him until she gets better.
OE afebrile, throat red, no exudate, chest clear.
Impression VIRAL chest infection.
Advised for Sx tretament but she was concerned as not seeing her son so deferred Abx given to use if no improvement by the end of tomorrow (smoker as well). Extra Contraception
precuation advised. Dr Trainee Doctor
22/12/2008 Did not attend - no reason Didn't come to appt today I phoned ward. SN reports Stacey much more involved. Stayed overnight last night and did all his care today including tube
feeds and managing these well. Hoping to get him home at Xmas but possibly only for day pass. Dr Ruth Cranswick
15/12/2008 Telephone encounter Discussion with Lynda Clarahew. Disappointed Stacey has not been back to ward since she saw her last Tues. Will see her tommorrow if Stacey goes. Ix -
limited as Stacey not there to give consent. Child protection action now looking likely .
Bonnie aware of all this and will try to speak to Stacey 'Dr Ruth Cranswick
15/12/2008 Had a chat to patient Long chat with Stacey and friend. Stacey quite tearful. Now quite entrenched in her position of not liking NWs and not wanting to go there. Hasn't been to
see [redacted] for 5-6 days. "They're playing games with me". Tried to explain that no-one had any incentive to do this and that everyone's aim should be to get [redacted] home, healthy and
feeding as soon as possible. Stacey feels let down that the admission has been much longer than initially suggested. Thinks Declan would feed Ok at home and that if he needed readmitted
she would want him to go to ARI. Tried to encourage her to communicate with hospital staff but wouldn't be moved. Suggested that SW may become involved and that [redacted] may be taken
into care She is aware of this. Plans to go and take [redacted] home mane. Encouraged to at least listen to consultant who has offered to see her regularly personally. Rv with me 1/52. Happy for
me to phone consultant Dr Ruth Cranswick
11/12/2008 Telephone encounter Spoke to Dr lynda Clerahew, Paed Consultant Has taken over [redacted] care this week and spoken to Stacey. Organic Ix so far neg and thinks behavioural
feeding problems most likley. Agrees Stacey needs some continuity to build trust with hospital staff. Bonnie and I both feel she is a motivated parent but struggling for various reasons. Lynda
plans to see her personally regulady. Said I felt she is not currenly depressed but will continue to Rv this [redacted] will be in hosp further 2 weeks at least and may need to go home with NG
tube Stacey currenly reluctant to do the tube feeding. Seaing me on Mon. Dr Ruth Cranswick
08/12/2008 Telephone encounter Phoned and spoke to SN Meikle. Took on board our concerns re Stacey.May ask medical staff to ring me back. Dr Ruth Cranswick
08/12/2008 Emotional problem Declan been in hosp for 2 weeks Admitted after clinic appt due to poor weight gain and feeding issues. Being tube fed in hosp and Ix so far negative Stacey
struggling. Doesn't feel she can live at NWs and has been spending all her money travelling there each day. Getting very frustrated with hospital staff. Doesn't seem to be any continuity and
she feels she is being given no information. Wants [redacted] home. Explained the aim would be to get him home healthy. Hosp made this appt for her as felt she was depressed She, I think, is
correct I n thinking that this is a situational problem. Plans to have a rest this week and not travel to Dundee every day. I will ring the ward. Dr Ruth Cranswick
04/12/2008 Letter received Out of Hours Out of Hours Service Ms Jackie Dempster
12/11/2008 Abdominal pain see consult on 10/11. Presenting with abdominal pain again. No change since Monday. Similar symptoms. Has moved bowels and normal. No UTI symptoms.
Has implanon in situ. Anxious and worried if it could be pregnancy. Reports had UPT done 7 times which was negative and then apparently one UPT turned positive. Distraught about that.
o/e alert and oriented. Mood low. Speaks in short sentences only. Difficult but did achieve rapport eventually. Afebrile. Normal colour. No neck nodes. PA - soft. No distension. No mass felt.
No acute abdominal signs. No rigidity or rebound tenderness. BS heard. Non-specific abdominal pain - I think more likely related to psychosocial stressors. Urine dipstick negative and UPT
negative. Reassurance. Long chat. Declines any further antispasmodic. Will return next week if any concerns. Dr Suresh Arunachalam
10/11/2008 Intermenstrual bleeding - Irregular Reports bleeding all the time since implanon fitted immediately after [redacted]s birth. Bleeding like period Also dyspareunia. Can't have sex due
to bleeding. Has boyfriend of 6 months. Wants Implnon removed as wants bleeding to stop ASAP. Try adding COCP for few motnhs RV 2 weeks and do PV then. (Prev on depo but lost
weight, tends to forget pills). Dr Ruth Cranswick
10/11/2008 Patient reviewed Eating much better. Having lunch and tea and feeling hungry all the time. Feeling generally unwell last 2 days. nausea, abd cramps, ears sore, chest sore. No
diarrhoea. O/E T 38, P- 72 reg, chest clear, ears NAD. Imp viral illnes. Advised fluids and parecetamol. Calpol prescribed as can't swallow tablets. Unfortunately childminder unwell so can't
have Declan today. Dr Ruth Cranswick
[redacted]/10/2008 Did not attend - no reason Bonnie seeing her tomorrow and will report back. Dr Ruth Cranswick
[redacted]/10/2008 Patient reviewed Came with younger sister and initially much brighter and reactive. [redacted] not gaining weigt and has Rv at NWs on Wed Manages solids but still very poor milk
intake SALI are advising trial of cup. Stacey had burger today and having some "junk food" . Childminder ill so not getting night off tonight Complimented on her coping and gentley
encouraged re food See again 1 week. ? Involve eating disorder team or too many professionals already. Dr Ruth Cranswick
15/10/2008 Letter received Clinical Letter Ninewells Hospital womans and childs health clinical group Miss Isla Sutherland
13/10/2008 Patient reviewed Generally very low, exhausted and tearful. Eating very little and has lost weight. Getting very little sleep as baby wakes frequently. [redacted] goes to childminder
for 24 hrs Mon/Tues and 3 hrs Thurs pm. Has familly Support worker (Kate , visiting tomorrow). Bonnie and speech and language therapist all involved. Vulnerable young Mum although
considerable support already in place. Most urgent issue seems to be her nutrition. Unwilling to take antidepressants and denies any thoughts of self harm (other than not eating).
Encouraged to buy some pasta on way home now. See 1 week. Kate visitng mane. I will liase with HVs. RV 1 week Dr Ruth Cranswick
29/09/2008 Abdominal pain Has taken lactulose and reports pain no better but tenderness and fullness gone from LIF.Still some fullness L mid abd. Not eating anything until teatime. Chat
re trying to eat earlier in day. Baby awake and playful at night, chat Back pain prob related to lifting, advice re lifting and posture and simple analgesia. see 2 weeks Seeing Bonnie mane Dr
Ruth Cranswick
23/09/2008 Did not attend - no reason Mrs Lynne Garden .
22/09/2008 Abdominal pain Baby has been in hosp few days due to poor feeding. Staff happy no medical cause but feel Stacey needs a lot of support. Bonnie organised meeting of all
involved in her care this week.
Describes ongoing cramping abd pain esp with food. No bowel or urinary sx. Has had PV, negative swabs and USS which she was told showed no abnormality. Abd - Palpable bowel as sh
is so slim. Denies constipation but I think this is most likly cause of her abd pain. Bonnie has been trying to encourage improved diet but tends to skip meals. Laxative, FBC, PV, UE, LFI, TS
and Rv next week Dr Ruth Cranswick
20/09/2008 Laboratory result Result Ninewells Hospital Microbiology Ms Jackie Dempster
18/09/2008 Left iliac fossa pain Went to NWs 8/7 ago Had USS and told NAD.Result not available on central vision. Not admitted Advised pain not gynaecological and sent home. No bow
or urinary sx. Nausea and feeling generally unwell. Pain unchanged. LIF and also pain in midback. Finding it hard to care for baby O/E despondent, T 37.9, P 96 reg , abd tender LIF Lump
felt which I think is bowel , very slim. Urinalysis - WBCs, protein and blodd MSU sent. AB and fluids RV MOn earlier if any deterioration Dr Ruth Cranswick
15/09/2008 Discharged from hospital 'Discharge Letter/Summary Ninewells Hospital Unknown Ms Jackie Dempster
12/09/2008 Failed encounter NOS see query Phone engaged x2 Will try later Dr Margaret Anderson
11/09/2008 Other abnormal uterine and vaginal bleeding blood stained dischargalso tender lump LIF o/e ? palpable colon, declines VE will see female doctor. On Implanon, check preg t
Unlikely). Will see MA on Monday Dr Graham Kramer
11/09/2008 Letter received Clinical Letter Westgate Health Centre Medical Advisory Service ,Ms Jackie Dempster
26/08/2008 Letter received Admin Letter Housing Application Mrs Aileen Coull

19/08/2008 Letter received from Medical Advisory Service, Westgate Health Centre, File and Form passed to GK boley (IAS) REPLY SENT 25.08.08
11/08/2008 Letter sent to outside agency Clinical Letter Westgate Health Centre Medical Advisory Service Miss Isla Sutherland
11/08/2008 Administration - Letter done to Dr Jane Forsyth, Medical Advisor, Westgate (IAS) Dr Ruth Cranswick
08/08/2008 Abnormal weight loss - symptom feels she is losing weight. BMI 18.2. Monitor weight weekly over next month. (May improve with elevation of mood). Dr Locum Doctor
08/08/2008 Low mood I note high EPNDS score. I think a large element may be due to circumstances - but try low dose citalopram (bottle feeding). Dr Locum Doctor
08/08/2008 Vaginal discharge symptom continues, could not tolerate clotrimazole pessary. Dr Locum Doctor
08/08/2008 Backache symptom since delivery (ventouse). Locates over SI joints. Try NSAI. Dr Locum Doctor
08/08/2008 Seen by health visitor Discussed Stacey's high EPNDS and low mood with Dr Kramer and advice given by Health Visitor to make an appointment to see a GP. Mrs Bonnie Troup
07/08/2008 Seen by health visitor Repeated Edinburgh Post Natal Scale. Scored very high 21. Advised to see GP to discuss mood as she has a history of depression. To continue with weekly support visits meantime from health visitor. Mrs Bonnie Troup
04/08/2008 Laboratory result Result Ninewells Hospital Microbiology Ms Jackie Dempster
21/07/2008 Seen by health visitor Edinburgh Post-Natal Depression Scale carried out. 12 scored, discussed at length, feeling mood down at times.Advised to make use of support available, Child & Family Support team involved prior to the birth, community childminding in place and health visitor visiting weekly meantime. Referred for infant massage.Appears to be overwhelmed by the birth. Mrs Bonnie Troup
07/07/2008 Had a chat to patient HV sent along as wt dropping and no inclination to eat. no probs prior to pregnancy with eating. Note baby very poor sleeper and needs fed every 2-3 hours. little support and lots of money worries. conc si down. says mood ok, but admits to freq tearful. has contact with broomfield but feels they are not giving much support. Mum in middle of radiotherapy. I think this is all part of psychological stress. may turn into actual post natal depression. needs to be observed. Check if HV visiting more than standard and whole mood situation needs to be rev at post- natal. MJSimpson Dr Locum Doctor
13/06/2008 Fax received Clinical Letter MRI Maternity Miss Isla Sutherland
06/06/2008 Discharged from hospital Discharge Letter/Summary Ninewells Hospital Maternity Mrs Aileen Coull
02/05/2008 Anaemia during pregnancy, childbirth and the puerperium (Ferrous Sulphate) Dr Ruth Cranswick
02/05/2008 Thrush (Clotrimazole) Dr Ruth Cranswick
14/01/2008 Notes summary on computer Dr Graham Kramer
03/01/2008 Telephone encounter Concerned as 18 weeks pregnant and been in contact with child with measles (says definite diagnosis) She had MMR in June 07 so reassured. Dr Ruth Cranswick
21/12/2007 Letter received Result MRI Maty Mrs Susan Maddock
21/12/2007 Thrush on HVS 15 weeks gestation Dr Margaret Anderson
19/12/2007 Laboratory result Result Ninewells Hospital Immunology Mrs Aileen Coull
06/12/2007 Patient MRE received from FPC files now merged and with Dr Kramer for summary on 14/12/07.
02/12/2007 Letter received Out of Hours Out of Hours Service Mrs Susan Maddock
13/11/2007 Letter received Admin Letter New Pt Questionnaire Mrs Susan Maddock
12/11/2007 White Scottish Mrs Lynne Garden
08/2006 Acne vulgaris
05/2005 Depressive disorder NEC - and alcohol misuse. Referred Cornhill
---4/2005 Right iliac fossa pain admitted gynae with a false pos preg test, settled spontaneously
? Breast lump symptom prepubertal
---5 Eye muscle operations squint correction Dr Graham Kramer
1994 Foster care
1994 Child on protection register mother psychiatric illness, father in prison.
1992 Convergent squint left
1992 Minor head injury
1992 Burn of wrist or hand NOS right hand
1992 Insertion of grommet bilateral
1991 Recurrent acute otitis media
1989 Specific delays in development poor social circumstances

Encounter Report

ddress and Telephone numbers

8 Mill Place Craigo Montrose DD10 9LB
Mobile phone 078 928 305 01 (02/12/2007)

ignificant Medical History

05/2005 Depressive disorder NEC and alcohol misuse. Referred Comhill
1994 Foster care
1994 Child on protection register mother psychiatric illness, father in prison.

hronic Disease Register

No data recorded.
No data recorded.
No data recorded.
No data recorded.
No data recorded.
No data recorded.
No data recorded.

Current Repeat Medication

No data recorded.

Acute and Repeat Issues in last 3 months

25/08/2009 METRONIDAZOLE tabs 200mg Supply: (21) tablet(s) TAKE ONE 3 TIMES/DAY Dr Graham Kramer
25/08/2009 DOXYCYCLINE (AS HYCLATE) caps 100mg Supply: (8) capsule(s) TWO NOW THEN ONE DAILY Dr Graham Kramer

Allergies and Intolerances

No data recorded.
12/11/2007 Allergy Moderate H/O: non-drug allergy Latex itchy and red Mrs Lynne Garden

Recalls - 3 months back to 1 month in future

No data recorded.

Referrals and Requests in last 3 months

27/05/2009 Refer for Gynaecological referral Action: 17/06/2009 Referred Text Dr Monica Ireland

Tests in last 3 months

No data recorded.

Las sultation

..08/2009 Administration Dr Graham Kramer
25/08/2009 Right iliac fossa pain and vaginal discharge for 3 days, feels unwell. O/e mild pelvic tenderness, Inga will do HVS and chlamydia swabs, will start antibiotics.
VE has creamy discharge tender in right fornix, urinalysis leytes but looks clear, not turbid. Preg test negative. Dr Graham Kramer
25/08/2009 METRONIDAZOLE tabs 200mg Supply: (21) tablet(s) TAKE ONE 3 TIMES/DAY Dr Graham Kramer
25/08/2009 DOXYCYCLINE (AS HYCLATE) caps 100mg Supply: (8) capsule(s) TWO NOW THEN ONE DAILY Dr Graham Kramer

Prevention

12/11/2007 11:24.00 BP 111 / 67 taken Sitting from Right Cuff: Standard recall due: O/E - blood pressure reading Mrs Lynne Garden
12/11/2007 Never smoked Never smoked tobacco Mrs Lynne Garden
12/11/2007 Life teetotaler Non drinker alcohol Mrs Lynne Garden
10/11/2008 Weight: 44 kgs BMI: 17.8 O/E - weight Dr Ruth Cranswick
12/11/2007 Height: 1.57 metres O/E - height Mrs Lynne Garden
19/12/2007 Blood grouping Blood group: O+
01/08/2008 reported 21/08/2008 Ca cervix screen normal Dr Margaret Anderson
No data recorded

New Consultation Details

Date: Clinician:

Sending Confirm

Date : 26-AUG-2009 WED 13:47
Name :
Tel. :

Phone	:	32096
Pages	:	4/4
Start Time	:	08-26 13:44
Elapsed Time	:	03'12"
Mode	:	G3
Result	:	Ok

First page of recent document transmitted...

STACEY ELLIS
26/04/88 0060

4/36
RH
ANTENATAL
26/08/09

Dear Doctor,

Thank you for seeing this girl who was assessed by Dr Kramer yesterday - R/F/ symphysis tenderness + PV vag discharge + creamy d/c + cervical tenderness. Swabs were taken (PT vag) which (LMB) only aid doxycycline (antibiotic) was prescribed. Unfortunately, Stacey phoned today + is now feverish (pain wrists and ankles) vomiting D/W Dr Kramer - requests admission.

NB: Child - 1yr old "Luke" - ? autistic - SW aware + sister will look after.

Yours Sincerely,

Wittmayer

Notes requested 13:30 ✓ 28 AUG 2009

Emergency Gynaecology Assessment Sheet

Grey shaded areas to be completed by nursing staff. White areas to be completed by medical staff.

SURNAME	ELLIS	Date of Referral	26.8.09
FORENAME	STACEY	Time of Referral	13:30
CHI No.	28 04 88 0060	Date of Arrival	
ADDRESS	8 Mill Place Craigo Montrose (Ang)	Time of Arrival	15:40
GP ADDRESS	Dr Cranswick Annatbank at the Corner	Assessed by Nurse	Signature / Name
PATIENT'S Tel. No.	07892630501	Time	Status
		Assessed by Doctor: A Yacoef	Signature / Name
		Time: 17:10	Status
		Consultant: Dr R Allen	

Presenting Complaints
1. Rt lower abd pain & Rt renal angle pain
2.
3.

Clinical Findings
T 37·1° sgft abdomen tender in RIF & Rt renal angle no rebound tenderness no mass felt AV uterus average size cervical excitation tender RIF

Investigations
UBC 11.7 CRP < 3 ULE WNAD
TVS small cystic Rt adnexal structure ? tubular small amount of fluid in POD urine ↑ leuc +b1

Diagnosis
1. ? PID swab results awaited
2.

Suggested Management
Suitable for outpatient management

Drug	Dose	Times per day	Number of days	Date	Signature
Ofloxacin tab	400mg	2	14		~Yacoef
Metronidazole	400mg	3	14		~Yacoef

Follow up

Discharged home ☑	Admitted Ward ☐	Outpatient Follow Up ☐	Referred to other speciality ☐
Date of discharge 26/8/09		Time of discharge	
Signature ~Yacoef		Designation	

Gynaecology Out-patient Department
Primary Care Division
NHS Tayside
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Telephone Number 01382 660111
Fax Number 01674 832136
www.nhs.tayside.scot.nhs.uk

18 JUN 2009

Dr M Ireland
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date of clinic 15 June 2009
Date dictated 15 June 2009
Date typed 17 June 2009

Your Ref
Our Ref PC/lwg/ 28 04 88 0060

Enquiries to Lynne Grant - Secretary
Extension 67173
Direct Line 01674 832173
Email lynne.grant@nhs.net

Dear Dr Ireland

STACEY ELLIS 8 MILL PLACE CRAIGO MONTROSE DD10 9LB

I saw this 21 year old para 1 + 1 at my Gynae Out-patient Clinic today who is complaining of constant vaginal bleeding since her last delivery a year ago. The bleeding has settled within the last two weeks. Currently she has got Implanon in situ for contraception which was inserted about a year ago. Her last cervical smear in 2008 was negative. She also complained of some dyspareunia but I note that her ultrasound scan on 23 June 2009 on her pelvis and abdomen was normal. She was also keen to preserve her future fertility.

On examination the abdomen was soft and non-tender. There was no mass felt. It was impossible to perform a vaginal speculum examination or pelvic examination on her as she was extremely tearful with the tenderness just on even light touch to her vulva or vagina. Therefore, that information is completely uninformative.

I had a discussion with her and have advised her to leave the Implanon in situ and hopefully her periods will settle down without any further treatment required. There is no indication to undertake any endometrial biopsy on her given her age.

In relation to her dyspareunia, I have offered her a diagnostic laparoscopy. She is aware of the need for a general anaesthetic and possible injury to the bowel, bladder and pelvic blood vessels which may subsequently require laparotomy. She is keen to go through with this so I have put her name down on my waiting list for a day case diagnostic laparoscopy to be done in the near future.

Yours sincerely

Dr Patrick Chien
Consultant Obstetrician and Gynaecologist
(Dictated but not read)

Copy to
Margaret Coull Dr Chien's Secretary Ninewells Hospital

Angus Physiotherapy Service
Angus CHP
Physiotherapy Department
Links Health Centre, Marine Avenuel
Montrose
DD10 8TY
Telephone Number: 01674 832195
Fax Number: 01674 832195
www.nhstayside.scot.nhs.uk

- 3 JUN 2009

NHS Tayside

Dr. Cranswick,
Annat Bank Practice,
Links Health Centre,
Montrose.

Date 2 June 2009.
Clinic Date
Our Ref

Enquiries to Sabrina Dunne
Extension 67178/67195
Direct Line 01674 832195
Email sabrinadunne@.nhs.net

Dear Dr. Cranswick

PHYSIOTHERAPY REPORT

STACEY ELLIS, 8 MILL PLACE, CRAIGO, DD10 94B.
2804880060

This patient has been attending for physiotherapy at Links Health Centre, Montrose for low back pain of mechanical nature. Unfortunately, she did not attend the second arranged appointment on 15/05/2009 and has not contacted the department within 10 days to arrange an alternative date.

Therefore, this patient has been discharged.

Yours sincerely

Sabrina Dunne
Sabrina Dunne.
Physiotherapist

POSITIVE ABOUT DISABLED PEOPLE

31 MAR 2009

NHS Tayside

Ophthalmology Department
Acute Services Division
NHS Tayside
Ward 25, Ninewells Hospital
DUNDEE
DD1 9SY
01382 660111
01382 632893
www.nhstayside.scot.nhs.uk

Dr R Cranswick
Annat Bank
Links Health Centre
Frank wood Way
Montrose

Date 16th March 2009 (dictated 13.03.09)
Your Ref
Our Ref. UO/LMcG/MPI/28 04 88 0066

Enquiries to Dr U O'Colmain
Extension 33428
Direct Line
Email lmcgrattan@nhs.net

Dear Dr Cranswick

STACEY ELLIS, 8 MILL PLACE, CRAIGO

Your patient attended the Ophthalmology OPD on 13.03.09
Our findings were as follows:-

Diagnoses:
Blepharitis
Contact lens wearer

Visual Acuity:
6/12 right
6/9 left

Outcome:
This lady is complaining of right worse than left ocular discomfort. She has evidence of mild infection and significant blepharitis. I have advised her regarding lid hygiene and to not wear her contact lenses. I have not arranged to see her again.

Yours sincerely

Dr. Foulds.

Dr U O'Colmain
Specialist Registrar

Closed Call Details

NHS No:	6537388	**Call Received:**	04/12/2008 21:18	**Received by:**	(Non-clinical user) (Edinburgh)	NHS 24
Outcome:	PCEC within 4 Hrs			**Outcome Code:**	PCC4	
PCC:	RURAL ANGUS	**Triage Start:**	04/12/2008 22:17	**Triage Finish:**	04/12/2008 22:27	

Patients Present Location		**Patient Home Details (2804880060)**	
Address:	8 Mill Place, Craigo, Montrose, Angus DD10 9LB	**Name:**	STACEY ELLIS
		Address:	8 Mill Place, Craigo, Montrose, Angus, DD10 9LB
Phone:	07892 630501 Ext:	**Phone:**	
Registered GP Details (at time of call)		**Sex:**	F
Dr Name:	CRANSWICK, RUTH	**DOB:**	28/04/1988
Practice:	ANNAT BANK PRACTICE (13706)	**Age:**	20 years old
Script No:	T72001	**Contact:**	

Clinical Summary:
Date: 04/12/2008
Description: HEAVY VAGINAL BLEEDING FOR 1 DAY AND WORSENING TONIGHT, CHANGING PADS EVERY 30 MINS FOR LAST 4 HRS AS COMPLETLY SOAKED THROUGH. STATES HAS HAD 2 EPISODES TODAY WHERE STATES COULD FEEL BLOOD RUNNING OUT, LOWER ABDOMINAL CRAMPING . STATES HAS SPOTTING DAILY FOR LAST 6/12, GP COMMENCED CONTRCEPTIVE PILL, ALSO HAS IMPLANT. ADVISED PCEC 4 HUB TO PHONE WITH APPT PLEASE

Call Number:	0000511904	**Date:**	04/12/2008	**Time:**	22:28	**Passed:**	22:31
Started:	00:01	**Status:**	Attend				
Urgency:	Within 4 Hours	**Attended:**	☑	**Date:**	05/12/2008	**Time:**	00 :00

Notes to Practice:
ongoing spotting for past 6 months...recently commenced on contraceptive pill...also has implant...slight lower abd. cramps...pads checked-traceamount of bld.pregtest-ve...urine dipstik-+leuco...blood++...nil else...t-36 degrees...bp-112/68mhg...p-82/min...abd.:soft throughout except for slight discomfort in the epigastrium...nil else...no nausea...no urinary symptoms...suggested pcm tonight...worsening adv. given...sample to be sent for lab. analysis am...review if needed.

Diagnosis:
pv bleed

Drugs: There were no drugs attached to the call

Outcome:		**Death/Presume Life Extinct:**	☐	**GP to certify:**	☐	**No Further Action:**	☐
		Refer To:	None			**Dept:**	None
Review by GP:	☐	**When:**				**Where:**	
Patient to contact GP:	☐						

	Date	Start Time	Finish Time		Date	Start Time	Finish Time
Consultation 1:	05/12/2008	00:01	00:12	**Consultation 2:**			
	Clinical Group		Name		**Completion Date/Time:**	05/12/2008 00:12	
Duty Clinician	Angus		Dr G KHANNA		**Closed By:**	acairns	

Last Modified by PCEC: 05/12/2008 00:15

- 5 DEC 2008

15 OCT 2008

NHS Tayside

Women's & Child's Health Clinical Group
Wards 37&38
Acute Services Division
NHS Tayside
Ninewells Hospital and Medical School
DUNDEE
DD1 9SY
TEL: 01382 660111
Email www.nhstayside.scot.nhs.uk
Fax No 01382 632095
Enquiries: Mrs T Carlin, Obs & Gynae Secretary
Direct Line 01382 632089
E mail: tracycarlin@nhs.net
Ref /TC

8 October 2008
Dictated 02.10.08

Dr Anderson
Annat Bank Practice
Links Health Centre
Marine Avenue
MONTROSE

Dear Dr Anderson

STACEY ELLIS, 10 CONDOR CRESCENT, MONTROSE
MPI 2804880060

This 20 year old lady was assessed at the Gynaecology Ward on 15.09.08.

She was 14 weeks post partum and complained of a 2-3 weeks history of swelling in the left iliac fossa with a one week history of increasing pain and tenderness. She also had more recent fever and nausea.

On assessment on the ward, Stacey was afebrile. She had a tender lower abdomen on palpation. She also reported that she had no pv discharge. Her pregnancy test on the ward was also negative.

Stacey had a transvaginal ultrasound scan to rule out pelvic pathology. This showed no adnexal mass or free fluid. Both ovaries were normal in size and appearance. Stacey was informed there was no gynaecological cause to find for her pain. She did however complain that the pain was still present and that she was no longer eating because of it. She had normal bowel motions. After further discussion it was felt that it was probably a gastro-oesophageal reflux element to her pain, and she was therefore given some Lansoprazole on top of normal analgesia on discharge.

Stacey will not routinely be followed up.

Yours sincerely

Dr S Cooper
GP ST2 to Dr P W Chien

POSITIVE ABOUT DISABLED PEOPLE

FOR PHARMACY USE

Checked by

Clinical Pharmacist

Patient Counselled

(Inits)

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Inf.

To Dr. 1-6 Sec Side

19 SEP 2008

Ward/Clinic/Hosp. NWH, 36 Cons.

D D M M Y Y

C.H.I. No. 280488 0060

Surname Ellis

First Name Stacey M. State

Address Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor).

Date Placed on Waiting List (if appropriate) Date of Admission:

*Delete as appropriate

..... 2nd Fold .....

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	15/9/8						

When Medicines are to be dispensed all copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: LIF pain

OTHER CONDITIONS:

PRINCIPAL OPERATION / PROCEDURES: TV ultrasound scan – no adnexal mass or free fluid. both ovaries normal in size & appearance

OTHER OPERATIONS / PROCEDURES:

Days	MEDICINE TREATMENT ON DISCHARGE: NAME — State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (Mark ✓): 8 10 12 14 16 18 20 22 24	DISPENSED BY PHARMACY: Number	Brand Names (for information only)
	Co-codamol 30/500	2 tabs		✓ ✓ ✓		
	[illegible]	[illegible]		✓		

... 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

Lansoprazole prescribed.

Co-codamol prescribed

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge.

CONDITION ON DISCHARGE

COMPLETELY AMBULANT ☐ CONFINED TO HOUSE ☐ PARTIALLY BEDRIDDEN ☐ CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS

DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT

1. Consultant
2. Sen. Registrar/Registrar
3. Ward/Unit Secretary Telephone Ext.

TO PHARMACY MEDICINES REQUIRED ON WARD AT (TIME)

Signature Status GSTR

for Consultant Date 15/9/8

Dispensed By

Checked By

Date

Final Distribution

WHITE - G.P.

PINK - General Office Medical Records

YELLOW - Case Records

BLUE - Pharmacy

THB(MR)26 DTH 4 Part Set

DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9LB

Clinician: Dr R.J. CRANSWICK
Annat Bank Practice

CPA Accredited 0221

[redacted]

08B224662 Date/Time of Specimen: 18 Sep 2008
Midstream Urine

23 SEP 2008

No Growth

[redacted]

Date of Report: 20 Sep 2008 AUTH:
ANNMON CRARIG

REPORT RECEIVED

DOCTOR'S INITIALS

FOR PHARMACY USE

Checked by

Clinical Pharmacist

Patient Counselled

(Init's)

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Inf.

To Dr. [illegible]

19 SEP 2008

Ward/Clinic/Hosp. NWH, 36 Cons.

D D M M Y Y

28 04 48 80060 C.H.I. No.

Surname Ellis

First Name Stacey M. State

Address Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor).

Date Placed on Waiting List (if appropriate) Date of Admission:

*Delete as appropriate

..... 2nd Fold .....

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	19/9/8						

When Medicines are to be dispensed all copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: LIF pain

PRINCIPAL OPERATION / PROCEDURES: TV ultrasound scan - no adnexal mass or free fluid. both ovaries normal in size & appearance

OTHER CONDITIONS:

OTHER OPERATIONS / PROCEDURES:

Days	MEDICINE TREATMENT ON DISCHARGE — NAME — State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (Mark ✓) 8 10 12 14 16 18 20 22 24	DISPENSED BY PHARMACY — Number	Brand Names (for information only)
	Cap Lansoprazole 30/500	2tabs		✓ ✓ ✓		
	~~Lansoprazole Cap~~	~~30mg~~	~~2/52~~			

..... 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge.

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

Lansoprazole prescribed

Co-codamol prescribed

CONDITION ON DISCHARGE

COMPLETELY AMBULANT ☐ CONFINED TO HOUSE ☐ PARTIALLY BEDRIDDEN ☐ CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS

DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT

1. ..... Consultant
2. ..... Sen. Registrar/Registrar
3. ..... Ward/Unit Secretary Telephone ..... Ext: .....

TO PHARMACY MEDICINES REQUIRED ON WARD AT ..... (TIME) .....

Signature [signature] Status GP ST2

for Consultant Date 19/9/8

Dispensed By .....

Checked By .....

Date .....

Final Distribution
WHITE - G.P.
PINK - General Office Medical Records
YELLOW - Case Records
BLUE - Pharmacy

TH3(MR)26 DTH
4 Part Set

11 SEP 2008

Medical Advisory Service
Westgate Health Centre
Charleston Drive
Dundee
DD2 4AD
Telephone Number 01382 647474
Fax Number 01382 647473
www.nhstayside.scot.nhs.uk

NHS Tayside

Date 08 September 2008
Your Ref
Our Ref JDJF/AI/ANG08E-34

Enquiries to Dr J Forsyth
Extension
Direct Line
Email joan.forsyth@nhs.net

ASSESSMENT FOR REHOUSING - ANGUS

Stacey ELLIS, 26 Westwood Walk, Montrose (28 04 88).

I have examined the available information with regard to the application by the above named for rehousing on health grounds and would advise:

20 points to alternative housing.

Medical Advisory Service

c.c. Dr Kramer, lhc - thank you.

Copy to:	Date
Hillcrest Housing Association (Angus)	08 September 2008
Angus Housing Association (Angus)	08 September 2008
Servite Housing Association (Angus)	08 September 2008

GK/IAS

11 August 2008

Dr Jane Forsyth
Medical Advisor
Westgate Health Centre
DUNDEE

Dear Dr Forsyth

Re: STACEY ELLIS 28.04.88 0060
26 WESTWOOD WALK, MONTROSE, DD10 9DA

This young mother has recently moved to Montrose with her 8 week old baby son. She scores very highly with regard to Post Natal Depression. However, this seems very much reactive to a variety of psychosocial stresses in her life. Paramount to her is her inadequate housing and fears about some rather unsavoury neighbours. I feel that much of her vulnerable mental health could be improved by urgent re-housing and I would be grateful if you could give priority to this.

With best wishes.

Yours sincerely

Dr Graham Kramer
GMC NO 3205066

EDINBURGH POSTNATAL SCALE (Cox, Trotter & Sagovsky 1984)

Name: STACEY ELLIS Date of Birth: 28/04/88.

Date of Assessment: 08/09/08. Score: 16

As you know some women take time to adjust emotionally after they have had a baby and it is sometimes difficult for them to tell anyone how they are feeling. Completing this questionnaire will help mothers to get the support they may need. Please underline the answer which comes closest to how you have felt in the past 7 days.

Here is a completed example:

I have felt happy:

Yes, all of the time
Yes, most of the time
No, not very often
No, not at all

This would mean: "I have felt happy most of the time" during the past 7 days. Please complete the other questions in the same way.

IN THE PAST 7 DAYS:

1. I have been able to laugh and see the funny side of things:
   As much as I always could
   Not quite so much now ✓ 1
   Definitely not so much now
   Not at all

2. I have looked forward with enjoyment to things:
   As much as I always could
   Rather less than I used to ✓ 1
   Definitely less than I used to
   Hardly at all

3. I have blamed myself unnecessarily when things went wrong:
   Yes, most of the time ✓
   Yes, some of the time 3
   Not very often
   No, never

4. I have been anxious or worried for no good reason:
   No, not at all
   Hardly ever
   Yes, sometimes ✓ 2
   Yes, very often

5. I have felt scared or panicky for no very good reason:
   Yes, quite a lot ✓
   Yes, sometimes 3
   No, not as much
   No, not at all

6. Things have been getting on top of me: 2
   Yes, most of the time I haven't been able to cope at all
   Yes, sometimes I haven't been coping as well as usual ✓
   No, most of the time I have coped quite well
   No, I have been coping as well as ever

7. I have been so unhappy I have had difficulty sleeping:
   Yes, most of the time
   Yes, sometimes ✓ 2
   Not very often
   No, not at all

8. I have felt sad or miserable:
   Yes, most of the time
   Yes, quite often
   Not very often ✓
   No, not at all 1

9. I have been so unhappy that I have been crying:
   Yes, most of the time
   Yes, quite often
   Only occasionally ✓
   No, never 1

10. The thought of harming myself has occurred to me:
    Yes, quite often
    Sometimes
    Hardly ever 0
    Never ✓

EDINBURGH POSTNATAL SCALE (Cox, Trotter & Sagovsky 1984)

Name: Stacey Ellis. Date of Birth: 28/04/88

Date of Assessment: 07/08/08 Score: 21.

As you know some women take time to adjust emotionally after they have had a baby and it is sometimes difficult for them to tell anyone how they are feeling. Completing this questionnaire will help mothers to get the support they may need. Please underline the answer which comes closest to how you have felt in the past 7 days.

Here is a completed example:

I have felt happy:

Yes, all of the time
Yes, most of the time
No, not very often
No, not at all

This would mean: "I have felt happy most of the time" during the past 7 days. Please complete the other questions in the same way.

IN THE PAST 7 DAYS:

1. I have been able to 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

   2

2. I have looked forward with enjoyment to things:
   - As much as I always could
   - Rather less than I used to
   - × Definitely less than I used to
   - Hardly at all

   2

3. I have blamed myself unnecessarily when things went wrong:
   - × Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never

   3

4. I have been anxious or worried for no good reason:
   - No, not at all
   - ×Hardly ever
   - Yes, sometimes
   - Yes, very often

   1

5. I have felt scared or panicky for no very good reason:
   - × Yes, quite a lot
   - Yes, sometimes
   - No, not as much
   - No, not at all

   3

6. Things have been getting on top of me:
   - Yes, most of the time I haven't been able to cope at all
   - × Yes, sometimes I haven't been coping as well as usual
   - No, most of the time I have coped quite well
   - No, I have been coping as well as ever

   2

7. I have been so unhappy I have had difficulty sleeping:
   - × Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all

   3

8. I have felt sad or miserable:
   - Yes, most of the time
   - × Yes, quite often
   - Not very often
   - No, not at all

   2

9. I have been so unhappy that I have been crying:
   - Yes, most of the time
   - × Yes, quite often
   - Only occasionally
   - No, never

   2

10. The thought of harming myself has occurred to me:
    - Yes, quite often
    - Sometimes
    - × Hardly ever
    - Never

    1

MICROBIOLOGY

DMR320

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060 Clinician: Dr M.J. ANDERSON
DoB : 28 Apr 1988 Sex: F Annat Bank Practice
Post Code: DD10 9DA

CPA Accredited 0221

[redacted] Date/Time of Specimen: 01 Aug 2008
HIGH VAGINAL SWAB

No Candida Isolated
N. gonorrhoeae not isolated
No growth of pathogenic bacteria

JG		GK	
MI		RC	
MA		RM	
		M	
5 AUG 2008			
TCI		PX	
NOTES		REPEAT	
STATS		VISIT	
		NORM	

No Polymorphs
No Trichomonas.

Date of Report: 04 Aug 2008 AUTH:
ANNMON ANDM1G

REPORT RECEIVED

DOCTOR'S INITIALS

EDINBURGH POSTNATAL SCALE (Cox, Trotter & Sagovsky 1984)

Name: STACEY ELLIS. Date of Birth: 28/04/88.

Date of Assessment: 21/07/08. Score: 12.

As you know some women take time to adjust emotionally after they have had a baby and it is sometimes difficult for them to tell anyone how they are feeling. Completing this questionnaire will help mothers to get the support they may need. Please underline the answer which comes closest to how you have felt in the past 7 days.

Here is a completed example:

I have felt happy:

Yes, all of the time
Yes, most of the time
No, not very often
No, not at all

This would mean: "I have felt happy most of the time" during the past 7 days. Please complete the other questions in the same way.

IN THE PAST 7 DAYS:

1. I have been able to laugh and see the funny side of things:
   - As much as I always could ✓ 0
   - Not quite so much now
   - Definitely not so much now
   - Not at all

2. I have looked forward with enjoyment to things:
   - As much as I always could
   - Rather less than I used to ✓ 1
   - Definitely less than I used to
   - Hardly at all

3. I have blamed myself unnecessarily when things went wrong:
   - Yes, most of the time ✓ 2
   - Yes, some of the time
   - Not very often
   - No, never

4. I have been anxious or worried for no good reason:
   - No, not at all
   - Hardly ever ✓ 1
   - Yes, sometimes
   - Yes, very often

5. I have felt scared or panicky for no very good reason:
   - Yes, quite a lot
   - Yes, sometimes ✓ 2
   - No, not as much
   - No, not at all

6. Things have been getting on top of me: 2
   - Yes, most of the time I haven't been able to cope at all
   - Yes, sometimes I haven't been coping as well as usual ✓
   - No, most of the time I have coped quite well
   - No, I have been coping as well as ever

7. I have been so unhappy I have had difficulty sleeping:
   - Yes, most of the time
   - Yes, sometimes ✓
   - Not very often 2
   - No, not at all

8. I have felt sad or miserable:
   - Yes, most of the time
   - Yes, quite often
   - Not very often ✓ 1
   - No, not at all

9. I have been so unhappy that I have been crying:
   - Yes, most of the time
   - Yes, quite often
   - Only occasionally ✓ 1
   - No, never

10. The thought of harming myself has occurred to me:
    - Yes, quite often
    - Sometimes
    - Hardly ever 0
    - Never ✓

Tayside University Hospitals NHS Trust - NINEWELLS MATERNITY UNIT

Mother	**Stacey Ellis**	Other number		Date of Birth	**28/4/1988**
Address	**26, Westwood Walk, Montrose, DD10 9DA**	Sex	**Female**	GP	**Rc Cranswick 145 High Street Montrose Angus DD10 8QN**
		Hospital Number	**2804880060**		
		Midwife	**None Recorded**		
		Obstetrician	**Dr Pauline Lynch**		
Telephone		Paediatrician	**Dr Mohammed Ibrahim**	Telephone	**01674 673400**

MOTHER'S DISCHARGE SUMMARY (Printed 6 June 2008)

Social history	**Single**	Obstetric History	
Smoking Status	**at booking Smoker at delivery**	Onset	**Spontaneous**
Augmentation	**Syntocinon infusion**	Membrane To Birth	**28:19**
Delivery (most significant method)	**Ventouse/Vacuum Extraction**	First Stage	**07:35**
Indication	**Suboptimal CTG (no mec)**	Second Stage	**00:59**
Intrapartum Problems	**No**		
Third Stage	**Controlled Cord Traction**	Third Stage	**00:03**
Management	**Primary Oxytocic : Syntometrine I/m.**		
Tubal Ligation	**No**		
Pain Relief	**Labour: Epidural**		
Placenta	**Condition: Normal Completeness: Complete**	Membranes	**Complete**
Blood Loss	**200 mls**	Postpartum Problems	**No**
Perineum	**Second - Injury to the perineum involving perineal muscles but not involving the anal sphincter damage Sutured With Vicryl Rapide**		

Livebirth Baby: 1 03:34 Thursday 05 June 2008

Baby	**Baby Ellis (Male)**	Other number	**050608**	**Livebirth at 39 weeks**
Birth Order	**1 of 1**	Hospital Number	**0506085058**	**2800 grams**

Blood Group	**O**	Rhesus Group	**Positive**
Mother's HB	**10.1 g/dl (4/6/2008)**	Rhesus Anti-D	**Not Required**
Transfusion	**None**	Rubella	**Not required**
Feeding	**Breast**		
Problems			
Perineum	**Not Recorded**	Infections	**Not Recorded**
Secondary PPH	**Not Recorded**	Hypertension	**Not Recorded**
Breasts	**Not Recorded**	Other	**Not Recorded**
Discharged	**5/6/2008 at 18:00 from Ward 38, with baby**	Postnatal Stay	**0 days**
Family Planning	**Discussed, Planned method Implant**		
Postnatal Smear	**Recommended**		
Medication	**Iron, ferrous sulphate**		
Follow Up	**Postnatal check at Health Centre/Surgery**		
Recommendation	**Yes, follow up from Cpn**		
Discharged To	**Not Recorded**		

ASSESSED FIT FOR DISCHARGE Name: Joan Graham Status: Hospital Midwife Signed: pp J. Graham Date: 6/6/08

JG		GK	
MI		RC	
MA		RM	
		M	

25 JUN 2008

TCI		PX	
NOTES		REPEAT	
STATS		VISIT	
		NORM	

Fax from Montrose Maternity Unit.

Blood/swab results requiring treatment.

Patient Name: Stacey Ellis

CHI: 2804880060

EDD: 10 days P/N

Result: size results.

Pharmacy: will collect prescription from surgery this pm.

13/6/08.
STILL TO BE SCANNED.

P/C done by MA 13/06/08
Patient to collect
SB

DMR320

MICROBIOLOGY

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559

Name : ELLIS, Stacey
CHI No : 2804881060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9DA

Clinician: Dr P. LYNCH
Mon Roy Inf Maternity Unit

0221

08B175153 Date/Time of Specimen: 09 Jun 2008 11:20
HIGH VAGINAL SWAB

Sensitivities
Metronidazole S

No Candida isolated
1) Profuse Growth of Mixed Anaerobes
N. gonorrhoeae not isolated
Clue cells seen on microscopy
Consistent with Gardnerella infection

Many Polymorphs
No Trichomonas

AUTH: [redacted]

Date of Report: 11 Jun 2008
MRIMATY LYNPLH

REPORT RECEIVED

DOCTOR'S INITIALS

MICROBIOLOGY

Tayside Clinical Laboratory Services BACTERIOLOGY

DMR320

01382 632559

Name : ELLIS, Stacey
CHI No : 2804880060
DoB : 28 Apr 1988 Sex: F
Post Code: DD10 9DA

Clinician: [illegible] LOTHIAN
M/W Labour Suite

[redacted]

0221

08B13033 Date/Time of Specimen: 04 Jun 2008 00:05
HIGH VAGINAL SWAB

1) Light Growth of Candida
No growth of pathogenic bacteria
N. gonorrhoeae not isolated

No Polymorphs
No Trichomonas

13-6-08 pg no answer
phoned back 1030

Date of Report: 06 Jun 2008
NLABR NG

AUTH: [illegible]

REPORT RECEIVED
GG

RADIOLOGICAL DEPARTMENT ..... Hospital / Infirmary

Patient's Number	CHI Number
[illegible]	[illegible]
Physician/Surgeon	**Ward/Clinic**
[illegible]	[illegible]

Region Examined	Date	Film Number
Lumbar spine/pelvis	3.3.09	[illegible]

Films to be returned for Storage in Department

REPORT— 7.3.09

Lumbar spine AP pelvis + LS spine - The posterior elements distal lumbar spine are yet poorly formed but this is quite likely developmental. The alignment is well developed and aligned.

[illegible]

AMR.102

Fax from Montrose Maternity Unit.

Blood/swab results requiring treatment.

Patient Name: Stacey Ellis.

CHI: 28 04 88 0060.

EDD: 08 · 06 · 08

Result: Requires Canesten for thrush and Ferrous Sulphate for anaemia.

Pharmacy: Steeple Pharmacy
Montrose.

CANESTEN CREAM 1 OA.

FERROUS SULPHATE 200mg TDS (84)

Rx Done
02/05/08
AB

Department of Transfusion Medicine
Ninewells Hospital, Dundee

CPA

IMMUNOHAEMATOLOGY

Name (Surname & Forename) & Address:
ELLIS, STACEY
26 WESTWOOD WALK
MONTROSE

EDD / Gest^n: 08/06/2008 / 16 week(s)

Date Specimen Received: 19/12/2007

Report Date: 19/12/2007

Sex: Female
D.O.B.: 28/04/1988 CHI / Unit No.: 2804880060 SNBTS No.: 6585676

Results for Specimen No: 2705427

Comments:
Rh (D) Positive repeat at 28 to 36 weeks.

ABO / RhD: **O RhD Positive**

Additional Blood Groups:

Red Cell Antibody Screen: **Negative**

Other Screening Results:

JG		GK	
MI		RC	
MA		RM	
	✓	M	

24 DEC 2007

TCI		PX	
NOTES		REPEAT	
STATS		VISIT	
	✓	NORM	

Signed: .....

Report Destination:
Dr. CRANSWICK

GP Surgery
Annat Bank Practice
Links Health Centre
DD10 8TR

Copies of Report to:

Fax from Montrose Maternity Unit

Blood/swab results requiring treatment

Patient Name: Stacey Ellis

DOB/CHI: [redacted] 0060

Colostation/~~E D/Days postnatal~~: 15+5

Result: HVS

Light growth of candida

Pharmacy: Please prescribe relevent treatment please.

Prescription to go to Lloyds pharmacy Ph[redacted]

Many Thanks

Dyfanne Knox SM

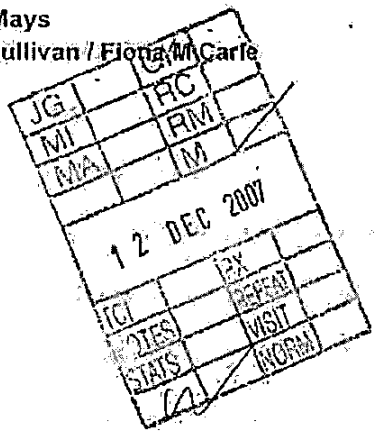
Pr Done

Rosan

WOMEN'S AND REPRODUCTIVE HEALTH

NHS Tayside

Enquiries to: Team Leader - Lesley A Mays
Counsellors - Amanda Sullivan / Fiona M Carle
01382 660111 Bleep 4052
01382 660111 ext 35621
01382 425621



ELLIS 280488
STACEY 0060
26 WESTWOOD WALK
MONTROSE
DD10 9DA

~~DR PD MULCAHY~~ CRAIGWOOD
~~HOWE OF THE MEARNS~~ ANNEX
~~BLACKIEMUIR AVENUE~~ BRAE PRACTICE
~~LAURENCEKIRK 32529~~

Date:

Dear Doctor

DOWN'S SYNDROME SCREENING

The above patient was scanned on 28.11.07 and was 12+6 weeks pregnant.

Her choice regarding Down's Syndrome Screening is:

- [x] Wishes screening
- [ ] Unsure about screening
- [ ] Does not wish screening
- [ ] Private NT screening
- [ ] Amniocentesis / CVS

Multiple Pregnancy Screening:

- [ ] Wishes screening
- [ ] Does not wish screening

She will attend:

- [ ] Your surgery / Midwife Clinic
- [ ] Ninewells Hospital / Perth Royal Infirmary
- [x] Peripheral Clinic

This will be done on 17.12.07

The patient's consultant is P Lynch

Please ensure all the details requested on the Biochemistry form are recorded.

Thank you.

Yours sincerely

Sign A McInnes Print Name .....

Designation S/N

POSITIVE ABOUT DISABLED PEOPLE

Closed Call Details

NHS No:	5162222	**Call Received:**	02/12/2007 14:09	**Received by:**	(Non-clinical user) (Glasgow)	NHS 24
Outcome:	Untriaged call - OOH Service clinician to phone patient			**Outcome Code:**	UNT1	
PCC:	RURAL ANGUS	**Triage Start:**	02/12/2007 14:29	**Triage Finish:**	02/12/2007 14:29	

Patients Present Location

Address:	26 Westwood Walk, Montrose, Angus DD10 9DA
Phone:	07892 630501 Ext:

Patient Home Details (2804880060)

Name:	STACEY ELLIS
Address:	26 Westwood Walk, Montrose, Angus, DD10 9DA
Phone:	
Sex:	F
DOB:	28/04/1988
Age:	19 years old
Contact:	

Registered GP Details (at time of call)

Dr Name:	CRANSWICK, RUTH
Practice:	ANNAT BANK PRACTICE (13706)
Script No:	T72001

Clinical Summary: **Date:** 02/12/2007
Description: UNTRIAGED CALL FOR X AND HUB TO TRIAGE

Call Number:	0000405311	**Date:**	02/12/2007	**Time:**	14:29	**Passed:**	14:30
Started:	14:48	**Status:**	Attend				
Urgency:	Within 1 Hour	**Attended:**	☑	**Date:**		**Time:**	

Notes to Practice:

Headache. R bachache. Nausea.- to attend Montrose pmh 13/52 pregnant dh nil allergies latex hpc Feeling unwell for past 5/7 pain rt flank frontal headache last 24 hrs vomitting x5 today. O/E T 36.1 P 93 BP 122/57 no radiation of headache no visual disturbance or dizziness.no frrequency or pain on micturition urinalysis leuc trace .NO pv discharge/bleeding . ent tm's normal throat nad chest rt=t sounds unremarkable abdo soft ,tender over lt iliac fossa. Has not taken any analgesia. plan d/w Dr Arbroath to commence on atblotic if symptoms persist to attend Gp next week with specimen of urine.R/V if concerns.

Diagnosis:

?utl

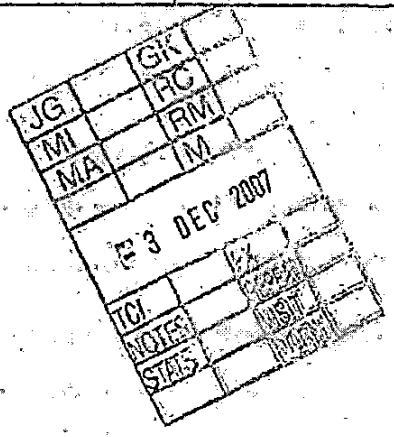
Drugs:

	Drug Name	Form	Strength	Quantity	Category
1	Amoxycillin	tabs	250	21	Prescribed

Outcome:		**Death/Presume Life Extinct:**	☐	**GP to certify:**	☐	**No Further Action:**	☐
		Refer To:	Minor Injury Unit			**Dept:**	Links, Montrose
Review by GP:	☐	**When:**				**Where:**	
Patient to contact GP:	☐						

Consultation 1:	Date: 02/12/2007	Start Time: 15:40	Finish Time: 16:20	**Consultation 2:**	Date:	Start Time:	Finish Time:
	Clinical Group:		Name:		**Completion Date/Time:**	02/12/2007 16:30	
Duty Clinician	Angus		Ms W MELDRUM		**Closed By:**	smcquistan	

Last Modified by PCEC: 02/12/2007 16:28



MJ

Stacey Ellis (28/04/1988)

CLINICAL INFORMATION

History of presenting complaint/examination findings/investigation results

I would be grateful if you could arrange to see this young lady with a view to terminating her pregnancy. She came to see me on 10th October because her period was late and she is sexually active and in a serious relationship. She was on the depo provera injection until last year and admitted to not using contraception since. This pregnancy was not planned and after discussing all her options and giving her time to think about these she has now come back to the surgery requesting referral for termination. She generally keeps quite well healthwise. Her last menstrual period was around 6 weeks ago.

With kindest regards, yours sincerely,

Past Medical history (computer generated problem lists where possible)

1991 Otitis media NOS - recurrent
1992 Myringotomy and insertion of short term grommet bilateral
1992 Squint - symptom convelgent left
1994 Child on protection register - in foster care
1995 Operations for squint - correction
02/2005 [X]Depression NOS
02/03/2005 Notes summary on computer PD/kc
02/03/2005 No known allergies

Current Repeat Medication

Not Issued DERMOL 500 lotion APPLY AS DIRECTED FOR SKIN DRYNESS 500 Dr P Mulcahy

Clinical Warnings eg allergies, blood borne viruses **Smoking Status** **Alcohol Consumption**

No. Day 5 **Units/week – teetotaller**

Additional relevant information (including patient's issues, social circumstances, and special needs)

CANCELLED 18/10/07

11 October 2007

Signature of referring doctor **Date**

Hospital Use only	Clinic	Day Date	Time	Hospital No:

Ambulance transport required?

YES – ☐ NO – ☐

GP REFERRAL LETTER

SITTING - ☐ STRETCHER - ☐ MEDICAL IN CONFIDENCE

REFERRAL TO

Consultant:

Specialty Clinic: Gynaecology – Mearns Suite Clinic, Level 6

Hospital: Ninewells Hospital
Dundee
DD1 9SY

Urgency of Referral – Routine

Appointment 2 p.m. Wednesday 31st October 2007

PATIENT DETAILS

Surname: Ellis Forename(s): Stacey

Title: Miss

Previous Name:

Address: Mearnsview Church Road, Luthermuir, Laurencekirk, AB30 1YS

Date of Birth: 28/04/1988 Sex: F

Phone Number: Home: 01674 840628

Unit No.

CHI Number 2804880060

REFERRING DETAILS

Referring address

Practice Address -

Laurencekirk Medical Centre
Blackiemuir Avenue
Laurencekirk AB30 1GX

Phone number –01561 377258 Fax number –01561 378270

Name of referring Practitioner – Dr V Ripley, Locum GP/BB

Dermatology Clinic
Stracathro Hospital
BRECHIN
Telephone Number 01356 647291 Fax Number 01356 665101
www.nhstayside.scot.nhs.uk

NHS Tayside

Dr. Pat Mulcahy,
Laurencekirk Medical Centre,
Blackiemuir Avenue,
LAURENCEKIRK.
AB30 1DX

Date	13th August, 2007 Clinic: 1st August, 2007
Your Ref	
Our Ref	RM/YF/280188/0060
Enquiries to	Mrs. Y. Findlay - Secretary
Extension	65036
Direct Line	01356 665036
Email	yfindlay@nhs.net

Dear Dr. Mulcahy,

Stacey Ellis, Mearns View, Church Road, Luthermuir.

Diagnosis: Acne Vulgaris

Management: Lymecycline 408 mgs daily
Topical Brevoxyl

I reviewed this girl in the Dermatology Clinic today. She stopped her Lymecycline about three weeks ago and feels the skin on her face has started to flare up again. Her back and chest were clear but she does have some papules and pustules on her cheeks and forehead and some old scarring from previous acne lesions on her cheeks. She is not keen on oral contraceptive but she is interested in Depo Provera and I have asked her to see you to discuss this. I have re-started her on Lymecycline today and arranged review in three months, by which time she should be on Depo Provera and we can see how the oral antibiotics are working. If they are not, we can consider Roaccutane therapy.

Yours sincerely,

Dictated Not Read

R. W. E. Mellish,
Clinical Assistant.

Headquarters
King's Cross, Clepington Road, Dundee. DD3 8EA

Chairperson, Mr. Peter Bates
Chief Executive, Professor Tony Wells

POSITIVE ABOUT DISABLED PEOPLE

NHS Tayside

Dermatology Clinic
Stracathro Hospital
Brechin
Angus
DD9 7QA
Tele: 01356 647291
Fax: 01356 665101

Date typed: 12th March 2007
Dictated: **Stracathro Dermatology Clinic: 7th March 2007**

Dr P D Mulcahy
Howe of the Mearns
Blackiemuir Avenue
Laurencekirk

Your Ref
Our Ref **CGF/2804880060**
Enquiries to Mrs Y. Findlay – secretary
Extension 65036
Direct Line 01356 665036
Email yfindlay@nhs.net

Dear Dr Mulcahy,

Stacey Ellis, (28.04.88), Mearns View, Church Road, Luthermuir, AB30 1YS

I reviewed this girl in the Dermatology Clinic today. Thank you for your note regarding her medication. In fact, on Tetralysal 1 daily and topical Brevoxyl, her skin is quite good although a little dry, so I have suggested she washes with the Dermol lotion. She tells me that moisturisers make her skin too greasy but she does need some sort of emollient, so this might be a good compromise.

Review has been arranged for 4 months time.

Yours sincerely,

Dictated, not read

Dr. C. Green, FRCP
Consultant Dermatologist.

POSITIVE ABOUT DISABLED PEOPLE

Hospital/Clinic

IMMEDIATE OUT-PATIENT COMMUNICATION

Ward/Clinic/Hosp. | LEONARD STACEY | 280488 0060 | Cons

Surname / First Name | MEARNS VIEW CHURCH RD LUTHERMUIR | AB30 1YS | C.H.I. No | M/F Sex

Address | DR. PD MULCAHY HOWE OF THE MEARNS BLACKIEMUIR AVENUE LAURENCEKIRK 32529 | G.P. & Address

USE BLOCK LETTERS OR PATIENT LABEL

Fold Back

Clinic Date 29/11/06

Dear Doctor,

The above patient attended my clinic today, please accept this as the only / interim* communication in respect of this visit.

Provisional/Diagnosis is .....

Comment/Recommendations .....

Please prescribe
DIAZEPAM x 6
- ALENDRONIC ACID
- TEMAZEPAM today

Next appointment (if any) ..... weeks/months

MEDICINE TREATMENT RECOMMENDED NAME—State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (Mark ✓) 8	10	12	14	16	18	20	22	24			

Prescription given / Medicines supplied / Medicines not supplied*

Signed by ..... for .....
Consultant

Do not write below this line

*Delete as appropriate

Dr. .....

.....

.....

.....

THB(MR)159 (2-part set General — 3 part set Psychiatry Dundee)

Ward/Clinic/Hosp: Ellis

Hospital/Clinic: Stracathro

IMMEDIATE OUT-PATIENT COMMUNICATION

Clinic: DERMATOLOGY

Date: 19.07.06

Surnai: ELLIS
First N: STACEY
Addres: MEARNS VIEW, CHURCH RD, LUTHERMUIR
G.P. &: DR. PD MULCAHY, HOWE OF THE MEARNS, BLACKIEMUIR AVENUE, LAURENCEKIRK

280488 0060

AB30 1YS

Cons: √C

CHI No

M State Sex

USE BLOCK LETTERS OR PATIENT LABEL

Fold Back

Dear Doctor,

The above patient attended my clinic today. please accept this as the only / interim communication in respect of this visit.

Provisional/Diagnosis is: Acne Vulgaris face

Comment/Recommendations: Differin cream ? once a day

→ Lymecycline ONE a day for at least 3/12

→ Please consider if suitable for Dianette (depo inj due on 25 July)

Next appointment (if any): 4 weeks/months

MEDICINE TREATMENT RECOMMENDED NAME—State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (Mark ✓) 8	10	12	14	16	18	20	22	24
DIFFERIN cream	45g		✓								
LYMECYCLINE	408mg		✓								

Prescription given / Medicines supplied / Medicines not supplied*

Signed by: Howe for Consultant

Do not write below this line

*Delete as appropriate

√ simple done

Dr.

THB(MR)159 (2-part set General — 3-part set Psychiatry Dundee)

File copy

PRACTICE ACCREDITATION
RCGP Scotland 2002-2005

LAURENCEKIRK MEDICAL CENTRE
BLACKIEMUIR AVENUE LAURENCEKIRK AB30 1GX

DR NEIL ANDERSON MB. ChB. DRCOG. MRCGP
DR PAT MULCAHY MB Ch.B. D.Obs. DCH.MRCP
DR KERSTIN BOX BSc. MB. Ch.B. MRCGP.DCCH

Tel 01561 377258
Fax 01561 378270

04 January 2007

KB/GD

Dr C Green, FRCP
Consultant Dermatologist
Dermatology Clinic
Stracathro Hospital
BRECHIN

Dear Dr Green

RE: Miss Stacey Ellis 28/04/1988
Mearnsview Church Road Luthermuir Laurencekirk
Home: 01674 840628 CHI: 2804880060

Problem: Acne

Thank you for your letter about this young lady. She declines to take Dianette as recommended by yourself as she is strongly against taking any form of contraceptive pill and states that contraception is not required at present. I have prescribed Tetralysal and Brevoxyl as you have suggested.
This letter is just for your information.

Yours sincerely

Dr K Box

√S.

Dermatology Clinic
Stracathro Hospital
BRECHIN
Telephone Number 01356 647291 Fax Number 01356 665101
www.nhstayside.scot.nhs.uk

NHS Tayside

Dr. Pat Mulcahy,
Laurencekirk Medical Centre,
Blackiemuir Avenue,
LAURENCEKIRK.
AB30 1DX

Date	15th December, 2006 Clinic: 29th November, 2006
Your Ref	
Our Ref	CG/YF/280488/0060
Enquiries to	Mrs. Y. Findlay - Secretary
Extension	65036
Direct Line	01356 665036
Email	yfindlay@nhs.net

Dear Dr. Mulcahy,

Stacey Leonard, Mearns View, Church Road, Luthermuir.

I reviewed Stacey in the Dermatology Clinic today. She tells me that unfortunately the Differin was too irritating and that she had to stop this. The Lymecycline is helping to the extent that some of the inflammatory lesions are improving but she still has comedonal acne on her cheeks and forehead. Her affect seemed rather flat to me today and I note that she has a past history of depression, previously treated with Fluoxetine. She tells me the Depo Provera caused nausea and in any case, as per Dr. Procee's previous letter, I would be grateful if she was prescribed Dianette for contraceptive purposes, if there are no contra-indications to this, as it is likely to be helpful for her acne.

I was concerned that she is not using any contraceptive at all at present, despite being in a relationship. She should continue on the Tetralysal one daily. Review has been arranged back in three months.

Yours sincerely,

Dictated Not Read

Dr. C. Green, FRCP,
Consultant Dermatologist.

Headquarters
King's Cross, Clepington Road, Dundee. DD3 8EA

Chairperson, Mr. Peter Bates
Chief Executive, Professor Tony Wells

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VS

NHS Tayside

Dermatology Clinic
Stracathro Hospital
BRECHIN
Telephone Number 01356 647291 Fax Number 01356 665101
www.nhstayside.scot.nhs.uk

Dr. Pat Mulcahy,
Laurencekirk Medical Centre,
Blackiemuir Avenue,
LAURENCEKIRK.
AB30 1DX

Date 1st August, 2006 Clinic: 19th July, 2006
Your Ref
Our Ref RP/YF/280488/0060
Enquiries to Mrs. Y. Findlay - Secretary
Extension 65036
Direct Line 01356 665036
Email yvonne.findlay@tuht.scot.nhs.uk

Dear Dr. Mulcahy,

Stacey Leonard (Ellis), Mearns View, Church Road, Luthermuir.

Diagnosis: Acne Vulgaris – Face

Management: Lymecycline
Differin Cream
Dianette to be considered.

Thank you for referring this eighteen year old young lady with facial acne to the Clinic. She describes this as being present for the past five years and I understand she has tried several different topical treatments as well as a three to four months course of Erythromycin and then Minocycline. She had a flare up two weeks ago but she has not been applying any topical treatment or taking any systemic treatment for the past year. There is a history of possible scalp psoriasis when she was aged ten years and a history of depression for which she was on Fluoxetine; she stopped this about two months ago. She is currently on monthly injections of Depo Provera as a contraceptive. I note her mother and brother suffer from acne and have received Roaccutane treatment which did help resolve the problem. She has no known allergies.

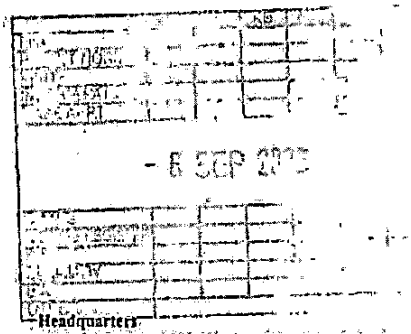
On examination of her face, there were wide spread comedones on the upper cheek and lower part of the face and chin. There were a few papules but no cysts. On the left cheek there were one or two areas of minimal scarring. Dr. Green and I explained to Stacey that Roaccutane would be the last option and we would like to try topical treatment in the first instance and some antibiotics. We recommended starting a course of Lymecycline once a day for at least three months and also prescribed Differin cream. She could use Dermol 500 as a soap substitute as well as a moisturiser.

I wonder if she could have some information regarding Dianette and perhaps change her contraceptive medication to this as Depo could make her skin worse. We will review her back in the Clinic in four months' time.

Yours sincerely,

Dictated Not Read

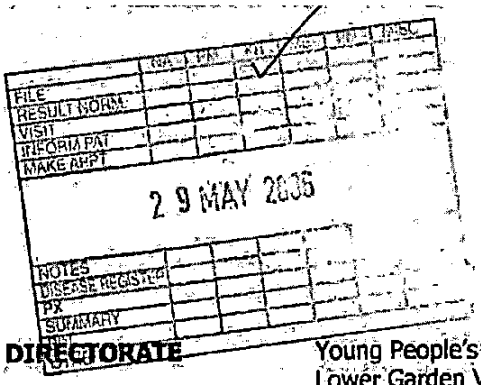
R. Procee,
GP SHO.



Headquarters
King's Cross, Clepington Road, Dundee. DD3 8EA

Chairperson, Mr. Peter Bates
Chief Executive, Professor Tony Wells

POSITIVE ABOUT DISABLED PEOPLE



NHS GRAMPIAN

ADULT MENTAL HEALTH DIRECTORATE

Young People's Department
Lower Garden Villa
Royal Cornhill Hospital
Cornhill Road
ABERDEEN AB25 2ZH

PRIVATE & CONFIDENTIAL
Dr K Box
Laurencekirk Medical Centre
Blackiemuir Avenue
LAURENCEKIRK
AB30 1GX

Date: 25th May 2006
Our Ref: KS.MAW
Enquires to: 01224 557268
Fax: 01224 557709

Dear Dr Box

STACEY ELLIS MEARNS VIEW CHURCH ROAD LUTHERMUIR LAURENCEKIRK
DOB 28.4.88

I saw Stacey on the 22nd May 2006. I had intended to meet her with my colleague, Mrs. Sheila Reid, who has also met with her. Unfortunately Mrs Reid was unwell, but I know that Stacey had indicated she didn't feel that she wished to continue contact with Mrs Reid and she was already receiving support from the Social Work Department.

When I met with Stacey she first told me that she may be looking for alternative accommodation as the Ellis's are moving in the summer to a place near Brechin. Stacey told me that she didn't particularly want to go as she dislikes Brechin intensely. Another factor which concerns her is her boyfriend is hoping to get an apprenticeship in Stonehaven and this would obviously be the opposite direction.

She is now over 18 but still at school. She has sat a number of exams but didn't seem to be particularly bothered whether or not she passed these. After telling me this she then volunteered the fact that she was going for an interview the next day to Aberdeen College to do an HNC in Administration and IT.

I know that she has been with the Ellis family for a long time and I think she is very fond of them although she finds it difficult to admit this. I suggested that she think very carefully about any decision to leave, but that she would need to discuss this in detail with her Social Worker as other accommodation would require to be found.

She told me that she was eating relatively well and did not feel so miserable. She had no real plans for the future nor did she still wish to look at any of the things which had happened in her past.

Her brother is presently doing a little better but she was rather unhappy that she was having to meet with her mother this coming weekend. She told me that she hated her and she was only going because her younger sister had asked her to.

Stacey complained that her boyfriend always wanted to go out and about and be doing things, whereas she would rather sit and watch the football and the soaps. I suppose that we can hope that the World Cup will find some middle ground for them! Stacey is still drinking sometimes but says she is in reasonable control. Contraception is at present by injection but she is considering an implant.

We had tried to make a link between Stacey and the Careers Service, but I think she has only seen her Careers Link Worker twice and does not feel she needs to make any further contact at present.

Although Stacey couldn't think of anything to say which gave one any great hope, her general manner and mood appeared to be better than I had seen in the past. She was of the opinion that there was little to be gained by coming back to our Department at the present time and I think that practical help with day-to-day plans and looking towards the future is probably the most helpful thing for Stacey at the present time. I know she is receiving a service from Social Work and will continue to do so for some time as she is 'looked after'.

She is not on any medication beyond contraception and I would plan to close her case to this Department as she is now beyond our age range.

Yours sincerely

Dr Katy Starr
Consultant Psychiatrist
Young People's Department

COPY
Mrs M Croll
Social Worker
Angus Council SW Department
Academy Lane
ARBROATH
DD11 1JE

Sheila Reid
COMMUNITY PSYCHIATRIC NURSE
YOUNG PEOPLE'S DEPARTMENT

Encounter Report

Address and Telephone numbers

8 Mill Place Craigo Montrose DD10 9LB
Mobile phone 078 926 305 01 (02/12/2007)

Significant Medical History

05/2005 Depressive disorder NEC and alcohol misuse. Referred Cornhill
1994 Foster care
1994 Child on protection register mother psychiatric illness, father in prison.

Chronic Disease Register

No data recorded.
No data recorded.
No data recorded.
No data recorded.
No data recorded.
No data recorded.
No data recorded.

Current Repeat Medication

No data recorded.

Acute and Repeat issues in last 3 months

25/08/2009 METRONIDAZOLE tabs 200mg Supply: (21) tablet(s) TAKE ONE 3 TIMES/DAY Dr Graham Kramer
25/08/2009 DOXYCYCLINE (AS HYCLATE) caps 100mg Supply: (8) capsule(s) TWO NOW THEN ONE DAILY Dr Graham Kramer

Allergies and Intolerances

No data recorded.
12/11/2007 Allergy Moderate H/O: non-drug allergy Latex itchy and red Mrs Lynne Garden

Recalls - 3 months back to 1 month in future

No data recorded.

Referrals and Requests in last 3 months

27/05/2009 Refer for Gynaecological referral Action: 17/06/2009 Referred Text Dr Monica Ireland

Tests in last 3 months

[illegible] recorded.

Last C[illegible]ltation

25/08/2009 Administration Dr Graham Kramer
25/08/2009 Right iliac fossa pain and vaginal discharge for 3 days, feels unwell, O/e mild pelvic tenderness, Inga will do HVS and chlamydia swabs, will start antibiotics. VE has creamy discharge tender in right fornix, urinalysis ↑cytes but looks clear, not turbid. Preg test negative. Dr Graham Kramer
25/08/2009 METRONIDAZOLE tabs 200mg Supply: (21) tablet(s) TAKE ONE 3 TIMES/DAY Dr Graham Kramer
25/08/2009 DOXYCYCLINE (AS HYCLATE) caps 100mg Supply: (8) capsule(s) TWO NOW THEN ONE DAILY Dr Graham Kramer

Prevention

12/11/2007 11:24.00 BP 111 / 67 taken Sitting from Right Cuff: Standard recall due: O/E - blood pressure reading Mrs Lynne Garden
12/11/2007 Never smoked Never smoked tobacco Mrs Lynne Garden
12/11/2007 Life teetotaler Non drinker alcohol Mrs Lynne Garden
10/11/2008 Weight: 44 kgs BMI: 17.8 O/E - weight Dr Ruth Cranswick
12/11/2007 Height: 1.57 metres O/E - height Mrs Lynne Garden
19/12/2007 Blood grouping Blood group: O+
01/08/2008 reported 21/08/2008 Ca cervix screen normal Dr Margaret Anderson
No data recorded.

New Consultation Details

Date: Clinician:

&All Medical History

Address and Telephone numbers

8 Mill Place Craigo Montrose DD10 9LB
Mobile phone 078 926 305 01 (02/12/2007)

All Medical History

25/08/2009 Right iliac fossa pain and vaginal discharge for 3 days, feels unwell. O/e mild pelvic tenderness, Inga will do HVS and chlamydia swabs, will start antibiotics. VE has creamy discharge tender in right fornix, urinalysis ?cytee but looks clear, not turbid. Preg test negative. Dr Graham Kramer
10/07/2009 Patient reviewed - no cough. Apyrexial. Chest clear. No doubt viral but I dont feel influenzal. Advice. Dr Richard Marwood
09/07/2009 Telephone encounter High fever and chest feels heavy. No cough or runny nose or sore throat [redacted]n had feverish illnes last few days. Has taken paracetamol and ibuprofen. eating and drinking Ok Advised rest if possible Doesn't think anyone can help her with [redacted]n tonight. Offered appt mane Dr Ruth Cranswick
09/07/2009 Administration - 0789 263 0501 - Please call re thinks has bronchitis and not feeling very well (IAS)
18/06/2009 Letter from specialist Clinical Letter Links H C Gynaecology Ms Jackie Dempster
03/06/2009 Letter received Clinical Letter Links H C Physiotherapy Miss Isla Sutherland
27/05/2009 Dysfunctional uterine bleeding has Implanon, c/o persistant vaginal bleeding for a year following birth of son, has only had 3 breaks in that time, c/o superficial dyspareunia-sore in are where stitches were. Also suprapubic pain, had USS 14/52 post partum-NAD. Requests D&C-explained this is not usually done nowadays in view of good scanning. Refer Gynae Dr Monica Ireland
15/05/2009 DNA hospital appointment with Physio, now discharged - (See Docman 03.06.09)
01/04/2009 Blepharitis Contact lens wearer Dr Ruth Cranswick
31/03/2009 Letter received Clinical Letter Ninewells Hospital Ophthalmology Ms Jackie Dempster
12/03/2009 Tired all the time, and nausea last 10 days. Says sleepign Ok and eating better, gets out every day. Check preg test but very unlikely. General lifestyule advice and Rv if not improving Dr Ruth Cranswick
12/03/2009 C/O - lumbar pain Since pregnancy but getting worse. No radiation No red flags. Declan 9mths and crawling. Posture very poor. Normal alignment spine and Good rom No painkillers help so stay off them Given advice re posture and exercise sheet Ref physio - Dr Ruth Cranswick
12/03/2009 Intermenstrual bleeding - Irregular Has stopped. No bleeding. Dr Ruth Cranswick
19/02/2009 Did not attend - no reason Implanon removal planned Dr Margaret Anderson
06/01/2009 C/O - cough for week, productive, yellowish sputum, chest tightness, feels hot, sore throat. Her son in the hospital and was told not to visit him until she gets better. OE afebrile, throat red, no exudate, chest clear.
Impression VIRAL chest infection.
Advised for Sx tretament but she was concerned as not seeing her son so deferred Abx given to use if no improvement by the end of tomorrow (smoker as well). Extra Contraception precaution advised. Dr Trainee Doctor
22/12/2008 Did not attend - no reason Didn't come to appt today I phoned ward. SN reports Stacey much more involved. Stayed overnight last night and did all his care today including tube feeds and managing these well. Hoping to get him home at Xmas but possibly only for day pass. Dr Ruth Cranswick
15/12/2008 Telephone encounter Discussion with Lynda Clerahew. Disappointed Stacey has not been back to ward since she saw her last Tues. Will see her tommorrow if Stacey goes. Ix n[redacted]ited as Stacey not there to give consent. Child protection action now looking likely.
Bonnie aware of all this and will try to speak to Stacey Dr Ruth Cranswick
15/12/2008 Had a chat to patient Long chat with Stacey and friend. Stacey quite tearful. Now quite entrenched in her position of not liking NWs and not wanting to go there. Hasn't been to see [redacted] for 5-6 days. "They're playing games with me". Tried to explain that no-one had any incentive to do this and that everyone's aim should be to get [redacted] home, healthy and feeding as soon as possible. Stacey feels let down that the admission has been much longer than initially suggested. Thinks [redacted] would feed Ok at home and that if he needed readmitted she would want him to go to ARI. Tried to encourage her to communicate with hospital staff but wouldn't be moved. Suggested that SW may become involved and that Declan may be taken into care She is aware of this. Plans to go and take [redacted] home mane. Encouraged to at least listen to consultant who has offered to see her regularly personally. Rv with me 1/52. Happy for me to phone consultant Dr Ruth Cranswick
11/12/2008 Telephone encounter Spoke to Dr lynda Clerahew, Paed Consultant Has taken over [redacted]'s care this week and spoken to Stacey. Organic Ix so far neg and thinks behavioural feeding problems most likely. Agrees Stacey needs some continuity to build trust with hospital staff. Bonnie and I both feel she is a motivated parent but struggling for various reasons. Lynda plans to see her personally regularly. Said I felt she is not currently depressed but will continue to Rv this [redacted]n will be in hosp further 2 weeks at least and may need to go home with NG tube Stacey currenly reluctant to do the tube feeding. Seeing me on Mon. Dr Ruth Cranswick
08/12/2008 Telephone encounter Phoned and spoke to SN Meikle. Took on board our concerns re Stacey May ask medical staff to ring me back. Dr Ruth Cranswick
08/12/2008 Emotional problem [redacted]n been in hosp for 2 weeks Admitted after clinic appt due to poor weight gain and feeding issues. Being tube fed in hosp and Ix so far negative Stacey struggling. Doesn't feel she can live at NWs and has been spending all her money travelling there each day. Getting very frustrated with hospital staff. Doesn't seem to be any continuity and she feels she is being given no information. Wants [redacted] home. Explained the aim would be to get him home healthy. Hosp made this appt for her as felt she was depressed She, I think, is correct i n thinking that this is a situational problem. Plans to have a rest this week and not travel to Dundee every day. I will ring the ward. Dr Ruth Cranswick
04/12/2008 Letter received Out of Hours Out of Hours Service Ms Jackie Dempster
12/11/2008 Abdominal pain see consult on 10/11. Presenting with abdominal pain again. No change since Monday. Similar symptoms. Has moved bowels and normal. No UTI symptoms. Has Implanon in situ. Anxious and worried if it could be pregnancy. Reports had UPT done 7 times which was negative and then apparently one UPT turned positive. Distraught about that. o/e alert and oriented. Mood low. Speaks in short sentences only. Difficult but did achieve rapport eventually. Afebrile. Normal colour. No neck nodes. PA - soft. No distension. No mass felt. No acute abdominal signs. No rigidity or rebound tenderness. BS heard. Non-specific abdominal pain - I think more likely related to psychosocial stressors. Urine dipstick negative and UPT negative. Reassurance. Long chat. Declines any further antispasmodic. Will return next week if any concerns. Dr Suresh Arunachalam
10/11/2008 Intermenstrual bleeding - Irregular Reports bleeding all the time since Implanon fitted Immediately after Declan.s birth. Bleeding like period Also dyspareunia. Can't have sex due to bleeding. Has boyfriend of 6 months. Wants Implnon removed as wants bleeding to stop ASAP. Try adding COCP for few months RV 2 weeks and do PV then. (Prev on depo but lost weight, tends to forget pills) Dr Ruth Cranswick
10/11/2008 Patient reviewed Eating much better. Having lunch and tea and feeling hungry all the time. Feeling generally unwell last 2 days. nausea, abd cramps, ears sore, chest sore. No diarrhoea. O/E T 38, P- 72 reg, chest clear, ears NAD, Imp viral illnes. Advised fluids and paracetamol. Calpol prescribed as can't swallow tablets. Unfortunately childminder unwell so can't have Declan today. Dr Ruth Cranswick
[redacted]/2008 Did not attend - no reason Bonnie seeing her tomorrow and will report back. Dr Ruth Cranswick
[redacted]/10/2008 Patient reviewed Came with younger sister and initially much brighter and reactive. [redacted]n not gaining weight and has Rv at NWs on Wed Manages solids but still very poor milk intake SALt are advising trial of cup. Stacey had burger today and having some "junk food". Childminder ill so not getting night off tonight Complimented on her coping and gentley encouraged re food See again 1 week. ? Involve eating disorder team or too many professionals already. Dr Ruth Cranswick
15/10/2008 Letter received Clinical Letter Ninewells Hospital womans and childs health clinical group - Miss Isla Sutherland
13/10/2008 Patient reviewed Generally very low, exhausted and tearful. Eating very little and has lost weight. Getting very little sleep as baby wakes frequently. Declan goes to childminder for 24 hrs Mon/Tues and 3 hrs Thurs pm. Has family Support worker (Kate , visiting tomorrow). Bonnie and speech and language therapist all involved. Vulnerable young Mum although considerable support already in place. Most urgent issue seems to be her nutrition. Unwilling to take antidepressants and denies any thoughts of self harm (other than not eating). Encouraged to buy some pasta on way home now. See 1 week. Kate visiting mane. I will liase with HVs. RV 1 week . Dr Ruth Cranswick
29/09/2008 Abdominal pain Has taken lactulose and reports pain no better but tenderness and fullness gone from LIF Still some fullness L mid abd. Not eating anything until teatime. Chat re trying to eat earlier in day. Baby awake and playful at night, chat Back pain prob related to lifting, advice re lifting and posture and simple analgesia. see 2 weeks Seeing Bonnie mane Dr Ruth Cranswick.
23/09/2008 Did not attend - no reason Mrs Lynne Garden
22/09/2008 Abdominal pain Baby has been in hosp few days due to poor feeding. Staff happy no medical cause but feel Stacey needs a lot of support. Bonnie organised meeting of all involved in her care this week.
Describes ongoing cramping abd pain esp with food. No bowel or urinary sx. Has had PV, negative swabs and USS which she was told showed no abnormality. Abd - Palpable bowel as she is so slim. Denies constipation but I think this is most lely cause of her abd pain. Bonnie has been trying to encourage improved diet but tends to skip meals. Laxative, FBC, PV, UE, LFT, TSH and Rv next week Dr Ruth Cranswick
20/09/2008 Laboratory result Result Ninewells Hospital Microbiology Ms Jackie Dempster
18/09/2008 Left iliac fossa pain Went to NWs 6/7 ago Had USS and told NAD Result not available on central vision. Not admitted Advised pain not gynaecological and sent home. No bowe or urinary sx. Nausea and feeling generally unwell. Pain unchanged, LIF and also pain in midback. Finding it hard to care for baby O/E despondent, T 37.9, P 96 reg , abd tender LIF Lump felt which I think is bowel , very slim. Urinalysis - WBcs, protein and blodd MSU sent. AB and fluids RV MOn earlier if any deterioration Dr Ruth Cranswick
15/09/2008 Discharged from hospital Discharge Letter/Summary Ninewells Hospital Unknown Ms Jackie Dempster
12/09/2008 Failed encounter NOS see query Phone engaged x2 Will try later Dr Margaret Anderson
11/09/2008 Other abnormal uterine and vaginal bleeding blood stained discharg also tender lump LIF o/e ? palpable colon, declines VE will see female doctor. On Implanon, check preg tes Unlikely). Will see MA on Monday Dr Graham Kramer
11/09/2008 Letter received Clinical Letter Westgate Health Centre Medical Advisory Service Ms Jackie Dempster
26/08/2008 Letter received Admin Letter Housing Application Mrs Aileen Coull
19/08/2008 Letter received from Medical Advisory Service, Westgate Health Centre, File and Form passed to GK boley (IAS) REPLY SENT 25.08.08

11/08/2008 Letter sent to outside agency Clinical Letter Westgate Health Centre Medical Advisory Service Miss Isla Sutherland
11/08/2008 Administration - Letter done to Dr Jane Forsyth, Medical Advisor, Westgate (IAS) Dr Ruth Cranswick
08/08/2008 Abnormal weight loss - symptom feels she is losing weight. BMI 18.2. Monitor weight weekly over next month. (May improve with elevation of mood) Dr Locum Doctor
08/08/2008 Low mood I note high EPNDS score. I think a large element may be due to circumstances - but try low dose citalopram (bottle feeding). Dr Locum Doctor
08/08/2008 Vaginal discharge symptom continues, could not tolerate clotrimazole pessary. Dr Locum Doctor
08/08/2008 Backache symptom since delivery (ventouse). Locates over SI joints. Try NSAI. Dr Locum Doctor
08/08/2008 Seen by health visitor Discussed Stacey's high EPNDS and low mood with Dr Kramer and advice given by Health Visitor to make an appointment to see a GP. Mrs Bonnie Troup
07/08/2008 Seen by health visitor Repeated Edinburgh Post Natal Scale. Scored very high 21. Advised to see GP to discuss mood as she has a history of depression. To continue with weekly support visits meantime from health visitor. Mrs Bonnie Troup
04/08/2008 Laboratory result Result Ninewells Hospital Microbiology Ms Jackie Dempster
21/07/2008 Seen by health visitor Edinburgh Post-Natal Depression Scale carried out. 12 scored, discussed at length, feeling mood down at times.Advised to make use of support available, Child & Family Support team involved prior to the birth, community childminding in place and health visitor visiting weekly meantime. Referred for infant massage.Appears to be overwhelmed by the birth. Mrs Bonnie Troup
07/07/2008 Had a chat to patient HV sent along as wt dropping and no inclination to eat. no probs prior to pregnancy with eating. Note baby very poor sleeper and needs fed every 2-3 hours. little supprot and lots of money worries. conc sl down. says mood ok, but admits to freq tearful. has contact with broomfield but feels they are not giving much support. Mum in middle of radiotherapy. I think this is all part of psychological stress. may turn into actual post natal depression. needs to be observed. Check if HV visiting more than standard and whole mood situation needs to be rev at post- natal. MJSimpson Dr Locum Doctor
13/06/2008 Fax received Clinical Letter MRI Maternity Miss Isla Sutherland
06/06/2008 Discharged from hospital Discharge Letter/Summary Ninewells Hospital Maternity Mrs Aileen Coull
02/05/2008 Anaemia during pregnancy, childbirth and the puerperium (Ferrous Sulphate) Dr Ruth Cranswick
02/05/2008 Thrush (Clotrimazole) Dr Ruth Cranswick
14/01/2008 Notes summary on computer Dr Graham Kramer
03/01/2008 Telephone encounter Concerned as 18 weeks pregnant and been in contact with child with measles (says definite diagnosis) She had MMR in June 07 so reassured. Dr Ruth Cranswick
21/12/2007 Letter received Result MRI Maty Mrs Susan Maddock
21/12/2007 Thrush on HVS 15 weeks gestation Dr Margaret Anderson
19/12/2007 Laboratory result Result Ninewells Hospital Immunology Mrs Aileen Coull
06/12/2007 Patient MRE received from FPC files now merged and with Dr Kramer for summary on 14/12/07
02/12/2007 Letter received Out of Hours Out of Hours Service Mrs Susan Maddock
13/11/2007 Letter received Admin Letter New Pt Questionnaire Mrs Susan Maddock
12/11/2007 White Scottish Mrs Lynne Garden
08/2006 Acne vulgaris
05/2005 Depressive disorder NEC and alcohol misuse. Referred Comhill
0 005 Right iliac fossa pain admitted gynae with a false pos preg test, settled spontaneously
1 east lump symptom prepubertal
1--- -/e muscle operations squint correction Dr Graham Kramer
1994 Foster care
1994 Child on protection register mother psychiatric illness, father in prison.
1992 Convergent squint left
1992 Minor head injury
1992 Burn of wrist or hand NOS right hand
1992 Insertion of grommet bilateral
1991 Recurrent acute otitis media
1989 Specific delays in development poor social circumstances

Ic. 07908 813072

National Health Service Number

Surname (Block Letters): ELLIS

Forenames (Block Letters): STACEY

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address: 8 Mill Lane Place, Craigo, DD10 9LB

Date of Birth: 28.4.88

Date	
1989	Paediatric clinic - developmentally slow (pool social circumstances)
1991	Recurrent otitis media
1992	Bilateral grommets
1992	Burn to (R) hand
1992	Head injury N.B.I.
1992	(L) convergent squint
1994	Child protection register - mother - psychiatric illness - father - prison - foster care.
1995	Squint correction surgery
1997	(L) breast lump - pre-pubertal. Vaginal discharge - clotrimazole cream
dec 98	summary update FS.
2/4/05	R.I.F pain false +ve preg test admitted gynae settled
*/05	Alcohol + depression Referred Cornhill
8/06	Acne Vulgaris
14/1/08	Notes Summary Computer 14/1/08
050608	VENTOUSE EXTRACTION - MALE 39/52 2800g NW

Date ..8/11/07.....

ANNAT BANK PRACTICE

CONFIDENTIAL MEDICAL QUESTIONNAIRE

Thank you for completing the following questions, the answers will help us to plan your health care.

SURNAME .....Ellis..... Mr/Mrs/Ms/Other ..Miss.....

FIRST NAMES ...Stacey..Louise.... Date of Birth ...28/04/88.....

FORMER SURNAME ..Leonard..... Telephone (home) .....

ADDRESS ..26 Westwood Walk (work) .....

Montrose..... (mobile) 07908815078.....

Angus.... Post Code DD10 9DA

MARITAL STATUS: (Single)/ Married/ Separated/ Divorced/ Widowed/ Other

ETHNIC ORIGIN: (White) Black /Asian / Other.....

FAMILY HISTORY

	Year of Birth	Any Serious Illness	Age & Cause of Death
Father	Don't Know		
Mother	Don't Know		
Brother (s)	1986	No	
Sister (s)	1989	No	
Husband / Wife			
Children			

Have you any relative with a serious illness? ...No.....

PAST MEDICAL HISTORY

Please make a list of all important illnesses, operations or investigations you may have had:

Date	Details
.....	N/A
.....	.....
.....	.....

DRUGS & MEDICINES

1. Are you allergic to anything? latex
2. Do you take any medicines or remedies regularly? No.

Please list these:.....

.....

.....

FEMALES

1. Do you have any period problems? .....No.....
2. When was your last cervical smear taken? ...2004.....
3. How many pregnancies have you had? .....Im pregnant 1st one.....
4. Did any end in miscarriage or abortion? .....
5. Do you, or have you used oral contraceptives? .No.....
6. Do you have a coil (IUCD) fitted? ...No.....

IMMUNISATIONS

Have you had recent immunisation against:-

Tetanus.....yes.....

Polio .....yes.....

Other ..hep B.....

LIFESTYLE

1. Do you take part in any pastimes/sports? .....no.....
2. Do you have a regular job? ..no.....Occupation .....
3. If you smoke, how many per day? .....10.....
4. If you drink alcohol, how much per day? or per week? .....N/A.....
5. Are there any other things you would like us to know? .....

CARER / CARED FOR

1. Are you a carer? If so, who do you care for .....No.....
   (e.g. husband, wife, parent, etc)
2. Are you cared for? If so, who cares for you .....No.....
   (e.g. husband, wife, parent, etc)

National Health Service Number

IMMUNISATIONS AND SCREENING INVESTIGATIONS	Surname (Block Letters)	Forenames (Block Letters)
	Address	Date of Birth

IMMUNISATIONS (Insert date where appropriate)

	Diphtheria	Pertussis	Tetanus	Polio	Measles	Rubella	~~TAB~~	Smallpox
1	3-11-88				11/2/94	15/11/97	26/3/92	
2	13/7/90						13/5/02	
3	28/9/91						M-M-R™ II Lot: ND69130 Exp: 23-12-2007	
Boost	20/8/96		20/8/96	20/8/96				
Boost	15/3/03		15/3/07	15/3/03				
Boost								

Tuberculin Test					BCG			
Result				Date				
Date								

HEPATYRIX® ATYA001100 01-2008 GSK

Other Inoculations

Type							
Date	24/5/07	24/5/07					
Type							
Date							
Type							
Date							

SCREENING INVESTIGATIONS

Chest X-Ray (Date)	Cervical Smear (Date)	Blood Pressure		Urine			Miscellaneous		
		Date		Date	Albumen	Sugar	Date	Weight	Other (Specify)

SCREENING INVESTIGATIONS CONTINUED OVERLEAF

SCREENING INVESTIGATIONS Continued from overleaf

Chest X-Ray (Date)	Cervical Smear (Date)	Blood Pressure		Urine			Miscellaneous		
		Date		Date	Albumen	Sugar	Date	Weight	Other (Specify)

Other Procedures

Date		Date		Date	

fele

Stacey Ellis (28/04/1988)

CLINICAL INFORMATION

History of presenting complaint/examination findings/investigation results

I would be grateful if you could see Stacey who has been suffering from acne vulgaris on her face for quite a while. She has been on different treatments including Erythromycin and Minocycline but nothing really helps and she gets frequent flare-ups. [redacted] also suffer from acne and they had treatment with Roaccutane.

Reason for referral (including expectation of referral outcome)

I wonder if you could assess Stacey to see if she needs Roaccutane treatment. Thank you very much.

Past Medical history (computer generated problem lists where possible)

1991 Otitis media NOS - recurrent
1992 Myringotomy and insertion of short term grommet bilateral
1992 Squint - symptom convelgent left
1994 Child on protection register - in foster care
1995 Operations for squint - correction
02/2005 [X]Depression NOS
02/03/2005 Notes summary on computer PD/kc
02/03/2005 No known allergies

Current Repeat Medication

11/04/2005 CIPRALEX tabs 10mg 1 DAILY FOR DEPRESSION 56 Dr K Box
06/01/2006 FLUOXETINE caps 20mg 1 DAILY FOR DEPRESSION 56 Dr K Box

Clinical Warnings eg allergies, blood borne viruses **Smoking Status** **Alcohol Consumption**

No. Day **Units/week –**

Additional relevant information (including patient's issues, social circumstances, and special needs)

DR DORA SPANGENBERG LOCUM GP

07 April 2006

Signature of referring doctor **Date**

Hospital Use only	Clinic	Day Date	Time	Hospital No.

Ambulance transport required?

YES - ☐ NO - ☐

GP REFERRAL LETTER

SITTING - ☐ STRETCHER - ☐ MEDICAL IN CONFIDENCE

REFERRAL TO

Consultant:

Specialty Clinic: Dermatology

Hospital: Stracathro Hospital
By Brechin
DD9 7QA

Urgency of Referral - Routine

PATIENT DETAILS

Surname: Ellis Forename(s): Stacey

Title: Miss

Previous Name:

Address: Mearnsview Church Road, Luthermuir, Laurencekirk, AB30 1YS

Date of Birth: 28/04/1988 Sex:

Phone Number: Home: 01674 840628

Unit No.

CHI Number: 2804880060

REFERRING DETAILS

Referring address

Practice Address -

Laurencekirk Medical Centre
Blacklemuir Avenue
Laurencekirk AB30 1GX

Phone number -01561 377258 Fax number -01561 378270

Name of referring Practitioner – Dr A Locum DS/KC Dr Dora Spangenberg

ADULT MENTAL HEALTH DIRECTORATE

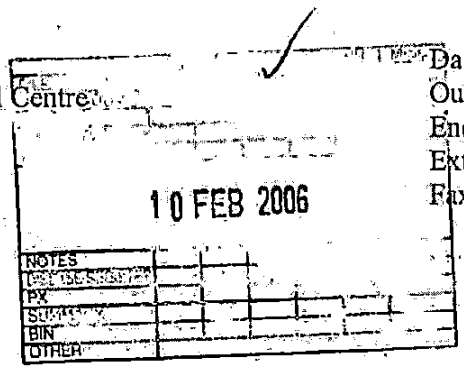
Young People's Dept
Lower Garden Villa
Royal Cornhill Hospital
Cornhill Road
ABERDEEN
AB25 2ZH

NHS Grampian

VS

IN CONFIDENCE

Dr. K. Box
Laurencekirk Medical Centre
Blackiemuir Avenue
LAURENCEKIRK
AB30 1GX



Date: 8th February 2006
Our Ref: KJS/HP
Enquiries to: 01224 557268
Extension: 57268
Fax No: 01224 557709

Dear Dr. Box

Re: Stacey Ellis, Mearns View, Church Road, Luthermuir, Laurencekirk
Date of Birth – 28.4.1988

I saw Stacey for review with my colleague, Mrs Sheila Reid. I understand that Stacey did start her antidepressant (Fluoxetine) and has now been taking it for at least four weeks and is receiving 40mg. daily. She admits to sleeping better and eating quite well but did not think there was any other improvement. She commented that she was still irritable and unable to cope with even minor difficulties. As you will be aware, Stacey is a young girl with a very sad past and there is evidence of lasting damage from this. Various attempts have been made to help her look at this but I think perhaps the time is not right and that we should take a more practical approach. I feel that cognitive psychotherapy might well help Stacey to look at things in a slightly different light. To this end, she is going to look through some handouts we will provide and meet again with Mrs Reid in Laurencekirk to see if she is prepared to undertake this work. It does require quite a bit of commitment from Stacey and I am not sure that she is ready to do this.

While Mrs Reid was talking to Stacey, I talked with Mrs Ellis. She felt that Stacey's mood had improved significantly since starting her antidepressant. There is the obvious complication that the Ellises are off to South Africa for three weeks but quite a lot of plans have been put in place to help Stacey. The Ellises clearly see Stacey as part of the family and don't really want her to leave although Stacey, on her own, says that she is no longer happy there as there are too many young children. I expect that Stacey, having had such a difficult time in the past, would find it difficult to share her parents with others.

In the meantime, I think it would be useful to continue her antidepressant and see if she can gain any further benefit. Mrs Reid will let me know if Stacey plans to undertake any work with her, and if not, I will continue her reviews at the Young People's Department in due course.

8th February 2006

Stacey Ellis

Stacey is eighteen in April and we shall have to think about whether it is appropriate to direct her to the Adult Services at some point.

Yours sincerely,

Dr. Katie Starr
Consultant Psychiatrist
Young People's Department

cc Mrs M. Croll, Social Worker, Angus Council Social Work Department, Academy Lane, Arbroath, DD11 1JE.

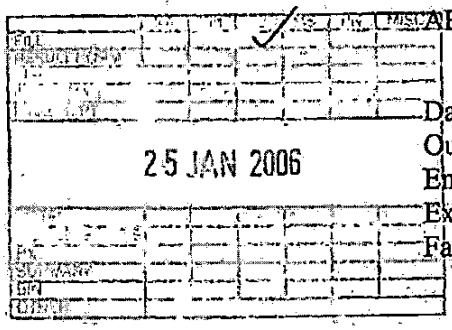
Sheila Reid, CPN, Young People's Department, Royal Cornhill Hospital, Aberdeen.

53

ADULT MENTAL HEALTH DIRECTORATE

Young People's Dept
Lower Garden Villa
Royal Cornhill Hospital
Cornhill Road
ABERDEEN
AB25 2ZH

NHS Grampian



IN CONFIDENCE
Ms. Stacey Ellis
Mearns View
Church Road
Luthermuir
LAURENCEKIRK
AB30 1YS

Date: 19th January 2006
Our Ref: KJS/HP
Enquiries to: 01224 557268
Extension: 57268
Fax No: 01224 557709

Dear Staeey Dr Box -

You may remember when we met in December that I mentioned to you that I would like my colleague, Mrs Sheila Reid to meet you and see if we had any further thoughts as to how we could help you.

Mrs Reid and I work on different days of the week which makes it a bit complicated to have a joint meeting but we have managed to identify a time when we will both be in the Young People's Department and will be most grateful if there is any possibility that you can come to see us in Aberdeen on this occasion.

We would like to see you on **Monday morning, February 6th at 11.45am** here.

If this is impossible for you, could you please let us know and we will try and see what else we can arrange. If no one from your family can manage to help, I wonder if Mrs Croll would have any idea as to how we could manage to get you here on that day.

Looking forward to seeing you then.

Yours sincerely

Katie Starr

Dr. Katie Starr
Consultant Psychiatrist
Young People's Department

cc Mrs Margaret Croll, Angus Council, Social Work Dept. Academy Lane, Arbroath, DD11 1JE.

✓ Dr. K. Box, Laurencekirk Medical Centre, Blackiemuir Avenue, Laurencekirk, AB30 1GX.

file copy

LAURENCEKIRK MEDICAL CENTRE
BLACKIEMUIR AVENUE LAURENCEKIRK AB30 1GX

DR NEIL ANDERSON MB. ChB. DRCOG. MRCGP
DR PAT MULCAHY MB Ch.B. D.Obs. DCH.MRCP
DR KERSTIN BOX BSc. MB. Ch.B. MRCGP.DCCH

Tel 01561 377258
Fax 01561 378270

13 December 2005

KB/BB

Mearns Academy,
School Road,
LAURENCEKIRK.

Dear Sir/Madam,

RE: Miss Stacey Ellis 28/04/1988
Mearnsview Church Road Luthermuir Laurencekirk Home: 01674 840628

This letter is to confirm that Stacey is suffering from depression and is under the care of Dr Starr, Consultant Psychiatrist, Royal Cornhill Hospital. She has just commenced on antidepressant medication, and may be excused attending school until the end of term.

Yours sincerely,

Dr. K. Box.

√s

NHS Grampian

ADULT MENTAL HEALTH DIRECTORATE

Young People's Dept
Lower Garden Villa
Royal Cornhill Hospital
Cornhill Road
ABERDEEN
ABH 2ZH

Katie I need to D/W you DM

IN CONFIDENCE
Dr. K. Box
Laurencekirk Medical Centre
Blackiemuir Avenue
LAURENCEKIRK
AB30 1GX

Date: 24th November 2005
Our Ref: KS/HP
Enquiries to: 01224 557268
Extension: 57268
Fax No: 01224 557709

Dear Dr. Box

Re: Stacey Ellis, Mearns View, Church Road, Luthermuir, Laurencekirk AB30 1YS
Date of Birth – 28.4.1988

Thank you very much for your letter of 17th November. After she missed her appointment, I did contact the Social Work Department to ask them whether they felt that it was appropriate to send another one and I am still awaiting a reply it seems.

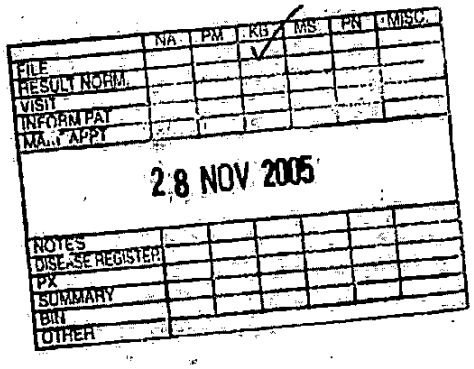
I feel very sad for Stacey who would seem to me to have all the signs of an Attachment Disorder.

I will certainly send her another appointment although a local service such as Social Work would seem in many ways to have more chance of success. One of our experienced Community Psychiatric Nurses (Mrs Sheila Reid) does sometimes go down to the Laurencekirk area and I could discuss with Stacey whether or not she would be prepared to meet with Mrs Reid.

I will let you know if she does not attend her next appointment, which I plan to offer for Wednesday 7th December at 2 o'clock.

Yours sincerely

Katie Starr
Consultant Psychiatrist
Young People's Department



file copy

LAURENCEKIRK MEDICAL CENTRE
BLACKIEMUIR AVENUE LAURENCEKIRK AB30 1GX

DR NEIL ANDERSON MB. ChB. DRCOG. MRCGP
DR PAT MULCAHY MB Ch.B. D.Obs. DCH.MRCP
DR KERSTIN BOX BSc. MB. Ch.B. MRCGP.DCCH

Tel 01561 377258
Fax 01561 378270

17 November 2005

KB/BB

Your ref: KS/EM/N0214317

Dr Starr
Young People's Department
Royal Cornhill Hospital
ABERDEEN AB25 2ZH

Dear Dr Starr,

RE: Miss Stacey Ellis 28/04/1988 0060
Mearnsview Church Road Luthermuir Laurencekirk Home: 01674 840628

I am writing to update you on Stacey. She missed her last appointment with you, and hasn't been sent another one. While acknowledging that her situation is very difficult, I think it would be very useful for her to develop a therapeutic relationship with your team to monitor her mental health and to help her focus on achievable goals. At the moment things are "falling apart". She seems to be having a very bad time at school and I have attempted to discuss with her guidance teacher how this might be contributing to her difficulties. [redacted] There are 7 children currently in the foster family. Stacey doesn't appear to have any confidant.

I would be grateful if you could send her another appointment, while putting the onus on her to confirm her attendance. Meanwhile I will continue discussions with the school to try and accommodate her needs.

Yours sincerely,

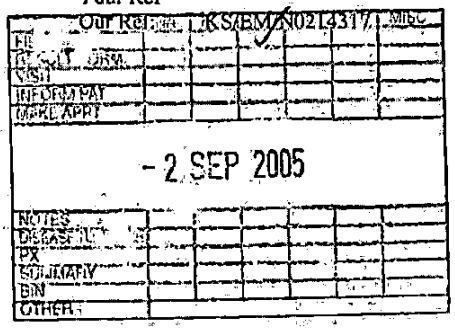
Dr. K. Box.

Young People's Department
Adult Mental Health Directorate
Garden Villa
Royal Cornhill Hospital
ABERDEEN AB25 2ZH
Tel: (01224) 557268
Fax: (01224) 557709

NHS Grampian

IN CONFIDENCE

Date 29 August 2005
Your Ref
Our Ref JKS/EMA/02143177/MISC



Dr K Box
Laurencekirk Medical Centre
Blackiemuir Avenue
LAURENCEKIRK
AB30 1GX

Dear Dr Box

Re: Stacey Ellis (28.04.88) Church Road Luthermuir Laurencekirk AB30 1YS

As you will be aware, I saw Stacey in June of this year to look at what help she might be seeking. At that time she was complaining of difficulties in sleeping and flashbacks to the sad events of her past. I arranged for her to be seen by one of my psychology colleagues to see if they could help. Unfortunately, Stacey seemed to have changed her mind about this and was reluctant to consider any possibility of work around this issue and opted not to proceed with the assessment interview. I am running into much the same problem with Stacey. She tells me that she is not prepared to talk about her past or her feelings about it.

There are hints that these things are troubling her and she is perhaps more aware of these at present because of her feeling of being rejected by the Ellis's. I have no way of knowing how realistic these are but I understand that they do have a rather larger than usual number of foster children at present, and two or three have really quite severe behavioural problems. Stacey would see herself as having been sidelined by them at the present moment although of course she may well have a major part in this. I understand that she spends most of her time with her friends or her boyfriend when not at school so it is possible that the Ellis's are feeling just the same about Stacey.

It is difficult to know what we can offer her as she is not prepared to look at any of the difficulties which have led up to her present feelings. She complains of feeling rather depressed, being unable to sleep properly, and generally having no one to talk to. She seems to have an ambivalent relationship with her boyfriend but I am very concerned that he is wanting to have a baby with her. She says that she doesn't want this but has decided to stop contraception in accordance with his wishes.

Although her weight remains fairly low (up a little from our last meeting) and her BMI is only 19, this may well not stop her ovulating. I suspect that the depoprovera will perhaps do this for a month or two more but the chances of a young lady of her age getting pregnant must be very high thereafter.

29 August 2005

Stacey Ellis

Stacey really doesn't know what she wants at the present moment - she doesn't really want to stay at school but doesn't know what else to do. I have obtained her permission to tell you that she has not received any contraception since May although I don't know if we can do very much about it as she is over 16 and I suppose the decision must rest with her.

She has agreed for me to make her a referral to the Careers Linkworker Service who could look at her options if she decides against remaining at school. She says that she has not seen her social worker recently but again I don't know the reality of this. I remain concerned about this damaged girl and although I am not sure I am doing anything very useful, have asked her to come back to see me in September.

I don't think medication has any great place here and I will be particularly anxious to avoid it as she must be running the risk of getting pregnant with the attendant risk of pteratogenicity should we commence something.

Yours sincerely

Dr K Starr
Consultant Psychiatrist
Young People's Department

Closed Call Details

PCC:	RURAL ANGUS								
Call Number:	0000161251	**Date:**	13/08/2005	**Time:**	13:21	**Passed:**	13:22	**Received by:**	gduncan

Patients Present Location		**Patient Home Details**	
Address:	MEARNS VIEW, CHURCH ROAD LUTHERMUIR	**Name:**	
		Address:	MEARNS VIEW, CHURCH ROAD
		Town:	LUTHERMUIR
		Postcode:	
Registered GP Details (at time of call)		**Sex:**	F
		DOB:	28/04/1988
Dr Name:	DR ANDERSON	**Age:**	17 years old
Practice:	LAURENCEKIRK HC	**Contact:**	Angela (sister)
		Contact Phone Number:	07709077390

Complaint:	(R) hand injury						
Started	13:23	**Status**	Attend				
Urgency:	Within 4 Hours	**Attended**	☑				

Notes to Practice:

Self presented. No allergies or meds. PMH Eye op for squint. (R) hand dominant. PC (R) hand injury. HPC Yesterday punched a brick wall. OE 2nd finger swollen at middle phalanx with bruising. Good rom. Pain over 5th mp joint @ base and mtp joint.and trapeziod. Neighbour strapped 2nd and 3rd fingers and 4th and5th.Double tubigrip below elbow.?? # 5th m.c. otherwise soft tissue injuries.Advised soluble paracetamol,d.t.g. advice.return 2/7 for review ? referral to O.S.S.

Diagnosis:

Soft tissue injuries,2nd metacarpal,??#5th metacarpal.

Drugs: There were no drugs attached to the call

Outcome:	**Death/Presume Life Extinct:**	☐	**GP to certify:**	☐	**No Further Action:**	☐	
	Refer To:	Minor Injury Unit		**Dept:**	Links, Montrose		
Patient to contact GP:	☐						

Patient Arrival:	Date	Time					
	13/08/2005	13:15					
	Date	Start Time	Finish Time		Date	Start Time	Finish Time
Clinical1:	13/08/2005	13:20	14:00	**Clinical2:**			
	Clinical Group.		Name		**Completion Date/Time:**	13/08/2005 14:15	
Duty Clinician:	Angus		Ms KATH STEWART		**Closed By:**	gduncan	

17 AUG 2005

	NA	PM	AB	MP	
FILE					
RESULT NORM.					
VISIT					
INFORM PAT					
MAKE APPT					
NOTE					
REGISTER					
PX SUMMARY	MISS STACEY ELLIS				
BIN					
OTHER					

150805 - Returned for review as advised.
States pain is worse. No allergies - take.
O/E - Buddy strapping removed. No obvious swelling bruising or deformity to be seen. Neuro intact. Capillary refill L 2 seconds Able to make a fist. Full ROM of movement. Good grip power. No loss sensation.
Imp - Soft tissue injury
T - Tubigrip applied. Advised to take regular analgesic. Settle exercise. Return to dept if no improvement or any concerns. SBL ASV Ballantyne

Closed Call Details

PCC:	RURAL ANGUS								
Call Number:	0000161251	**Date:**	13/08/2005	**Time:**	13:21	**Passed:**	13:22	**Received by:**	gduncan

Patients Present Location		**Patient Home Details**	
Address:	MEARNS VIEW, CHURCH ROAD LUTHERMUIR	**Name:**	MISS STACEY ELLIS
		Address:	MEARNS VIEW, CHURCH ROAD
		Town:	LUTHERMUIR
		Postcode:	
Registered GP Details (at time of call)		**Sex:**	F
		DOB:	28/04/1988
Dr Name:	DR ANDERSON.	**Age:**	17 years old
Practice:	LAURENCEKIRK HC	**Contact:**	Angela (sister)
		Contact Phone Number:	07709077390

Complaint:	(R) hand injury			
Started	13:23	**Status**	Attend	
Urgency:	Within 4 Hours	**Attended**	☑	

Notes to Practice:

Self presented. No allergies or meds. PMH Eye op for squint. (R) hand dominant. PC (R) hand injury. HPC Yesterday punched a brick wall. OE 2nd finger swollen at middle phalanx with bruising. Good rom. Pain over 5th mp joint @ base and mtp joint.and trapezoid. Neighbour strapped 2nd and 3rd fingers and 4th and5th.Double tubigrip below elbow.?? # 5th m.c. otherwise soft tissue injuries.Advised soluble paracetamol,d.t.g. advice:return 2/7 for review.? referral to O.S.S.

Diagnosis:

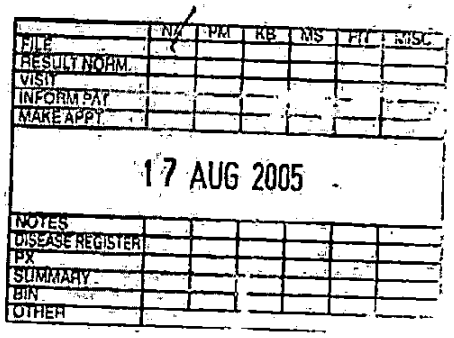
Soft tissue injuries,2nd metacarpal,??#5th metacarpal.

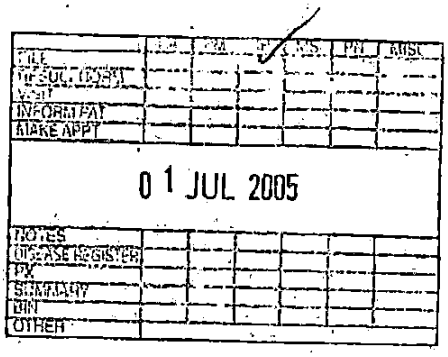
Drugs: There were no drugs attached to the call

Outcome:	**Death/Presume Life Extinct:**	☐	**GP to certify:**	☐	**No Further Action:**	☐	
	Refer To:	Minor Injury Unit	**Dept:**	Links, Montrose			
Patient to contact GP:	☐						

	Date	Time
Patient Arrival:	13/08/2005	13:15

	Date	Start Time	Finish Time		Date	Start Time	Finish Time
Clinical1:	13/08/2005	13:20	14:00	**Clinical2:**			
	Clinical Group		Name		**Completion Date/Time:**	13/08/2005 14:15	
Duty Clinician:	Angus		Ms KATH STEWART		**Closed By:**	gduncan	





NHS
Grampian

Young People's Department
Adult Mental Health Directorate
Garden Villa
Royal Cornhill Hospital
ABERDEEN AB25 2ZH
Tel: [01224] 557268
Fax: [01224] 557709

Date 28TH June 2005
Your Ref
Our Ref: KS.MAW

IN CONFIDENCE

Dr Kerstin Box
Laurencekirk Medical Centre
Blackiemuir Avenue
LAURENCEKIRK AB30 1GX

Dear Dr Box

STACEY ELLIS MEARNSVIEW CHURCH ROAD LUTHERMUIR LAURENCEKIRK
DOB 28.4.88

I understand that Stacey was first brought to see you by her foster mother some three months ago when concerns had been raised that she seemed withdrawn and was drinking too much alcohol.

She was seen at the Young People's Department on the 22nd June 2005. We were able to get some more information from the Social Work Department which elaborated on the sad and disturbing background to Stacey's arrival in foster care.

Stacey lives with [redacted] whose name she has taken. Stacey told me she had been with the Ellis's since she was six years old and in the past she had been very close to them but recent events had put up barriers between them. Stacey sees her birth mother, [redacted], perhaps twice a year. She does not particularly wish to undertake these visits and tells me that she hates her mother. Stacey recognises some of the things she dislikes about her mother in her sister and this is making their relationship difficult. I understand that Stacey's father lived with the family until Stacey was about two years old but she has no memory of him, although he apparently lives in Arbroath.

I understand that Stacey was originally taken in to foster care because of allegations of sexual abuse and a high level of neglect by her grandfather and an aunt. Apparently Stacey would protect her brothers and sisters by hiding them in cupboards and under the bed. At one point the children had to steal food and hide so that they could eat it in order to survive. At some stages this amounted to eating frozen fish cakes. She is, of course, involved with the Social Work Department because of her history, and Mrs Croll, Social Worker, had raised concern that Stacey might be depressed. I understand they were originally removed when Stacey would have been around five years old, and had one or two moves before settling in to the Ellis's. Although Stacey thought she had been six I think she was probably nearer eight by the time this final move took place. [redacted]

The whole story is a very sad one and Stacey tells me that her mother was sexually abused by her stepfather who then turned his attention to the other members of the family. He apparently committed suicide in 1996 after allegations came to light and Stacey was able to tell me the exact date. She admitted to still feeling very angry that he had escaped justice.

Stacey feels there is no-one she can truly trust although she has quite a lot of friends. She has just completed a set of Highers and plans to go in to S6 to do more. She feels that her mood is depressed and she is unable to explain or control it.

Stacey has a boyfriend in Laurencekirk called Stewart but he has a lot of family difficulties and sometimes this makes her worse. She does not sleep well because she tends to revisit things in her mind instead of sleeping. Her appetite is not very good at the moment but she does not feel she has an eating problem. She denies trying to lose weight but says she cannot be bothered to eat. Although there was some history of depression in the family and she thinks that her mother was in Sunnyside at one point she denies any clear symptoms suggestive of a major mental illness nor any other psychotic ideation. At times she feels that people might be watching her but I think she is rather more self-conscious than psychotic. She has tried Citalopram for several months in a dosage of 10mgs daily but did not feel that this made a great deal of difference. When her feelings get better she resorts to self-harm and cuts herself on her legs and the top of her arms with whatever she can find. She has also taken an overdose of a litre or more of vodka and some medicines but she was unable to tell me which. At the present moment she is not taking any drugs but is still binge drinking to excess at weekends. She has also put herself at risk of pregnancy by unprotected sexual intercourse with her boyfriend on many occasions. Her feelings about the possibility of a pregnancy are fairly ambivalent but she has agreed to commence Depot Provera. She denies any active suicidal thoughts.

I understand that she probably overdosed on the Citalopram tablets which had been prescribed following discussion with our Department. Unfortunately Stacey is fairly reluctant to consider any form of counselling or therapy and found that counselling had in fact been a negative experience.

I obtained her permission to speak to people at school and asked her to think about seeing our Psychology colleagues with a view to dealing with the flashbacks. At the time Stacey seemed to be in agreement with this and was seen by Mrs Van Riet on 22nd June 2005. She explained to Stacey there might be a treatment which would help her with her flashbacks and memories and that they could discuss this. Stacey was reluctant to even consider talking about the possibility and opted not to proceed with the assessment interview. Unfortunately I do not think Stacey is ready to undertake any sort of therapeutic work of this nature and it is perhaps difficult to see what further can be done.

I was not convinced that medication was going to offer a great deal, but I would like to see her again when she returns from South Africa, if she is prepared to come and talk with me. I will send her an appointment for August and let you know how we get on then.

Yours sincerely

Dr Katy Starr
Consultant Psychiatrist
Young People's Department

COPY
Ms Margot Croll Social Worker

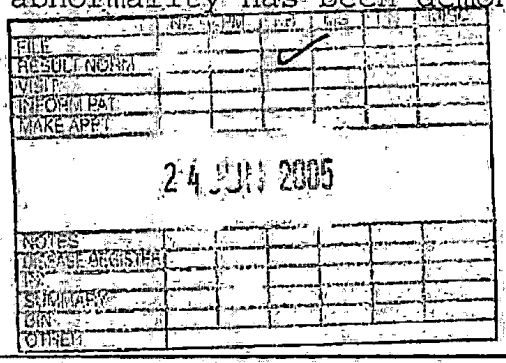
Name: ELLIS,Stacey
Referrer: DR P MULCAHY
CRIS No: 580345
CHI: 280488 0060
Referral Src: GP - Out Patient GP
Event No: E-2066364

VERIFIED Report by: ILONA GRAHAM 23/06/2005
Typed by: NICL 23/06/2005

ULTRASOUND - PELVIS :

Sonographer scan / Sonographer report.

The liver, gall bladder, bile ducts, pancreas, spleen, both kidneys, abdominal aorta, para-aortic region, bladder, uterus and adnexae have been examined and. The left renal pelvis was prominent but no ultrasonically detectable abnormality has been demonstrated.



COPY REPORT This report is only valid when Verified
Att No: 1 Date: 22/06/2005 Examination: ULTRASOUND - PELVIS

Hospital Use only | Clinic | Day Date | Time | Hospital No.

Ambulance transport required?

YES – ☐ NO – ☐

GP REFERRAL LETTER

SITTING – ☐ STRETCHER ☐ MEDICAL IN CONFIDENCE

REFERRAL TO

Consultant:

Specialty Clinic: Young People's Department

Hospital: Royal Cornhill Hospital
Cornhill Road
Aberdeen

Urgency of Referral – URGENT PLEASE

PATIENT DETAILS

Surname: Ellis Forename(s): Stacey

Title: Miss

Previous Name:

Address: Mearnsview Church Road Luthermuir Laurencekirk AB30 1YS

Date of Birth: 28/04/1988 Sex:

Phone Number: Home: 01674 840628

Unit No.

CHI Number 2804880060

REFERRING DETAILS

Referring address

Practice Address –

Laurencekirk Medical Centre
Blackiemuir Avenue
Laurencekirk AB30 1GX

Phone number –01561 377258
Fax number – 01561 378270

Name of referring Practitioner –

KB/KC

Hospital Use only | Clinic | Day Date | Time | Hospital No.

Ambulance transport required?

YES – ☐ NO – ☐

GP REFERRAL LETTER

SITTING – ☐ STRETCHER ☐ MEDICAL IN CONFIDENCE

REFERRAL TO

Consultant:

Specialty Clinic: Young People's Department

Hospital: Royal Cornhill Hospital
Cornhill Road
Aberdeen

Urgency of Referral – URGENT PLEASE

PATIENT DETAILS

Surname: Ellis Forename(s): Stacey

Title: Miss

Previous Name:

Address: Mearnsview Church Road Luthermuir Laurencekirk AB30 1YS

Date of Birth: 28/04/1988 Sex:

Phone Number: Home: 01674 840628

Unit No:

CHI Number 2804880060

REFERRING DETAILS

Referring address Practice Address –

Laurencekirk Medical Centre
Blackiemuir Avenue
Laurencekirk AB30 1GX

Phone number –01561 377258
Fax number – 01561 378270

Name of referring Practitioner –

KB/KC

Stacey Ellis (28/04/1988)

CLINICAL INFORMATION

History of presenting complaint/examination findings/investigation results

PROBLEM 1. Depression 2. Alcohol abuse

I would be grateful for your help with Stacy's management. Stacy is a 17 year old girl who I have been seeing for the past 3 months with depressive symptoms and family stress. She has an unfortunate family history, having been taken into foster care with her brother and sister in 1994. At her initial presentation (told to attend by her foster mum), she described low mood, poor sleep, falling school work and attendance. She worried about her school performance (had hoped to stay on for highers) and her older brother who had left home and was a drug addict in Montrose. She was attending a counsellor from Barnados organisation who was addressing issues surrounding her past abuse. At this time Stacy felt that this was an unhelpful approach which was upsetting her. She felt that life was not worth living but had no active suicidal plans. She admitted to having no real confidante and was not getting on well with her foster parents. In the intervening weeks, her situation has worsened with [redacted] She seemed to be increasingly using alcohol as a means of escape which was causing conflict at home too. She also admitted to having unprotected sex with her boyfriend on many occasions, and seemed ambivalent about the risk of pregnancy. (She is now commenced on Depo-Provera) She admitted suicidal thoughts, but these only amounted to cutting herself and inhaling aerosol gas.

In discussion with a member of your department, I commenced her on Citalopram but she was abusing them by saving them up and taking them in overdose. I have stopped prescribing these.

She is very reluctant to engage in any form of counselling or therapy with another agency due to her bad experiences with Barnados. She currently has concerns re her symptoms of abdominal pain, body aching and tiredness.

Reason for referral (including expectation of referral outcome)

I am concerned that Stacy requires a more expert approach than I can offer. Our encounters are characterised by diminishing rapport, poor eye contact and extended silences!

Underlying her current problems, I think Stacy is a mature, intelligent girl whose depressive symptoms are hindering her ability to overcome her problem childhood.

If you are offering an appointment, I think it would be worth confirming that she has received the appointment and will in fact attend.

Past Medical history (computer generated problem lists where possible)
02/03/2005 No known allergies
02/03/2005 Notes summary on computer PD/kc
02/2005 [X]Depression NOS
1995 Operations for squint - correction
1994 Child on protection register - in foster care
1992 Squint - symptom convelgent left
1992 Myringotomy and insertion of short term grommet bilateral
1991 Otitis media NOS - recurrent

Current Repeat Medication- Nil

Clinical Warnings eg allergies, blood borne viruses | **Smoking Status** No. Day | **Alcohol Consumption** Units/week -

Additional relevant information (including patient's issues, social circumstances, and special needs)

Checked and signed by Dr Kerstin Box

04 May 2005

Signature of referring doctor **Date**

Women & Child Health Clinical Group
Wards 37/38
Acute Services Division
NHS Tayside
Level 6
Ninewells Hospital
DUNDEE
DD1 9SY
TEL. 01382 660111
Email www.nhstayside.scot.nhs.uk

Enquiries: Mrs E Goodall
Direct Line 01382 632089
Fax: 01382 632096
E mail: egoodall@tuht.scot.nhs.uk
Ref DK/EMG

NHS Tayside

25 April 2005
Dictated 20.04.05

J/S

Dr Box
The Health Centre
LAURENCEKIRK

Dear Dr Box

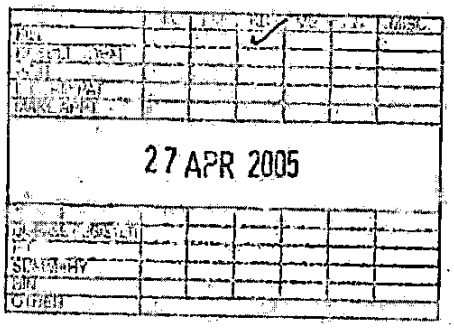
RE: STACEY ELLIS, 10 CONDOR CRESCENT, MONTROSE
MPI: 28 04 88 0060

Stacey was admitted to Ward 36 on 02.04.05 with a 1 week history of right iliac fossa pain. She denied any urinary or vaginal bleeding. She was approximately 10 – 11 weeks gestation according to her last menstrual period which was at the beginning of January. On examination her abdomen was soft and non tender. A scan was done which showed a thickened endometrium with no gestational sac seen. A pregnancy test was found to be positive in the ward. The impression was either early pregnancy or early ectopic pregnancy. HCG was taken at that point and she was advised to come back to have another HCG taken 8 hours later or if her pain got worse. Surprisingly the HCG result came back less than 1 and the pregnancy test was repeated again on 04.04.05 and was negative. I assume that the first pregnancy test was falsely positive and as her pain had settled she was discharged from the ward.

Yours sincerely

E. Goodall

pp **Dr D Koh**
Registrar to Dr I D Duncan



Headquarters,
King's Cross, Clepington Road
Dundee
DD3 8EA

Chairperson, Mr Peter Bates
Chief Executive, Professor Tony Wells

Dermatology Clinic
Stracathro Hospital
BRECHIN
Telephone Number 01356 647291 Fax Number 01356 665101
www.nhstayside.scot.nhs.uk

NHS
Tayside

Dr. Duncan MacDonald,
Laurencekirk Medical Centre,
Blackiemuir Avenue,
LAURENCEKIRK.
AB30 1DX

Date	2nd February, 2005. Clinic: 26th January, 2005
Your Ref	
Our Ref	CG/YF/280488/0060
Enquiries to	Mrs. Y. Findlay - Secretary
Extension	65036
Direct Line	01356 665036
Email	yvonne.findlay@tuht.scot.nhs.uk

Dear Dr. MacDonald,

ELLIS
Stacey Leonard, Mearns View, Church Road, Luthermuir.

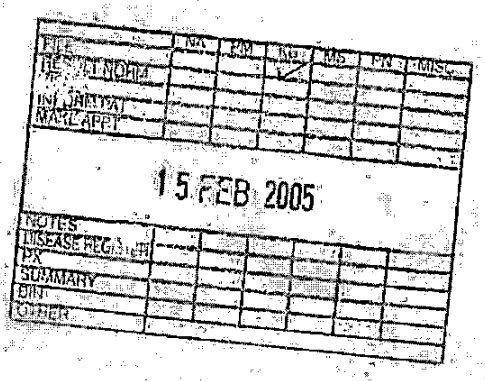
The above patient did not attend her Dermatology Out Patient Clinic Appointment and there was no message. In view of the pressure on clinic time I have not re-appointed her.

Kind regards.

Yours sincerely,

Dictated Not Read

Dr. C. Green, FRCP,
Consultant Dermatologist.



Headquarters
King's Cross, Clepington Road, Dundee. DD3 8EA

Chairperson, Mr. Peter Bates
Chief Executive, Professor Tony Wells

POSITIVE ABOUT DISABLED PEOPLE

Stacey Leonard (28/04/1988)

CLINICAL INFORMATION

History of presenting complaint/examination findings/investigation results

Stacy is referred because of persistent disfiguring acne. I understand that she has had up to 6 courses of antibiotics and numerous topical preparations without much improvement in her skin. She has comedonal and pustural acne on her face and a small amount on her back. I saw her today with her father who tells me that [redacted]. Stacy and her father are seeking this sort of this treatment as they feel that the antibiotics and topical preparations have made no difference. We have briefly discusses some of the side effects of Roacutane although she is reasonably well acquainted with this following her brother's treatment.

On reviewing her notes I note she was first prescribed Dalacin T back in 2002 and that she has had courses of Mincocyline, Erythromycin and Benzoyl Peroxide.

Reason for referral (including expectation of referral outcome)

She is referred therefore for your assessment and advice as how to proceed.

Past Medical history (computer generated problem lists where possible)

Current Repeat Medication

Clinical Warnings eg allergies, blood borne viruses

Smoking Status

No. Day

Alcohol Consumption

Units/week –

Additional relevant information (including patient's issues, social circumstances, and special needs)

01 December 2004

Signature of referring doctor

Date

Hospital Use only | Clinic | Day Date | Time | Hospital No.

Ambulance transport required?

YES – ☐ NO – ☐

GP REFERRAL LETTER

SITTING - ☐ STRETCHER ☐ MEDICAL IN CONFIDENCE

REFERRAL TO

Consultant:

Specialty Clinic: Dermatology

Hospital: Stracathro Hospital
By Brechin
DD9 7QA

Urgency of Referral - Routine

PATIENT DETAILS

Surname: Leonard Forename(s): Stacey

Title: Miss

Previous Name:

Address: Mearnsview Church Road Luthermuir Laurencekirk AB30 1YS

Date of Birth: 28/04/1988 Sex: F

Phone Number: Home: 01674 840628

Unit No.

CHI Number 0060

REFERRING DETAILS

Referring address

Practice Address -

Laurencekirk Medical Centre
Blackiemuir Avenue
Laurencekirk AB30 1GX

Phone number –01561 377258
Fax number – 01561 378270

Name of referring Practitioner –
Dr Duncan Macdonald /
BB

G-DOCS

Call History: No previous calls on file.

NHS24 Ref. No 547613 CHI No. CMS Call No. 593961
Date Taken 06-Dec-2003 Time Taken 22:54:21 Operator cmsmanager

Surname Leonard Forename(s) Staycey Tel: 01674 840628
Address Mearns View, 7 Church Road, Luthermuir Laurencekirk Kincardineshire AB30 1YS
Date of Birth 28-Apr-1988 Age 15 7 mths Gender F
Practice Laurencekirk Medical Centre GP Anderson, Neil

Present Address Mearns View, 7 Church Road, Luthermuir Laurencekirk AB30 1YS
Present Tel. No. 01674 840628 Caller's Name Jessica, Foster Sister

Clinical Summary

TEENAGER WHO HAS BEEN DRINKING TONIGHT-HAS HAD GIN,WHISKY AND VODKA ? AMOUNTS OF EACH-WAS IN LOCAL PUB.FELL AND BANGED HEAD ON A CONCRETE WALL WHEN GOING TO THE TOILET.NOT LOST CONSCIOUSNESS BUT HAS BEEN VOMITING A LOT SINCE.NO BLEEDING FROM NOSE OR EARS.NO LUMPS ON HEAD FOUND BY SISTER. A AND E AS SOON AS POSSIBLE-GOING TO ABERDEEN ROYAL INFIRMARY.WORSENING STATEMENT ISSUED.()
06/12/2003

Date Triage Completed 06/12/2003 Time Triage Completed 23:08:08

NHS24 Outcome: Pt advised to go to A&E - Coop to forward to Practice

Prospective Priority: Asap Within 1 Hr ☐ <1Hr ☐ <2Hrs ☐ <4Hrs ☑ <12Hrs ☐ <36Hrs ☐

G-DOCS received on 06/12/2003 at 23:17:00 G-DOCS actioned on at

GP Advice

GDOCS Call Type (Tick as appropriate)

GP Advice ☐ O.H.P. ☐ Home Visit ☐ Centre Consult (Specified) ☐

Print Name Signature

Consultation/Visit Details

GDOCS Retrospective Priority: Asap Within 1 Hr ☐ <1Hr ☐ <2Hrs ☐ <4Hrs ☐ <12Hrs ☐ <36Hrs ☐ Temporary Resident ☐

NHS24 Outcome: Nurse Advice — *Should it have been: (Tick as appropriate)* O.H.P. ☐ NHS24 Nurse ☐ Doctor Advice ☐ Centre Consult ☐ Home Visit ☐

Date Arrived
Time Arrived
Date Completed 06/12/2003
Time Completed 23:08:00

Diagnostic Category

Hospital Admission ☐
Patient Advised to Contact GP "In hours" ☐
No Further Action ☐
Advice to GP to contact patient "in hours" ☐
A&E ☐

Referred to Dentist ☐
Referred to CPN ☑
Referred to District Nurse ☐
Referred to PAMS/Social Services ☐

Print Name Signature

Tayside Primary Care

Child & Family Psychiatry
Centre for Child Health
19 Dudhope Terrace
DUNDEE
DD3 6HH
Telephone Number: 01382 204004
Fax Number: 01382 346555
www.nhstayside.scot.nhs.uk

NHS Tayside

Margo Croal
Social Worker
Social Work Department
Academy Lane
ARBROATH

Date 20 May 2002
Your Ref
Our Ref /MH
Enquiries to Secretary

Dear Ms Croal

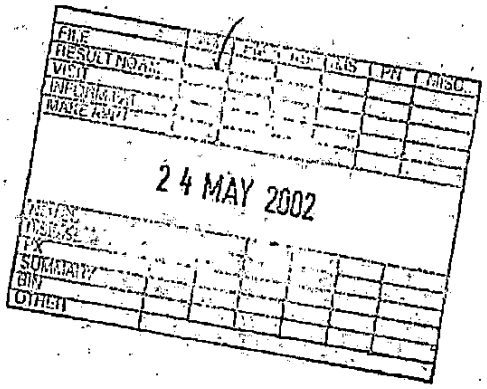
Re: Stacey LEONARD Dob 20.04.88/0060
[redacted] Dob [redacted]/0050
Tammy LEONARD Dob 01.12.89/0261
c/o Ellis Mearns View Church Road LUTHERMUIR Laurencekirk

I am writing to let you know that as it has been some time since we have heard from this family, we have now discharged Stacey, [redacted] from this service. Please do not hesitate to re-refer them at any time in the future should you feel this is necessary.

Yours sincerely

Secretary

Copy to
[redacted] Anderson Blackmuir Avenue Laurencekirk Aberdeenshire



TAYSIDE PRIMARY CARE NHS TRUST

BRECHIN INFIRMARY

JAC/MI/280488 0060

Dictated 6.3.01
Typed 13.3.01

	NA	PH	PN	DS	PH	MISC
FILE						
RESULT NORM.						
VISIT						
INFORM PAT						
MAKE APPT						

15 MAR 2001

NOTES						
DISEASE REGISTER						
RX						
SUMMARY						
BIN						
OTHER						

Dr P Mulcahy
Laurencekirk Medical Centre
Blackiemuir Avenue
LAURENCEKIRK

Dear Dr Mulcahy

STACEY LEONARD, MEARNS VIEW, CHURCH ROAD, LUTHERMUIR:

Thank you for referring this 13-year old child back to the clinic. As you know she has a longstanding convergent squint, for which she had surgery on both eyes in the form of bilateral medial rectus recessions in 1995. Stacey is not happy at continuing to wear spectacles, but these are in fact correcting both her vision and her squint. I doubt if she is ready to commence contact lens wear since she is reluctant to clean her spectacle lenses and will certainly come to grief if the adequate hygiene is not observed for handling contact lenses. She seemed disappointed that no further surgery has been offered, but this would almost certainly produce an over-correction and unbearable diplopia.

Kind regards

Yours sincerely

Dictated but not read

Dr J.A. Coleiro
Consultant Ophthalmologist

Chairman: Mr M Petrie, F.R.I.C.S., I.R.R.V. Chief Executive: Mr W.J Wells, R.M.N., R.G.N., C.P.N., M.H.S.M.

Hospital use only	Clinic	Day Date	Time	Hospital No.

Ambulance transport required ?

Yes ☐ No ☑

Sitting ☐ Stretcher ☐

GP REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Consultant	JA COLEIRO	Hospital Address	Infirmary Street Brechin
Speciality Clinic	Ophthalmology		
Hospital	Brechin Infirmary		
E-Mail No.		Postcode	DD9 7AW
Urgency of Referral	Routine		

PATIENT DETAILS

Surname	LEONARD	Patient's Address	Meams View Church Road LUTHERMUIR
Forename(s)	Stacey		
Previous Surname			
Title	Ms	Postcode	AB30 1YS
Date of Birth	24/04/1988 Sex Female		
CHI No.			
Phone No.	01561 840628		

REGISTERED GP DETAILS

Name	Dr P Mulcahy	Practice Address	Laurencekirk Medical Centre Blackiemuir Avenue LAURENCEKIRK
Practice Code	32529		
GP Identifier	N65277		
Phone No.	01561 377258	Postcode	AB30 1DX
Fax No.	01561 378270		
E-Mail No.	pat.mulcahy@laurencekirk.grampian.scot.nhs.uk		

REFERRING DETAILS

Name of agency referring		Address of agency referring	as above
Name of referring practitioner	Dr P Mulcahy		
Phone No.			
Fax No.		Postcode	

CLINICAL INFORMATION

History of presenting complaint/examination findings/investigation results

Many thanks for seeing Stacey. The letter from C J Elliot of the Spectacle Company is self explanatory

Reason for Referral (including expectation of referral outcome)

Past medical history (computer generated from problem lists, where possible)

No past medical history of note.

Current and recent medication (computer generated and free text)

Clinical Warnings e.g. allergies, blood-borne viruses

Smoking Status **No. per day**

Alcohol Consumption Units per week

Additional relevant information (including patient's issues, social circumstances, and special needs)

12 December 2000

Signature of referring doctor **Date**

The Spectacle Company,
105 High Street, Montrose, Angus DD10 8QR
Tel. No. 01674 678988

REFERRAL/NOTIFICATION OF PATIENT TO GP

To Laurencekirk Surgery	
Patient's Details	DOB 28.4.88
Surname **Leonard**	Other Name **Stacey**
Address **Mearns View** **Church Road** **Luthermuir**	
Postcode **AB30 1YS**	Tel. No. **840628**

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST – Date: 2.12.00

	Previous VA	Vision	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA	IOP Pulsair (mmHg) Time:
R	6/7.5		+4.75					6/6		N5	
L	6/12		+5.25					6/9		N5	

POINTS REQUIRING ATTENTION:

Miss Leonard believes that her squint has become more noticeable. She appears straight when wearing her correction. I would like her to be seen by an ophthalmologist to determine whether any further treatment is available to her.

Signed:

C J Elliott

TO BE COMPLETED BY GENERAL MEDICAL PRACTITIONER (if not accompanied by a formal letter)

To: Dr/Mr/Mrs/Miss/Ms	Urgent / Soon / In turn
Relevant Clinical History:	Blood Pressure : mmHg
	Urinalysis:
	Provisional Diagnosis:
	Name and Address of GMP:

Grampian University Hospitals

DEPARTMENT OF COMMUNITY CHILD HEALTH
Upper Hospital, Berryden Road, Aberdeen, AB25 3HG
Tel (01224) 663131 Ext 57729 Direct Dial (01224) 557729 Fax No (01224) 840969

Ref: NB/MB/1213

Date Dictated: 28 September 2000
Date Typed: 3 October 2000

Dr Mulcachy
Blackiemuir Avenue
Laurencekirk

Dear Dr Mulcachy

Re: **Stacey Leonard (DOB 28/04/88) Mearnsview Church Road Ruthermuir.**

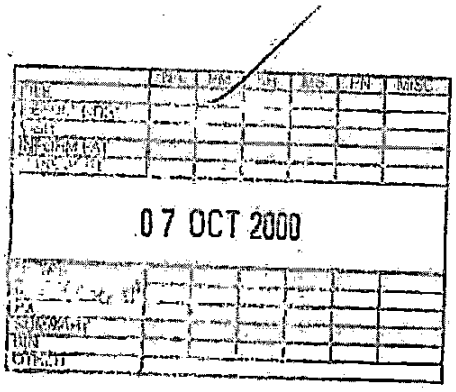
I saw Stacey with her foster mother Mrs Ellis at Mearns Academy on 11/09/00. She has a new prescription for her spectacles and is settling in well at Mearns Academy in 1st year. She is making new friends and her foster mother reports that she is coping with her homework. As there are no current concerns, I have not arranged to follow her up meantime but will be happy to see her again should the need arise.

Yours sincerely

Nicola Balch.

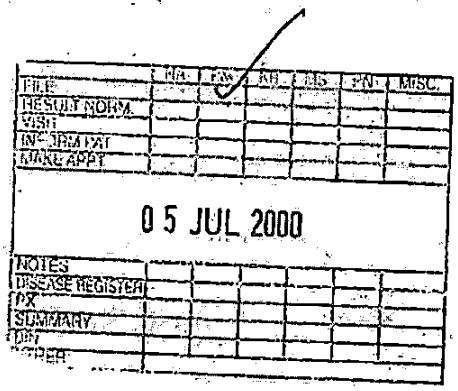
Dr Nicola Balch
Staff Grade Paediatrician in Community Child Health

cc: Moira Deans Educational Psychologist Stonehaven



Grampian University Hospitals

DEPARTMENT OF COMMUNITY CHILD HEALTH
Upper Hospital, Berryden Road, Aberdeen, AB25 3HG
Tel 01224 557726 Fax No 01224 840969



Ref: NB/AR/1189

Date Dictated June 27, 2000
Date Typed June 30, 2000

Dr Mulcahy
Howe of Mearns Surgery
Blackiemuir Avenue
Laurencekirk

Dear Dr Mulcahy

Re: **Stacey Leonard (28.04.88) Mearnsview Church Road Luthermuir Laurencekirk**

I reviewed Stacey with her foster mother Mrs Ellis at Luthermuir Primary on 22nd June 2000. Mrs Ellis tells me they have now been discharged from follow up at Child and Family Psychiatry in Dundee and they have been to the Eye Clinic at Strathcathro. They are awaiting some new spectacles and Mrs Ellis commented that Stacey was having some difficulty with reading at present. I checked her near vision today and certainly her near vision was reduced with her current spectacles to N=10, so I have suggested that they go back to the Optician and get her near vision checked before her new spectacles are ready.

Stacey is due to start at Mearns Academy after the Summer holidays and I will hope to see her again in the first term of the next session to ensure that she has settled in all right. I note that her hearing was normal when she was seen at Community Paediatric Audiology Clinic on 17th February 2000.

Yours sincerely

Nicola D Balch

Dr N Balch
Staff Grade Paediatrician in Community Child Health

Cc: Ms Moira Deans Educational Psychologist Stonehaven

Your Ref:

Our Ref: JAC/LS 28.04.88 0060

Enquiries to: Secretary - 01356 665069

TAYSIDE University Hospitals NHS Trust

DEPARTMENT OPHTHALMOLOGY

DR. J. A. COLEIRO

Stracathro Hospital
Brechin
Angus DD9 7QA
Telephone: 01356 647291
Fax No: (01356) 665101

Clinic: 14.12.99
Typed: 23.12.99

NA		FILE	
PM		NOTES PLEASE	
KB		PRESCRIPTION	
PN		MAKE APPT.	
		VISIT	
		DISEASE REG.	
		SUMMARY	
		INFORM PATIENT	
		RESULT NORMAL	
OTHER			

Dr. P. Mulcahy
Laurencekirk Medical Group
Blackiemuir Avenue
LAURENCEKIRK
AB30 1DX

Dear Dr. Mulcahy

Stacey Leonard, Mearns View, Church Road, Luthermuir

Thank you for referring this 11 year old child whose Optometrist was unhappy with the level of acuity obtained at a sight test on the 6th of October 1999. Stacey had been attending Arbroath Infirmary under Dr MacEwen for many years and had surgery for a convergent squint in July 1995. This has enabled her to control the squint more readily. Her current glasses are probably slightly over corrected by half a dioptre and her vision can be improved to 6/9 right eye, 6/12 with the left. The left eye has always been partially amblyopic on looking through the old records.

She has been also complaining of some pain behind both eyes. This may be due to the presence of a few follicles in the lower conjunctiva associated with exposure to chlorinated swimming pool water where she attends about twice a month.

Yours sincerely,

Dr. J. A. Coleiro
Consultant Ophthalmologist.
Dictated but not read.

c.c. Mr. G. Shand, The Spectacle Company, 105 High Street, Montrose.
Dr. C. MacEwen, Consultant Ophthalmologist, Arbroath Infirmary.

Grampian University Hospitals

DEPARTMENT OF COMMUNITY CHILD HEALTH
UPPER HOSPITAL, BERRYDEN ROAD, ABERDEEN AB25 3HG
TEL: 01224 - 663131 EXT. 57728 FAX: 840969
Direct Dial: 01224 557728

HM\AC\3728 21.10

01 November 1999

Dr P Mulcahay
The Surgery
Blackiemuir Avenue
Laurencekirk

Dear Dr Mulcahay

Re: **Stacey Leonard 28/4/88 Mearns View, Church Road, Luthermuir**

Mild Conductive Hearing Loss

The above child was found to have an upper respiratory tract infection today and some of her responses were inconsistent.

I have asked her to pop her ears regularly and frequently.

A review appointment will be sent in 3 months time.

Yours sincerely

Dr H Murdoch
Associate Specialist in Community Child Health

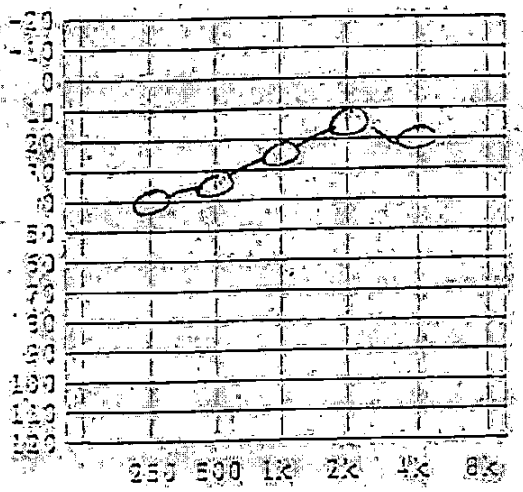
NA		FILE	✓
PM	✓	NOTES PLEASE	
KB		PRESCRIPTION	
PN		MAKE APPT.	
		VISIT	
		DISEASE REG.	
		SUMMARY	
		INFORM PATIENT	
		RESULT NORMAL	
OTHER			

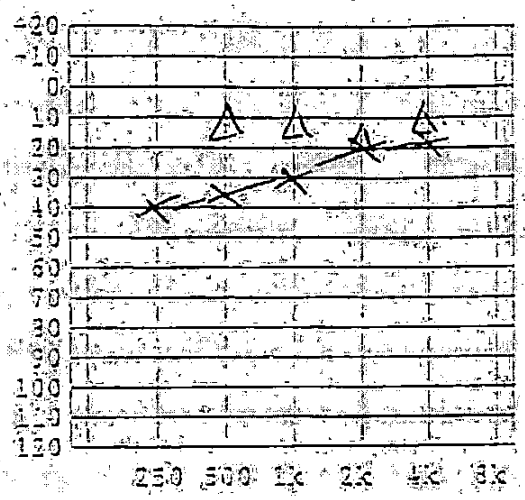
2ND TIER AUDIOLOGY CLINIC

NAME Stacey Leonard (28/4/85) DATE 21/10/04

CLINIC (Thill, T'Frome, Plough, Shaven) TESTERS KF

PURE TONE AUDIOGRAM





Variable responses

HEARING TEST RESULTS

	LOW (Voice/Speech/Sweep)	MID (1k/2k/3k)	HIGH (4k/6k/8k/Hi F/sibilants)	TYMPANOMETRY (Normal/Flat/-ve/High vol)
R	Speech testing			-ve -150daPa
L		≥ 40dBA		-ve -150daPa

Method (Audio, Distract, VRA, Coop, Perform, Freefield, Toy)

OUTCOME (Normal, Hearing loss, Inconclusive, DNA)

Type of HL (SNHL, Conductive, ? Conductive, Mixed, ?, NOHL)

ACTION (Discharge, Review, Refer)

Further appointment in 12 weeks

Refer to (ENT, CHAC, Griffiths, Denver, Sneden, SP, Ther, Ed Psy)

Copy to (GP, Sch Doc, EV, CM)

Referral/Notification of Patient to GMP

To Dr Laurencekirk Health Centre

Patient's details

Surname LEONARD Other Name Stacey

Address Mearns View

Church Road

Luthermuir Postcode Tel.No.

Prescription details from current sight test-Date 1.10.99

Previous corrected V.A. Date

Date of birth 28.4.88

	Uncorrected Vision	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R		+4.50					6/12-		
L		+5.50					6/18		

Points requiring attention

Stacey came for her first test since being discharged from the hospital eye service.
Her visual acuity was quite poor in both eyes which is slightly unusual. I would be grateful if you could check her notes or contact the hospital eye service to check if this is similar to the level of acuity she was achieving at that time. Further referral would only be required if the current acuity is poorer than what was obtained previously.
I have advised her mother that she will be contacted if further investigation is required.

IOP on Pulsair
R mmHg
L mmHg

GRAEME E SHAND
THE SPECTACLE COMPANY
105 HIGH STREET
MONTROSE
01674 678988

Signed 6.10.99

To Be Completed By General Medical Practitioner (if not accompanied by formal referral letter)

To: Dr/Mr/Mrs/Miss/Ms Coleno

Relevant clinical history

presently in care.
I have no record of new visual acuity last s/b Dr Craig registrar on 23.3.94.
Unit No 280488 0060.
Should probably be reviewed.

Urgent/Soon/In turn

Blood Pressure: mmHg

Urinalysis:

Provisional Diagnosis:

Name and Address of GMP
DR. PAT MULCAHY
LAURENCEKIRK MEDICAL GROUP
BLACKIEMUIR AVENUE
LAURENCEKIRK AB30 1DX
TEL: 01561 377258
FAX: 01561 378270

Pat Mulcahy 14/10/99

Signed Date

Angus Council - Social Work Department CC4

PRIVATE AND CONFIDENTIAL

ANNUAL MEDICAL EXAMINATION OF CHILD IN CARE

Surname LEONARD Forenames Stacey

Date of Birth 28 04 88 Age 11 Sex Female

Date of Commencement of Present Placement 16 07 98 School/Nursery Attended Rutherglen PS

Place of Examination L'kirk Surgery Date of Examination 11 8 99

Child Accompanied by Mrs. ELLIS (foster mum)

Height 4' 7" Centile 25-50 c Weight 35kg Centile ~50 c

		N/o/A	Comments
1	Growth	X	
2.	General Appearance/Cleanliness	2	
3	Skin and Hair	2	
4	Teeth	2	
5	Eyes		Spectacles for squint
6	Ears, Nose and Throat	X	drums look ok today but due for audiology assessment soon
7	CVS	2	
8	Blood Pressure (If Applicable)	X	
9	Respiratory System	2	
	Alimentary System	2	
11	Genitalia and Testes (Males Only)		
12	Nervous System	2	
13	Locomotion/Posture	2	
14	Behaviour/Demeanour	2	
15	Colour Vision (If Appropriate)		
16	Other/s (Specify)		

	Right	Left	Test Used
17 Visual Acuity	2/6	3/9	Linear Sheridan Gardiner/Snellen
18 Hearing	✓	✓	~~Manchester Word Test~~ whisper

19 Immunisation Status Complete (Yes)/No/Unknown

20 History of Enuresis - Yes/(No)/Unknown

CONCLUSIONS

21 Is there a Significant Medical Problem? Yes/(No)

22 Is there a Signficant Functional Handicap? Yes/(No)

23 Are there Significant Behavioural Problems? Yes/(No)

24 Are there Significant Development/Educational Difficulties? Yes/(No)

If Yes, has a Record of Needs been opened? Yes/No

25 Further comments: eg Parental Concern, Therapy Involvement

26 Action required: eg Place on Special Needs Register, Refer to Specialist Services

Name of Examiner ANDREW HENDERSON

Signature [signature] Date 11/8/99

Angus Council - Social Work Department CC4

PRIVATE AND CONFIDENTIAL

ANNUAL MEDICAL EXAMINATION OF CHILD IN CARE

Surname LEONARD Forenames Stacey

Date of Birth 28 04 88 Age 11 Sex Female

Date of Commencement of Present Placement 16 07 98 School/Nursery Attended Kirkhemuir PS

Place of Examination Kirkton Surgery Date of Examination 11 8 99

Child Accompanied by Mrs. ELLIS (foster mum)

Height 4' 7" Centile 25-50c Weight 35kg Centile ~50c

		N/D/A	Comments
1	Growth	N	
2	General Appearance/Cleanliness	N	
3	Skin and Hair	N	
4	Teeth	N	
5	Eyes		Spectacles for squint
6	Ears, Nose and Throat	N	drums look dr. today but due for audiology anernent soon.
7	CVS	N	
8	Blood Pressure (If Applicable)	N/A	
9	Respiratory System	N	
10	Alimentary System	N	
	Genitalia and Testes (Males Only)		
12	Nervous System	N	
13	Locomotion/Posture	N	
14	Behaviour/Demeanour	N	
15	Colour Vision (If Appropriate)		
16	Other/s (Specify)		

		Right	Left	Test Used
17	Visual Acuity	3/6	3/9	Linear Sheridan Gardiner/Snellen
18	Hearing	✓	✓	~~Manchester Word Test~~ whisper.

19 Immunisation Status Complete - (Yes)/No/Unknown

20 History of Enuresis - Yes/(No)/Unknown

J:\PRODCS\SWK\FORMS\CC\CC4.DOC

CONCLUSIONS:

21 Is there a Significant Medical Problem? Yes/(No)

22 Is there a Signficant Functional Handicap? Yes/(No)

23 Are there Significant Behavioural Problems? Yes/(No)

24 Are there Signficant Development/Educational Difficulties? Yes/(No)

If Yes, has a Record of Needs been opened? Yes/No

25 Further comments: eg Parental Concern, Therapy Involvement

26 Action required: eg Place on Special Needs Register, Refer to Specialist Services

Name of Examiner ANDREW HENDERSON

Signature [signature] Date 11/8/99

J:\WPDOCS\WORDPERF\FORMS\CCEGC4.DOC

Grampian University Hospitals

DEPARTMENT OF COMMUNITY CHILD HEALTH
Upper Hospital, Berryden Road, Aberdeen, AB25 3HG
Tel: (01224) 663131 Ext 57726 Fax No: (01224) 840969

NA		FILE
PM	✓	NOTES PLEASE
KD		PRESCRIPTION
PN		MED. APPT.
		VISIT
		DISEASE REG.
		SUMMARY
		MEDICAL AGENT
		REPORT NORMAL
OTHER		

Ref: NB/AR/943

Dictated: 11 June 1999
Typed: 22 June 1999

Dr Mulcahy
Blackiemuir Avenue
Laurencekirk

Dear Dr Mulcahy

Re: **Stacey Leonard (28.04.88) Mearnsview Church Road Luthermuir Laurencekirk**

I saw Stacey at Luthermuir Primary School with her Fostermother [redacted].

She has been living with the [redacted] along with her brother and sister for about a year now. She is in Primary 6 at Luthermuir Primary and after a few initial settling in adjustments in relation to peer relationships, she is coping in school. [redacted] reported that she can be very moody at times but is basically a loving child who needs a lot of reassurance. She has optician follow up for the spectacles that she wears to correct a squint. [redacted] had no concerns about her medically and says that they are attending a child Psychologist in Dundee at the present.

Stacey herself was cheerful and chatty today and as there are no present medical concerns I will not arrange to see her again, unless particular issues arise.

Yours sincerely

Nicola Balch

Dr Nicola Balch
Staff Grade in Community Child Health

Grampian University Hospitals

DEPARTMENT OF COMMUNITY CHILD HEALTH
UPPER HOSPITAL, BERRYDEN ROAD, ABERDEEN AB25 3HG
TEL: 01224 - 663131 EXT. 57728 FAX: 840969

24 June, 1999

Audiology Department
Woolmanhill

Name:	Stacey Leonard	Date of Birth:	28/4/88
Address:	Mearnsview Church Road Luthermuir Laurencekirk AB30 1YS		

School Attended: Luthermuir

HEARING LOSS - FURTHER ASSESSMENT ARRANGED

The above child was found to have a hearing loss when screened in school recently. I would be grateful if an appointment could be sent for this child to attend the Community Paediatric Audiology Clinic for further assessment. This letter will also be copied to the GP for their information.

Many thanks

Yours sincerely

pp Dr N Balch
Staff Grade Doctor in Community Child Health

cc Dr P Mulcahay, Laurencekirk

ARBROATH INFIRMARY Hospital

Accident and Emergency No. 1643

USE BALL POINT PEN AND BLOCK LETTERS

Surname LEONARD D.O.B. 28/04/88

First Name STACEY C. State

Address 49 MUIRFIELD RD ARBROATH F Sex

Maiden Name Age 10

Next of Kin and Relationship [redacted] (Contacted YES / NO)

Occupation S/GIRL MPI No. (last 4 digits)

Tel. No. S/A 879846

Date and Time of Injury 5/6/98. Accident Emergency Casual

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P.	Transport Ambulance	Other
5/6/98	2150	2155	2205	YES / NO		

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

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

DIAGNOSIS

REMOVAL OF RING ON INDEX FINGER RIGHT HAND.

T. P. B.P.

MEDICINES PRESCRIBED	DOSE	GIVEN BY

HISTORY / COMPLAINT

Presented with ring handle to be removed from right index finger. Ring normally worn on ring finger, playing with it tight getting it stuck.

Removal tried at home with soap and oil.

No finger swollen.

Ring cutter used to remove ring. Taken home by patient

SITES X-RAYED: No history of trauma

X-RAY FINDINGS:

TREATMENT: Discharged

L. Dawson, S/EN.

L. DAWSON

Doctors Signature A. Phillips S/N.

Print Name For Legal Reasons PHILLIPS.

THB(MRI)5A (Rev.3/94)

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic

Ward No.

Other Hospital

Name and Address of Family Doctor:

DR GRAY

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

Hospital

Accident and Emergency No.

Maiden Name | Age

Next of Kin and Relationship (Contacted YES/ NO)

[redacted]

Tel. No.:

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

USE BALL POINT PEN AND BLOCK LETTERS

Surname | D. of B

First Name | C. Stat

Address | Sex

Occupation | MPI No (last 4 digits)

Date and Time of Injury | Accident Emergency Casu

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

Other (Specify)

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

DIAGNOSIS:

MEDICINES PRESCRIBED	DOSE	GIVEN BY:

T: P: B.P.

HISTORY / COMPLAINT:

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

Doctors Signature

Print Name For Legal Reasons

THB(MR)5A (Rev.3/94)

Tetanus Vaccination	1st.	Covered 2nd.	Booster

To: G.P. Discharged

OP Clinic

Ward No.

Other Hospital

Name and Address of Family Doctor:

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

Angus Council

F.A.O
Dr Bird

With Compliments

SOCIAL WORK
Director: W B Robertson

Bruce House
Wellgate
Arbroath
DD11 3TS

Tel 01307 461460
Fax 01241 435151

Angus Council - Social Work Department CC4

PRIVATE AND CONFIDENTIAL

ANNUAL MEDICAL EXAMINATION OF CHILD IN CARE

Surname Leonard Forenames Stacey

Date of Birth 28 04 88 Age 10 Sex Female

Date of Commencement of Present Placement [ ][ ][ ] School/Nursery Attended

Place of Examination Abbey M/C Date of Examination 2 6 98

Child Accompanied by IRENE CLAFFEY Foster Carer.

Height 132cm Centile Weight 30kg Centile

		N/A	Comments
1	Growth	N	
2	General Appearance/Cleanliness	N	
3	Skin and Hair	N	
4	Teeth	N	1 x filling
5	Eyes	N	1 YR of WEARING SPECTACLES
6	Ears, Nose and Throat	A	MINOR SLUE EAR.
7	CVS	N	
8	Blood Pressure (If Applicable)	N/A	
9	Respiratory System	N	
10	Alimentary System	N	
1	Genitalia and Testes (Males Only)	N/A	
12	Nervous System	N	
13	Locomotion/Posture	N	
14	Behaviour/Demeanour	N	
15	Colour Vision (If Appropriate)	N/A	
16	Other/s (Specify)		

		Right	Left	Test Used
17	Visual Acuity	6/6	6/6 *	Linear Sheridan Gardiner/Snellen
18	Hearing	A	A	Manchester Word Test SLIGHTLY REDUCED

19 Immunisation Status Complete - Yes/No/Unknown

20 History of Enuresis - Yes/No/Unknown

* WITH SPECTACLES

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CONCLUSIONS

21 Is there a Significant Medical Problem? Yes/No

22 Is there a Signficant Functional Handicap? Yes/No

23 Are there Significant Behavioural Problems? Yes/No

24 Are there Signficant Development/Educational Difficulties? Yes/No

If Yes, has a Record of Needs been opened? Yes/No

25 Further comments: eg Parental Concern, Therapy Involvement

26 Action required: eg Place on Special Needs Register, Refer to Specialist Services

DR. STEPHEN P. G. BIRD
PRACTICE 3
ABBEY HEALTH CENTRE
ALLOA FK10 1EN
Tel: 01241 870811

Name of Examiner S P G Bird

Signature [signature] Date 2 June '98

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Angus Council - Social Work Department CC4

PRIVATE AND CONFIDENTIAL

ANNUAL MEDICAL EXAMINATION OF CHILD IN CARE

Surname: LEONARD Forenames: Stacey

Date of Birth: 24/04/88 Age: 10 Sex: Female

Date of Commencement of Present Placement: / / School/Nursery Attended:

Place of Examination: Abbey H/C Date of Examination: 2/6/98

Child Accompanied by: IRENE CLAFFEY Foster Carer

Height: 132 cms Centile: Weight: 30 kgs Centile:

		N/A	Comments
1	Growth	N	
2	General Appearance/Cleanliness	N	
3	Skin and Hair	N	
4	Teeth	N	1 x filling
5	Eyes	N	1/2 yr of wearing specs Aug
6	Ears, Nose and Throat	A	MINOR SLUE EAR
7	CVS	N	
8	Blood Pressure (If Applicable)	N/A	
9	Respiratory System	N	
10	Alimentary System	N	
11	Genitalia and Testes (Males Only)	N/A	
12	Nervous System	N	
13	Locomotion/Posture	N	
14	Behaviour/Demeanour	N	
15	Colour Vision (If Appropriate)	N/A	
16	Other/s (Specify)		

		Right	Left	Test Used
17	Visual Acuity	6/6	6/6	Linear Sheridan Gardiner/Snellen
18	Hearing	A	A	Manchester Word Test Suspect Reduced

19 Immunisation Status Complete - Yes/No/Unknown

20 History of Enuresis - Yes/No/Unknown

A WITH SPECTACLES

CONCLUSIONS

21 Is there a Significant Medical Problem? Yes/No .....

.....

.....

22 Is there a Significant Functional Handicap? Yes/No .....

.....

.....

.....

23 Are there Significant Behavioural Problems? Yes/No .....

.....

.....

24 Are there Significant Development/Educational Difficulties? Yes/No .....

.....

.....

If Yes, has a Record of Needs been opened? Yes/No .....

25 Further comments: eg Parental Concern, Therapy Involvement

26 Action required: eg Place on Special Needs Register, Refer to Specialist Services

Name of Examiner .....

Signature ..... Date 2 Jan 98

96

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Ref: SAG/LMN/2804880060

Enquiries to: Dr. S. A. Greene

Clinic/Dictated/Received: 23/01/98
Typed: 28/01/98

Dr. M. Gray,
Practice 3,
Abbey Health Centre,
East Abbey Street,
ARBROATH.

Dear Dr. Gray,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath.

I was asked to see Stacey by Dr. Forsyth. I am also aware that she has recently been reviewed by Dr. Thomson, Consultant Gynaecologist.

The concerns being over probable breast lump tissue together with a little bit of vaginal discharge. Otherwise her general health is excellent.

I note that she is under long-term foster care and was brought today by her foster mother [redacted].

On examination she has I think normal beginnings of a left breast bud with no evidence of this on the right. She has very fine early pubic hair development but otherwise no other signs of external abnormalities to the genitalia.

I think this is all very early development one that does not seem to worry Stacey or indeed [redacted].

I do not feel there is any need for any investigations at the present time and I have reassured them.

Yours sincerely,

SAG

S. A. Greene,
Consultant Paediatric Endocrinologist.

Copy to Community Child Health

ANGUS NHS TRUST
ARBROATH INFIRMARY

GP ON CALL: DR DEVOY

LW

Minor Injuries Unit Audit No [ ] Patient Out of hours Audit number [480]

Name: STACEY LEONARD D.O.B: 280408 C.State:

Address: C/O 49, Millfield Rd Arbroath

Occupation: Sex:

Phone Number: 879846

N.O.K Name and Address: [redacted]

Relation: Foster Carer

GP Name and Address: DR GRAY

Phone No:

Call Time	480
Call No	
GP Treat	✓ NV
GP Advice	
Home visit	
NP Treat	
NP Advice	
Ambulance	

DATE	TIME(24 hr clock)		Ref by GP Yes/No	Date of injury: Place of injury: Home / Work / School / Other:
1/2/98.	Arr:	Seen:	Disc:	

Pain	Nausea	X-Ray request Y/N	Drug Allergies, Pencillin etc:
Sedation	W Low	Physio request Y/N	

DIAGNOSIS: Earache

Date,time	Medication Prescribed	Dose	Given By

CLINICAL NOTES

Earache from lunchtime. Worse now despite paracetomol. Has recurring problem with ears. No temp. Advised to attend PCEC happy to do so. T37.2. 4.20pm. Started in right ear at lunchtime now getting sore left ear as well. ? bilateral otitis media.

℞ Amoxycillin 5ml 250mg/5ml one 8hrly x10/7

calpol sweet 120mg/5ml 5ml x 10/7

10ml x 9/7.

Review at surgery during the week.

Called.

PMH and Medication:

Tetanus Vacc	1st	Covered 2nd	Booster 3rd

To GP
Discharged
OP clinic
Other hospital
Ward

Signed: SKP
Print Name: I. STASON

PC Protocol No:
MIU Protocol No:
Continued Yes/No

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Ref: JSF/LMN/2804880060

Enquiries to: Dr. J. S. Forsyth

Clinic/Dictated/Received: 03/12/97
Typed: 05/12/97

Dr. S. Greene,
Consultant Paediatrician,
Ninewells Hospital,
DUNDEE.

Dear Steve,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath.

I would be most grateful if you could arrange to see Stacey at your Arbroath Clinic she was originally seen by Dr. Anne McGeechan who was standing in for me at my clinic where she presented with swelling of her left breast and a blood stained vaginal discharge. From the latter point of view she was referred to Dr. Margaret Thomson, Consultant Obstetrician/Gynaecologist and I reviewed Stacey back at my clinic today.

On examination of her breasts I felt that the swelling maybe due to early development of breast tissue. There is no evidence of any swelling affecting her right breast and she is otherwise prepubertal. I would be most grateful. If you could see Stacey and inform me if you feel further investigation is indicated or not.

Yours sincerely,

GHUNT sig for JSF

J. S. Forsyth,
Consultant Paediatrician.

Copy to: Community Child Health.
Copy to Dr. M. Gray, Abbey Health Centre, Arbroath

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

LW

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

MART/BJW/280488/0060

Dr. M. A. R. Thomson

ClinicDictated/Received: 11.12.97
Typed: 11.12.97

Dr. M. W. Gray,
Practice 3,
Abbey Health Centre,
ARBROATH.
DD11 1EN

Dear Dr. Gray,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath

I saw Stacey at the clinic on the 20th of November. I am sorry that a letter was not dictated. Stacey's notes were removed for the Paediatric clinic so therefore it was not brought to my notice earlier.

She has a history of a PV discharge that tends to come and go and the swabs are negative.

In the absence of bleeding and discussing with Stacey whether she could have put anything inside, there is no indication for an EUA. If there is a foreign body inside then the dischage would be bloodstained. I suspect it is probably just a contamination issue and often with these youngsters, with the lack of oestrogen in the vagina, often can be more sensitive to normal commensals and contamination from bowels.

In order to try and help a bit I would suggest that Stacey gets to use some Ovestin cream and I underline Ovestin not Dienoestrol. I have explained to her foster mum about putting 1 ml. just at the vaginal orifice once a day for a couple of weeks and that will hopefully increase the stratification of the vaginal mucosal wall. It should not be used for longer than this.

I would expect her to grow out of it as she gets older anyway and it is really nothing to worry about.

Thanking you.

Yours sincerely,

M. A. R. Thomson
Consultant Gynaecologist
Dictated but not read

c.c. Dr. A. McGeechan

MWG/JH

13th November, 1997

Dr. A. McGeechan,
Specialist Registrar to Dr. J.S. Forsyth
Arbroath Infirmary,
Rosemount Road,
Arbroath, DD11 2AT

Dear Dr. McGeechan,

Re:- Stacey Leonard, 28/04/88 0060
c/o Brenda Lindsay,
49 Millfield Road,
Arbroath, DD11 4HW

You saw this 9 year old in July and again in September with a (L) breast lump and (L) cervical lymphodenopathy and a vaginal discharge. She is being seen by the gynaecologists this week with regard to the discharge. The breast lump has been fairly constant over the past 2 months and the neck glands have also been persistant.

Stacey herself seems perfectly well but due to the persistance of these problems I wondered if you were proposing to see her again fairly soon.

Yours sincerely,

Dr. Margaret W. Gray

A. H. HORNSBY
M.B., Ch.B. (St Andrews)

MARGARET W. GRAY
M.B., Ch.B. (St Andrews)
M.R.C.G.P.

CLAIRE E. RUSHTON
M.B., D.R.C.O.G., D.C.H.
M.R.C.G.P.

Abbey Health Centre
Arbroath
Tel. (01241) 870311
Fax: (01241) 875411

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Ref: MART/RCD/280488/0060.

Clinic/Dictated/Received 2.10.97
Typed 7.10.97.

Dr. A. McGeechan,
Specialist Registrar to Dr. J.S. Forsyth,
ARBROATH INFIRMARY.

Dear Dr. McGeechan,

Stacey Leonard, [redacted], 49 Millfield Road, Arbroath.

Thank you for your note regarding this girl. I am quite happy to see her with a view to her vaginal discharge, but as Gynaecologists we have no expertise whatsoever in breast lumps. If you are worried about this I am the wrong person to refer her to. However, I will see her at the clinic with a view to her discharge and usually unless the discharge is blood-stained then there is no indication for doing an EUA to look for a foreign body. Usually there are normal commensals giving rise to the discharge and we tend to give them a little bit of oestrogen.

I will send her an appointment. If you want to do something further about the breast lump you might wish to speak to one of the breast people.

Yours sincerely,

M.A.R. Thomson,
Consultant Obstetrician/Gynaecologist.
(Dictated but not read.)

Copy: Dr. M.W. Gray.

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Ref: AM/LMN/2804880060

Enquiries to: Dr. J. S. Forsyth

Clinic/Dictated/Received: 10/09/97
Typed: 16/09/97

Dr. M. Thomson,
Consultant Obstetrician and Gynaecologist,
Arbroath Infirmary,
ARBROATH.

Dear Dr. Thomson,

Stacey Leonard, [redacted] 49 Millfield Road, Arbroath.

I would be very grateful if you could see little Stacey in your Out Patient Clinic. I first saw her in July of this year and hopefully you will be able to read this letter with her casenotes. She is in foster care because of problems with sexual abuse in the past and she really seems very settled with her current foster carers.

The problem is that this 9 year girl has is that there is a left breast lump which varies in size, can be present some times and not there the next and Stacey complains of it intermittently being a bit tender, although there has never been any discharge from the nipple nor has there been any history of trauma.

The second problem is that from about April there has been an intermittent green/yellow vaginal discharge necessitating changes of underwear. A swab had been taken by the GP - no growth was detected, however Canesten and Timodine have been tried without any benefit.

When I saw her at the clinic on 10/09/97 the lump which I could not feel the previous time was certainly present, just under her left nipple and areola approximately a cm across, fluctuant and non tender and I wondered whether this was just an intermittent cystic swelling and I did not go on and do further perineal examination, previously it looked very normal - pink and healthy, vaginal opening looked normal and there was no discharge.

I am unsure as to where to proceed with her next and whether she necessitates an EUA. I certainly do not feel that there is any concern at present over abuse and it may that there has simply been a foreign body or something causing the vaginal problem.

cont'd.....

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Many thanks for your help.

Yours sincerely,

Anne McGeechan

Anne McGeechan,
Specialist Registrar to
Dr. J. S. Forsyth.

Copy to Dr. M. Gray, Abbey Health Centre, Arbroath.

Copy to Community Child Health

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Ref: JSF/LMN/2804880060

Enquiries to: Dr. J. S. Forsyth

Clinic/Dictated/Received: 09/07/97
Typed: 15/07/97

Dr. M. Gray,
Practice 3,
Abbey Health Centre,
East Abbey Street,
ARBROATH.

Dear Dr. Gray,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath.

Thank you for referring Stacey up to the Paediactric Clinic. I saw her this afternoon with her foster mother [redacted].

Stacey is 9 years old and there were two problems with her, a left breast lump and a vaginal discharge. The breast lump was noted late March, it was a visible lump which was noticeable over the left breast first picked up when she was having a bath. Foster mum says this is no longer so visible but Stacey still complains of it being tender. No history of trauma was elicited.

The second problem again probably from about April has been of a green/yellow vaginal discharge. This has on occasions necessitated a change of pants, it has occasionally been itchy and smelly, I note that a swab taken from it had no growth detected. The discharge was also not helped by the use of Canesten or Timodine creams.

On the social side there is no contact with her natural dad and she has fairly erratic supervised access with the mother and step-father. The reason for her foster placement was because of sexual abuse in the past. She has been with these carers for the past 2 years. She otherwise is very healthy and going to go in to primary 5 at Inverbrothock Primary School after the holidays.

Examination was really quite unremarkable apart from the persisting cervical lymphadenopathy on the left side of her neck. No masses were palpable on either breast nor was there anything visible, although Stacy did complain of slight tenderness at the left breast but it was fairly variable in position. Abdominal examination was unremarkable. Her perineum looked very pink and healthy, there was no discharge from her vagina today and the vagina opening looked very healthy.

cont'd.....

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

I have arranged to see her back in 2 months' time and it may be that if the discharge is ongoing we will consider a gynaecological referral. There is no history of any foreign body. It may well be that the breast lump and the discharge are linked with hormonal changes in this as yet pre-pubertal child.

Yours sincerely,

A McGeechan

Anne McGeechan,
Specialist Registrar to
Dr. J. S. Forsyth.
Copy to Community Child Health

Ps Leukocytes were detected on her urinalysis.
MSSU taken on 09/07/97 showed no growth

240

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Arbroath
Angus DD11 2AT.
Tel: 01241 872584

Ref: CM/RCD/280488/0060.

Clinic/Dictated/Received 5.2.97
Typed 11.2.97.

Dr. A.H. Hornsby,
Practice 3,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacey Leonard, [redacted], 49 Millfield Road, Arbroath DD11 4HW.

Consultant:
C.J. MacEwen.

Diagnosis:
Hypermetropia.
Esotropia.
Left amblyopia.

Outcome:
Discharged from clinic.

Stacey has a fully accommodative esotropia in association with her hypermetropia. She has limited binocular function but she is now aged 8 and, therefore, should be fairly stable. In view of this I have discharged her from further follow-up and she will require to attend her Optician for regular refraction.

Yours sincerely,

C. MacEwen,
Consultant Ophthalmologist.
(Dictated but not read.)

GP112

AKEW

286

Signature

Produced on behalf of The Scotch Office by HMSO Scotland. 8391(99). 4/99.

[redacted]

Angus Council
WORKING WITH YOU

Our Ref LT/EMO

20 May 1996

SOCIAL WORK
Director: W B Robertson

Academy Lane
Arbroath
Angus DD11 1EJ

DX 678 Forfar

Tel 01241 878585
Fax 01241 870372

Dr A Hornsby
Abbey Health Centre
East Abbey Street
Arbroath

Dear Dr Hornsby

[redacted]

STACEY LEONARD (28/04/88)
[redacted] **49 MILLFIELD ROAD, ARBROATH**

I am writing to confirm your invitation to a Review Child Protection Case Conference in respect of the above named children.

This meeting was to take place on Wednesday 29 May 1996 but will now be held on **Wednesday 12 June 1996 at 11.30 am in the Abbey Health Centre, East Abbey Street, Arbroath.** It is proposed that Mr and Mrs David Lessells will be invited to attend the whole of the meeting.

If you are unable to attend, please inform the Child Protection Desk on the above number and forward any written comments to Child Protection Admin., Academy Lane, Arbroath. If you wish to comment on, or have any objection to parental attendance, please contact me at Broomfield Resource Centre, Montrose (01674-678509)

Yours sincerely

E Cyl

LORRAINE TURNBULL
Chairperson
Child Protection Case Conference

Copy: Mr M Briggs/Mrs E Ross/Mrs B Cowan/Mrs I Swan

Chief Executive
Alexander B. Watson

GP

ANGUS COUNCIL

SOCIAL WORK DEPARTMENT

CC3

PRIVATE AND CONFIDENTIAL CHI NO

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname Leonard Forenames Stacey

Date of Birth 28 | 4 | 88 Age 8 Sex Female

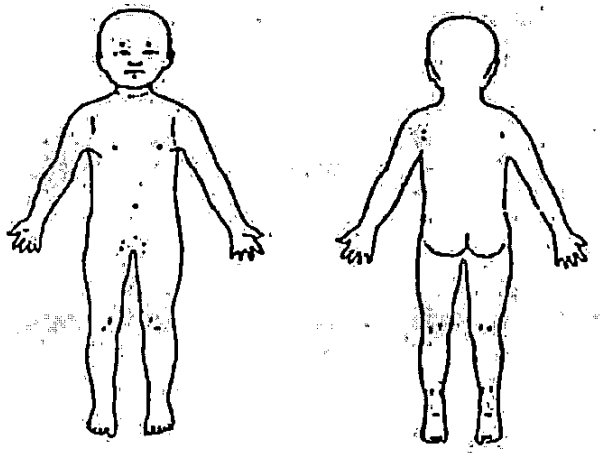
Date of Admission Into Care 20 | 5 | 96 School/~~Nursery~~ Attended Invd Primary

Examination Requested By Allan Smith Child Accompanied By

Place of Examination Rosemount HC Date of Examination 20 | 5 | 96

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

No evidence of neglect or injury
Rigish glands on Left side of neck



2 Measurements

Weight _____ Kgs Lost Percentile

Height/Length _____ Cms _____ Percentile

Head Circumference _____ Cms measured Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair	N	Healthy
b) Teeth	N	
c) Eyes	N	
d) Ears, Nose and Throat	N	
e) CVS	N	
f) Blood Pressure (If Applicable)	N	
g) Respiratory System	N	
h) Alimentary System	N	
i) Genitalia/Testes (Males Only)	N	
j) Nervous System	N	
k) Locomotion/Posture	N	

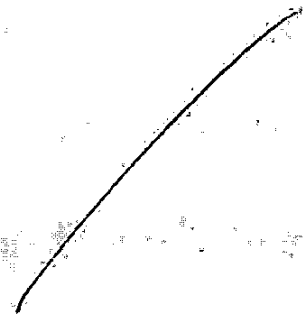
4 **Developmental Assessment** (Include Information from most recent screening with date if available **and** give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision

Hearing/Communication

Social/Behaviour

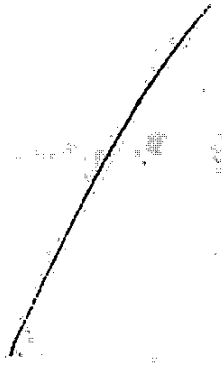


---

5 **Background Information Available at this Examination**

(a) Past Medical History

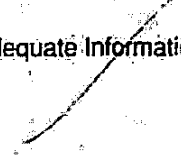
(b) Family History



---

6 **Do you consider this child to be at high risk from HIV or Hepatitis?**

☐ Yes ☐ No ☑ Inadequate Information



7 Treatment Required (if any) and note of action taken

/

8 Immunisation Status Complete?

☐ Yes ☐ No ☑ Unknown

Specify _____

9 Further Action Required Including:

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 Action Taken

Further Appointment Arranged ☐

Referred to Specialist Paediatrician ☐

Social Worker Informed ☐

Specify _____

Signature of Doctor Johanna Nolan

Name (in block capitals) J. NOLAN

Designation Cons.

Time 1 pm Date 24/5/96

Please give details of contact made with child's Social Worker/Parent/Foster Parent

REMAB Access

GP

ANGUS COUNCIL

CC3

SOCIAL WORK DEPARTMENT

PRIVATE AND CONFIDENTIAL CHI NO

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname KENNARD Forenames STACEY

Date of Birth 28 | 4 | 88 Age 8 Sex FEMALE

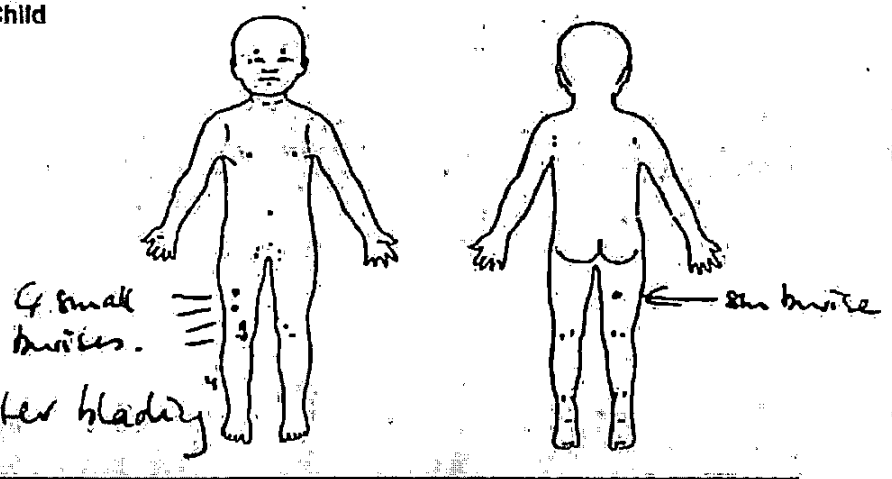
Date of Admission Into Care OUT 16 | 5 | 96 School/Nursery Attended INVERBROTHOCK

Examination Requested By ARBROATH SHD Child Accompanied By SS Dept

Place of Examination RAVENSWOOD HC Date of Examination 16 | 5 | 96

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

happy, smiley
well nourished



says "roller blading"

2 Measurements

Weight _____ Kgs _____ Percentile

Height/Length _____ Cms _____ Percentile

Head Circumference _____ Cms _____ Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair	N	
b) Teeth	A	- Caries.
c) Eyes	A	squint
d) Ears, Nose and Throat	D	T.M's pink : recent cold
e) CVS		
f) Blood Pressure (If Applicable)		
g) Respiratory System		
h) Alimentary System		not done
i) Genitalia/Testes (Males Only)		
j) Nervous System		
k) Locomotion/Posture		

4 Developmental Assessment (Include information from most recent screening with date if available and give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision

Hearing/Communication

Social/Behaviour

normal

---

5 Background Information Available at this Examination

(a) Past Medical History

not available

(b) Family History

---

6 Do you consider this child to be at high risk from HIV or Hepatitis?

☐ Yes ☐ No ☑ Inadequate information

7 Treatment Required (if any) and note of action taken

8 Immunisation Status Complete?

☐ Yes ☐ No ☑ Unknown

Specify

9 Further Action Required Including:

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 Action Taken

Further Appointment Arranged ☐ Referred to Specialist Paediatrician ☐ Social Worker Informed ☐

Specify

Signature of Doctor Ustein

Name (in block capitals) USMAN SIDIQ

Designation CMO

Time 1600hrs. Date 16/5/96

Please give details of contact made with child's Social Worker/Parent/Foster Parent

Examination done in presence of Nurse Helen Ravenhead

GP

ANGUS COUNCIL

SOCIAL WORK DEPARTMENT

CC3

PRIVATE AND CONFIDENTIAL CHI NO

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname LEONARD Forenames Stacey

Date of Birth Age Sex F

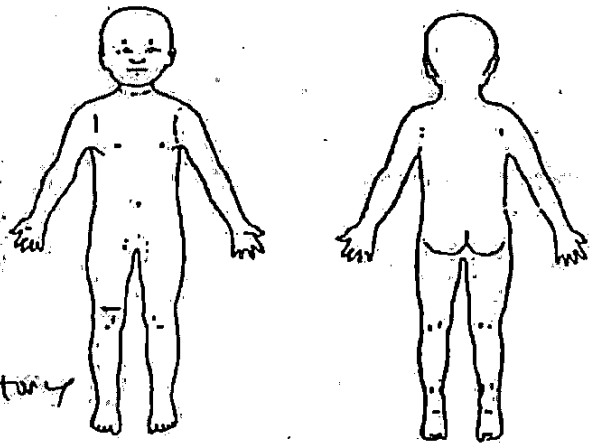
Date of Admission Into Care School/Nursery Attended

Examination Requested By Soc Dept Child Accompanied By SW.

Place of Examination R' wood Date of Examination 7 5 96

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

No evidence of neglect. One old dish bruise above (R) knee. Pale + hot with inflamed ear drums – vomited on way to R'wood earlier by history diarrhoea wet pants today.



2 Measurements

Weight Kgs not measured. Percentile

Height/Length Cms Percentile

Head Circumference Cms Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair		One fading bruise above Right knee.
b) Teeth	☑	
c) Eyes	☑	
d) Ears, Nose and Throat		inflamed T.M.'s
e) CVS	☑	
f) Blood Pressure (If Applicable)	☑	
g) Respiratory System	☑	
h) Alimentary System		D/V
i) Genitalia/Testes (Males Only)	☑	
j) Nervous System	☑	
k) Locomotion/Posture	☑	

4 **Developmental Assessment** (Include Information from most recent screening with date if available and give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision

Hearing/Communication

Social/Behaviour

---

5 **Background Information Available at this Examination**

(a) Past Medical History

(b) Family History

---

6 **Do you consider this child to be at high risk from HIV or Hepatitis?**

☐ Yes ☐ No ☐ Inadequate Information

7 **Treatment Required (if any) and note of action taken**

Home to Foster-parents
seek medical advise if
not settling.

8 **Immunisation Status Complete?**

☐ Yes ☐ No ☐ Unknown

Specify _____

9 **Further Action Required Including:**

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 **Action Taken**

Further Appointment Arranged ☐ Referred to Specialist Paediatrician ☐ Social Worker Informed ☐

Specify _____

Signature of Doctor Johanna Nolan

Name (in block capitals) J. NOLAN

Designation CMO completed & Signed

Time Exam'd 12.30 7.5.96 Date 16.5.'96

Please give details of contact made with child's Social Worker/Parent/Foster Parent

GP

ANGUS COUNCIL

SOCIAL WORK DEPARTMENT

CC3

PRIVATE AND CONFIDENTIAL CHI NO

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname LEONARD Forenames STACEY

Date of Birth 28 4 88 Age 8 Sex FEMALE

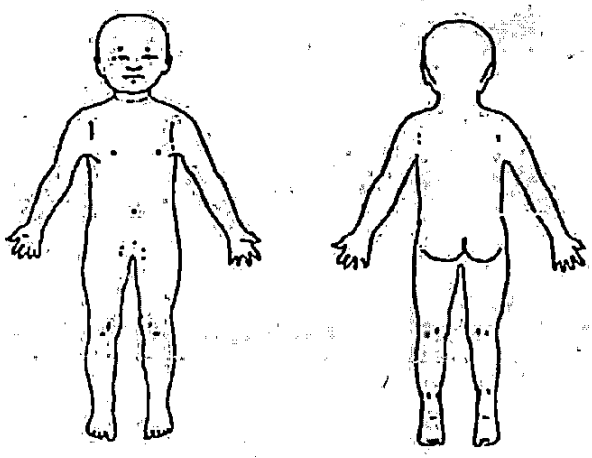
Date of Admission Into Care 2 5 96 School/Nursery Attended [illegible]

Examination Requested By [illegible] SWD Child Accompanied By I S NAYLOR

Place of Examination MONTROSE HC Date of Examination 2 5 96

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

happy healthy
no marks or bruises



2 Measurements

Weight _____ Kgs _____ Percentile

Height/Length _____ Cms _____ Percentile

Head Circumference _____ Cms _____ Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair	N	
b) Teeth	N	Caries
c) Eyes	A	wears specs for squint
d) Ears, Nose and Throat	N	
e) CVS		
f) Blood Pressure (If Applicable)		
g) Respiratory System		
h) Alimentary System		not done. Examined 25/4/96
i) Genitalia/Testes (Males Only)		
j) Nervous System		
k) Locomotion/Posture	N	

4 **Developmental Assessment** (Include information from most recent screening with date if available and give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision

Hearing/Communication

Social/Behaviour

normal

---

5 **Background Information Available at this Examination**

(a) Past Medical History

not available

(b) Family History

---

6 **Do you consider this child to be at high risk from HIV or Hepatitis?**

☐ Yes ☐ No ☑ Inadequate Information

7 Treatment Required (if any) and note of action taken

8 Immunisation Status Complete?

☐ Yes ☐ No ☑ Unknown

Specify

9 Further Action Required Including:

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 Action Taken

Further Appointment Arranged ☐

Referred to Specialist, Paediatrician ☐

Social Worker Informed ☐

Specify

Signature of Doctor

Name (in block capitals) LINDA SIGN

Designation CMO

Time 1610 hrs Date 2/8/96

Please give details of contact made with child's Social Worker/Parent/Foster Parent

Nurse Nelson present at examination.

GP

Tayside Regional Council

SOCIAL WORK DEPARTMENT

CC3

PRIVATE AND CONFIDENTIAL CHI NO

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname Leonard Forenames Stacey

Date of Birth 28 4 88 Age 7½ Sex F

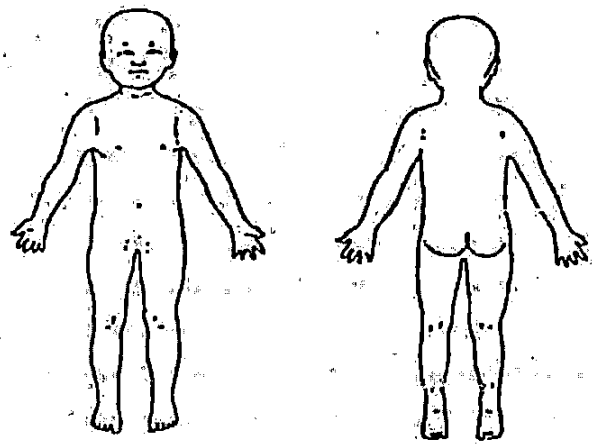
Date of Admission into Care 5 4 96 School/Nursery Attended Inverbrothock PS

Examination Requested By SW Dept Child Accompanied By J. Sean-Murdoch

Place of Examination Resource Unit Date of Examination 5 4 96

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

Satis



2 Measurements

Weight _____ Kgs _____ Percentile

Height/Length _____ Cms _____ Percentile

Head Circumference _____ Cms _____ Percentile

Comment Not done today

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair	☐	As above
b) Teeth	☐	Some poor teeth
c) Eyes	☐	Glasses
d) Ears, Nose and Throat	☑	
e) CVS	☑	
f) Blood Pressure (If Applicable)	—	
g) Respiratory System	☑	
h) Alimentary System	☑	Soft. Non-tender.
i) Genitalia/Testes (Males Only)	—	
j) Nervous System	☑	
k) Locomotion/Posture	☑	

4 **Developmental Assessment** (Include information from most recent screening with date if available and give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision

Hearing/Communication

Social/Behaviour

---

5 **Background Information Available at this Examination**

(a) Past Medical History

(b) Family History

---

6 **Do you consider this child to be at high risk from HIV or Hepatitis?**

☐ Yes ☐ No ☑ Inadequate Information

7 Treatment Required (if any) and note of action taken

8 Immunisation Status Complete?

☑ Yes ☐ No ☐ Unknown

Specify _____

9 Further Action Required Including:

(a) Further Investigation of identified or potential medical factors.

(b) Further Developmental/Educational Assessment

(c) Other

10 Action Taken

Further Appointment Arranged ☐ Referred to Specialist Paediatrician ☐ Social Worker Informed ☑

Specify _____

Signature of Doctor K Anand

Name (in block capitals) K ANAND

Designation SCMO

Time 3.15pm Date 5/4/96

Please give details of contact made with child's Social Worker/Parent/Foster Parent

Tayside Regional Council

SOCIAL WORK DEPARTMENT

CC3 GP

PRIVATE AND CONFIDENTIAL

CHI NO | | | | | | | | | | |

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname LEONARD

Forenames STACEY

Date of Birth 28 | 4 | 88 Age 8

Sex FEMALE

Date of Admission into Care 4 | 4 | 96

School/Nursery Attended INVERBERVIE

Examination Requested By ABERDEEN SWD

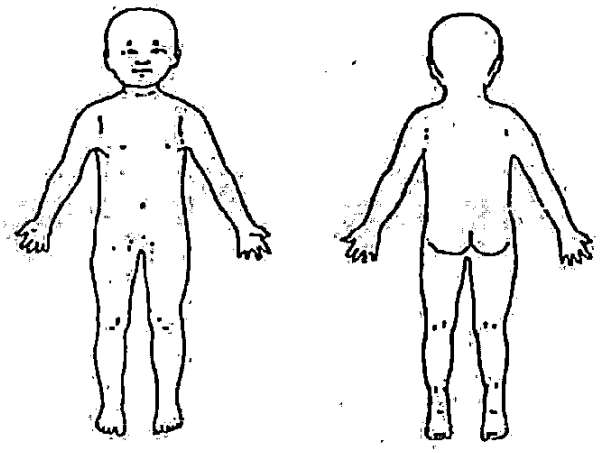
Child Accompanied By SWA

Place of Examination A.H.C

Date of Examination 4 | 4 | 96

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

Satis.



2 Measurements

Weight 3rd Centile 22.2 Kgs < 25th Percentile

Height/Length 116 Cms > 10th Percentile

Head Circumference ____ Cms ____ Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair	☐	Acne
b) Teeth	☐	Some poor teeth. Attending dentist
c) Eyes	☐	Hay fevers
d) Ears, Nose and Throat	☒ N	
e) CVS	☒ N	
f) Blood Pressure (If Applicable)	☒ N	
g) Respiratory System	☒ N	
h) Alimentary System	☒ N	
i) Genitalia/Testes (Males Only)	☒ N	
j) Nervous System	☒ N	
k) Locomotion/Posture	☒ N	

4 Developmental Assessment (Include information from most recent screening with date if available and give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision

Hearing/Communication

Social/Behaviour

---

5 Background Information Available at this Examination

(a) Past Medical History

(b) Family History

---

6 Do you consider this child to be at high risk from HIV or Hepatitis?

☐ Yes ☐ No ☑ Inadequate Information

7 Treatment Required (if any) and note of action taken

8 Immunisation Status Complete?

☑ Yes ☐ No ☐ Unknown

Specify

9 Further Action Required Including:

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 Action Taken

Further Appointment Arranged ☐ Referred to Specialist Paediatrician ☐ Social Worker Informed ☑

Specify

Signature of Doctor K Anand

Name (in block capitals) K ANAND

Designation SCMO

Time 9.30am Date 4/4/96

Please give details of contact made with child's Social Worker/Parent/Foster Parent

Angus Council
WORKING WITH YOU

SOCIAL WORK
Director: W B Robertson

Academy Lane
Arbroath
Angus DD11 1EJ

DX 678 Forfar

Tel 01241 878585
Fax 01241 870372

Our Ref LT/EMO

17 May 1996

Dr A Hornsby
Abbey Health Centre
East Abbey Street
Arbroath

Dear Dr Hornsby

[redacted]
[redacted]
[redacted]
STACEY LEONARD (28/04/88)
[redacted] 49 MILLFIELD ROAD, ARBROATH

I am writing to confirm your invitation to a Review Child Protection Case Conference in respect of the above named children.

This meeting will be held on **Wednesday 29 May 1996 at 11.30 am in the Abbey Health Centre, East Abbey Street, Arbroath.** It is proposed that [redacted] will be invited to attend the whole of the meeting.

If you are unable to attend, please inform the Child Protection Desk on the above number and forward any written comments to Child Protection Admin., Academy Lane, Arbroath. If you wish to comment on, or have any objection to parental attendance, please contact me at Broomfield Resource Centre, Montrose (01674-678509).

Yours sincerely

LORRAINE TURNBULL
Chairperson
Child Protection Case Conference

Copy: Mr M Briggs/Mrs E Ross/Mrs B Cowan/Mrs I Swan

Chief Executive
Alexander B. Watson

Address/Reports

9 GP

ANGUS COUNCIL

CC3

SOCIAL WORK DEPARTMENT

PRIVATE AND CONFIDENTIAL CHI NO

MEDICAL REPORT ON CHILD COMING ~~INTO~~ Out CARE

Surname LEONARD Forenames STACEY

Date of Birth 28 4 88 Age 8 Sex FEMALE

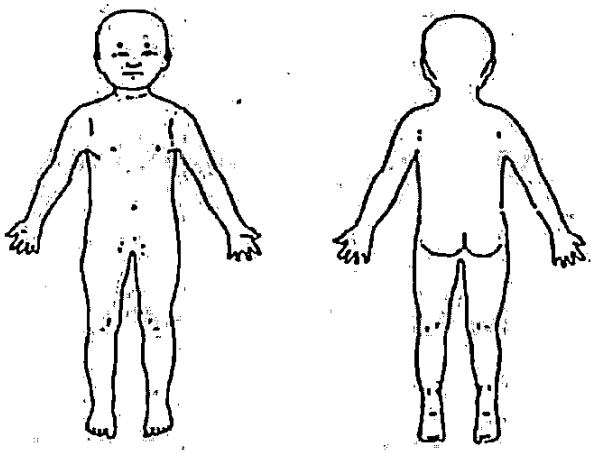
Date of Admission ~~into~~ Out Care 9 5 96 School/Nursery Attended INVERBERVIE

Examination Requested By ALLOA SHD Child Accompanied By [illegible]

Place of Examination RAVENSWOOD H.C Date of Examination 9 5 96

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

Satis



2 Measurements Not done

Weight _____ Kgs _____ Percentile

Height/Length _____ Cms _____ Percentile

Head Circumference _____ Cms _____ Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair		As above
b) Teeth	N	
c) Eyes		Hx glasses
d) Ears, Nose and Throat	N	
e) CVS	N	
f) Blood Pressure (If Applicable)	N	
g) Respiratory System	N	
h) Alimentary System	N	
i) Genitalia/Testes (Males Only)	N	
j) Nervous System	N	
k) Locomotion/Posture	N	

4 **Developmental Assessment** (Include Information from most recent screening with date if available **and** give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision

Hearing/Communication

Social/Behaviour

---

5 **Background Information Available at this Examination**

(a) Past Medical History

(b) Family History

---

6 **Do you consider this child to be at high risk from HIV or Hepatitis?**

☐ Yes ☐ No ☑ Inadequate Information

7 Treatment Required (if any) and note of action taken

8 Immunisation Status Complete?

☑ Yes ☐ No ☐ Unknown

Specify

9 Further Action Required Including:

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 Action Taken

Further Appointment Arranged ☐ Referred to Specialist Paediatrician ☐ Social Worker Informed ☑

Specify

Signature of Doctor K Anand

Name (in block capitals) K ANAND

Designation SCMO

Time 4.15pm Date 9/5/96

Please give details of contact made with child's Social Worker/Parent/Foster Parent

To Mum for change in Fife.

ANGUS N·H·S TRUST
DEDICATED TO CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Ref: EH/RCD/280488/0060.

Clinic/Dictated/Received 25.4.96.
Typed 2.5.96.

Dr. A.H. Hornsby,
Practice 3,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacey Leonard, c/o Irene Clabby, 49 Millfield Road, Arbroath.

Stacey attended for refraction. New glasses were ordered for constant wear. She is still considerably hypermetropic. Squint remains well controlled and we will keep her under review in the Orthoptic Clinic.

Yours sincerely,

E. Houghton,
Associate Specialist in Ophthalmology.
(Dictated but not read.)

GP

Tayside Regional Council

SOCIAL WORK DEPARTMENT

CC3

PRIVATE AND CONFIDENTIAL

CHI NO | | | | | | | | | | |

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname LEONARD Forenames STACEY

Date of Birth 28 | 4 | 88 Age 8 Sex FEMALE

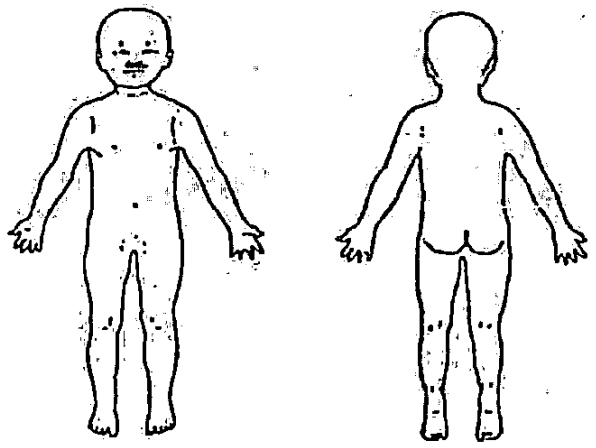
Date of Admission ~~Into Care~~ 2nd 25 | 4 | 96 School/~~Nursery~~ Attended INVERBERVIE

Examination Requested By ARBROATH SHD Child Accompanied By [illegible]

Place of Examination ARBROATH HC Date of Examination 25 | 4 | 96

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

healthy
happy
good nutrition.
Scab under (L) knee
– fell from roller blades



2 Measurements

Weight _____ Kgs _____ Percentile
Height/Length _____ Cms _____ Percentile
Head Circumference _____ Cms _____ Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair	N	– see above – abrasion (L) philtrum
b) Teeth	N	fillings
c) Eyes	A	squint – attends
d) Ears, Nose and Throat	N	
e) CVS	N	
f) Blood Pressure (If Applicable)		
g) Respiratory System	N	
h) Alimentary System		
i) Genitalia/Testes (Males Only)		
j) Nervous System	N	
k) Locomotion/Posture	N	

4 **Developmental Assessment** (Include information from most recent screening with date if available and give impression from this contact)

Gross Motor Stacey

Fine Motor/Manipulative/Vision

Rhd Rfoot Reye

Hearing/Communication

normal

Social/Behaviour

boubeard "institutionalized"
v. co-operative

---

5 **Background Information Available at this Examination**

(a) Past Medical History

MK

(b) Family History

MK

---

6 **Do you consider this child to be at high risk from HIV or Hepatitis?**

☐ Yes ☐ No ☑ Inadequate Information

7 Treatment Required (if any) and note of action taken

8 Immunisation Status Complete?

☐ Yes ☐ No ☑ Unknown

Specify

9 Further Action Required Including:

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 Action Taken

Further Appointment Arranged ☐ Referred to Specialist Paediatrician ☐ Social Worker Informed ☐

Specify

Signature of Doctor [signature]

Name (in block capitals) LINDA STERN

Designation CMO

Time 4pm Date 25/4/96

Please give details of contact made with child's Social Worker/Parent/Foster Parent

Examination in presence of SWD representative Mrs Isobel Naylor.

GP

Tayside Regional Council

SOCIAL WORK DEPARTMENT

CC3

PRIVATE AND CONFIDENTIAL CHI NO

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname LEONARD Forenames STACEY

Date of Birth 28 | 4 | 88 Age 8 Sex FEMALE

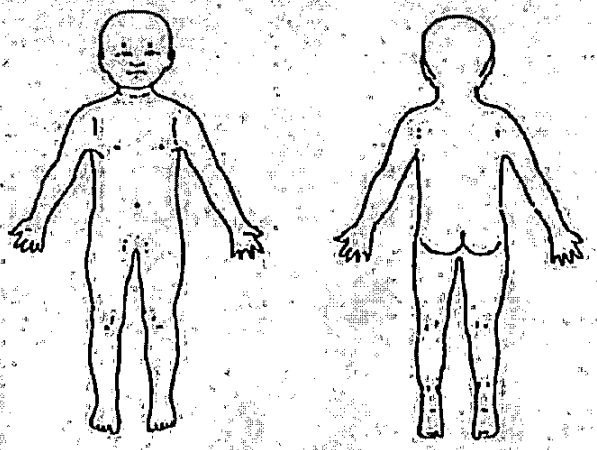
Date of Admission Into Care 29 | 4 | 96 School/Nursery Attended [illegible]

Examination Requested By [illegible] Child Accompanied By [illegible]

Place of Examination [illegible] HC Date of Examination 29 | 4 | 96

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

no evidence of infection, neglect or injury.



2 Measurements

Weight _____ Kgs not measured Percentile

Height/Length _____ Cms not measured Percentile

Head Circumference _____ Cms _____ Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair	☑	
b) Teeth	☑	
c) Eyes	☑	
d) Ears, Nose and Throat	☑	
e) CVS	☑	
f) Blood Pressure (If Applicable)	☑	
g) Respiratory System	☑	
h) Alimentary System	☑	
i) Genitalia/Testes (Males Only)	☑	
j) Nervous System	☑	
k) Locomotion/Posture	☑	

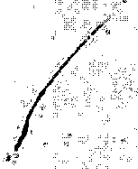
4 **Developmental Assessment** (Include Information from most recent screening with date if available and give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision

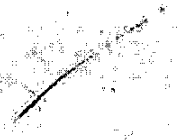
Hearing/Communication

Social/Behaviour



5 **Background Information Available at this Examination**

(a) Past Medical History



(b) Family History

6 **Do you consider this child to be at high risk from HIV or Hepatitis?**

☐ Yes ☐ No ☐ Inadequate Information

7. Treatment Required (if any) and note of action taken

8 Immunisation Status Complete?

☐ Yes ☐ No ☑ Unknown

Specify _____

9 Further Action Required Including:

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 Action Taken

Further Appointment Arranged ☐ Referred to Specialist Paediatrician ☐ Social Worker Informed ☐

Specify _____

Signature of Doctor Johnna Nolan

Name (in block capitals) J NOLAN

Designation CMO

Time 12.45 pm Date 29.4.95

Please give details of contact made with child's Social Worker/Parent/Foster Parent

BP

Tayside Regional Council

SOCIAL WORK DEPARTMENT

CC3

PRIVATE AND CONFIDENTIAL

CHI NO

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname LEONARD

Forenames Stacey

Date of Birth 28 | 4 | 88 Age

Sex FEMALE

Date of Admission Into Care 12 | 4 | 96

School/Nursery Attended Enoch Primary

Examination Requested By ARB SWD

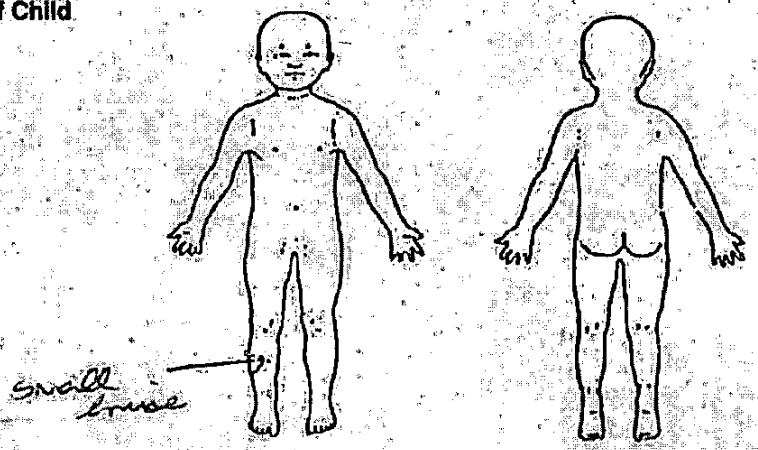
Child Accompanied By SWA

Place of Examination Maryhill HC

Date of Examination 12 | 4 | 96

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

Dry skin.



2 Measurements

Weight ____ Kgs ____ Percentile

Height/Length ____ Cms ____ Percentile

Head Circumference ____ Cms ____ Percentile

Comment Not done

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair		Adalre
b) Teeth	D	
c) Eyes		Glasses
d) Ears, Nose and Throat	N	
e) CVS	N	
f) Blood Pressure (If Applicable)	N	
g) Respiratory System	N	
h) Alimentary System	N	
i) Genitalia/Testes (Males Only)	N	
j) Nervous System	N	
k) Locomotion/Posture	N	

4 **Developmental Assessment** (Include information from most recent screening with date if available **and** give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision

Hearing/Communication

Social/Behaviour

---

5 **Background Information Available at this Examination**

(a) Past Medical History

(b) Family History

---

6 **Do you consider this child to be at high risk from HIV or Hepatitis?**

☐ Yes ☐ No ☑ Inadequate Information

7 Treatment Required (if any) and note of action taken

8 Immunisation Status Complete?

☑ Yes ☐ No ☐ Unknown

Specify

9 Further Action Required Including:

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 Action Taken

Further Appointment Arranged ☐ Referred to Specialist Paediatrician ☐ Social Worker Informed ☐

Specify

Signature of Doctor K Anand

Name (in block capitals) K ANAND

Designation SCMO

Time 3.15pm Date 12/4/96

Please give details of contact made with child's Social Worker/Parent/Foster Parent

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Ref: JSF/DT/280488/0060

Enquiries to: Dr J. S. Forsyth.

Dictated/Received: 1.11.95
Typed: 3.11.95

Dr A Hornsby,
Practice 3,
Abbey Health Centre,
ARBROATH.

Dear Dr Hornsby,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath

Stacey was seen at the Paediatric Clinic on the 1st of November 1995. She was referred to this clinic by Mr Davis, our Consultant ENT Surgeon, because of recurrent cervical lymphadenopathy. She was first noted to have enlarged cervical glands on the right side of her neck at the time when she had the infection. The size of the glands reduced with a course of antibiotics but have then increased in size again. Stacey is currently staying with Mrs Irene Claffey, her foster mother, and she said the the glands do tend to increase and decrease in size.

She had an audiogram last night which was reported to be normal. She also attends the Ophthalmology Clinic and you will be aware of the current social situation.

On examination, Stacey appeared well. She was pink. There were 3 smooth mobile cervical glands just anterior to the sternomastoid muscle on the left side. There was no significant lymphadenopathy on the right side of her neck and there was not axillary lymphadenopathy. On examination of the abdomen, there was no herpatosplenomegaly or significant inguinal gland. Ther throat was healthy.

It appears that these glands are normal and reactive glands and I therefore did not feel that investigation, in particular cervical excision biopsy, was indicated. I did express to Mrs Claffey that if any of the glands increased in size, remained enlarged and felt hard and fixed then of course we would want to see Stacey back at the clinic with a view to further investigation. In the meantime I have discharged her from this clinic.

Yours sincerely,

J. S. FORSYTH,
CONSULTANT PAEDIATRICIAN.

Copy to Community Child Health.
Copy to Mr B C Davis, AI.

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Ref: BCD/DT/280488/0060

Enquiries to: Mr B. C. Davis.

Dictated/Received: 10.10.95
Typed: 16.10.95

Dr A Hornsby,
Practice 3,
Abbey Health Centre,
ARBROATH.

Dear Dr Hornsby,

Stacey Leonard, C/o Irene Claffey, 49 Millfield Road, Arbroath

This girl appeared at the clinic today.

I understand she had been referred by you but unfortunately the referral letter was nowhere to be found.

Mother tells me that Stacey, a little while ago, had a general viral illness with associated left posterior triangle lymphadenopathy. The viral illness has settled but the lymphadenopathy keeps recurring.

My understanding of my involvement in the consultation was the question as to whether or not there was an ENT cause for the above symptoms.

Palpation of the neck certainly reveals a small mobile left posterior triangle lymph node on the lower neck but nothing else of note. She had bilateral secretory otitis media. Given her multiple failures to attend in this respect in the past, I haven't pursued this.

Her throat was healthy.

I am happy that the situation is one of reactive lymphadenopathy but I think her mother would be happier with a paediatric opinion and I shall ask Dr Stewart Forsyth if he will kindly see her.

Yours sincerely,

B. C. DAVIS,
CONSULTANT E.N.T. SURGEON.
(Dictated but not read).

Copy to Community Child Health

Clinic

Day/Date

Timing

Hospital No

GP112

Dd8373816 3/94 Rtp(63797)

355-2104

GP

Tayside Regional Council

SOCIAL WORK DEPARTMENT

CC3

PRIVATE AND CONFIDENTIAL CHI NO

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname LEONARD Forenames STACEY

Date of Birth 28 | 4 | 88 Age 7 Sex FEMALE

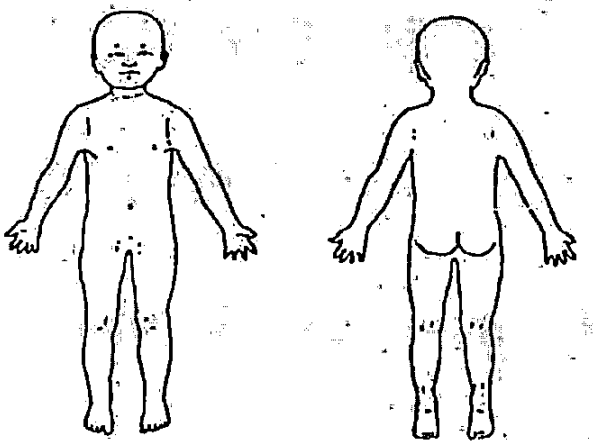
Date of Admission Into Care 16 | 6 | 95 School/Nursery Attended TANNADICE

Examination Requested By ARBROATH SWD Child Accompanied By SWA

Place of Examination RAGENSWOOD HC Date of Examination 16 | 6 | 95

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

No evidence of injury or neglect. Very quiet this morning says she has sore throat



2 Measurements

Weight _____ Kgs not weighed Percentile

Height/Length _____ Cms _____ Percentile

Head Circumference _____ Cms _____ Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair	N	
b) Teeth	N	
c) Eyes	~~N~~	wearing her glasses
d) Ears, Nose and Throat	D	Inflammed (R) eardrum
e) CVS	N	
f) Blood Pressure (If Applicable)	~~N~~	
g) Respiratory System	N	
h) Alimentary System	N	
i) Genitalia/Testes (Males Only)	~~N~~	
j) Nervous System	N	
k) Locomotion/Posture	N	

4 **Developmental Assessment** (Include information from most recent screening with date if available and give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision

Hearing/Communication

Social/Behaviour

---

5 **Background Information Available at this Examination**

(a) Past Medical History

(b) Family History

---

6 **Do you consider this child to be at high risk from HIV or Hepatitis?**

☐ Yes ☐ No ☐ Inadequate Information

7 Treatment Required (if any) and note of action taken

Advice [illegible] ear infection

8 **Immunisation Status Complete?**

☐ Yes ☐ No ☑ Unknown

Specify _____

9 **Further Action Required Including:**

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 **Action Taken**

Further Appointment Arranged ☐

Referred to Specialist Paediatrician ☐

Social Worker Informed ☐

Specify _____

Signature of Doctor Johanna Nolan

Name (in block capitals) J. NOLAN

Designation CMO

Time 9.00 Date 16.6.95

Please give details of contact made with child's Social Worker/Parent/Foster Parent

GP

Tayside Regional Council

SOCIAL WORK DEPARTMENT

CC3

PRIVATE AND CONFIDENTIAL CHI NO

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname LEONARD Forenames STACEY

Date of Birth 28 4 88 Age 7 Sex FEMALE

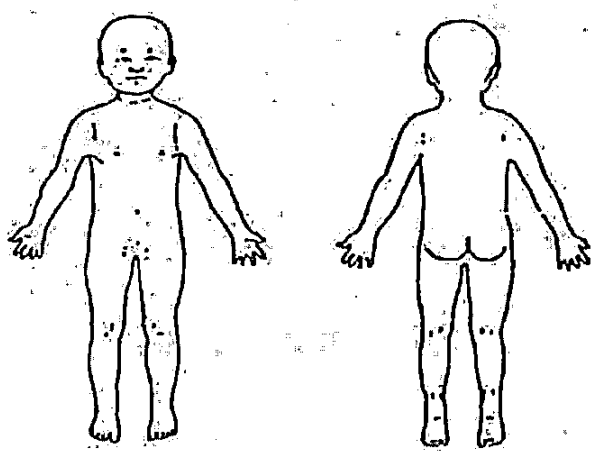
Date of Admission Into Care 19 6 95 School/Nursery Attended TANNADICE

Examination Requested By ARBROATH SWD Child Accompanied By SWA

Place of Examination RAGGED HC Date of Examination 19 6 95

1. General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

Shy
wears specs
has squint



2 Measurements

Weight 20.5 Kgs _____ Percentile

Height/Length 108.8 Cms _____ Percentile

Head Circumference _____ Cms _____ Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair	N	
b) Teeth	N	fillings
c) Eyes	D	Squint + wears specs.
d) Ears, Nose and Throat	D	both T.M's injected ? has cold
e) CVS	N	has sore ear.
f) Blood Pressure (If Applicable)		N/A
g) Respiratory System	N	
h) Alimentary System	N	
i) Genitalia/Testes (Males Only)		N/A
j) Nervous System	N	
k) Locomotion/Posture	N	

4 **Developmental Assessment** (Include information from most recent screening with date if available and give impression from this contact)

Gross Motor N

Fine Motor/Manipulative/Vision – not done
N

Hearing/Communication N

Social Behaviour N

---

5 **Background Information Available at this Examination** not available

(a) Past Medical History

(b) Family History

---

6 Do you consider this child to be at **high risk from HIV or Hepatitis?**

☐ Yes ☐ No ☐ Inadequate Information

7. Treatment Required (if any) and note of action taken

8 **Immunisation Status Complete?**

☐ Yes ☐ No ☐ Unknown

Specify _____

9 **Further Action Required Including:**

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 **Action Taken**

Further Appointment Arranged ☐ Referred to Specialist Paediatrician ☐ Social Worker Informed ☐

Specify _____

Signature of Doctor C Stein

Name (in block capitals) LINDA STEIN

Designation CMO

Time 1730 Date 19/6/95

Please give details of contact made with child's Social Worker/Parent/Foster Parent

Mrs Isabel NAYLOR SW.

Dr Hornsby - GP

Tayside Regional Council

SOCIAL WORK DEPARTMENT

CC3

PRIVATE AND CONFIDENTIAL CHI NO

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname Leonard Forenames Hannah Stacey

Date of Birth 28 | 04 | 88 Age 7½ Sex F

Date of ~~Admission~~ Transfer Into Care 26 | 6 | 95 School/Nursery Attended Tomnaline

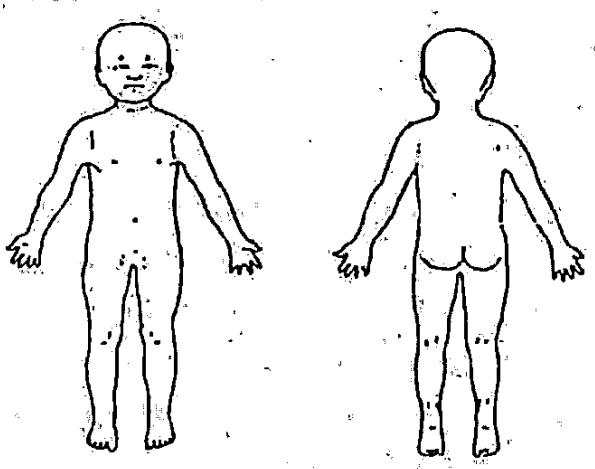
Examination Requested By SW Dept Child Accompanied By G. Ross

Place of Examination Aory HC Date of Examination 26 | 6 | 95

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

Not fully checked - not keen -

Scabs on areas examined



2 Measurements Not done

Weight _____ Kgs _____ Percentile

Height/Length _____ Cms _____ Percentile

Head Circumference _____ Cms _____ Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair		As above
b) Teeth	N	
c) Eyes		Glasses.
d) Ears, Nose and Throat		Attending ENT Clinic
e) CVS	N	
f) Blood Pressure (If Applicable)		
g) Respiratory System	N	
h) Alimentary System	N	
i) Genitalia/Testes (Males Only)		
j) Nervous System	N	
k) Locomotion/Posture	N	

4. **Developmental Assessment** (Include Information from most recent screening with date if available and give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision

Hearing/Communication

Social/Behaviour

---

5 **Background Information Available at this Examination**

(a) Past Medical History

Attends ENT.

(b) Family History

---

6 **Do you consider this child to be at high risk from HIV or Hepatitis?**

☐ Yes ☐ No ☑ Inadequate Information

7 **Treatment Required (if any) and note of action taken**

If ears don't settle see GP.

8 **Immunisation Status Complete?**

☑ Yes ☐ No ☐ Unknown

Specify _____

9 **Further Action Required Including:**

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 **Action Taken**

Further Appointment Arranged ☐ Referred to Specialist Paediatrician ☐ Social Worker Informed ☑

Specify _____

Signature of Doctor K Anand

Name (in block capitals) K ANAND

Designation SCMO

Time 5.30pm Date 26/6/95

Please give details of contact made with child's Social Worker/Parent/Foster Parent

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Ref: GS/RCD/280488/0060.

Clinic/Received 26.7.95
Typed 31.7.95.

Dr. A.H. Hornsby,
Practice 3,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath.

I saw Stacey in the clinic today. She has had a reasonable result so far from her squint surgery and we will check her formally in the Orthoptic Clinic at the next visit. In the meantime she can use her Predsol N drops twice daily over the next week and then stop them.

Yours sincerely,

G. Sharp,
for Dr. C. MacEwen.
(Dictated but not read.)

DUNDEE TEACHING HOSPITALS
NATIONAL HEALTH SERVICE TRUST

Directorate of Ophthalmology

Your Ref.

Our Ref.

Enquiries to:-

Ninewells Hospital and Medical School
Dundee DD1 9SY
Telephone 01382 660111

19 Jul 95

Dr A Hornsby
Abbey Health Centre
East Abbey Street
Arbroath
DD11 1EN

Dear Dr Hornsby

Miss Stacey L LEONARD, Hospital No. 2804880060
9 Lamley Ter, Arbroath, DD115AD

Your patient underwent a day case procedure on 18/ 7/95

Consultant Dr C J MacEwen

	READ	ICD9
Diagnosis		
Ocular motility disorders (R & L)	F4J	378
~~Ocular motility disorders (R & L)~~	F4J	378
	READ	**OPCS4**
Procedure		
Recession med rectus eye (R & L)	72310	C321

Treatment
PREDSOL N. EAR/EYE 10ml drops qid

Outcome
Follow-up 1 week Ward: OPT =default

Yours sincerely

SGN P Docherty

Dr C J MacEwen
Consultant

Chairman: Dr J. Stuart Fair, M.A., LL.B, W.S., LL.D. Chief Executive: Mr T. E. W. Brett, B.Sc.(Hons.), M.H.S.M., Dip.H.S.M., Grad.I.P.D.

DUNDEE TEACHING HOSPITALS
NATIONAL HEALTH SERVICE TRUST

DIRECTORATE OF OPHTHALMOLOGY

Your Ref.
Our Ref. CJM/AS/MPI 28 04 88 0060
Enquiries to:- Dr. C.J. MacEwen, Wards 24/25

Ninewells Hospital and Medical School
Dundee DD1 9SY
Telephone 01382 660111

Dr. A. Hornsby,
Abbey Health Centre,
East Abbey Street,
ARBROATH

14th June 1995

Dear Dr. Hornsby,

Stacey Leonard, 9 Lamley Terrace, Arbroath

Stacey was due for admission for squint surgery on 5.6.95. Unfortunately the day before surgery her foster parents called to indicate that this had not been cleared with the social work department and no consent had been given for surgery. She therefore was not brought along for the operation. I am not entirely clear why this had not previously been approved, as I discussed it with Mrs McConnachie in the out-patient department. I have given her a new date for surgery for Tuesday the 18th of July and have written to her ~~step~~ foster mother again to ensure that she obtains consent from the appropriate authorities on this occasion.

Yours sincerely,

C.J. MacEwen
Consultant Ophthalmologist

Chairman: Mr J. Stuart Fair, M.A., LL.B., W.S.; N.P. Chief Executive: Mr T. E. W. Brett, B.Sc.(Hons), M.H.S.M., Dip.H.S.M., A.I.P.M.

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Ref: CM/RCD/280488/0060.

Clinic/Dictated/Received 3.5.95.
Typed 8.5.95.

Dr. A.H. Hornsby,
Practice 3,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacey Leonard, [redacted] Braeminzion, Glenclova, Kirriemuir.

I reviewed Stacey today at the Eye Clinic. She continues to squint despite new glasses and I therefore have arranged for her to come in for squint surgery as a day case at the beginning of June.

Yours sincerely,

C. MacEwen,
Consultant Ophthalmologist.
(Dictated but not read.)

GP

Tayside Regional Council

SOCIAL WORK DEPARTMENT

CC3

PRIVATE AND CONFIDENTIAL

CHI NO

TRANSFER

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname LEONARD Forenames STACEY

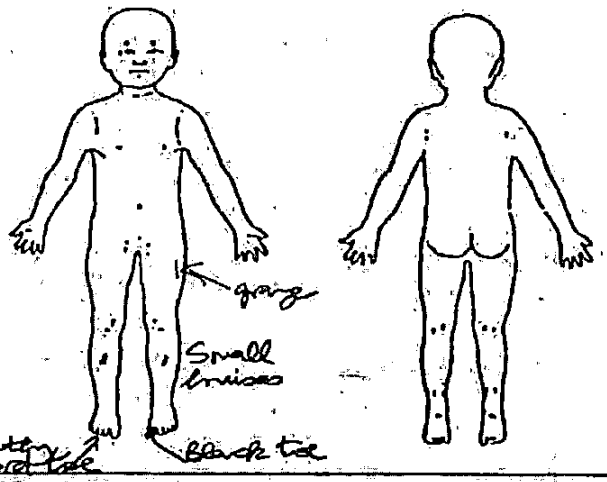
Date of Birth 28 04 88 Age 6 Sex FEMALE

Date of Admission Into Care 05 04 95 School/Nursery Attended TANNADICE

Examination Requested By AMB. SWD Child Accompanied By J. NAYLOR

Place of Examination ARBROATH H. C. Date of Examination 14 4 95

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)



Advised ... regarding

2 Measurements

Weight 19 Kgs ____ Percentile

Height/Length not done Cms ____ Percentile

Head Circumference ____ Cms ____ Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair		As above
b) Teeth		
c) Eyes		Has glasses. Seeing optician today.
d) Ears, Nose and Throat	N	
e) CVS	N	
f) Blood Pressure (If Applicable)	—	
g) Respiratory System	N	
h) Alimentary System	N	
i) Genitalia/Testes (Males Only)	—	
j) Nervous System	N	
k) Locomotion/Posture	N	

4 **Developmental Assessment** (Include information from most recent screening with date if available and give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision

Hearing/Communication

Social/Behaviour

---

5 **Background Information Available at this Examination**

(a) Past Medical History

? Attending ENT

Occas enuresis/encopresis.

(b) Family History

---

6 **Do you consider this child to be at high risk from HIV or Hepatitis?**

☐ Yes ☐ No ☑ Inadequate Information

7 Treatment Required (if any) and note of action taken

8 Immunisation Status Complete?

☑ Yes ☐ No ☐ Unknown

Specify

9 Further Action Required Including:

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 Action Taken

Further Appointment Arranged ☐

Referred to Specialist Paediatrician ☐

Social Worker Informed ☑

Specify

Signature of Doctor K Anand

Name (in block capitals) K ANAND

Designation SCMO

Time 9.30am Date 14/4/95

Please give details of contact made with child's Social Worker/Parent/Foster Parent

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Ref: CM/RCD/280488/0060.

Clinic/Dictated/Received 12.4.95
Typed 18.4.95.

Dr. A.H. Hornsby,
Practice 3,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacey Leonard, 9 Lamley Terrace, Arbroath DD11 5AD.

Unfortunately, Stacey has not been brought back to the Eye Clinic for approximately nine months, but she did return today, with evidence of her squint decompensating quite markedly for close-up. I re-refracted her and gave her a prescription for new glasses today and we will review her in a month's time.

She is currently with a short-term foster mother but will return to her more permanent foster parents at the end of the week. I have emphasised to them that she really must come back in the near future because surgery is now a distinct possibility.

Yours sincerely,

C. MacEwen,
Consultant Ophthalmologist.
(Dictated but not read.)

GP

Tayside Regional Council

SOCIAL WORK DEPARTMENT

CC3

PRIVATE AND CONFIDENTIAL CHI NO

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname Leonard. Forenames Stacey

Date of Birth 28 | 4 | 87. Age Sex F

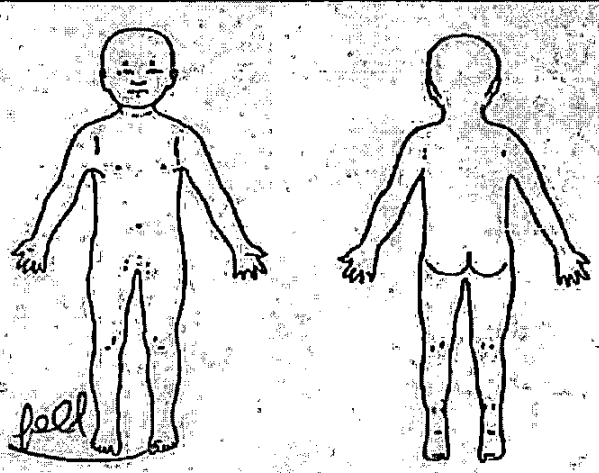
Date of Admission Into Care 24 | 2 | 95 School/Nursery Attended Tannadice PS.

Examination Requested By S.W.D Child Accompanied By I. Nuttall SWD.

Place of Examination Arbroath HC 6.00pm Date of Examination 24 | 2 | 95

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

No evidence of infection



bruise - LEFT big toe - ladder fall

2 Measurements

Weight ____ Kgs not measured Percentile

Height/Length ____ Cms ____ Percentile

Head Circumference ____ Cms ____ Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair	N	
b) Teeth	N	
c) Eyes		wears bifocal glasses
d) Ears, Nose and Throat	N	
e) CVS	N	
f) Blood Pressure (If Applicable)		
g) Respiratory System	N	
h) Alimentary System	N	
i) Genitalia/Testes (Males Only)		
j) Nervous System	N	
k) Locomotion/Posture	N	

4 Developmental Assessment (Include information from most recent screening with date if available and give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision

Hearing/Communication

Social/Behaviour

---

5 Background Information Available at this Examination

(a) Past Medical History

(b) Family History

---

6 Do you consider this child to be at high risk from HIV or Hepatitis?

☐ Yes ☐ No ☐ Inadequate Information

7 Treatment Required (if any) and note of action taken

8 Immunisation Status Complete?

☐ Yes ☐ No ☐ Unknown

Specify _____

9 Further Action Required Including:

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 Action Taken

Further Appointment Arranged ☐

Referred to Specialist Paediatrician ☐

Social Worker Informed ☐

Specify _____

Signature of Doctor Joanna Nolan

Name (in block capitals) J. NOLAN

Designation Cmo.

Time 4.45 pm Date 24/2/95

Please give details of contact made with child's Social Worker/Parent/Foster Parent

GP

Tayside Regional Council

SOCIAL WORK DEPARTMENT

CC3

PRIVATE AND CONFIDENTIAL CHI NO

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname Leonardi Forenames Stacey

Date of Birth 28 | 4 | 87 Age Sex F.

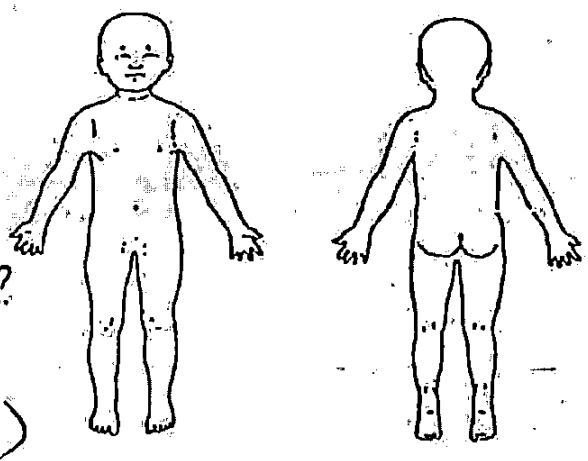
Date of ~~Admission~~ Discharge into Care 27 | 2 | 95 School/Nursery Attended Tannadice P.

Examination Requested By SW Dept Child Accompanied By Foster parent.

Place of Examination Abbey HC. 9.15am Date of Examination 27 | 2 | 95

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

Has URTI + is a bit miserable. Blepharitis? → GP. Large red lump (healing bruise) ⓛ toe nail (big toe)



2 Measurements

Weight _____ Kgs _____ Percentile

Height/Length _____ Cms measured _____ Percentile

Head Circumference _____ Cms _____ Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair	☐	~~eczema~~ dry
b) Teeth	☑	
c) Eyes	☑	
d) Ears, Nose and Throat	☑	
e) CVS	☑	
f) Blood Pressure (If Applicable)	☐	
g) Respiratory System	☑	
h) Alimentary System	☑	
i) Genitalia/Testes (Males Only)	~~☑~~	
j) Nervous System	☑	
k) Locomotion/Posture	☑	

4 **Developmental Assessment** (Include information from most recent screening with date if available **and** give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision -

Hearing/Communication

Social/Behaviour

---

5 **Background Information Available at this Examination**

(a) Past Medical History

(b) Family History

---

6 **Do you consider this child to be at high risk from HIV or Hepatitis?**

☐ Yes ☐ No ☐ Inadequate Information

7 Treatment Required (if any) and note of action taken

8 Immunisation Status Complete?

☐ Yes ☐ No ☐ Unknown

Specify _____

9 Further Action Required Including:

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 Action Taken

Further Appointment Arranged ☐

Referred to Specialist Paediatrician ☐

Social Worker Informed ☐

Specify _____

Signature of Doctor Johanna NOLAN

Name (in block capitals) JOHANNA NOLAN

Designation CMO

Time 9.45 am Date 27/2/15

Please give details of contact made with child's Social Worker/Parent/Foster Parent

GP

Tayside Regional Council

SOCIAL WORK DEPARTMENT

CC3

PRIVATE AND CONFIDENTIAL

CHI NO

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname LEONARD Forenames STACEY

Date of Birth 28 | 4 | 87 Age 7 Sex F

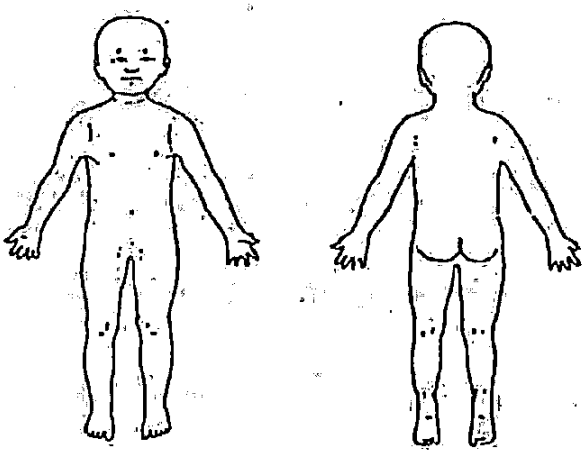
Date of Admission into Care 30 | 1 | 95 School/Nursery Attended TANNADICE

Examination Requested By ARBROATH SHO Child Accompanied By SHO

Place of Examination RAMSAY HOUSE Date of Examination 30 | 1 | 95

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

few shin bruises fading.



2 Measurements

Weight ____ Kgs ____ Percentile

Height/Length ____ Cms ____ Percentile

Head Circumference ____ Cms ____ Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair	N	
b) Teeth	N	
c) Eyes	N	Heterophoria glasses
d) Ears, Nose and Throat	—	both TMs inflamed
e) CVS	N	
f) Blood Pressure (If Applicable)	N	
g) Respiratory System	N	
h) Alimentary System	N	
i) Genitalia/Testes (Males Only)	N	
j) Nervous System	N	
k) Locomotion/Posture	N	

4 **Developmental Assessment** (Include Information from most recent screening with date if available and give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision

Hearing/Communication

Social/Behaviour

---

5 **Background Information Available at this Examination**

(a) Past Medical History

(b) Family History

---

6 **Do you consider this child to be at high risk from HIV or Hepatitis?**

☐ Yes ☐ No ☑ Inadequate Information

7 Treatment Required (if any) and note of action taken

/

8 Immunisation Status Complete?

☐ Yes ☐ No ☑ Unknown

Specify

9 Further Action Required Including:

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other /

10 Action Taken

Further Appointment Arranged ☐

Referred to Specialist Paediatrician ☐

Social Worker Informed ☒

Specify

Signature of Doctor Johanna Nolan

Name (in block capitals) JOHANNA NOLAN

Designation CMO

Time 9.30 Date 30.1.95

Please give details of contact made with child's Social Worker/Parent/Foster Parent

for hearing D.V in school.

BP

Tayside Regional Council

CC3

SOCIAL WORK DEPARTMENT

PRIVATE AND CONFIDENTIAL CHI NO

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname LEONARD Forenames STACEY

Date of Birth 28 | 4 | 87 Age 7 Sex F

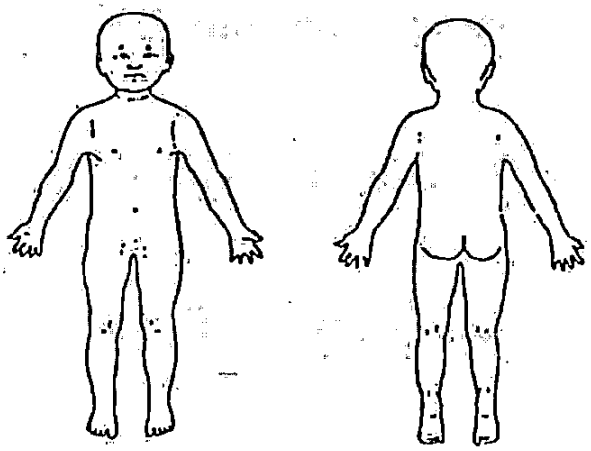
Date of Admission Into Care 27 | 1 | 95 School/Nursery Attended TANNADICE P2

Examination Requested By [illegible] SWD Child Accompanied By [illegible] SWD

Place of Examination [illegible] HC Date of Examination 27 | 1 | 95

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

No evidence of injury. (Some scars)



2 Measurements

Weight 18 Kgs _____ Percentile

Height/Length 106.8 Cms _____ Percentile

Head Circumference _____ Cms _____ Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair	N	
b) Teeth	N	
c) Eyes		Wears her specs. Squint.
d) Ears, Nose and Throat		Inflamed. This is fluid. both
e) CVS	N	
f) Blood Pressure (If Applicable)		
g) Respiratory System	N	
h) Alimentary System	N	
i) Genitalia/Testes (Males Only)		
j) Nervous System	N	
k) Locomotion/Posture	N	

4. **Developmental Assessment** (Include information from most recent screening with date if available **and** give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision Wearing her glasses

Hearing/Communication ✓ Otherwise Normal.

Social/Behaviour

---

5 **Background Information Available at this Examination**

(a) Past Medical History

✓

(b) Family History

---

6 **Do you consider this child to be at high risk from HIV or Hepatitis?**

☐ Yes ☐ No ☑ Inadequate Information

7 Treatment Required (if any) and note of action taken

See below

8 Immunisation Status Complete?

☐ Yes ☐ No ☑ Unknown

Specify

9 Further Action Required Including:

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 Action Taken

Further Appointment Arranged ☐

Referred to Specialist Paediatrician ☐

Social Worker Informed ☐

Specify

Signature of Doctor J Maura Nolan

Name (in block capitals) J. NOLAN

Designation CMO

Time 4.30 pm Date 27.1.97

Please give details of contact made with child's Social Worker/Parent/Foster Parent

If complains of earache please
arrge to see G.P.

GP

Tayside Regional Council
SOCIAL WORK DEPARTMENT

CC3

PRIVATE AND CONFIDENTIAL CHI NO

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname Leonard Forenames Stacey

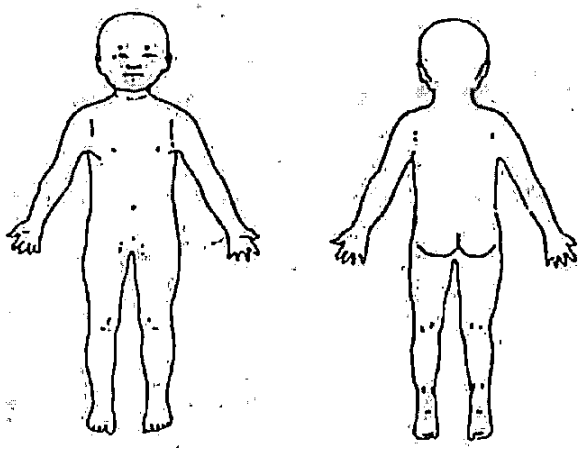
Date of Birth 28 | 4 | 88 Age 4 Sex Female

Date of Admission Into Care | | | School/Nursery Attended Mainstream

Examination Requested By Aldeen SWD Child Accompanied By Foster mother/SW

Place of Examination Kingsway HC Date of Examination 23 | 11 | 94

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)



2 Measurements

Weight 19½ Kgs Percentile

Height/Length 3'5½" Cms Percentile

Head Circumference Cms Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair	N	
b) Teeth	N	
c) Eyes	N	
d) Ears, Nose and Throat	N	
e) CVS	N	
f) Blood Pressure (If Applicable)	N	
g) Respiratory System	N	
h) Alimentary System	N	
i) Genitalia/Testes (Males Only)	N	
j) Nervous System	N	
k) Locomotion/Posture	N	

4 **Developmental Assessment** (Include information from most recent screening with date if available and give impression from this contact)

Gross Motor

OK

Fine Motor/Manipulative/Vision

OK

Hearing/Communication

OK

Social/Behaviour

OK

---

5 **Background Information Available at this Examination**

(a) Past Medical History

—

(b) Family History

—

---

6 **Do you consider this child to be at high risk from HIV or Hepatitis?**

☐ Yes ☑ No ☐ Inadequate information

7 **Treatment Required (if any) and note of action taken**

8 **Immunisation Status Complete?**

☑ Yes ☐ No ☐ Unknown

Specify not recent MR

9 **Further Action Required Including:**

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 **Action Taken**

Further Appointment Arranged ☐ Referred to Specialist Paediatrician ☐ Social Worker Informed ☐

Specify

Signature of Doctor Alan Wear

Name (in block capitals) ALAN WEAR

Designation GP.

Time 1400 Date 23.11.94

Please give details of contact made with child's Social Worker/Parent/Foster Parent

CP

CC3

Tayside Regional Council

SOCIAL WORK DEPARTMENT

PRIVATE AND CONFIDENTIAL

CHI NO

MEDICAL REPORT ON CHILD COMING ~~INTO~~ OUT OF CARE

Surname LEONARD Forenames STACEY LOUISE

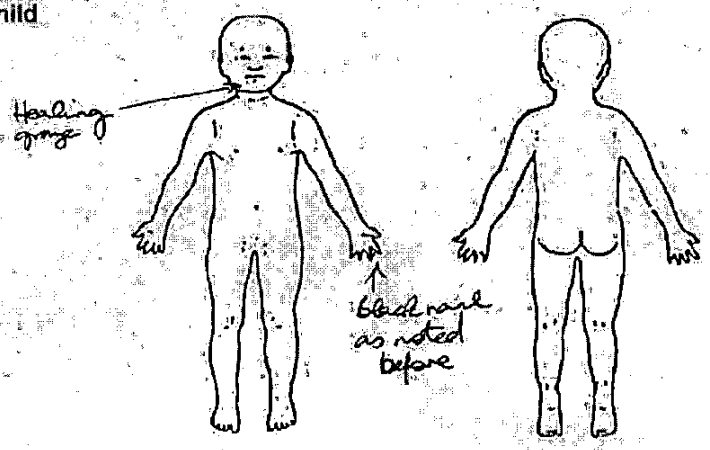
Date of Birth 28 | 4 | 83 Age 62 Sex F

Date of Admission ~~into~~ Out of Care 7 | 11 | 94 School/Nursery Attended HAYSHEAD P

Examination Requested By SWD Child Accompanied By MOTHER / SWA

Place of Examination A. H. Carnoustie Date of Examination 7 | 11 | 94

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)



2 Measurements

Weight _____ Kgs _____ Percentile

Height/Length _____ Cms _____ Percentile

Head Circumference _____ Cms _____ Percentile

Comment

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair	☐	As above
b) Teeth	N	
c) Eyes	☐	Has glasses. Squint.
d) Ears, Nose and Throat	N	
e) CVS	N	
f) Blood Pressure (If Applicable)	N	
g) Respiratory System	N	
h) Alimentary System	N	Dirty pants. Apparently only x2 / Leaflet
i) Genitalia/Testes (Males Only)	N	
j) Nervous System	N	
k) Locomotion/Posture	N	

4 **Developmental Assessment** (Include Information from most recent screening with date if available **and** give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision

Hearing/Communication

Social/Behaviour

---

5 **Background Information Available at this Examination**

(a) Past Medical History

Under P/v ENT + Eye Clinic

(b) Family History

---

6 **Do you consider this child to be at high risk from HIV or Hepatitis?**

☐ Yes ☐ No ☑ Inadequate Information

7 **Treatment Required (if any) and note of action taken**

8 **Immunisation Status Complete?**

☑ Yes ☐ No ☐ Unknown

Specify

9 **Further Action Required Including:**

(a) Further Investigation of identified or potential medical factors

School Allowed

(b) Further Developmental/Educational Assessment

(c) Other

10 **Action Taken**

Further Appointment Arranged ☐ Referred to Specialist Paediatrician ☐ Social Worker Informed ☐

Specify

Signature of Doctor K Anand

Name (in block capitals) K ANAND

Designation SCMO

Time 5-30pm Date 7-11-94

Please give details of contact made with child's Social Worker/Parent/Foster Parent

GP

CC3

Tayside Regional Council

SOCIAL WORK DEPARTMENT

PRIVATE AND CONFIDENTIAL CHI NO

MEDICAL REPORT ON CHILD COMING INTO CARE

Surname LEONARD Forenames STACEY LOUISE

Date of Birth 28 | 04 | 88 Age 6½ Sex F

Date of Admission Into Care 11 | 10 | 94 School/Nursery Attended Hazlehead P.

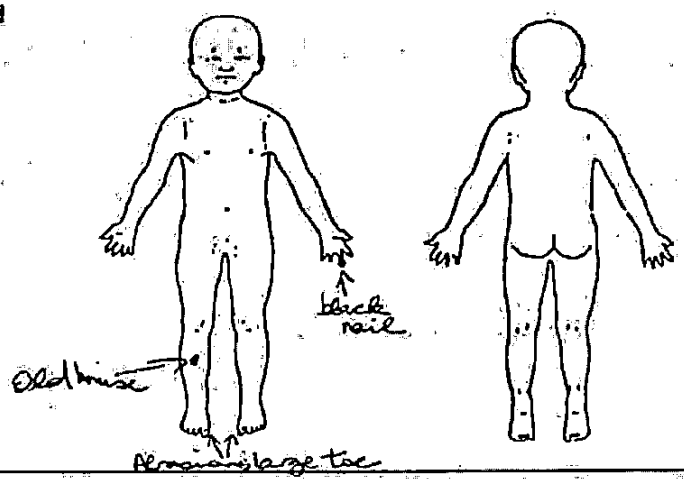
Examination Requested By SW Barbara Cowan Child Accompanied By foster Carer - Mr+Mrs Harrison from Brechin

Place of Examination Ravenswood Factor Date of Examination 12 | 10 | 94

---

1 General Physical Appearance of Child
(Note especially any evidence of infection, neglect or injury)

Caught L middle finger in a door at home - black nail.



---

2 Measurements

Weight 18 Kgs. 10th Percentile

Height/Length 1060 Cms 3rd Percentile

Head Circumference ____ Cms. ____ Percentile.

Comment

---

3 Physical Examination (Appropriate to Age and Circumstances)

	N/D/A	Comments
a) Skin and Hair		As above
b) Teeth	N	
c) Eyes		Attends eye clinic. Has glasses
d) Ears, Nose and Throat	N	
e) CVS	N	
f) Blood Pressure (If Applicable)	—	
g) Respiratory System	N	
h) Alimentary System	N	
i) Genitalia/Testes (Males Only)	—	
j) Nervous System	N	
k) Locomotion/Posture	N	

4 **Developmental Assessment** (Include Information from most recent screening with date if available **and** give impression from this contact)

Gross Motor

Fine Motor/Manipulative/Vision

Hearing/Communication

Social/Behaviour

Quiet + Coop for medical.

---

5 **Background Information Available at this Examination**

(a) Past Medical History

Not known

(b) Family History

---

6 **Do you consider this child to be at high risk from HIV or Hepatitis?**

☐ Yes ☐ No ☑ Inadequate Information

7 **Treatment Required (if any) and note of action taken**

8 **Immunisation Status Complete?**

☐ Yes ☐ No ☑ Unknown

Specify _____

9 **Further Action Required Including:**

(a) Further Investigation of identified or potential medical factors

(b) Further Developmental/Educational Assessment

(c) Other

10 **Action Taken**

Further Appointment Arranged ☐

Referred to Specialist Paediatrician ☐

Social Worker Informed ☑ Barbara Conran

Specify _____

Signature of Doctor K Anand

Name (in block capitals) K ANAND

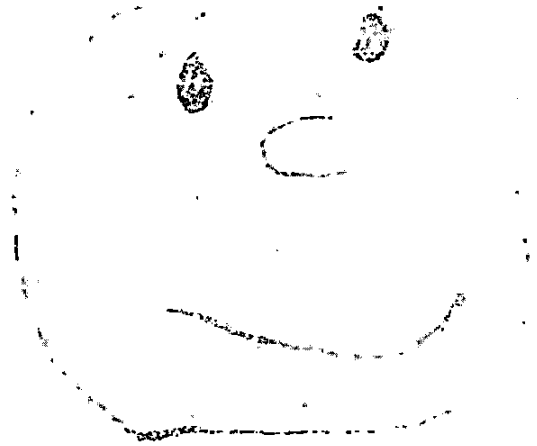
Designation SCMO

Time 1.30pm Date 12-10-94

Please give details of contact made with child's Social Worker/Parent/Foster Parent

SWD – Dongie Dunlop rang – Mother has mental health problems + may be admitted to Grampide today. There have been concerns over general care of children for some time.

10n



Brain did this.
12/10/94

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 0241 872584

BCD/MSA/280488/0060

Clinic/Dictated/Received 7/9/94
Typed 12/9/94

Dr. A. H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

STACEY LEONARD, 9 LAMLEY TERRACE, ARBROATH, DD11 5AD.

This young lady was not brought for review consultation today.

I have taken no further action.

Kind regards,

Yours sincerely,

B. CLIVE DAVIS
Consultant E.N.T. Surgeon
(dictated but not read).

c.c. Dr. E. Cockburn, C.M.O., Ravenswood, Forfar.

TAYSIDE HEALTH BOARD

ANGUS UNIT

The Infirmary
Arbroath DD11 2AT
Telephone 0241 72584

Your Ref.

Our Ref. EAC/RCD/280488/0060.

Enquiries to: Dr.E.A. Craig.

Dictated/Received 23.3.94
Typed 28.3.94.

Dr. A.H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacey Leonard, 9 Lamley Terrace, Arbroath DD11 5AD.

This child was seen and new glasses ordered in the Eye Clinic today.

We will review her in the Orthoptic Clinic in two months' time.

Yours sincerely,

E.A. Craig,
Registrar in Ophthalmology.
(Dictated but not read.)

Copy: Dr. E. Cockburn, Clinical Medical Officer, Ravenswood, Forfar.

TAYSIDE HEALTH BOARD

ANGUS UNIT

The Infirmary
Arbroath DD11 2AT
Telephone 0241 72584

Your Ref.

Our Ref. HT/MSA/280488/0060

Enquiries to:- Mr. H. Tay.

Dictated 1/3/94
Typed 3/3/94

Dr. E. Cockburn,
Clinical Medical Officer,
Ravenswood,
FORFAR.

Dear Dr. Cockburn,

STACEY LEONARD, 9 LAMLEY TERRACE, ARBROATH, DD11 5AD.

I reviewed this girl who has had grommets in the past.

She has bilateral middle ear effusion today. However, her pure tone audiogram seemed to suggest that her hearing is not significantly impaired.

I will review her again in six months' time.

Yours sincerely,

H. TAY
E.N.T. Registrar
(Dictated but not read).

c.c. Dr. A. H. Hornsby.

TAYSIDE HEALTH BOARD

ANGUS UNIT

The Infirmary
Arbroath DD11 2AT
Telephone 0241 72584

Your Ref.

Our Ref. BCD/MSA/280488/0060

Enquiries to:- Mr. B. C. Davis.

Dictated 16/3/93
Typed 18/3/93

Dr. A. H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

STACEY LEONARD, 9 LAMLEY TERRACE, ARBROATH, DD11 5AD.

Stacey has consistently failed to attend for post-operative review in respect of her grommet insertion. No further action has been taken.
Yours sincerely,

B. CLIVE DAVIS
Consultant E.N.T. Surgeon
(dictated but not read).

c.c. Community Child Health.

Discharge & see letter

KW

TAYSIDE HEALTH BOARD

ANGUS UNIT

The Infirmary
Arbroath DD11 2AT
Telephone 0241 72584

Your Ref.

Our Ref. BCD/MSA/280488/0060

Enquiries to:- Mr. B. C. Davis.

January 20, 1993

Dr. A. H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

STACEY LEONARD, 9 LAMLEY TERRACE, ARBROATH.

This young lady was not brought for her appointments on December 15th or January 19th. I have taken no further action.

Yours sincerely,

B. CLIVE DAVIS
Consultant E.N.T. Surgeon
(dictated but not read).

c.c. Community Child Health.

TAYSIDE HEALTH BOARD

ANGUS UNIT

Your Ref.

Our Ref. CM/RCD/280488/0060.

Enquiries to: Dr. C. MacEwen.

The Infirmary
Arbroath DD11 2AT
Telephone 0241 72584

Dictated/Received 23.12.92
Typed 29.12.92.

Dr. A.H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacey Leonard, 9 Lamley Terrace, Arbroath DD11 5AD.

Stacey, who is known to be a poor attender, has unfortunately failed to keep a number of appointments at the Eye Clinic. When last seen she was showing evidence of binocular function wearing her glasses, and, therefore, the hope is that she may, in fact, get a functional result. It is fairly important from her point of view that we do, therefore, try to see her again.

I haven't sent her a further appointment at present but would be most grateful if you could encourage her mother to bring her back to the clinic.

Yours sincerely,

C. MacEwen,
Consultant Ophthalmologist.
(Dictated but not read.)

TAYSIDE HEALTH BOARD

ANGUS UNIT

The Infirmary
Arbroath DD11 2AT
Telephone 0241 72584

Your Ref.

Our Ref. CM/RCD/280488/0060.

Enquiries to: Dr. C. MacEwen.

Dictated/Received 23.9.92
Typed 24.9.92.

Dr. A.H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacey Leonard, 9 Lamley Terrace, Arbroath DD11 5AD.

I reviewed Stacey today at the Eye Clinic. She has a left convergent squint but is showing evidence of binocular function with her spectacles on. I have increased the strength of her glasses today and will review her in six weeks' time. She should continue to patch her right eye.

Yours sincerely,

C. MacEwen,
Consultant Ophthalmologist.
(Dictated but not read.)

Tayside Health Board ... Hospital

Accident and Emergency No. .....

Maiden Name: | Age: 4

Next of Kin and Relationship: MOTHER | (Contacted YES / NO) GIVEN ADVICE

Tel. No.:

USE BALL POINT PEN AND BLOCK LETTERS

Surname ... D. of B. 28.04.88

First Name ... C. State

Address ... Sex F

Occupation: CHILD | MPI No. (last 4 digits)

Date and Time of Injury 3.7.92 21.50 | Accident / Emergency / Casual

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance / Other
3.7.92	21.56	22.05	22.06		

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

Drugs: Penicillin Allergy / Insulin / Steroids / A.T.S.

DIAGNOSIS:

MEDICINES PRESCRIBED	DOSE	GIVEN BY

T: P: B.P.

HISTORY / COMPLAINT:

Fallen at home. No eyewitness account. Not K.O'd.
O/E: Fully conscious and alert.
Tone, Power and Sensation intact.
Congruent squint with dominat Left eye.

Small laceration to the Rt temple and swelling. No bony injury.

Reassured, Home. Headinjurycard issued.

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

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

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged
OP Clinic .....
Ward No. .....
Other Hospital .....

Name and Address of Family Doctor:

Dr [illegible]
[illegible] Medical Centre

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

Tayside Health Board ARBROATH INF Hospital

Accident and Emergency No: .....

Maiden Name | Age: Unm.

Next of Kin and Relationship: MOTHER S/P (Contacted YES / NO)

Tel. No.: NONE.

USE BALL POINT PEN AND BLOCK LETTERS

Surname [redacted] D. of B. 28.04.88

First Name STACEY LOUISE C. State

Address [redacted] Sex

Occupation CHILD MPI No. (last 4 digits)

Date and Time of Injury 1.9.92 | Accident | Emergency | Casual

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

Drugs: Penicillin Allergy — Insulin — Steroids — A.T.S. —

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P.	Transport Ambulance
1/9/92	2110	2120	2145	YES / (NO)	Other

DIAGNOSIS:

[redacted] Rt HAND.

T. P. B.P.

MEDICINES PRESCRIBED	DOSE	GIVEN BY
Co-Co		
Phenergan 2		

HISTORY / COMPLAINT:

fell onto open coal fire.

Burnt palm (Rt) hand.

Approx 20 mins by fingers as.

own Nr[illegible]

7/9/92

Dressing taken off

Wound clean

Dressing applied

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

Middle top + Phenergan

Review mane — if any doubt

about depth + burns out.

Otherwise to be off [illegible]

7/9/92 injury

Wound clean

Redness

Wound

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

Tetanus Vaccination: 1st [illegible] Covered 2nd Booster

To: G.P. See Discharged

OP Clinic

Ward No.

Other Hospital

Name and Address of Family Doctor:

DR. HORSLEY

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

Tayside Health Board ... Dundee ... R.N.I.E. Hospital

Accident and Emergency No. .....

USE BALL POINT PEN AND BLOCK LETTERS

Surname : Leonard 280488 D. of B

First Name ... Stacey Louise Child C. State

Address ... 9 Lamley Terrace ... F. Sex

Arbroath.

Occupation ... Child

Tel. No.:

Date and Time of Injury 6/9/92 (Accident) Emergency Casual

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

Other (Specify)

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

Maiden Name | Age 4

Next of Kin and Relationship (Contacted YES / NO)

Mother N/A

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance / Other
15/9/92					

DIAGNOSIS:

Burn Right Hand

Sheet 2

T. P. B.P.

MEDICINES PRESCRIBED	DOSE	GIVEN BY

HISTORY / COMPLAINT

15/9/92 Clean looking. Improving. Removed + redressed with jelonet + flamazine gauze, crinx + crepe bandage applied. R 6/7.

21/09/92. Clean. Healthy. Discharged

SITES X-RAYED.

X-RAY FINDINGS:

TREATMENT.

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

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P Discharged

OP Clinic .....

Ward No. .....

Other Hospital .....

Name and Address of Family Doctor:

DR Hornsby

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

TAYSIDE HEALTH BOARD

ANGUS UNIT

The Infirmary
Arbroath DD11 2AT
Telephone 0241 72584

Your Ref.

Our Ref. JMH/MSA/280488/0060

Enquiries to:- Miss J. M. Heaton.

16th June, 1992.

Dr. A. H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

STACEY LEONARD, 9 LAMLEY TERRACE, ARBROAT

This 4-year-old attended the E.N.T. Clinic today with her grandfather who didn't know much about her, but thought that she was all right as far as he new. It is now four months since her grommets were inserted.

On examination, both grommets were in situ and patent today. Unfortunately, she would not co-operate for an audiogram.

I have arranged a review appointment in six months.

Yours sincerely,

J. M. HEATON
E.N.T. Registrar
(dictated but not read).

c.c. Community Child Health.

TAYSIDE HEALTH BOARD

ANGUS UNIT

The Infirmary
Arbroath DD11 2AT
Telephone 0241 72584

Your Ref.

Our Ref. MH/RCD/280488/0060.

Enquiries to: Dr. M. Halliwell.

Dr. J. Nolan,
C.M.O.,
Abbey Health Centre,
ARBROATH.

Dictated 26.2.92.
Typed 2.3.92.

Dear Dr. Nolan,

Stacey Leonard, 9 Lamley Terrace, Arbroath.

Thank you very much for referring this pleasant young girl to the Ophthalmic Clinic today.

On examination today she has a constant left esotropia with an A pattern. Visual acuity is 2/5 and equal in both eyes and although she has a left constant squint she takes up the fixation with the left eye fairly readily. Extraocular movements were full. Retinoscopy showed that she was hypermetropic to a similar degree in both eyes and I have consequently prescribed for her an appropriate spectacle correction.

We will review her in six weeks' time to see to what degree these glasses help her squint.

Yours sincerely,

M. Halliwell,
(Dictated but not read.)

Copy: Dr. Hornsby.

TAYSIDE HEALTH BOARD

ANGUS UNIT

Your Ref.

Our Ref. SH/MSA/280488/0060

Enquiries to:— Mr. S. Hampel.

The Infirmary
Arbroath DD11 2AT
Telephone 0241 72584

31st December, 1991.

Dr. J. A. C. Nolan,
C.M.O.,
Abbey Health Centre,
ARBROATH.

Dear Dr. Nolan,

Stacey LEONARD, 9 Lamley Terrace, Arbroath.

Thank you for referring this young child whom I saw in the E.N.T. Clinic today.

Mother gives an 18-month history of recurrent episodes of ear infections associated with high temperatures and hearing loss.

On examination, she does indeed have bilateral effusion in the middle ear. Her left appears to be resolving as there is evidence of air bubbles. The audiogram shows rather poor hearing thresholds in both ears.

In view of the recurrent ear infections and evidence of secretory otitis media and poor hearing thresholds, I have added her name to the waiting list (soon) for insertion of grommets as a Day Case.

Yours sincerely,

S. HAMPEL
E.N.T. Registrar
(dictated but not read).

c.c. Dr. A. H. Hornsby ✓
Comm. Child Health.

TAYSIDE HEALTH BOARD

ANGUS UNIT

Abbey Health Centre
East Abbey Street
Arbroath DD11 1EN
Telephone 0241 70391

Your Ref.

Our Ref. JN/VSPS

Enquiries to:-

Dr. Nolan

10 December 1991

Dr. Haining
Eye Clinic
The Infirmary
Arbroath

Dear Doctor,

Stacey LEONARD (28.04.88) 9 Lamley Terrace, Arbroath

I would be grateful for your opinion on this little girl's vision and eyes.

Stacey, I believe, has a squint and managed 6/12 6/12 with Kay picture test. There is a degree of delay in her development and your assistance with her eyes/vision would be appreciated.

Stacey's family circumstances are very poor and clinic attendance is generally erratic. It may be helpful if the appointment date and time were notified to Mrs. D. Wood, Health Visitor, Abbey Health Centre, Arbroath as well as to Stacey's Mum.

Thanking you
Yours sincerely,

Johanna Nolan
C.M.O.

c.c. G.P. Dr. Hornsby

SBy.

TAYSIDE HEALTH BOARD

ANGUS UNIT

Abbey Health Centre
East Abbey Street
Arbroath DD11 1EN
Telephone 0241 70391

Your Ref.

Our Ref. JN/VSPS

Enquiries to:-
Dr. Nolan

10 December 1991

Mr. Davis
ENT Consultant
The Infirmary
Arbroath

Dear Mr. Davis,

Stacey LEONARD (28.04.88) [redacted]
9 Lamley Terrace, Arbroath

I would be grateful for your opinion on these two sisters.

STACEY (3 years 7 months) has language and mild generalised developmental delay. She has a history of recurring ear/upper respiratory tract infections. Her hearing today is down and both drums are inflamed. I have arranged for her to be seen by Dr. Gray, (GP, tomorrow).

[redacted]

Social circumstances poor - clinic attendance generally erratic. (Older brother [redacted] has had gromets in and is due/overdue review).

Speech Therapy not yet in place but being worked towards!

Thank you for your help.
Yours sincerely,

Johanna Nolan
C.M.O.

✓ c.c. to G.P. Dr. Hornsby

appt has been arranged for 31.12.91 for 11.00 am.

Brian hopefully will visit at

42 MONTHS EXAMINATION

0060 90

Name Stacey Leonard CHI No. 28/4/88

Address 9 Lamley Terrace Arbroath

Place of Examination Abbey HC G.P. Dr Hornby

DEVELOPMENTAL EXAMINATION

MOTOR	Runs smoothly and fast	(Yes)	No	H O
	Takes running kick at ball	(Yes)	No	H O
	Alternates feet going upstairs	(Yes)	No	H O
ADAPTIVE	Builds 7-8 cube towers No.	(Yes)	No	H O
	Imitates circle after watching one drawn	Yes	No	H O
	Copies circle when shown one already drawn	Yes	No	H O
	Imitates cross	Yes	No	H O
	6-hole formboard 3 trials	(Yes)	No	H O
	Preferred hand	(Right)	Left	Both
	Intention tremor / ataxia	Yes	(No)	H O
	Clumsy with hands	Yes	(No)	H O
LANGUAGE AND HEARING	Intelligibility to strangers	(Good)	Fair	Poor
	Recounts experiences to mother/examiner	Yes	No	H O
	Sentence length 4-6 words	Yes	No	H O
	Understands prepositions	Yes	No	H O
SELF-HELP	Complete self-feeding (not too messy)	(Yes)	No	H O
	Responsible for toilet asks	(Yes)	No	H O
	goes himself	(Yes)	No	H O
	Nappies at night wet every night	(Yes)	No	H O
BEHAVIOUR	Separates from mother	Yes	(No)	H O
	Plays happily with peers	(Yes)	No	H O
	Sleeping problems	Yes	(No)	H O
	Frequent temper tantrums	(Yes)	No	H O
	Hyperactivity	Yes	(No)	H O
	Soiling	Yes	(No)	H O

PHYSICAL EXAMINATION

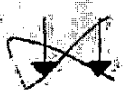
Wt. 12K gms. Ht. 89 cms. O.F.C. 48 cms.

History of convulsions ..... Yes / No

Ears N D A — Hearing N D A

Squint Yes / No — Vision N D A (Redo in clinic)

Heart Murmur Yes / No

Gait N D A — Testes 

Other abnormalities .....

Diagnosis ..... Coded Yes/No

.....

Hospital attendances since last visit .....

Referral to .....

Recall Interval .....

Signature ..... Date 25/4/91

THB(MR)56G

TAYSIDE HEALTH BOARD

ANGUS UNIT

Your Ref.

Our Ref. JSF/MSA/280488/0060

Enquiries to:— Dr. J. S. Forsyth.

The Infirmary
Arbroath DD11 2AT
Telephone 0241 72584

23rd May, 1990.

Dr. A. H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacy LAING, 9 Lamley Terrace, Arbroath.

You will recall that you referred Stacy to the Paediatric Clinic in November, 1989, because of concern regarding her development.

I agreed that there was mild delay in her development and wondered if it was partly related to her poor home circumstances. I did arrange to review her, but she failed to attend on 28th March and also today. I would therefore be most grateful if you, or your Health Visitor, could investigate this and inform me if you wish me to see her again at this clinic.

Yours sincerely,

J. S. FORSYTH.
Consultant Paediatrician.

c.c. Community Child Health.

TAYSIDE HEALTH BOARD

ANGUS UNIT

The Infirmary
Arbroath DD11 2AT
Telephone 0241 72584

Your Ref.

Our Ref. JSF/MSA/280488/0060

Enquiries to:—Dr. J. S. Forsyth.

1st November, 1989.

Dr. A. H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacy LAING, 9 Lamley Terrace, Arbroath.

Stacy was seen at the Paediatric Clinic on 1st November, 1989, having been referred at the age of 18 months because of concern regarding her development.

Prior to the consultation, I was given some background to the family by your Health Visitor.

Stacy is not yet walking unsupported, but is now walking with support. She crawls, but does not really weight-bear on her knees. In terms of her hand movements, she can use a spoon, but is still rather clumsy. She can say "Mummy" and "Daddy", but was not heard to utter any recognisable words at the clinic. She is feeding well and her height and weight continue along the third centile with her head circumference nearer the 50th centile. She has a 3-year-old brother and Mrs. Laing is expecting another baby in two weeks' time. I believe that the home circumstances are poor, the other member of the family living in the house being the maternal grandfather.

On examination, Stacy appeared well and reasonably well cared for. She was pink and satisfactorily nourished. She had a resolving nappy rash, but systematic examination was entirely normal, including neurological examination. She was able to walk with support, but, as mentioned, she did not utter any recognisable words.

She therefore does demonstrate some developmental delay and this may be related to the home circumstances. I would therefore support the idea of Stacy being seen regularly at the Family Centre where hopefully she will receive greater stimulation, and I will review her again at this clinic in four months' time to see if there has been any progress. I emphasised the need for this to Mrs. Laing and she appeared to be agreeable to these arrangements.

Yours sincerely,

J. S. FORSYTH
Consultant Paediatrician.

c.c. Dr. J. B. Morris.