Subject Access Request

Patient	Ms Shirley Young
Date of birth	25-Sept-1974 (age 51)
Gender	F
NHS number	2509745263
Patient's address	58 Clyde Avenue Bothwell G71 8DU
Date range selected	25-Sept-1974 - 28-May-2026
Organisation	MMA Legal
Reference	100080

Problems

Active

10-Jun-2024
Pseudophakia right eye

10-Jun-2024
Retinopexy NEC

10-Jun-2024
Vitreous detachment

07-Mar-2024
Benign neoplasm of long bones of lower limb

25-Nov-2022
Genital herpes simplex

01-July-2022
Irritable bowel syndrome

01-July-2022
Wireless capsule endoscopy

10-May-2022
Patient MRE received from HB

08-Jan-2021
Anxiety with depression

16-Apr-2019
Salpingoophorectomy NEC

26-Sept-2018
Neutropenia

01-Jun-2018
Mastectomy of left breast

18-Apr-2018
Malignant neoplasm of female breast

23-Feb-2016
FH: Bowel cancer

02-Mar-2010
FH: Diabetes mellitus

29-Sept-2002
[X]Depressive disorder NOS

Significant Past

This section is empty.

Minor Past

31-Jan-2025
8H49.: Psychiatric referral (SCI Gateway Referral)

01-July-2024
Migraine

25-Jun-2024
Viral sinusitis

24-Jun-2024
Angular cheilitis

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24-Jun-2024
FH: neoplasm of cervix

24-Jun-2024
FH: neoplasm of ovary

29-Apr-2024
Stress at home

02-Feb-2024
8H54.: Orthopaedic referral (SCI Gateway Referral)

02-Feb-2024
Failed encounter - message left on answer machine

05-Dec-2023
8H53.: ENT referral (SCI Gateway Referral)

20-Apr-2023
Upper respiratory tract infection NOS

14-Nov-2022
Notes summary on computer

14-Nov-2022
Patient Record summarised by GP

01-Sept-2022
Medication requested

29-Aug-2022
Medication review

15-Mar-2022
COVID-19 confirmed by laboratory test

25-Feb-2017
Haemorrhoids

20-Dec-2012
Phacoemulsification of lens

10-Oct-2012
Migraine

02-Mar-2010
Ex-smoker - amount unknown

19-Oct-2007
[X]Depressive episode

01-July-2007
Genital herpes simplex

11-May-2006
Rhinoplasty

11-May-2006
Septorhinoplasty NEC

08-Mar-2006
Urinary tract infection, site not specified

05-Aug-2003
Alcohol problem drinking

12-Jun-2000
Forceps delivery

23-Aug-1999
Chronic anxiety

09-Mar-1999
Nondependent abuse of drugs

21-July-1995
Cauterisation of vulval warts

18-Mar-1994
Termination of pregnancy

08-Apr-1992
Termination of pregnancy

25-Sept-1974
[X]Vulval warts

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Consultations

14-May-2026 Miss Lauren Frew Administration

Intervention (P3)	Medication requested duloxetine issued as before, reviewed 02/26, dose increased again to 60mg, to stay on 3+ months

14-May-2026 Mrs Elaine Lloyd Repeat Issue

20-Apr-2026 Dr P J Lindsay Surgery consultation

Diagnosis (P3)	Patient reviewed 1. flare up of genital herpes. Experieces 3-4 times a year.Aciclovir issued and further prescription to keep in reserve,2/ Has a new job starting soon in a Children's home - very happy about this.3. Injure right middle finger when throwing bread for birds 2 weeks ago. Seems to have sprained tendon right middle finger. No laxity.Allow a few weeks to resolve but rv if any ongoing problem.

10-Apr-2026 Dr Eleanor Hanraads Surgery consultation

10-Apr-2026 Mrs Linda Stewart Other

07-Apr-2026 Dr Eleanor Hanraads Surgery consultation

Diagnosis	Assessing cardiovascular risk using SIGN score

07-Apr-2026 Dr Natalie Gallacher Results recording

01-Apr-2026	Examination	Serum vitamin B12 Elevated B12 is often due to regular IM B12 and does not need routine testing. In the presence of normal FBC, renal and liver function, high B12 does not merit routine monitoring or further investigations.	**1235 pg/mL**		
01-Apr-2026	Examination	Serum ferritin repeat lipids and MOT	ug/L		
01-Apr-2026	Examination	Serum ferritin Iron deficiency unlikely but in the presence of inflammation, infection, liver disease, consider checking serum iron/Transferrin saturation if any anaemia.	98.1 ng/mL		
01-Apr-2026	Examination	Serum folate There is slight haemolysis in the sample, therefore the reported result may be falsely elevated\.br\	18.8 ng/mL		
01-Apr-2026	Examination	B12/folate level repeat lipids and MOT			
01-Apr-2026	Examination	**Serum vitamin B12**Elevated B12 is often due to regular IM B12 and does not need routine testing. In the presence of normal FBC, renal and liver function, high B12 does not merit routine monitoring or further investigations.: **High**			
		Serum vitamin B12 Elevated B12 is often due to regular IM B12 and does not need routine testing. In the presence of normal FBC, renal and liver function, high B12 does not merit routine monitoring or further investigations.	**1235 pg/mL**		**(Range: 197 - 771)**
01-Apr-2026	Examination	**Serum ferritin**repeat lipids and MOT:			
		Serum ferritin repeat lipids and MOT	ug/L		(No range available)
01-Apr-2026	Examination	**Serum ferritin**Iron deficiency unlikely but in the presence of inflammation, infection, liver disease, consider checking serum iron/Transferrin saturation if any anaemia.:			
		Serum ferritin Iron deficiency unlikely but in the presence of inflammation, infection, liver disease, consider checking serum iron/Transferrin saturation if any anaemia.	98.1 ng/mL		(Range: 14 - 186)
01-Apr-2026	Examination	**Serum folate**There is slight haemolysis in the sample, therefore the reported result may be falsely elevated\.br\:			
		Serum folate There is slight haemolysis in the sample, therefore the reported result may be falsely elevated\.br\	18.8 ng/mL		(Range: 3.9 - 26.8)
01-Apr-2026	Examination	**B12/folate level**repeat lipids and MOT:			
		B12/folate level repeat lipids and MOT			(No range available)

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07-Apr-2026 Dr Natalie Gallacher Results recording

01-Apr-2026	Examination	Serum albumin	48 g/L	
01-Apr-2026	Examination	Serum albumin	48 g/L	
01-Apr-2026	Examination	Serum alkaline phosphatase U/L	109 U/L	
01-Apr-2026	Examination	Serum alanine aminotransferase level serum alanine aminotransferase level - U/L	32 U/L	
01-Apr-2026	Examination	Serum bilirubin level	5 umol/L	
01-Apr-2026	Examination	Serum calcium repeat lipids and MOT	mmol/L	
01-Apr-2026	Examination	Corrected serum calcium level	2.37 mmol/L	
01-Apr-2026	Examination	Serum chloride	100 mmol/L	
01-Apr-2026	Examination	Serum cholesterol	**5.4 mmol/L**	
01-Apr-2026	Examination	Serum creatinine	75 umol/L	
01-Apr-2026	Examination	Serum HDL cholesterol level	1.49 mmol/L	
01-Apr-2026	Examination	Serum LDL cholesterol level	**3.3 mmol/L**	
01-Apr-2026	Examination	Serum potassium	4.3 mmol/L	
01-Apr-2026	Examination	Serum sodium	138 mmol/L	
01-Apr-2026	Examination	Serum triglycerides	1.3 mmol/L	
01-Apr-2026	Examination	Serum TSH level mU/L	1.34 mU/L	
01-Apr-2026	Examination	Serum urea level	7.7 mmol/L	
01-Apr-2026	Examination	Serum lipids repeat lipids and MOT		
01-Apr-2026	Examination	Liver function test repeat lipids and MOT		
01-Apr-2026	Examination	Thyroid hormone tests repeat lipids and MOT		
01-Apr-2026	Examination	Urea and electrolytes repeat lipids and MOT		
01-Apr-2026	Examination	Total cholesterol:HDL ratio Total Cholesterol: HDL ratio	3.6 ratio	
01-Apr-2026	Examination	Free T4 level	14.3 pmol/L	
01-Apr-2026	Examination	GFR calculated abbreviated MDRD Estimated EGFR - ml/mn/1.73m2	59 ml/min/1.73m*2	
01-Apr-2026	Examination	**Serum albumin**:		
		Serum albumin	48 g/L	(Range: 35 - 50)
01-Apr-2026	Examination	**Serum albumin**:		
		Serum albumin	48 g/L	(Range: 35 - 50)
01-Apr-2026	Examination	**Serum alkaline phosphatase**U/L:		
		Serum alkaline phosphatase U/L	109 U/L	(Range: 30 - 130)
01-Apr-2026	Examination	**Serum alanine aminotransferase level**serum alanine aminotransferase level - U/L:		
		Serum alanine aminotransferase level serum alanine aminotransferase level - U/L	32 U/L	(Range: 10 - 35)
01-Apr-2026	Examination	**Serum bilirubin level**:		
		Serum bilirubin level	5 umol/L	(No range available)
01-Apr-2026	Examination	**Serum calcium**repeat lipids and MOT:		
		Serum calcium repeat lipids and MOT	mmol/L	(No range available)
01-Apr-2026	Examination	**Corrected serum calcium level**:		
		Corrected serum calcium level	2.37 mmol/L	(Range: 2.2 - 2.6)
01-Apr-2026	Examination	**Serum chloride**:		
		Serum chloride	100 mmol/L	(Range: 95 - 108)
01-Apr-2026	Examination	**Serum cholesterol**: **High**		
		Serum cholesterol	**5.4 mmol/L**	**(No range available)**
01-Apr-2026	Examination	**Serum creatinine**:		
		Serum creatinine	75 umol/L	(Range: 60 - 110)
01-Apr-2026	Examination	**Serum HDL cholesterol level**:		
		Serum HDL cholesterol level	1.49 mmol/L	(Range: 0.9 - 1.8)
01-Apr-2026	Examination	**Serum LDL cholesterol level**: **High**		
		Serum LDL cholesterol level	**3.3 mmol/L**	**(No range available)**
01-Apr-2026	Examination	**Serum potassium**:		
		Serum potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
01-Apr-2026	Examination	**Serum sodium**:		
		Serum sodium	138 mmol/L	(Range: 133 - 146)
01-Apr-2026	Examination	**Serum triglycerides**:		
		Serum triglycerides	1.3 mmol/L	(No range available)
01-Apr-2026	Examination	**Serum TSH level**mU/L:		
		Serum TSH level mU/L	1.34 mU/L	(Range: 0.27 - 4.2)
01-Apr-2026	Examination	**Serum urea level**:		
		Serum urea level	7.7 mmol/L	(Range: 2.5 - 7.8)
01-Apr-2026	Examination	**Serum lipids**repeat lipids and MOT:		
		Serum lipids repeat lipids and MOT		(No range available)
01-Apr-2026	Examination	**Liver function test**repeat lipids and MOT:		
		Liver function test repeat lipids and MOT		(No range available)
01-Apr-2026	Examination	**Thyroid hormone tests**repeat lipids and MOT:		
		Thyroid hormone tests repeat lipids and MOT		(No range available)
01-Apr-2026	Examination	**Urea and electrolytes**repeat lipids and MOT:		
		Urea and electrolytes repeat lipids and MOT		(No range available)
01-Apr-2026	Examination	**Total cholesterol:HDL ratio**Total Cholesterol: HDL ratio:		
		Total cholesterol:HDL ratio Total Cholesterol: HDL ratio	3.6 ratio	(No range available)
01-Apr-2026	Examination	**Free T4 level**:		
		Free T4 level	14.3 pmol/L	(Range: 12 - 22)
01-Apr-2026	Examination	**GFR calculated abbreviated MDRD**Estimated EGFR - ml/mn/1.73m2:		
		GFR calculated abbreviated MDRD Estimated EGFR - ml/mn/1.73m2	59 ml/min/1.73m*2	(No range available)

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02-Apr-2026 Dr Natalie Gallacher Results recording

01-Apr-2026	Examination	Eosinophil count x 10*9/L	0.2 10*9/L	
01-Apr-2026	Examination	Haemoglobin estimation	134 g/L	
01-Apr-2026	Examination	Mean corpusc. haemoglobin(MCH)	30.7 pg	
01-Apr-2026	Examination	Mean corpusc. Hb. conc. (MCHC)	321 g/L	
01-Apr-2026	Examination	Mean corpuscular volume (MCV)	95.7 fL	
01-Apr-2026	Examination	Monocyte count x 10*9/L	0.4 10*9/L	
01-Apr-2026	Examination	Neutrophil count x 10*9/L	3 10*9/L	
01-Apr-2026	Examination	Platelet count x 10*9/L	264 10*9/L	
01-Apr-2026	Examination	Red blood cell (RBC) count x 10*12/L	4.37 10*12/L	
01-Apr-2026	Examination	Total white blood count x 10*9/L	5.3 10*9/L	
01-Apr-2026	Examination	Percentage lymphocytes x 10*9/L	1.7 10*9/L	
01-Apr-2026	Examination	Full blood count - FBC repeat lipids and MOT		
01-Apr-2026	Examination	Haemoglobin A1c level - IFCC standardised repeat lipids and MOT	mmol/mol	
01-Apr-2026	Examination	Haemoglobin A1c level - IFCC standardised HbA1c Reference Range: Normal Results =<41,Increased risk of Developing Diabetes 42-47, Diabetes Mellitus =>48. Please note, the use of HbA1C is not recommended for use in the diagnosis of type 1 diabetes in paediatric patients as per NICE Guideline NG18 and the Diabetes UK: Diagnostic Criteria for Diabetes. Please discuss any concerns with the Paediatric Assessment Unit Consultant.\.br\	33 mmol/mol	
01-Apr-2026	Examination	Haematocrit	0.418 L/L	
01-Apr-2026	Examination	Basophil count Basophils - x 10*9/L	0.1 10*9/L	
01-Apr-2026	Examination	Red blood cell distribution width	12.2 %	
01-Apr-2026	Examination	Differential white cell count Differential whitecell count -		
01-Apr-2026	Examination	**Eosinophil count**x 10*9/L:		
		Eosinophil count x 10*9/L	0.2 10*9/L	(No range available)
01-Apr-2026	Examination	**Haemoglobin estimation**:		
		Haemoglobin estimation	134 g/L	(Range: 115 - 165)
01-Apr-2026	Examination	**Mean corpusc. haemoglobin(MCH)**:		
		Mean corpusc. haemoglobin(MCH)	30.7 pg	(Range: 27 - 32)
01-Apr-2026	Examination	**Mean corpusc. Hb. conc. (MCHC)**:		
		Mean corpusc. Hb. conc. (MCHC)	321 g/L	(Range: 320 - 360)
01-Apr-2026	Examination	**Mean corpuscular volume (MCV)**:		
		Mean corpuscular volume (MCV)	95.7 fL	(Range: 80 - 100)
01-Apr-2026	Examination	**Monocyte count**x 10*9/L:		
		Monocyte count x 10*9/L	0.4 10*9/L	(Range: 0.2 - 0.8)
01-Apr-2026	Examination	**Neutrophil count**x 10*9/L:		
		Neutrophil count x 10*9/L	3 10*9/L	(Range: 2 - 7.5)
01-Apr-2026	Examination	**Platelet count**x 10*9/L:		
		Platelet count x 10*9/L	264 10*9/L	(Range: 140 - 450)
01-Apr-2026	Examination	**Red blood cell (RBC) count**x 10*12/L:		
		Red blood cell (RBC) count x 10*12/L	4.37 10*12/L	(Range: 3.9 - 5.6)
01-Apr-2026	Examination	**Total white blood count**x 10*9/L:		
		Total white blood count x 10*9/L	5.3 10*9/L	(Range: 4 - 11)
01-Apr-2026	Examination	**Percentage lymphocytes**x 10*9/L:		
		Percentage lymphocytes x 10*9/L	1.7 10*9/L	(Range: 1 - 4)
01-Apr-2026	Examination	**Full blood count - FBC**repeat lipids and MOT:		
		Full blood count - FBC repeat lipids and MOT		(No range available)
01-Apr-2026	Examination	**Haemoglobin A1c level - IFCC standardised**repeat lipids and MOT:		
		Haemoglobin A1c level - IFCC standardised repeat lipids and MOT	mmol/mol	(No range available)
01-Apr-2026	Examination	**Haemoglobin A1c level - IFCC standardised**HbA1c Reference Range: Normal Results =<41,Increased risk of Developing Diabetes 42-47, Diabetes Mellitus =>48. Please note, the use of HbA1C is not recommended for use in the diagnosis of type 1 diabetes in paediatric patients as per NICE Guideline NG18 and the Diabetes UK: Diagnostic Criteria for Diabetes. Please discuss any concerns with the Paediatric Assessment Unit Consultant.\.br\:		
		Haemoglobin A1c level - IFCC standardised HbA1c Reference Range: Normal Results =<41,Increased risk of Developing Diabetes 42-47, Diabetes Mellitus =>48. Please note, the use of HbA1C is not recommended for use in the diagnosis of type 1 diabetes in paediatric patients as per NICE Guideline NG18 and the Diabetes UK: Diagnostic Criteria for Diabetes. Please discuss any concerns with the Paediatric Assessment Unit Consultant.\.br\	33 mmol/mol	(Range: 20 - 41)
01-Apr-2026	Examination	**Haematocrit**:		
		Haematocrit	0.418 L/L	(Range: 0.37 - 0.47)
01-Apr-2026	Examination	**Basophil count**Basophils - x 10*9/L:		
		Basophil count Basophils - x 10*9/L	0.1 10*9/L	(No range available)
01-Apr-2026	Examination	**Red blood cell distribution width**:		
		Red blood cell distribution width	12.2 %	(Range: 11 - 16)
01-Apr-2026	Examination	**Differential white cell count**Differential whitecell count -:		
		Differential white cell count Differential whitecell count -		(No range available)

30-Mar-2026 Miss Angela Highton Administration

Administration (P9)	SMS text message sent to patient Bothwell Medical Centre will close on Wednesday the 1st of April from 12:30 to 6:00pm Protected Learning. We will reopen as normal on Thursday the 2nd April {Patient Group Mobile Numbers}

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06-Mar-2026 Dr P J Lindsay Surgery consultation

05-Mar-2026 Dr Amy Piper Surgery consultation

Administration (P3)	Consultation - Pt is a recovering alcoholic has ood support from AA and good friends. Has always worked in care but recently went into addictions work and has struggled a bit in the ***** and being bullied, had an incident before xmas and then that was sorted and felt doing ok but recently feels bullying creeping back in and havig a lot of stress at work and ok when not there and off. Feels may need to look for a different job but would like to take some time to see how she feels and a break from current ***** as is a toxic environment for her.Med 3 issued and rv as needed
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Stress at work; Duration 05-Mar-2026 - 05-May-2026)

26-Feb-2026 Dr Lynsey Carthew Telephone call to a patient

Administration (P3)	Telephone encounter feels more anxious on 40mg, lots of flashbacks, ruminating on past trauma, still seeing therapist. will increase to 60mg, advised best to continue this dose 3 months +.

06-Feb-2026 Dr Azhar Khan Telephone call to a patient

Diagnosis (P3)	Patient reviewed genital herpes, recurrence, looking for preventative approach can consider aciclovir 400mg bd and review 6 monthlybut should check LFFTs now,repeats isssued as requested

19-Jan-2026 Dr Natalie Gallacher Telephone call to a patient

Administration (P3)	Telephone encounter tel encountercalled at 1228 asked me to call back at 1300
Administration (P3)	Telephone encounter tel encounterhad recent review with Dr Mannis and her duloxetine increased again she feels coping better- lot of work related stressshe feels bit disconnected to her body on higher doses - happy to issue 40mg again review in 3m,

08-Dec-2025 Dr Neil Mannis Other

Administration (P3)	Consultation pt struggling with anxiety disciplinary at work ***** people in recovery sober for 3 1/2 yrsfelt really low and catastrophised thingssuggest inc dulox back to 60mgaware to seek r/v if any issues good insight and self awareness etc

14-Nov-2025 Dr Amy Piper Surgery consultation

10-Nov-2025 Dr Laura Mckinlay Surgery consultation

Administration (P3)	Telephone encounter BG Recurrent genital herpes had 2 courses aciclovir 200mg tabs recently but not resolved. states usually gets 800mg TDS for 2 days can see same on previous prescriptions from old practice. States this typically settles flares. Issued as before as per BNF for recurrent infection. Advised if not settled with same to book in f2f for rv.Had requested tramadol advised to speak to GP. Been on for 6 years for peripheral neuropathy and bone pain since cancer diagnosis. Typically takes 1 BD. Tried various other analgesics with no relief or side effects - gabapentin etc. no recent change in sx. Discussed risks of long term opiate use - tolerance/dependence/memory mood problems/constipation etc. Feels only thing that has worked. Using small dose well within max. Agreed to issued but monitor usage if creeping up or change in sx for rv and suggest annual rv. discussed could book in with pain pharmacist for supported reduction - will have a think and contact if wishes to pursue.On duloxetine for migraines has weaned to 40mg dose no issues keen to continue supply issues

05-Nov-2025 Mrs Elaine Lloyd Repeat Issue

Administration (P3)	Administration NOS c docman letter - el

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05-Nov-2025 Dr Federated Locum Data Transferred from other system

Administration	Patient mobile telephone number	+447967734971
Administration	SMS text message sent to patient	Dear MS YOUNG,Please attend ***** Street Treatment room drop in bloods service Mon to Fri, 08:00am - 3:30pm, no appointment needed, as per Nurses request.Thanks, Elaine LloydBothwell Medical CentreSent on 05/11/2025 at 11:12
Administration (P3)	Externally entered note	AccuRx Desktop: Seen by Clinician: accurx.3rd.lanarkshire at on 05-Nov-2025

04-Nov-2025 Sister Catherine Dinsmore Surgery consultation

03-Nov-2025 Mr S System Supervisor Third Party Consultation

24-Oct-2025	Administration (P3)	Letter received	Administration Letter Keep Well Letter to Doctor

03-Nov-2025 Mrs Janice Owen Administration

24-Oct-2025	Examination	O/E - blood pressure reading	left	114 / 66 mm Hg
24-Oct-2025	Examination	O/E - blood pressure reading	right	108 / 74 mm Hg
24-Oct-2025	Examination	O/E - weight		72.8 Kg
24-Oct-2025	Examination	Body Mass Index		28
24-Oct-2025	Examination	O/E - height		1.61 m

15-Oct-2025 Mrs Marion Slight Administration

Administration (P9)	SMS text message sent to patient	Dear Patient, please contact Bothwell Medical Centre on 01698 852299 after 12noon, nothing to worry about Thanks # Do not reply to text # see tasks

15-Oct-2025 Mrs Elaine Lloyd Repeat Issue

27-Aug-2025 Mrs Elizabeth Mitchell Repeat Issue

26-Aug-2025 Dr Claire Duffy Surgery consultation

07-Aug-2025 Mr S System Supervisor Third Party Consultation

10-July-2025	Administration (P3)	Letter received	Clinical Letter Gartnavel hospital Breast Clinic

01-Aug-2025 Mrs Janice Owen Third Party Consultation

10-Jun-2025	Administration (P3)	Letter received	Clinical Letter Gartnavel hospital Breast Clinic

01-Aug-2025 Mrs Janice Owen Administration

25-July-2025 Ms Emma Campbell Third Party Consultation

10-July-2025	Administration (P3)	Letter received	Clinical Letter Gartnavel General Hospital General Surgery

25-July-2025 Ms Emma Campbell Administration

10-July-2025 Mr S System Supervisor Administration

	Examination	Mammography normal	
	Examination	**Mammography normal**: Mammography normal	(No range available)

07-July-2025 Mrs Caroline Mccorquodale Administration

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20-Jun-2025 Mrs Janice Owen Administration

	Administration (P3)	Notes summary on computer can only see 2 immunisations on looking through notes including historic record
04-Dec-2023	Diagnosis (P2)	Deviated nasal septum - acquired
04-Apr-2021	Intervention	Administration of second dose of SARS-CoV-2 vacc
16-Jan-2021	Intervention	Administration of first dose of SARS-CoV-2 vaccine
23-Apr-2018	Diagnosis (P1)	[M]Paget's disease and intraductal carcinoma of breast
06-Jun-2001	Diagnosis (P3)	Laser therapy nose
28-Oct-1998	Diagnosis (P2)	Fracture of nasal bones & MUA
14-Dec-1994	Intervention (P3)	[SO]Nasal bone manipulation #
30-Nov-1994	Diagnosis (P2)	Fracture of nasal bones

23-May-2025 Dr Amy Piper Surgery consultation

	Administration (P3)	Consultation Pt has sore in left nostril that is red, inflammed and tender to touch and causing her to have a bit of a headache, sinus pain and making eye water, has had migraines in past but doesn't fee; like that, feels all coming off nose. Thought would just go away but getting worse - went to chemist to ask for Abx cream and sent to GP. Is otherwise well in herselfO/E: left nostril inflammed red area inside, eye looks healthy, slight tenderness maxillary sinus on left side.Plan: naseptin and if not improving can start doxy and rv if getting worse or not improving - pt happy with that plan

22-May-2025 Dr Amy Piper Administration

	Administration (P3)	Patient registration by transfer of GP to GP electronic record

22-May-2025 Mrs Carol Ann Mckenna Other

	Administration (P3)	Electronic general practitioner medical record received

20-May-2025 Dr Jonathan Byers Surgery consultation

	Diagnosis (P3)	Patient reviewed New patient to practice - pmh breast cancer 2018 on letrozole last breast team letter says stop june 2025 patient worried about stopping, anxious, will contact breast team to clarify and then stop once spoken to them.also unsure if had dexa as per last letter will check with themon duloxetine was prev for migraines but then increased due to low moodtried reduction in the past but suicidal ideation. no plan or intent and feels mood really good just no probs. no migraines.discussed, try reduction 60-40mg and monitor 1/12 can then try reduction to 30mg and do gradual tapersee if any probs during or after reduction worsening advice discussed meantime

01-May-2025 Mrs Carol Ann Mckenna Other

29-Apr-2025 Dr Laura Mckinlay Surgery consultation

	Administration (P3)	Consultation New patientBG Breast ca diagnosed 2018 - double mastectomy, oopherctomy, chemo, radio and bone treatment. Now on Letrozole not sure planned duration - no notes available yet moved from GGC healthboard will try to chase up but pt will contact breast team to clarify also.PMH migraine and peripheral neuropathy - duloxetine for same.last 2-3 days chesty cough nasal congestion green sputum nil blood nil chest pain or dib. E+D okay no fevers/ chills/ vomiting vapes not prone to RTI. Colleague at work unwell with similair. Due to go on holiday mane.O/ELooks well talking in sentences HS pure pulse reg good vol 77bpm temp 37.9 chest - fine creps left base otherwise clear 99% air nil iwobimp - RTI Cover for same. Advised to seek local review if less well/cp/dib/haemoptysis. Has travel insurance advised not to fly if feeling worse prior to flight and seek rv. INB after course for rv

28-Apr-2025 Miss Angela Highton Third Party Consultation

	Administration (P3)	Letter received Administration Letter New Patient Forms

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28-Apr-2025 Miss Angela Highton Third Party Consultation

Administration Letter received Administration Letter New Patient Forms (P3)

25-Apr-2025 Dr Natalie Gallacher Surgery consultation

Administration (P3) Administration NOS new patient requests meds for holiday on 29.4takes duloxetine 60mg daily and letrozoleGP summary faxed from GP

14-Feb-2025 Dr Stephanie Campbell Non-consultation medication data

14-Feb-2025 Dr Stephanie Campbell Non-consultation medication data

14-Feb-2025 Dr Stephanie Campbell Telephone Consultation

10-Feb-2025 Miss Laura Mcquillan Other

10-Feb-2025 Dr Stephanie Campbell Non-consultation medication data

10-Feb-2025 Dr Stephanie Campbell Non-consultation medication data

10-Feb-2025 Dr Stephanie Campbell Non-consultation medication data

10-Feb-2025 Dr Stephanie Campbell Non-consultation medication data

10-Feb-2025 Dr Stephanie Campbell Non-consultation medication data

31-Jan-2025 Ms Lynn Stewart Other

31-Jan-2025 Dr Brian Milmore Other

31-Jan-2025 Dr Brian Milmore Non-consultation data

31-Jan-2025 Dr Brian Milmore Non-consultation data

Intervention 8H49.: Psychiatric referral (SCI Gateway Referral) *SelfReferral, Out Patient. Sender: Dr ***** Milmore; Reason: 8H49.: Psychiatric referral (SCI Gateway Referral)*

30-Jan-2025 Ms Shirley Clarke Other

30-Jan-2025 Dr Brian Milmore Non-consultation medication data

30-Jan-2025 Dr Brian Milmore Non-consultation medication data

30-Jan-2025 Dr Gillian Muir Non-consultation medication data

30-Jan-2025 Dr Gillian Muir Other

17-Jan-2025 Ms Lyndsay Watt Other

17-Jan-2025 Dr Stephanie Campbell Other

17-Jan-2025 Dr Stephanie Campbell Non-consultation medication data

17-Jan-2025 Dr Stephanie Campbell Non-consultation medication data

17-Jan-2025 Dr Stephanie Campbell Non-consultation medication data

17-Jan-2025 Dr Stephanie Campbell Non-consultation medication data

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27-Dec-2024 Ms Shirley Clarke Non-consultation data

24-Dec-2024 Ms Shirley Clarke Non-consultation data

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

13-Dec-2024 Miss Casey Mcgrillen Other

13-Dec-2024 Dr Brian Milmore Other

Examination O/E blood pressure reading 137 / 81 mm Hg
Examination O/E - BP reading Prefix Text: T 37.2,

13-Dec-2024 Dr Brian Milmore Non-consultation medication data

13-Dec-2024 Dr Brian Milmore Non-consultation medication data

13-Dec-2024 Dr Brian Milmore Non-consultation medication data

12-Dec-2024 Ms Shirley Clarke Other

12-Dec-2024 Dr Roslyn Burns Other

12-Dec-2024 Miss Casey Mcgrillen Other

12-Dec-2024 Dr Brian Milmore Non-consultation medication data

11-Dec-2024 Dr Sher Hashmi Results recording

09-Dec-2024 Miss Casey Mcgrillen Other

09-Dec-2024 Dr Sher Hashmi Telephone Consultation

09-Dec-2024 Dr Brian Milmore Non-consultation medication data

09-Dec-2024 Dr Brian Milmore Non-consultation medication data

09-Dec-2024 Dr Sher Hashmi Other

20-Nov-2024 Dr Catriona Carty Non-consultation medication data

17-Oct-2024 Miss Casey Mcgrillen Other

17-Oct-2024 Dr Gemma Christie Other

Administration Failed encounter - no answer when rang back voicemail

17-Oct-2024 Dr Gemma Christie Other

Administration Failed encounter - no answer when rang back striaght to voicemail, message left to say short supply issued but needs review so make F2F appt is problem with phone

17-Oct-2024 Dr Gemma Christie Non-consultation medication data

26-Sept-2024 Ms Lee Kelly Other

26-Sept-2024 Dr Gemma Christie Other

Administration Failed encounter - no answer when rang back

26-Sept-2024 Dr Gemma Christie Other

Administration Failed encounter - no answer when rang back went to voicemail - need to rebook

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29-Aug-2024 Ms Abby Mcfarlane Other

Intervention Drugs not issued

29-Aug-2024 Ms Lee Kelly Other

29-Aug-2024 Ms Mari-Claire Boud Other

27-Aug-2024 Ms Shirley Clarke Other

27-Aug-2024 Dr Catriona Carty Non-consultation medication data

27-Aug-2024 Dr Catriona Carty Non-consultation medication data

27-Aug-2024 Dr Catriona Carty Non-consultation medication data

23-Aug-2024 Miss Laura Mcquillan Non-consultation data

Administration Patient MRE received from HB

23-Aug-2024 Miss Laura Mcquillan Non-consultation data

Administration Patient Record summarised by GP ***** *****

23-Aug-2024 Miss Laura Mcquillan Non-consultation data

Administration Notes summary on computer

16-July-2024 Miss Laura Mcausland Other

16-July-2024 Dr Amanda Fairman Other

Examination	O/E blood pressure reading	122 / 82 mm Hg
Examination	O/E - BP reading NO TEMPORAL Aartery tenderenss.Prefix Text: Apyrexial,	

16-July-2024 Dr Amanda Fairman Non-consultation medication data

16-July-2024 Dr Amanda Fairman Non-consultation medication data

01-July-2024 Miss Laura Mcquillan Other

01-July-2024 Dr Joshua Mrode Other

Examination	O/E blood pressure reading	118 / 80 mm Hg
Examination	O/E - blood pressure	

01-July-2024 Ms Katie Smith Non-consultation data

Diagnosis Migraine although different to patients usual migraine pattern

01-July-2024 Dr Brian Milmore Non-consultation medication data

25-Jun-2024 Ms Eileen Kerr Other

25-Jun-2024 Dr Amanda Fairman Other

25-Jun-2024 Ms Katie Smith Non-consultation data

Administration Viral sinusitis viral sinus conjeston

25-Jun-2024 Dr Amanda Fairman Non-consultation medication data

25-Jun-2024 Dr Amanda Fairman Non-consultation medication data

25-Jun-2024 Dr Amanda Fairman Non-consultation medication data

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25-Jun-2024 Dr Amanda Fairman Non-consultation medication data

25-Jun-2024 Dr Amanda Fairman Non-consultation medication data

24-Jun-2024 Mr Abdallah Khadra Non-consultation data

Diagnosis FH: Breast cancer ***** ***** ~ 30s

24-Jun-2024 Mr Abdallah Khadra Non-consultation data

Diagnosis FH: neoplasm of ovary Cause of death at 74Subject:*****

24-Jun-2024 Mr Abdallah Khadra Non-consultation data

Diagnosis FH: neoplasm of cervix Cause of death at 45Subject:*****

24-Jun-2024 Mr Abdallah Khadra Non-consultation data

Diagnosis Angular cheilitis
(P2)

10-Jun-2024 Dr Brian Milmore Non-consultation data

Diagnosis Vitreous detachment (Right) posterior with retinal tear
(P2)

10-Jun-2024 Dr Brian Milmore Non-consultation data

Intervention Retinopexy NEC (Right) laser
(P2)

10-Jun-2024 Mr Abdallah Khadra Non-consultation data

Diagnosis Pseudophakia right eye
(P2)

05-Jun-2024 Dr Brian Milmore Other

05-Jun-2024 Dr Brian Milmore Non-consultation medication data

04-Jun-2024 Ms Jessica Bogle Other

Administration Telephone encounter with patient - she will collect from desk tonightPrefix Text: -
Intervention Medication requested Acute Rx Issued
Intervention New medication commenced co-amoxiclav tds for 7/7

04-Jun-2024 Dr Brian Milmore Other

03-Jun-2024 Ms Lee Kelly Other

03-Jun-2024 Dr Catriona Carty Other

Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: ; Duration 31-Dec-9999 - 31-Dec-9999)

03-Jun-2024 Dr Catriona Carty Other

03-Jun-2024 Dr Catriona Carty Non-consultation medication data

03-Jun-2024 Dr Catriona Carty Non-consultation medication data

03-Jun-2024 Dr Catriona Carty Non-consultation medication data

09-May-2024 Ms Shirley Clarke Other

09-May-2024 Dr Seharish Zafar Other

Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: ; Duration 31-Dec-9999 - 31-Dec-9999)

09-May-2024 Dr Seharish Zafar Other

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09-May-2024 Dr Brian Milmore Non-consultation medication data

09-May-2024 Dr Brian Milmore Non-consultation medication data

09-May-2024 Dr Brian Milmore Non-consultation medication data

09-May-2024 Dr Brian Milmore Non-consultation medication data

09-May-2024 Dr Brian Milmore Non-consultation medication data

29-Apr-2024 Ms Lee Kelly Other

29-Apr-2024 Dr Adrian Petre Other

Symptom Stress at home
Administration MED3 issued to patient Fit Note (Diagnosis: ; Duration 31-Dec-9999 - 31-Dec-9999)
Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: ; Duration 31-Dec-9999 - 31-Dec-9999)

29-Apr-2024 Dr Adrian Petre Non-consultation medication data

29-Apr-2024 Dr Adrian Petre Non-consultation medication data

21-Mar-2024 Gillian Conn Telephone Consultation

15-Mar-2024 Mr Anonymous User Other

Administration SMS text message sent to patient Summary of text message sent to patient / Dear Patient, please remember that prebookable appointments are available up to 8 weeks in advance. These can be used for routine medication reviews as advised by your GP and means that we can minimise gaps in prescriptions or urgent requests where possible. These appointments can be made by phoning reception as usual - please try to do this 2-3 weeks prior to your prescription running out to ensure an appointment can be made in good time. Many thanks, Craigton Medical Practice / Dr Devlin QI project

07-Mar-2024 Mr Abdallah Khadra Non-consultation data

Diagnosis Benign neoplasm of long bones of lower limb (Left) Cartilaginous lesion on intertronchanteric region of proximal femur

04-Mar-2024 Dr Catriona Carty Non-consultation medication data

04-Mar-2024 Dr Catriona Carty Non-consultation medication data

04-Mar-2024 Dr Catriona Carty Non-consultation medication data

04-Mar-2024 Dr Catriona Carty Non-consultation medication data

04-Mar-2024 Dr Catriona Carty Non-consultation medication data

02-Feb-2024 Dr Brian Milmore Telephone Consultation

02-Feb-2024 Miss Laura Mcquillan Other

02-Feb-2024 Dr Brian Milmore Other

Administration Failed encounter - message left on answer machine

02-Feb-2024 Dr Brian Milmore Telephone Consultation

02-Feb-2024 Dr Brian Milmore Non-consultation data

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02-Feb-2024 Dr Brian Milmore Non-consultation data

Intervention 8H54.: Orthopaedic referral (SCI Gateway Referral) *SelfReferral, Out Patient. Sender: Dr ***** Milmore; Reason: 8H54.: Orthopaedic referral (SCI Gateway Referral)*

01-Feb-2024 Gillian Conn Other

25-Jan-2024 Gillian Conn Other

19-Jan-2024 Ms Lyndsay Watt Other

19-Jan-2024 Dr Brian Milmore Telephone Consultation

19-Jan-2024 Dr Brian Milmore Other

19-Jan-2024 Dr Brian Milmore Non-consultation medication data

18-Jan-2024 Non-consultation data

Examination	Neisseria gonorrhoeae nucleic acid detection Not detected by PCR	
Examination	Chlamydia trachomatis nucleic acid detection Not detected by PCR	
Examination	C.trachomatis/GC PCR	
Examination	**Neisseria gonorrhoeae nucleic acid detection**Not detected by PCR:	
	Neisseria gonorrhoeae nucleic acid detection Not detected by PCR	(No range available)
Examination	**Chlamydia trachomatis nucleic acid detection**Not detected by PCR:	
	Chlamydia trachomatis nucleic acid detection Not detected by PCR	(No range available)
Examination	**C.trachomatis/GC PCR**:	
	C.trachomatis/GC PCR	(No range available)

12-Jan-2024 Ms Lyndsay Watt Other

12-Jan-2024 Dr Seharish Zafar Other

12-Jan-2024 Dr Brian Milmore Non-consultation medication data

12-Jan-2024 Dr Brian Milmore Non-consultation medication data

05-Dec-2023 Dr Catriona Carty Non-consultation data

05-Dec-2023 Dr Catriona Carty Non-consultation data

Intervention 8H53.: ENT referral (SCI Gateway Referral) *SelfReferral, Out Patient. Sender: Dr Catriona Carty; Reason: 8H53.: ENT referral (SCI Gateway Referral)*

04-Dec-2023 Miss Casey Mcgrillen Other

04-Dec-2023 Dr Catriona Carty Other

Diagnosis Medication review done

04-Dec-2023 Dr Catriona Carty Non-consultation medication data

04-Dec-2023 Dr Catriona Carty Non-consultation medication data

04-Dec-2023 Dr Catriona Carty Non-consultation medication data

04-Dec-2023 Dr Catriona Carty Non-consultation medication data

04-Dec-2023 Dr Catriona Carty Non-consultation medication data

04-Dec-2023 Dr Stephanie Campbell Non-consultation medication data

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04-Dec-2023 Dr Catriona Carty Non-consultation data

Diagnosis Medication review

04-Dec-2023 Dr Catriona Carty Non-consultation medication data

04-Dec-2023 Dr Catriona Carty Non-consultation medication data

04-Dec-2023 Dr Catriona Carty Non-consultation medication data

04-Dec-2023 Dr Catriona Carty Non-consultation medication data

05-Oct-2023 Ms Shirley Clarke Other

05-Oct-2023 Dr Gemma Christie Telephone Consultation

05-Oct-2023 Dr Gemma Christie Non-consultation medication data

05-Oct-2023 Dr Gemma Christie Non-consultation medication data

05-Oct-2023 Dr Stephanie Campbell Non-consultation medication data

05-Oct-2023 Dr Stephanie Campbell Non-consultation medication data

22-Sept-2023 Ms Lyndsay Watt Other

22-Sept-2023 Dr Seharish Zafar Telephone Consultation

22-Sept-2023 Dr Seharish Zafar Other

22-Sept-2023 Dr Brian Milmore Non-consultation medication data

22-Sept-2023 Dr Brian Milmore Non-consultation medication data

22-Sept-2023 Dr Seharish Zafar Non-consultation medication data

Intervention Drug therapy discontinued Phenoxymethylpenicillin Tablets 250 mg, Dosage=2 TABS FOUR TIMES A DAY FOR FIVE DAYS, Discontinue Type=Drug therapy discontinued, Discontinue Notes=Medication no longer required

01-Sept-2023 Miss Laura Mcquillan Other

01-Sept-2023 Dr Stephanie Campbell Telephone Consultation

01-Sept-2023 Dr Stephanie Campbell Non-consultation medication data

01-Sept-2023 Dr Stephanie Campbell Non-consultation medication data

01-Sept-2023 Dr Stephanie Campbell Non-consultation medication data

01-Sept-2023 Dr Stephanie Campbell Non-consultation medication data

04-Aug-2023 Dr Stephanie Campbell Other

04-Aug-2023 Dr Stephanie Campbell Non-consultation medication data

02-Aug-2023 Dr Stephanie Campbell Non-consultation medication data

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02-Aug-2023 Dr Stephanie Campbell Non-consultation medication data

02-Aug-2023 Dr Stephanie Campbell Non-consultation medication data

01-Aug-2023 Miss Laura Mcausland Other

01-Aug-2023 Dr Stephanie Campbell Telephone Consultation

17-July-2023 Non-consultation data

Examination	Rheumatoid factor	20 IU/mL	
Examination	I Rheumatoid Factor		
Examination	**Rheumatoid factor**:		
	Rheumatoid factor	20 IU/mL	(Range: 1 - 29)
Examination	**I Rheumatoid Factor**:		
	I Rheumatoid Factor		(No range available)

15-July-2023 Non-consultation data

Examination	Eosinophil count	0.28 10*9/L	
Examination	Haemoglobin estimation	129 g/L	
Examination	Mean corpusc. haemoglobin(MCH)	30.1 pg	
Examination	Mean corpuscular volume (MCV)	95.3 fL	
Examination	Monocyte count	0.5 10*9/L	
Examination	Neutrophil count	2.9 10*9/L	
Examination	Platelet count	247 10*9/L	
Examination	Nucleated red blood cell count	0 10*9/L	
Examination	Red blood cell (RBC) count	4.29 10*12/L	
Examination	Total white cell count	5.4 10*9/L	
Examination	Lymphocyte count	1.7 10*9/L	
Examination	Erythrocyte sedimentation rate Value: NA		
Examination	Haematocrit	0.409 L/L	
Examination	Basophil count	0.1 10*9/L	
Examination	Full Blood Count		
Examination	**Eosinophil count**:		
	Eosinophil count	0.28 10*9/L	(Range: 0.02 - 0.5)
Examination	**Haemoglobin estimation**:		
	Haemoglobin estimation	129 g/L	(Range: 115 - 165)
Examination	**Mean corpusc. haemoglobin(MCH)**:		
	Mean corpusc. haemoglobin(MCH)	30.1 pg	(Range: 27 - 32)
Examination	**Mean corpuscular volume (MCV)**:		
	Mean corpuscular volume (MCV)	95.3 fL	(Range: 83 - 101)
Examination	**Monocyte count**:		
	Monocyte count	0.5 10*9/L	(Range: 0.2 - 1)
Examination	**Neutrophil count**:		
	Neutrophil count	2.9 10*9/L	(Range: 2 - 7)
Examination	**Platelet count**:		
	Platelet count	247 10*9/L	(Range: 150 - 410)
Examination	**Nucleated red blood cell count**:		
	Nucleated red blood cell count	0 10*9/L	(No range available)
Examination	**Red blood cell (RBC) count**:		
	Red blood cell (RBC) count	4.29 10*12/L	(Range: 3.8 - 5.8)
Examination	**Total white cell count**:		
	Total white cell count	5.4 10*9/L	(Range: 4 - 10)
Examination	**Lymphocyte count**:		
	Lymphocyte count	1.7 10*9/L	(Range: 1.1 - 5)
Examination	**Erythrocyte sedimentation rate**Value: NA:		
	Erythrocyte sedimentation rate Value: NA		(No range available)
Examination	**Haematocrit**:		
	Haematocrit	0.409 L/L	(Range: 0.37 - 0.47)
Examination	**Basophil count**:		
	Basophil count	0.1 10*9/L	(No range available)
Examination	**Full Blood Count**:		
	Full Blood Count		(No range available)

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15-July-2023 Non-consultation data

Examination	Serum albumin	41 g/L	
Examination	Serum albumin	41 g/L	
Examination	Serum alkaline phosphatase	108 U/L	
Examination	Serum alkaline phosphatase	108 U/L	
Examination	ALT/SGPT serum level	17 U/L	
Examination	AST serum level	22 U/L	
Examination	Serum total bilirubin level	5 umol/L	
Examination	Serum calcium	2.53 mmol/L	
Examination	Corrected serum calcium level	2.59 mmol/L	
Examination	Serum chloride	103 mmol/L	
Examination	Serum creatinine	67 umol/L	
Examination	Serum inorganic phosphate	0.96 mmol/L	
Examination	Serum potassium	4.7 mmol/L	
Examination	Serum sodium	140 mmol/L	
Examination	Serum total T3 level		
Examination	Serum TSH level	0.49 mU/L	
Examination	Serum urea level	4.1 mmol/L	
Examination	Serum C reactive protein level	5 mg/L	
Examination	Serum free T4 level	13.7 pmol/L	
Examination	GFR calculated abbreviated MDRD	60 mL/min	
Examination	Thyroid funct test		
Examination	Liver Function Tests		
Examination	Urea & Electrolytes		
Examination	C-reactive Protein		
Examination	Bone Profile		
Examination	**Serum albumin**:		
	Serum albumin	41 g/L	(Range: 35 - 50)
Examination	**Serum albumin**:		
	Serum albumin	41 g/L	(Range: 35 - 50)
Examination	**Serum alkaline phosphatase**:		
	Serum alkaline phosphatase	108 U/L	(Range: 30 - 130)
Examination	**Serum alkaline phosphatase**:		
	Serum alkaline phosphatase	108 U/L	(Range: 30 - 130)
Examination	**ALT/SGPT serum level**:		
	ALT/SGPT serum level	17 U/L	(Range: <50)
Examination	**AST serum level**:		
	AST serum level	22 U/L	(Range: <40)
Examination	**Serum total bilirubin level**:		
	Serum total bilirubin level	5 umol/L	(Range: <20)
Examination	**Serum calcium**:		
	Serum calcium	2.53 mmol/L	(Range: 2.2 - 2.6)
Examination	**Corrected serum calcium level**:		
	Corrected serum calcium level	2.59 mmol/L	(Range: 2.2 - 2.6)
Examination	**Serum chloride**:		
	Serum chloride	103 mmol/L	(Range: 95 - 108)
Examination	**Serum creatinine**:		
	Serum creatinine	67 umol/L	(Range: 40 - 130)
Examination	**Serum inorganic phosphate**:		
	Serum inorganic phosphate	0.96 mmol/L	(Range: 0.8 - 1.5)
Examination	**Serum potassium**:		
	Serum potassium	4.7 mmol/L	(Range: 3.5 - 5.3)
Examination	**Serum sodium**:		
	Serum sodium	140 mmol/L	(Range: 133 - 146)
Examination	**Serum total T3 level**:		
	Serum total T3 level		(No range available)
Examination	**Serum TSH level**:		
	Serum TSH level	0.49 mU/L	(Range: 0.35 - 5)
Examination	**Serum urea level**:		
	Serum urea level	4.1 mmol/L	(Range: 2.5 - 7.8)
Examination	**Serum C reactive protein level**:		
	Serum C reactive protein level	5 mg/L	(No range available)
Examination	**Serum free T4 level**:		
	Serum free T4 level	13.7 pmol/L	(Range: 9 - 21)
Examination	**GFR calculated abbreviated MDRD**:		
	GFR calculated abbreviated MDRD	60 mL/min	(Range: >60)
Examination	**Thyroid funct test**:		
	Thyroid funct test		(No range available)
Examination	**Liver Function Tests**:		
	Liver Function Tests		(No range available)
Examination	**Urea & Electrolytes**:		
	Urea & Electrolytes		(No range available)
Examination	**C-reactive Protein**:		
	C-reactive Protein		(No range available)
Examination	**Bone Profile**:		
	Bone Profile		(No range available)

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15-July-2023 Non-consultation data

Examination	Serum vitamin B12	881 ng/L	
Examination	Serum ferritin	72 ug/L	
Examination	Serum folate	13.8 ug/L	
Examination	Serum Folate		
Examination	Serum Vitamin B12		
Examination	Serum Ferritin		
Examination	**Serum vitamin B12**:		
	Serum vitamin B12	881 ng/L	(Range: 200 - 883)
Examination	**Serum ferritin**:		
	Serum ferritin	72 ug/L	(Range: 15 - 200)
Examination	**Serum folate**:		
	Serum folate	13.8 ug/L	(Range: 3.1 - 20)
Examination	**Serum Folate**:		
	Serum Folate		(No range available)
Examination	**Serum Vitamin B12**:		
	Serum Vitamin B12		(No range available)
Examination	**Serum Ferritin**:		
	Serum Ferritin		(No range available)

14-July-2023 Non-consultation data

Examination	Plasma glucose level	4.6 mmol/L	
Examination	Glucose		
Examination	**Plasma glucose level**:		
	Plasma glucose level	4.6 mmol/L	(Range: 3.5 - 6)
Examination	**Glucose**:		
	Glucose		(No range available)

07-July-2023 Ms Lyndsay Watt Other

07-July-2023 Dr Stephanie Campbell Telephone Consultation

07-July-2023 Dr Stephanie Campbell Non-consultation medication data

28-Jun-2023 Ms Eileen Kerr Other

28-Jun-2023 Dr Adrian Petre Other

Examination	Urinalysis = no abnormality		
Examination	O/E - pulse rate reg,Value: 82 beats/minute	bpm	
Examination	O/E blood pressure reading	123 / 70 mm Hg	
Examination	O/E - BP reading		
Examination	O/E - chest examination normal HS1-2		
Examination	Abdomen examined - NAD no oedema		
Examination	O/E - weight Prefix Text: well systemically, comfortable,	70 Kg	
Examination	Body Mass Index Prefix Text: well systemically, comfortable,	27	
Examination	**Urinalysis = no abnormality**:		
	Urinalysis = no abnormality		(No range available)

28-Jun-2023 Dr Adrian Petre Non-consultation medication data

28-Jun-2023 Dr Adrian Petre Non-consultation medication data

28-Jun-2023 Dr Adrian Petre Non-consultation medication data

06-Jun-2023 Dr Stephanie Campbell Non-consultation medication data

25-May-2023 Dr Gemma Christie Non-consultation medication data

25-May-2023 Dr Gemma Christie Non-consultation medication data

25-May-2023 Dr Gemma Christie Non-consultation medication data

20-Apr-2023 Ms Shirley Clarke Other

20-Apr-2023 Dr Adrian Petre Other

Diagnosis	Upper respiratory tract infection NOS

20-Apr-2023 Dr Adrian Petre Non-consultation medication data

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20-Apr-2023 Dr Adrian Petre Non-consultation medication data

20-Apr-2023 Dr Adrian Petre Non-consultation medication data

06-Apr-2023 Ms Lee Kelly Other

06-Apr-2023 Dr Gemma Christie Telephone Consultation

06-Apr-2023 Dr Gemma Christie Other

06-Apr-2023 Dr Gemma Christie Non-consultation medication data

06-Apr-2023 Dr Gemma Christie Non-consultation medication data

06-Apr-2023 Dr Gemma Christie Non-consultation medication data

06-Apr-2023 Dr Gemma Christie Non-consultation medication data

06-Apr-2023 Dr Gemma Christie Non-consultation medication data

08-Mar-2023 Dr Stephanie Campbell Non-consultation medication data

31-Jan-2023 Dr Adrian Petre Non-consultation medication data

31-Jan-2023 Dr Adrian Petre Non-consultation medication data

31-Jan-2023 Dr Adrian Petre Non-consultation medication data

31-Jan-2023 Dr Adrian Petre Non-consultation medication data

31-Jan-2023 Dr Adrian Petre Non-consultation medication data

04-Jan-2023 Miss Laura Mcquillan Other

04-Jan-2023 Dr Brian Milmore Telephone Consultation

04-Jan-2023 Dr Brian Milmore Non-consultation medication data

30-Dec-2022 Ms Lyndsay Watt Other

30-Dec-2022 Dr Stephanie Campbell Telephone Consultation

30-Dec-2022 Dr Stephanie Campbell Non-consultation medication data

30-Dec-2022 Dr Stephanie Campbell Non-consultation medication data

29-Nov-2022 Dr Stephanie Campbell Other

29-Nov-2022 Dr Stephanie Campbell Non-consultation medication data

28-Nov-2022 Mr Anonymous User Other

16-Jan-2021 Administration Administration of first dose of SARS-CoV-2 vaccine (Scheduled) EK4243/ COVPFIZER/IM/Right Arm//C-19 Pfizer (M *****)

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28-Nov-2022 Mr Anonymous User Other

04-Apr-2021 Administration Administration of second dose of SARS-CoV-2 vaccine (Scheduled) EM4965/ COVPFIZER/IM/Right Arm//C-19 Pfizer (L *****)

25-Nov-2022 Dr Stephanie Campbell Telephone Consultation

Diagnosis (P2) Genital herpes simplex

25-Nov-2022 Dr Stephanie Campbell Non-consultation medication data

25-Nov-2022 Dr Stephanie Campbell Non-consultation medication data

25-Nov-2022 Dr Stephanie Campbell Non-consultation medication data

25-Nov-2022 Dr Stephanie Campbell Non-consultation medication data

21-Nov-2022 Miss Laura Mcausland Other

14-Nov-2022 Miss Laura Mcausland Non-consultation data

Administration Patient Record summarised by GP

14-Nov-2022 Miss Laura Mcausland Non-consultation data

Administration Notes summary on computer

09-Nov-2022 Dr Adrian Petre Non-consultation medication data

09-Nov-2022 Dr Adrian Petre Non-consultation medication data

09-Nov-2022 Dr Adrian Petre Non-consultation medication data

11-Oct-2022 Dr Stephanie Campbell Telephone Consultation

07-Oct-2022 Non-consultation data

Examination	Serum chloride	102 mmol/L	
Examination	Serum creatinine	62 umol/L	
Examination	Serum potassium	4.4 mmol/L	
Examination	Serum sodium	141 mmol/L	
Examination	Serum urea level	4.1 mmol/L	
Examination	Serum urate level	218 umol/L	
Examination	Blood urate		
Examination	Serum C reactive protein level	8 mg/L	
Examination	GFR calculated abbreviated MDRD	60 mL/min	
Examination	Urea & Electrolytes		
Examination	C-reactive Protein		
Examination	**Serum chloride**:		
	Serum chloride	102 mmol/L	(Range: 95 - 108)
Examination	**Serum creatinine**:		
	Serum creatinine	62 umol/L	(Range: 40 - 130)
Examination	**Serum potassium**:		
	Serum potassium	4.4 mmol/L	(Range: 3.5 - 5.3)
Examination	**Serum sodium**:		
	Serum sodium	141 mmol/L	(Range: 133 - 146)
Examination	**Serum urea level**:		
	Serum urea level	4.1 mmol/L	(Range: 2.5 - 7.8)
Examination	**Serum urate level**:		
	Serum urate level	218 umol/L	(Range: 140 - 360)
Examination	**Blood urate**:		
	Blood urate		(No range available)
Examination	**Serum C reactive protein level**:		
	Serum C reactive protein level	8 mg/L	(No range available)
Examination	**GFR calculated abbreviated MDRD**:		
	GFR calculated abbreviated MDRD	60 mL/min	(Range: >60)
Examination	**Urea & Electrolytes**:		
	Urea & Electrolytes		(No range available)
Examination	**C-reactive Protein**:		
	C-reactive Protein		(No range available)

06-Oct-2022 Ms Shirley Clarke Other

THIRD PARTY COPY

06-Oct-2022 Dr Stephanie Campbell Telephone Consultation

06-Oct-2022 Dr Stephanie Campbell Other

06-Oct-2022 Non-consultation data

Examination	Eosinophil count	0.18 10*9/L	
Examination	Haemoglobin estimation	129 g/L	
Examination	Mean corpusc. haemoglobin(MCH)	30.7 pg	
Examination	Mean corpuscular volume (MCV)	96.9 fL	
Examination	Monocyte count	0.5 10*9/L	
Examination	Neutrophil count	6.1 10*9/L	
Examination	Platelet count	282 10*9/L	
Examination	Nucleated red blood cell count	0 10*9/L	
Examination	Red blood cell (RBC) count	4.2 10*12/L	
Examination	Total white cell count	8.1 10*9/L	
Examination	Lymphocyte count	1.3 10*9/L	
Examination	Haematocrit	0.407 L/L	
Examination	Basophil count	0.1 10*9/L	
Examination	Full Blood Count		
Examination	**Eosinophil count**:		
	Eosinophil count	0.18 10*9/L	(Range: 0.02 - 0.5)
Examination	**Haemoglobin estimation**:		
	Haemoglobin estimation	129 g/L	(Range: 115 - 165)
Examination	**Mean corpusc. haemoglobin(MCH)**:		
	Mean corpusc. haemoglobin(MCH)	30.7 pg	(Range: 27 - 32)
Examination	**Mean corpuscular volume (MCV)**:		
	Mean corpuscular volume (MCV)	96.9 fL	(Range: 83 - 101)
Examination	**Monocyte count**:		
	Monocyte count	0.5 10*9/L	(Range: 0.2 - 1)
Examination	**Neutrophil count**:		
	Neutrophil count	6.1 10*9/L	(Range: 2 - 7)
Examination	**Platelet count**:		
	Platelet count	282 10*9/L	(Range: 150 - 410)
Examination	**Nucleated red blood cell count**:		
	Nucleated red blood cell count	0 10*9/L	(No range available)
Examination	**Red blood cell (RBC) count**:		
	Red blood cell (RBC) count	4.2 10*12/L	(Range: 3.8 - 5.8)
Examination	**Total white cell count**:		
	Total white cell count	8.1 10*9/L	(Range: 4 - 10)
Examination	**Lymphocyte count**:		
	Lymphocyte count	1.3 10*9/L	(Range: 1.1 - 5)
Examination	**Haematocrit**:		
	Haematocrit	0.407 L/L	(Range: 0.37 - 0.47)
Examination	**Basophil count**:		
	Basophil count	0.1 10*9/L	(No range available)
Examination	**Full Blood Count**:		
	Full Blood Count		(No range available)

06-Oct-2022 Dr Stephanie Campbell Non-consultation medication data

27-Sept-2022 Miss Laura Mcausland Non-consultation data

23-Sept-2022 Miss Laura Mcausland Other

23-Sept-2022 Dr Stephanie Campbell Other

23-Sept-2022 Dr Stephanie Campbell Non-consultation medication data

23-Sept-2022 Dr Stephanie Campbell Non-consultation medication data

13-Sept-2022 Sister Claire Davison Other

13-Sept-2022 Miss Laura Mcausland Non-consultation data

Examination	Cervical smear - human papillomavirus negative Cervical smear - human papillomavirus negative	-

06-Sept-2022 Miss Laura Mcquillan Other

06-Sept-2022 Dr Brian Milmore Telephone Consultation

06-Sept-2022 Dr Brian Milmore Non-consultation medication data

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01-Sept-2022 Miss Laura Mcausland Other

01-Sept-2022 Dr Adrian Petre Telephone Consultation

Intervention Medication requested

01-Sept-2022 Dr Adrian Petre Non-consultation medication data

01-Sept-2022 Dr Adrian Petre Non-consultation medication data

29-Aug-2022 Dr Adrian Petre Non-consultation medication data

29-Aug-2022 Dr Gemma Christie Non-consultation medication data

29-Aug-2022 Dr Adrian Petre Non-consultation medication data

29-Aug-2022 Dr Adrian Petre Non-consultation medication data

29-Aug-2022 Dr Adrian Petre Telephone Consultation

Diagnosis Medication review

19-Aug-2022 Ms Eileen Kerr Other

19-Aug-2022 Ms Eileen Kerr Other

19-Aug-2022 Dr Seharish Zafar Other

19-Aug-2022 Dr Brian Milmore Non-consultation medication data

19-Aug-2022 Dr Brian Milmore Non-consultation medication data

01-July-2022 Dr Stephanie Campbell Other

01-July-2022 Dr Brian Milmore Non-consultation data

Examination (P2) Wireless capsule endoscopy two tiny hyperplastci polyps otherwise NAD

01-July-2022 Dr Brian Milmore Non-consultation data

Diagnosis (P2) Irritable bowel syndrome

29-Jun-2022 Dr Stephanie Campbell Non-consultation medication data

29-Jun-2022 Dr Brian Milmore Non-consultation medication data

29-Jun-2022 Dr Seharish Zafar Telephone Consultation

22-Jun-2022 Miss Courtney Mcgeown Other

22-Jun-2022 Miss Courtney Mcgeown Other

22-Jun-2022 Mr Matthew Dyer Other

Intervention Medication requested Duloxetine , Letrozole, Tramadol
Intervention Prescription given no examination of patient

22-Jun-2022 Mr Matthew Dyer Other

22-Jun-2022 Dr Brian Milmore Non-consultation medication data

22-Jun-2022 Dr Brian Milmore Non-consultation medication data

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22-Jun-2022 Dr Brian Milmore Non-consultation medication data

22-Jun-2022 Dr Brian Milmore Non-consultation medication data

22-Jun-2022 Dr Brian Milmore Non-consultation medication data

26-May-2022 Dr Gemma Christie Telephone Consultation

24-May-2022 Dr Brian Milmore Non-consultation medication data

24-May-2022 Dr Brian Milmore Non-consultation medication data

24-May-2022 Dr Stephanie Campbell Non-consultation medication data

24-May-2022 Dr Brian Milmore Non-consultation medication data

24-May-2022 Mr Moses Lade Other

Intervention	Medication requested
Intervention	Previous treatment continue
Intervention	Repeated prescription
Diagnosis	[V]Expert advice request Medicines Information Query
Intervention	Prescription by supplementary prescriber

23-May-2022 Mr Brian Muir Other

23-May-2022 Mr Brian Muir Other

10-May-2022 Miss Laura Mcausland Non-consultation data

Administration Patient MRE received from HB Docman only

13-Apr-2022 Dr Brian Milmore Non-consultation data

15-Mar-2022 Conor Culley Non-consultation data

Administration COVID-19 confirmed by laboratory test

08-Jan-2021 Conor Culley Non-consultation data

Diagnosis Anxiety with depression
(P2)

16-Apr-2019 Conor Culley Non-consultation data

Intervention Salpingoophorectomy NEC (Bilateral)
(P1)

26-Sept-2018 Conor Culley Non-consultation data

Examination	Neutropenia	
Examination	**Neutropenia**:	
	Neutropenia	(No range available)

01-Jun-2018 Conor Culley Non-consultation data

Intervention Mastectomy of left breast + sentinal node biopsy +
(P1) immediate DIEP reconstruction

18-Apr-2018 Mr Abdallah Khadra Non-consultation data

Diagnosis Malignant neoplasm of female breast (Left) Ductal
(P1) Carcinoma NST, ER positive, HER-2 negative

25-Feb-2017 Conor Culley Non-consultation data

Diagnosis Haemorrhoids
(P2)

23-Feb-2016 Conor Culley Non-consultation data

Diagnosis FH: Bowel cancer fh in 80sSubject:*****

THIRD PARTY COPY

20-Dec-2012 Conor Culley Non-consultation data

Intervention Phacoemulsification of lens (Right)
(P2)

10-Oct-2012 Conor Culley Non-consultation data

Diagnosis Migraine
(P2)

02-Mar-2010 Conor Culley Non-consultation data

Diagnosis FH: Diabetes mellitus

02-Mar-2010 Mr Abdallah Khadra Non-consultation data

Examination Ex-smoker - amount unknown / / cigarettes / cigars / tobacco

19-Oct-2007 Conor Culley Non-consultation data

Diagnosis [X]Depressive episode

01-July-2007 Conor Culley Non-consultation data

Diagnosis Genital herpes simplex
(P2)

11-May-2006 Conor Culley Non-consultation data

Intervention Septorhinoplasty NEC
(P2)

11-May-2006 Mr Abdallah Khadra Non-consultation data

Intervention Rhinoplasty 2
(P2)

08-Mar-2006 Conor Culley Non-consultation data

Diagnosis Urinary tract infection, site not specified

05-Aug-2003 Conor Culley Non-consultation data

Diagnosis Alcohol problem drinking
(P2)

29-Sept-2002 Conor Culley Non-consultation data

Diagnosis [X]Depressive disorder NOS
(P2)

12-Jun-2000 Conor Culley Non-consultation data

Diagnosis Forceps delivery Boy

23-Aug-1999 Conor Culley Non-consultation data

Diagnosis Chronic anxiety
(P2)

09-Mar-1999 Conor Culley Non-consultation data

Diagnosis Nondependent abuse of drugs Ecstasy and Cannabis
(P2)

21-July-1995 Conor Culley Non-consultation data

Intervention Cauterisation of vulval warts Vulval and Peri-anal
(P2)

18-Mar-1994 Conor Culley Non-consultation data

Diagnosis Termination of pregnancy

08-Apr-1992 Conor Culley Non-consultation data

Diagnosis Termination of pregnancy

25-Sept-1974 Conor Culley Non-consultation data

Diagnosis [X]Vulval warts

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Medications (inc. issues)

Acute

14-May-2026 Duloxetine 60mg gastro-resistant capsules
28 capsule - 1 DAILY

14-May-2026 Tramadol 50mg capsules
60 capsule - ONE TWICE DAILY FOR FOR PAIN WHEN REQUIRED

06-Feb-2026 Duloxetine 40mg gastro-resistant capsules
28 capsule - ONE DAILY

Repeat

19-Jan-2026 Duloxetine 40mg gastro-resistant capsules
28 capsule - ONE DAILY

19-Jan-2026 Tramadol 50mg capsules
60 capsule - ONE TWICE DAILY FOR FOR PAIN WHEN REQUIRED

Past

20-Apr-2026 Aciclovir 800mg tablets Acute Medication (Past)
6 tablet - ONE TABLET THREE TIMES PER DAY FOR 2 DAYS

20-Apr-2026 Aciclovir 800mg tablets Acute Medication (Past)
6 tablet - ONE TABLET THREE TIMES PER DAY FOR 2 DAYS

10-Apr-2026 Duloxetine 60mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 DAILY

10-Apr-2026 Tramadol 50mg capsules Acute Medication (Past)
60 capsule - ONE TWICE DAILY FOR FOR PAIN WHEN REQUIRED

06-Mar-2026 Aciclovir 800mg tablets Acute Medication (Past)
6 tablet - ONE TABLET THREE TIMES PER DAY FOR 2 DAYS

26-Feb-2026 Duloxetine 60mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 DAILY

06-Feb-2026 Tramadol 50mg capsules Acute Medication (Past)
60 capsule - ONE TWICE DAILY FOR FOR PAIN WHEN REQUIRED

06-Feb-2026 Aciclovir 800mg tablets Acute Medication (Past)
6 tablet - ONE TABLET THREE TIMES PER DAY FOR 2 DAYS

19-Jan-2026 Duloxetine 40mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 CAPSULE DAILY

19-Jan-2026 Tramadol 50mg capsules Acute Medication (Past)
60 capsule - ONE TWICE A DAY WHEN REQUIRED

08-Dec-2025 Duloxetine 60mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 DAILY

14-Nov-2025 Tramadol 50mg capsules Acute Medication (Past)
60 capsule - ONE TWICE A DAY WHEN REQUIRED

10-Nov-2025 Aciclovir 800mg tablets Acute Medication (Past)
6 tablet - ONE TABLET THREE TIMES PER DAY FOR 2 DAYS

10-Nov-2025 Duloxetine 40mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 CAPSULE DAILY

15-Oct-2025 Duloxetine 40mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 CAPSULE DAILY

15-Oct-2025 Aciclovir 200mg tablets Acute Medication (Past)
25 tablet - ONE TABLET FIVE TIMES DAILY

26-Aug-2025 Duloxetine 40mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 CAPSULE DAILY

26-Aug-2025 Aciclovir 200mg tablets Acute Medication (Past)
25 tablet - ONE TABLET FIVE TIMES DAILY

07-July-2025 Letrozole 2.5mg tablets Acute Medication (Past)
28 tablet - 1 TABLET ONCE DAILY

07-July-2025 Duloxetine 60mg gastro-resistant capsules Acute Medication (Past)
28 capsule - ONE DAILY

07-July-2025 Duloxetine 40mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 CAPSULE DAILY

23-May-2025 Naseptin nasal cream (Alliance Pharmaceuticals Ltd) Acute Medication (Past)
15 gram - APPLY FOUR TIMES A DAY FOR 10 DAYS TO LEFT NOSTRIL

23-May-2025 Doxycycline 100mg capsules Acute Medication (Past)
6 capsule - 2 CAPS INITIALLY THEN ONE DAILY

20-May-2025 Duloxetine 40mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 CAPSULE DAILY

20-May-2025 Letrozole 2.5mg tablets Acute Medication (Past)
28 tablet - 1 TABLET ONCE DAILY

THIRD PARTY COPY

20-May-2025 Duloxetine 60mg gastro-resistant capsules Acute Medication (Past)
28 capsule - ONE DAILY

20-May-2025 Letrozole 2.5mg tablets Repeat Medication (Past)
28 tablet - 1 TABLET ONCE DAILY

29-Apr-2025 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - 1 THREE TIMES A DAY

25-Apr-2025 Duloxetine 60mg gastro-resistant capsules Acute Medication (Past)
28 capsule - ONE DAILY

25-Apr-2025 Letrozole 2.5mg tablets Acute Medication (Past)
28 tablet - 1 TABLET ONCE DAILY

14-Feb-2025 Duloxetine Gastro-resistant Capsules 60 mg Repeat Medication (Past)
28 capsule - 1 Cap Daily

14-Feb-2025 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
28 capsule - 1 Cap Daily

10-Feb-2025 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
200 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

10-Feb-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

10-Feb-2025 Letrozole Tablets 2.5 mg Acute Medication (Past)
56 tablet - 1 Tab Daily

10-Feb-2025 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
200 dose - TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY

10-Feb-2025 Aciclovir Tablets 800 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS

30-Jan-2025 Duloxetine Gastro-resistant Capsules 90 mg Repeat Medication (Past)
28 capsule - 1 Cap Daily

30-Jan-2025 Zopiclone Tablets 7.5 mg Acute Medication (Past)
5 tablet - ONE TO BE TAKEN AT NIGHT

30-Jan-2025 Zopiclone Tablets 7.5 mg Acute Medication (Past)
5 tablet - ONE TO BE TAKEN AT NIGHT

30-Jan-2025 Duloxetine Gastro-resistant Capsules 90 mg Acute Medication (Past)
28 capsule - 1 Cap Daily

17-Jan-2025 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

17-Jan-2025 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

17-Jan-2025 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
200 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

17-Jan-2025 Letrozole Tablets 2.5 mg Acute Medication (Past)
56 tablet - 1 Tab Daily

17-Jan-2025 Aciclovir Tablets 800 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS

13-Dec-2024 Prochlorperazine Maleate Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

13-Dec-2024 Dioralyte Oral powder (citrus) Acute Medication (Past)
10 sachet - DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED

13-Dec-2024 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
56 tablet - ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

13-Dec-2024 Prochlorperazine Maleate Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

13-Dec-2024 Dioralyte Oral powder (citrus) Acute Medication (Past)
10 sachet - DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED

13-Dec-2024 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
56 tablet - ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

12-Dec-2024 Trimethoprim Tablets 200 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY

12-Dec-2024 Trimethoprim Tablets 200 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY

09-Dec-2024 Co-Amoxiclav 500/125 Tablets Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

09-Dec-2024 Duloxetine Gastro-resistant Capsules 60 mg Repeat Medication (Past)
28 capsule - 1 Cap Daily

09-Dec-2024 Co-Amoxiclav 500/125 Tablets Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

09-Dec-2024 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
28 capsule - 1 Cap Daily

20-Nov-2024 Letrozole Tablets 2.5 mg Acute Medication (Past)
56 tablet - 1 Tab Daily

THIRD PARTY COPY

17-Oct-2024 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

17-Oct-2024 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

27-Aug-2024 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
200 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

27-Aug-2024 Letrozole Tablets 2.5 mg Acute Medication (Past)
56 tablet - 1 Tab Daily

27-Aug-2024 Aciclovir Tablets 800 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS

16-July-2024 Rizatriptan Benzoate Tablets 10 mg Acute Medication (Past)
6 tablet - 1 Tab Daily

16-July-2024 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
56 capsule - 1 Cap Daily

16-July-2024 Rizatriptan Benzoate Tablets 10 mg Acute Medication (Past)
6 tablet - 1 Tab Daily

16-July-2024 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
56 capsule - 1 Cap Daily

01-July-2024 Aspirin Dispersible tablets 300 mg Acute Medication (Past)
3 tablet - 3 TABLETS (900MG)

01-July-2024 Aspirin Dispersible tablets 300 mg Acute Medication (Past)
3 tablet - 3 TABLETS (900MG)

25-Jun-2024 Sumatriptan Succinate Tablets 50 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS

25-Jun-2024 Cyclizine Tablets 50 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN THREE TIMES A DAY

25-Jun-2024 Sumatriptan Succinate Tablets 50 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS

25-Jun-2024 Cyclizine Tablets 50 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN THREE TIMES A DAY

25-Jun-2024 Naseptin Nasal Cream Acute Medication (Past)
15 gram - APPLY THREE TIMES DAILY

25-Jun-2024 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
200 dose - TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY

05-Jun-2024 Co-Amoxiclav 500/125 Tablets Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

05-Jun-2024 Co-Amoxiclav 500/125 Tablets Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

03-Jun-2024 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
200 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

03-Jun-2024 Letrozole Tablets 2.5 mg Acute Medication (Past)
56 tablet - 1 Tab Daily

03-Jun-2024 Aciclovir Tablets 800 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS

09-May-2024 Duloxetine Gastro-resistant Capsules 30 mg Acute Medication (Past)
28 capsule - 1 Cap Daily

09-May-2024 Duloxetine Gastro-resistant Capsules 30 mg Acute Medication (Past)
28 capsule - 1 Cap Daily

09-May-2024 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
200 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

09-May-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

09-May-2024 Letrozole Tablets 2.5 mg Acute Medication (Past)
56 tablet - 1 Tab Daily

09-May-2024 Aciclovir Tablets 800 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS

29-Apr-2024 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
56 capsule - 1 Cap Daily

04-Mar-2024 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
200 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

04-Mar-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

04-Mar-2024 Letrozole Tablets 2.5 mg Acute Medication (Past)
56 tablet - 1 Tab Daily

04-Mar-2024 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
200 dose - TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY

04-Mar-2024 Aciclovir Tablets 800 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS

THIRD PARTY COPY

19-Jan-2024 Ketoprofen Gel 2.5 % Acute Medication (Past)
50 gram - APPLY THREE TIMES A DAY

19-Jan-2024 Ketoprofen Gel 2.5 % Acute Medication (Past)
50 gram - APPLY THREE TIMES A DAY

12-Jan-2024 Scheriproct Suppositories Acute Medication (Past)
12 suppository - INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT. DO NOT USE FOR MORE THAN 7 DAYS

12-Jan-2024 Fluconazole Capsules 150 mg Acute Medication (Past)
1 capsule - ONE TO BE TAKEN AS A SINGLE DOSE

12-Jan-2024 Scheriproct Suppositories Acute Medication (Past)
12 suppository - INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT. DO NOT USE FOR MORE THAN 7 DAYS

12-Jan-2024 Fluconazole Capsules 150 mg Acute Medication (Past)
1 capsule - ONE TO BE TAKEN AS A SINGLE DOSE

04-Dec-2023 Otomize Spray Acute Medication (Past)
1 spray - ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS

04-Dec-2023 Naseptin Cream Acute Medication (Past)
15 gram - APPLY THINLY TO THE AFFECTED AREA TWICE DAILY

04-Dec-2023 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
200 dose - TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY

04-Dec-2023 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
56 capsule - 1 Cap Daily

04-Dec-2023 Duloxetine Gastro-resistant Capsules 30 mg Acute Medication (Past)
56 capsule - 1 Cap Daily

04-Dec-2023 Otomize Spray Acute Medication (Past)
1 spray - ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS

04-Dec-2023 Naseptin Nasal Cream Acute Medication (Past)
15 gram - APPLY THINLY TO THE AFFECTED AREA TWICE DAILY

04-Dec-2023 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
200 dose - TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY

04-Dec-2023 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
56 capsule - 1 Cap Daily

04-Dec-2023 Duloxetine Gastro-resistant Capsules 30 mg Acute Medication (Past)
56 capsule - 1 Cap Daily

04-Dec-2023 Beclometasone Aqueous nasal spray 50 micrograms/actuation Repeat Medication (Past)
200 dose - TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY

04-Dec-2023 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
200 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

04-Dec-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

04-Dec-2023 Letrozole Tablets 2.5 mg Acute Medication (Past)
56 tablet - 1 Tab Daily

04-Dec-2023 Aciclovir Tablets 800 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS

05-Oct-2023 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

05-Oct-2023 Duloxetine Gastro-resistant Capsules 30 mg Acute Medication (Past)
28 capsule - TWO TO BE TAKEN EACH DAY

05-Oct-2023 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

05-Oct-2023 Duloxetine Gastro-resistant Capsules 30 mg Acute Medication (Past)
28 capsule - TWO TO BE TAKEN EACH DAY

05-Oct-2023 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
200 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

05-Oct-2023 Letrozole Tablets 2.5 mg Acute Medication (Past)
56 tablet - 1 Tab Daily

22-Sept-2023 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
20 tablet - 2 TABS FOUR TIMES A DAY FOR FIVE DAYS

22-Sept-2023 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
40 tablet - 2 TABS FOUR TIMES A DAY FOR FIVE DAYS

22-Sept-2023 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
20 tablet - 2 TABS FOUR TIMES A DAY FOR FIVE DAYS

22-Sept-2023 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
40 tablet - 2 TABS FOUR TIMES A DAY FOR FIVE DAYS

01-Sept-2023 Duloxetine Gastro-resistant Capsules 30 mg Acute Medication (Past)
28 capsule - 1 Cap Daily

01-Sept-2023 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
28 capsule - 1 Cap Daily

04-Aug-2023 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
28 capsule - 1 Cap Daily

THIRD PARTY COPY

04-Aug-2023 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
28 capsule - 1 Cap Daily

02-Aug-2023 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
200 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

02-Aug-2023 Letrozole Tablets 2.5 mg Acute Medication (Past)
56 tablet - 1 Tab Daily

02-Aug-2023 Aciclovir Tablets 800 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS

07-July-2023 Flucloxacillin Capsules 500 mg Acute Medication (Past)
20 capsule - 1 TABLET FOUR TIMES A DAY

07-July-2023 Flucloxacillin Capsules 500 mg Acute Medication (Past)
20 capsule - 1 TABLET FOUR TIMES A DAY

28-Jun-2023 Duloxetine Gastro-resistant Capsules 30 mg Acute Medication (Past)
28 capsule - 1 Cap Daily

28-Jun-2023 Chlorphenamine Tablets 4 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS (MAX 6 TABLETS PER 24 HOURS)

28-Jun-2023 Duloxetine Gastro-resistant Capsules 30 mg Acute Medication (Past)
28 capsule - 1 Cap Daily

28-Jun-2023 Chlorphenamine Tablets 4 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS (MAX 6 TABLETS PER 24 HOURS)

06-Jun-2023 Aciclovir Tablets 800 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS

25-May-2023 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
200 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

25-May-2023 Letrozole Tablets 2.5 mg Acute Medication (Past)
56 tablet - 1 Tab Daily

25-May-2023 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
56 capsule - 1 Cap Daily Notes for patient: PHARMACY TEXT:TDD 90mg

20-Apr-2023 Paracetamol Tablets 500 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

20-Apr-2023 Ibuprofen Tablets 600 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

20-Apr-2023 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
40 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

20-Apr-2023 Paracetamol Tablets 500 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

20-Apr-2023 Ibuprofen Tablets 600 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

20-Apr-2023 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
40 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

06-Apr-2023 Otomize Spray Acute Medication (Past)
1 spray - APPLY THREE TIMES A DAY

06-Apr-2023 Otomize Spray Acute Medication (Past)
1 spray - APPLY THREE TIMES A DAY

06-Apr-2023 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
200 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

06-Apr-2023 Letrozole Tablets 2.5 mg Acute Medication (Past)
56 tablet - 1 Tab Daily

06-Apr-2023 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
56 capsule - 1 Cap Daily Notes for patient: PHARMACY TEXT:TDD 90mg

08-Mar-2023 Aciclovir Tablets 800 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS

31-Jan-2023 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
200 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

31-Jan-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

31-Jan-2023 Letrozole Tablets 2.5 mg Acute Medication (Past)
56 tablet - 1 Tab Daily

31-Jan-2023 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
56 capsule - 1 Cap Daily Notes for patient: PHARMACY TEXT:TDD 90mg

31-Jan-2023 Duloxetine Gastro-resistant Capsules 30 mg Acute Medication (Past)
56 capsule - 1 Cap Daily Notes for patient: PHARMACY TEXT:TDD 90mg

04-Jan-2023 Prochlorperazine Maleate Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

04-Jan-2023 Prochlorperazine Maleate Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

30-Dec-2022 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
6 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS

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30-Dec-2022 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
6 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS

30-Dec-2022 Letrozole Tablets 2.5 mg Acute Medication (Past)
56 tablet - 1 Tab Daily

29-Nov-2022 Gabapentin Capsules 300 mg Acute Medication (Past)
100 capsule - ONE TO BE TAKEN THREE TIMES A DAY

29-Nov-2022 Gabapentin Capsules 300 mg Acute Medication (Past)
100 capsule - ONE TO BE TAKEN THREE TIMES A DAY

25-Nov-2022 Aciclovir Tablets 800 mg Repeat Medication (Past)
6 tablet - ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS

25-Nov-2022 Tramadol Hydrochloride Capsules 50 mg Repeat Medication (Past)
200 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

25-Nov-2022 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
200 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

25-Nov-2022 Aciclovir Tablets 800 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS

09-Nov-2022 Letrozole Tablets 2.5 mg Acute Medication (Past)
56 tablet - 1 Tab Daily

09-Nov-2022 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
56 capsule - 1 Cap Daily Notes for patient: PHARMACY TEXT:TDD 90mg

09-Nov-2022 Duloxetine Gastro-resistant Capsules 30 mg Acute Medication (Past)
56 capsule - 1 Cap Daily Notes for patient: PHARMACY TEXT:TDD 90mg

06-Oct-2022 Colchicine Tablets 500 micrograms Acute Medication (Past)
12 tablet - ONE TO BE TAKEN TWO TO FOUR TIMES A DAY UNTIL SYMPTOMS RELIEVED (MAX 6MG (12 TABLETS) PER COURSE - NOT TO BE REPEATED WITHIN 3 DAYS)

06-Oct-2022 Colchicine Tablets 500 micrograms Acute Medication (Past)
12 tablet - ONE TO BE TAKEN TWO TO FOUR TIMES A DAY UNTIL SYMPTOMS RELIEVED (MAX 6MG (12 TABLETS) PER COURSE - NOT TO BE REPEATED WITHIN 3 DAYS)

23-Sept-2022 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
200 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

06-Sept-2022 Mebeverine Hydrochloride Tablets 135 mg Acute Medication (Past)
100 tablet - ONE TO BE TAKEN THREE TIMES A DAY 20-30 MINS BEFORE MEALS

06-Sept-2022 Mebeverine Hydrochloride Tablets 135 mg Acute Medication (Past)
100 tablet - ONE TO BE TAKEN THREE TIMES A DAY 20-30 MINS BEFORE MEALS

01-Sept-2022 Aciclovir Tablets 800 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS

29-Aug-2022 Duloxetine Gastro-resistant Capsules 30 mg Repeat Medication (Past)
56 capsule - 1 Cap Daily Notes for patient: PHARMACY TEXT:TDD 90mg

29-Aug-2022 Duloxetine Gastro-resistant Capsules 60 mg Repeat Medication (Past)
56 capsule - 1 Cap Daily Notes for patient: PHARMACY TEXT:TDD 90mg

29-Aug-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

29-Aug-2022 Letrozole Tablets 2.5 mg Acute Medication (Past)
56 tablet - 1 Tab Daily

29-Aug-2022 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
56 capsule - 1 Cap Daily Notes for patient: PHARMACY TEXT:TDD 90mg

29-Aug-2022 Duloxetine Gastro-resistant Capsules 30 mg Acute Medication (Past)
56 capsule - 1 Cap Daily Notes for patient: PHARMACY TEXT:TDD 90mg

19-Aug-2022 Duloxetine Gastro-resistant Capsules 30 mg Acute Medication (Past)
14 capsule - ONE TO BE TAKEN EACH DAY

19-Aug-2022 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
14 capsule - ONE TO BE TAKEN EACH DAY

19-Aug-2022 Duloxetine Gastro-resistant Capsules 30 mg Acute Medication (Past)
14 capsule - ONE TO BE TAKEN EACH DAY

19-Aug-2022 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
14 capsule - ONE TO BE TAKEN EACH DAY

29-Jun-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

29-Jun-2022 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
200 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

29-Jun-2022 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
200 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

29-Jun-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

22-Jun-2022 Duloxetine Gastro-resistant Capsules 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

22-Jun-2022 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

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22-Jun-2022 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
60 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

24-May-2022 Duloxetine Gastro-resistant Capsules 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

24-May-2022 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

24-May-2022 Letrozole Tablets 2.5 mg Repeat Medication (Past)
56 tablet - 1 Tab Daily Notes for patient: DISPENSING TEXT:until June 2025

24-May-2022 Duloxetine Gastro-resistant Capsules 30 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

24-May-2022 Duloxetine Gastro-resistant Capsules 60 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

24-May-2022 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
60 capsule - ONE OR TWO TO BE TAKEN UP TO QID PRN

24-May-2022 Letrozole Tablets 2.5 mg Acute Medication (Past)
56 tablet - 1 Tab Daily

Allergies

This section is empty.

Vaccinations

04-Apr-2021
Administration of second dose of SARS-CoV-2 vacc
Intervention
COVOTHER

16-Jan-2021
Administration of first dose of SARS-CoV-2 vaccine
Intervention
COVOTHER

Referrals

31-Jan-2025 Dr Brian Milmore
8H49.: Psychiatric referral (SCI Gateway Referral)
*SelfReferral, Out Patient. Sender: Dr ***** Milmore; Reason: 8H49.: Psychiatric referral (SCI Gateway Referral)*

02-Feb-2024 Dr Brian Milmore
8H54.: Orthopaedic referral (SCI Gateway Referral)
*SelfReferral, Out Patient. Sender: Dr ***** Milmore; Reason: 8H54.: Orthopaedic referral (SCI Gateway Referral)*

05-Dec-2023 Dr Catriona Carty
8H53.: ENT referral (SCI Gateway Referral)
SelfReferral, Out Patient. Sender: Dr Catriona Carty; Reason: 8H53.: ENT referral (SCI Gateway Referral)

Test Requests

31-Dec-9999 Dr Azhar Khan
Laboratory test requested
Remote Test request from Technidata system: NHSL-Blood scienceClinical Information: Priority: non-urgent, Ordered from: AHSL Labs, No samples collectedTest: LFT, Status: Requested, Updated: 06/02/2026

Status	
Innoculation Risk	False
Priority	Routine
Has Fasted?	False
Is Pregnant?	False

31-Dec-9999 Dr Natalie Gallacher
Laboratory test requested
Remote Test request from Technidata system: NHSL-Blood scienceClinical Information: Priority: non-urgent, Ordered from: AHSL Labs, No samples collectedTest: Urea & Electrolytes, Status: Requested, Updated: 19/01/2026Test: LFT, Status: Requested, Updated: 19/01/2026Test: Lipid, Status: Requested, Updated: 19/01/2026Test: Calcium, Status: Requested, Updated: 19/01/2026Test: IFCC HbA1C, Status: Requested, Updated: 19/01/2026Test: Full Blood Count, Status: Requested, Updated: 19/01/2026Test: B12/ Folate, Status: Requested, Updated: 19/01/2026Test: Ferritin, Status: Requested, Updated: 19/01/2026Test: TFTs, Status: Requested, Updated: 19/01/2026Test: No therapy, Status: Requested, Updated: 19/01/2026

Status	
Innoculation Risk	False
Priority	Routine
Has Fasted?	False
Is Pregnant?	False

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31-Dec-9999 Sister Catherine Dinsmore
Laboratory test requested
Remote Test request from Technidata system: NHSL-Blood scienceClinical Information: Priority: non-urgent, Ordered from: AHSL Labs, No samples collectedTest: Lipid, Status: Requested, Updated: 04/11/2025

Status	
Innoculation Risk	False
Priority	Routine
Has Fasted?	False
Is Pregnant?	False

Test Results

01-Apr-2026 Dr Natalie Gallacher
Result: Serum vitamin B12*Elevated B12 is often due to regular IM B12 and does not need routine testing. In the presence of normal FBC, renal and liver function, high B12 does not merit routine monitoring or further investigations.*
High

Serum vitamin B12 Elevated B12 is often due to regular IM B12 and does not need routine testing. In the presence of normal FBC, renal and liver function, high B12 does not merit routine monitoring or further investigations.	**1235 pg/mL**	**(Range: 197 - 771)**

01-Apr-2026 Dr Natalie Gallacher
Result: Serum ferritin*repeat lipids and MOT*

Serum ferritin repeat lipids and MOT	ug/L	(No range available)

01-Apr-2026 Dr Natalie Gallacher
Result: Serum ferritin*Iron deficiency unlikely but in the presence of inflammation, infection, liver disease, consider checking serum iron/Transferrin saturation if any anaemia.*

Serum ferritin Iron deficiency unlikely but in the presence of inflammation, infection, liver disease, consider checking serum iron/Transferrin saturation if any anaemia.	98.1 ng/mL	(Range: 14 - 186)

01-Apr-2026 Dr Natalie Gallacher
Result: Serum folate*There is slight haemolysis in the sample, therefore the reported result may be falsely elevated\.br*

Serum folate There is slight haemolysis in the sample, therefore the reported result may be falsely elevated\.br\	18.8 ng/mL	(Range: 3.9 - 26.8)

01-Apr-2026 Dr Natalie Gallacher
Result: B12/folate level*repeat lipids and MOT*

B12/folate level repeat lipids and MOT		(No range available)

01-Apr-2026 Dr Natalie Gallacher
Result: Serum albumin

Serum albumin	48 g/L	(Range: 35 - 50)

01-Apr-2026 Dr Natalie Gallacher
Result: Serum albumin

Serum albumin	48 g/L	(Range: 35 - 50)

01-Apr-2026 Dr Natalie Gallacher
Result: Serum alkaline phosphatase*U/L*

Serum alkaline phosphatase U/L	109 U/L	(Range: 30 - 130)

01-Apr-2026 Dr Natalie Gallacher
Result: Serum alanine aminotransferase level*serum alanine aminotransferase level - U/L*

Serum alanine aminotransferase level serum alanine aminotransferase level - U/L	32 U/L	(Range: 10 - 35)

01-Apr-2026 Dr Natalie Gallacher
Result: Serum bilirubin level

Serum bilirubin level	5 umol/L	(No range available)

01-Apr-2026 Dr Natalie Gallacher
Result: Serum calcium*repeat lipids and MOT*

Serum calcium repeat lipids and MOT	mmol/L	(No range available)

01-Apr-2026 Dr Natalie Gallacher
Result: Corrected serum calcium level

Corrected serum calcium level	2.37 mmol/L	(Range: 2.2 - 2.6)

01-Apr-2026 Dr Natalie Gallacher
Result: Serum chloride

Serum chloride	100 mmol/L	(Range: 95 - 108)

01-Apr-2026 Dr Natalie Gallacher
Result: Serum cholesterol
High

Serum cholesterol	**5.4 mmol/L**	**(No range available)**

01-Apr-2026 Dr Natalie Gallacher
Result: Serum creatinine

Serum creatinine	75 umol/L	(Range: 60 - 110)

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01-Apr-2026 Dr Natalie Gallacher **Result:** Serum HDL cholesterol level		
Serum HDL cholesterol level	1.49 mmol/L	(Range: 0.9 - 1.8)
01-Apr-2026 Dr Natalie Gallacher **Result:** Serum LDL cholesterol level High		
Serum LDL cholesterol level	**3.3 mmol/L**	**(No range available)**
01-Apr-2026 Dr Natalie Gallacher **Result:** Serum potassium		
Serum potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
01-Apr-2026 Dr Natalie Gallacher **Result:** Serum sodium		
Serum sodium	138 mmol/L	(Range: 133 - 146)
01-Apr-2026 Dr Natalie Gallacher **Result:** Serum triglycerides		
Serum triglycerides	1.3 mmol/L	(No range available)
01-Apr-2026 Dr Natalie Gallacher **Result:** Serum TSH level*mU/L*		
Serum TSH level mU/L	1.34 mU/L	(Range: 0.27 - 4.2)
01-Apr-2026 Dr Natalie Gallacher **Result:** Serum urea level		
Serum urea level	7.7 mmol/L	(Range: 2.5 - 7.8)
01-Apr-2026 Dr Natalie Gallacher **Result:** Serum lipids*repeat lipids and MOT*		
Serum lipids repeat lipids and MOT		(No range available)
01-Apr-2026 Dr Natalie Gallacher **Result:** Liver function test*repeat lipids and MOT*		
Liver function test repeat lipids and MOT		(No range available)
01-Apr-2026 Dr Natalie Gallacher **Result:** Thyroid hormone tests*repeat lipids and MOT*		
Thyroid hormone tests repeat lipids and MOT		(No range available)
01-Apr-2026 Dr Natalie Gallacher **Result:** Urea and electrolytes*repeat lipids and MOT*		
Urea and electrolytes repeat lipids and MOT		(No range available)
01-Apr-2026 Dr Natalie Gallacher **Result:** Total cholesterol:HDL ratio*Total Cholesterol: HDL ratio*		
Total cholesterol:HDL ratio Total Cholesterol: HDL ratio	3.6 ratio	(No range available)
01-Apr-2026 Dr Natalie Gallacher **Result:** Free T4 level		
Free T4 level	14.3 pmol/L	(Range: 12 - 22)
01-Apr-2026 Dr Natalie Gallacher **Result:** GFR calculated abbreviated MDRD*Estimated EGFR - ml/mn/1.73m2*		
GFR calculated abbreviated MDRD Estimated EGFR - ml/mn/1.73m2	59 ml/min/1.73m*2	(No range available)
01-Apr-2026 Dr Natalie Gallacher **Result:** Eosinophil count*x 10*9/L*		
Eosinophil count x 10*9/L	0.2 10*9/L	(No range available)
01-Apr-2026 Dr Natalie Gallacher **Result:** Haemoglobin estimation		
Haemoglobin estimation	134 g/L	(Range: 115 - 165)
01-Apr-2026 Dr Natalie Gallacher **Result:** Mean corpusc. haemoglobin(MCH)		
Mean corpusc. haemoglobin(MCH)	30.7 pg	(Range: 27 - 32)
01-Apr-2026 Dr Natalie Gallacher **Result:** Mean corpusc. Hb. conc. (MCHC)		
Mean corpusc. Hb. conc. (MCHC)	321 g/L	(Range: 320 - 360)
01-Apr-2026 Dr Natalie Gallacher **Result:** Mean corpuscular volume (MCV)		
Mean corpuscular volume (MCV)	95.7 fL	(Range: 80 - 100)
01-Apr-2026 Dr Natalie Gallacher **Result:** Monocyte count*x 10*9/L*		
Monocyte count x 10*9/L	0.4 10*9/L	(Range: 0.2 - 0.8)
01-Apr-2026 Dr Natalie Gallacher **Result:** Neutrophil count*x 10*9/L*		
Neutrophil count x 10*9/L	3 10*9/L	(Range: 2 - 7.5)

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01-Apr-2026 Dr Natalie Gallacher
Result: Platelet count*x 10*9/L*

Platelet count x 10*9/L	264 10*9/L	(Range: 140 - 450)

01-Apr-2026 Dr Natalie Gallacher
Result: Red blood cell (RBC) count*x 10*12/L*

Red blood cell (RBC) count x 10*12/L	4.37 10*12/L	(Range: 3.9 - 5.6)

01-Apr-2026 Dr Natalie Gallacher
Result: Total white blood count*x 10*9/L*

Total white blood count x 10*9/L	5.3 10*9/L	(Range: 4 - 11)

01-Apr-2026 Dr Natalie Gallacher
Result: Percentage lymphocytes*x 10*9/L*

Percentage lymphocytes x 10*9/L	1.7 10*9/L	(Range: 1 - 4)

01-Apr-2026 Dr Natalie Gallacher
Result: Full blood count - FBC*repeat lipids and MOT*

Full blood count - FBC repeat lipids and MOT		(No range available)

01-Apr-2026 Dr Natalie Gallacher
Result: Haemoglobin A1c level - IFCC standardised*repeat lipids and MOT*

Haemoglobin A1c level - IFCC standardised repeat lipids and MOT	mmol/mol	(No range available)

01-Apr-2026 Dr Natalie Gallacher
Result: Haemoglobin A1c level - IFCC standardised*HbA1c Reference Range: Normal Results =<41,Increased risk of Developing Diabetes 42-47, Diabetes Mellitus =>48. Please note, the use of HbA1C is not recommended for use in the diagnosis of type 1 diabetes in paediatric patients as per NICE Guideline NG18 and the Diabetes UK: Diagnostic Criteria for Diabetes. Please discuss any concerns with the Paediatric Assessment Unit Consultant.\.br*

Haemoglobin A1c level - IFCC standardised HbA1c Reference Range: Normal Results =<41,Increased risk of Developing Diabetes 42-47, Diabetes Mellitus =>48. Please note, the use of HbA1C is not recommended for use in the diagnosis of type 1 diabetes in paediatric patients as per NICE Guideline NG18 and the Diabetes UK: Diagnostic Criteria for Diabetes. Please discuss any concerns with the Paediatric Assessment Unit Consultant.\.br\	33 mmol/mol	(Range: 20 - 41)

01-Apr-2026 Dr Natalie Gallacher
Result: Haematocrit

Haematocrit	0.418 L/L	(Range: 0.37 - 0.47)

01-Apr-2026 Dr Natalie Gallacher
Result: Basophil count*Basophils - x 10*9/L*

Basophil count Basophils - x 10*9/L	0.1 10*9/L	(No range available)

01-Apr-2026 Dr Natalie Gallacher
Result: Red blood cell distribution width

Red blood cell distribution width	12.2 %	(Range: 11 - 16)

01-Apr-2026 Dr Natalie Gallacher
Result: Differential white cell count*Differential whitecell count -*

Differential white cell count Differential whitecell count -		(No range available)

10-July-2025 Mr S System Supervisor
Result: Mammography normal

Mammography normal		(No range available)

18-Jan-2024
Result: Neisseria gonorrhoeae nucleic acid detection*Not detected by PCR*

Neisseria gonorrhoeae nucleic acid detection Not detected by PCR		(No range available)

18-Jan-2024
Result: Chlamydia trachomatis nucleic acid detection*Not detected by PCR*

Chlamydia trachomatis nucleic acid detection Not detected by PCR		(No range available)

18-Jan-2024
Result: C.trachomatis/GC PCR

C.trachomatis/GC PCR		(No range available)

17-July-2023
Result: Rheumatoid factor

Rheumatoid factor	20 IU/mL	(Range: 1 - 29)

17-July-2023
Result: I Rheumatoid Factor

I Rheumatoid Factor		(No range available)

15-July-2023
Result: Eosinophil count

Eosinophil count	0.28 10*9/L	(Range: 0.02 - 0.5)

15-July-2023
Result: Haemoglobin estimation

Haemoglobin estimation	129 g/L	(Range: 115 - 165)

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15-July-2023			
Result:	Mean corpusc. haemoglobin(MCH)		
	Mean corpusc. haemoglobin(MCH)	30.1 pg	(Range: 27 - 32)
15-July-2023			
Result:	Mean corpuscular volume (MCV)		
	Mean corpuscular volume (MCV)	95.3 fL	(Range: 83 - 101)
15-July-2023			
Result:	Monocyte count		
	Monocyte count	0.5 10*9/L	(Range: 0.2 - 1)
15-July-2023			
Result:	Neutrophil count		
	Neutrophil count	2.9 10*9/L	(Range: 2 - 7)
15-July-2023			
Result:	Platelet count		
	Platelet count	247 10*9/L	(Range: 150 - 410)
15-July-2023			
Result:	Nucleated red blood cell count		
	Nucleated red blood cell count	0 10*9/L	(No range available)
15-July-2023			
Result:	Red blood cell (RBC) count		
	Red blood cell (RBC) count	4.29 10*12/L	(Range: 3.8 - 5.8)
15-July-2023			
Result:	Total white cell count		
	Total white cell count	5.4 10*9/L	(Range: 4 - 10)
15-July-2023			
Result:	Lymphocyte count		
	Lymphocyte count	1.7 10*9/L	(Range: 1.1 - 5)
15-July-2023			
Result:	Erythrocyte sedimentation rate *Value: NA*		
	Erythrocyte sedimentation rate Value: NA		(No range available)
15-July-2023			
Result:	Haematocrit		
	Haematocrit	0.409 L/L	(Range: 0.37 - 0.47)
15-July-2023			
Result:	Basophil count		
	Basophil count	0.1 10*9/L	(No range available)
15-July-2023			
Result:	Full Blood Count		
	Full Blood Count		(No range available)
15-July-2023			
Result:	Serum albumin		
	Serum albumin	41 g/L	(Range: 35 - 50)
15-July-2023			
Result:	Serum albumin		
	Serum albumin	41 g/L	(Range: 35 - 50)
15-July-2023			
Result:	Serum alkaline phosphatase		
	Serum alkaline phosphatase	108 U/L	(Range: 30 - 130)
15-July-2023			
Result:	Serum alkaline phosphatase		
	Serum alkaline phosphatase	108 U/L	(Range: 30 - 130)
15-July-2023			
Result:	ALT/SGPT serum level		
	ALT/SGPT serum level	17 U/L	(Range: <50)
15-July-2023			
Result:	AST serum level		
	AST serum level	22 U/L	(Range: <40)
15-July-2023			
Result:	Serum total bilirubin level		
	Serum total bilirubin level	5 umol/L	(Range: <20)
15-July-2023			
Result:	Serum calcium		
	Serum calcium	2.53 mmol/L	(Range: 2.2 - 2.6)

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15-July-2023		
Result: Corrected serum calcium level		
Corrected serum calcium level	2.59 mmol/L	(Range: 2.2 - 2.6)
15-July-2023		
Result: Serum chloride		
Serum chloride	103 mmol/L	(Range: 95 - 108)
15-July-2023		
Result: Serum creatinine		
Serum creatinine	67 umol/L	(Range: 40 - 130)
15-July-2023		
Result: Serum inorganic phosphate		
Serum inorganic phosphate	0.96 mmol/L	(Range: 0.8 - 1.5)
15-July-2023		
Result: Serum potassium		
Serum potassium	4.7 mmol/L	(Range: 3.5 - 5.3)
15-July-2023		
Result: Serum sodium		
Serum sodium	140 mmol/L	(Range: 133 - 146)
15-July-2023		
Result: Serum total T3 level		
Serum total T3 level		(No range available)
15-July-2023		
Result: Serum TSH level		
Serum TSH level	0.49 mU/L	(Range: 0.35 - 5)
15-July-2023		
Result: Serum urea level		
Serum urea level	4.1 mmol/L	(Range: 2.5 - 7.8)
15-July-2023		
Result: Serum C reactive protein level		
Serum C reactive protein level	5 mg/L	(No range available)
15-July-2023		
Result: Serum free T4 level		
Serum free T4 level	13.7 pmol/L	(Range: 9 - 21)
15-July-2023		
Result: GFR calculated abbreviated MDRD		
GFR calculated abbreviated MDRD	60 mL/min	(Range: >60)
15-July-2023		
Result: Thyroid funct test		
Thyroid funct test		(No range available)
15-July-2023		
Result: Liver Function Tests		
Liver Function Tests		(No range available)
15-July-2023		
Result: Urea & Electrolytes		
Urea & Electrolytes		(No range available)
15-July-2023		
Result: C-reactive Protein		
C-reactive Protein		(No range available)
15-July-2023		
Result: Bone Profile		
Bone Profile		(No range available)
15-July-2023		
Result: Serum vitamin B12		
Serum vitamin B12	881 ng/L	(Range: 200 - 883)
15-July-2023		
Result: Serum ferritin		
Serum ferritin	72 ug/L	(Range: 15 - 200)
15-July-2023		
Result: Serum folate		
Serum folate	13.8 ug/L	(Range: 3.1 - 20)
15-July-2023		
Result: Serum Folate		
Serum Folate		(No range available)

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15-July-2023		
Result: Serum Vitamin B12		
Serum Vitamin B12		(No range available)
15-July-2023		
Result: Serum Ferritin		
Serum Ferritin		(No range available)
14-July-2023		
Result: Plasma glucose level		
Plasma glucose level	4.6 mmol/L	(Range: 3.5 - 6)
14-July-2023		
Result: Glucose		
Glucose		(No range available)
28-Jun-2023 Dr Adrian Petre		
Result: Urinalysis = no abnormality		
Urinalysis = no abnormality		(No range available)
07-Oct-2022		
Result: Serum chloride		
Serum chloride	102 mmol/L	(Range: 95 - 108)
07-Oct-2022		
Result: Serum creatinine		
Serum creatinine	62 umol/L	(Range: 40 - 130)
07-Oct-2022		
Result: Serum potassium		
Serum potassium	4.4 mmol/L	(Range: 3.5 - 5.3)
07-Oct-2022		
Result: Serum sodium		
Serum sodium	141 mmol/L	(Range: 133 - 146)
07-Oct-2022		
Result: Serum urea level		
Serum urea level	4.1 mmol/L	(Range: 2.5 - 7.8)
07-Oct-2022		
Result: Serum urate level		
Serum urate level	218 umol/L	(Range: 140 - 360)
07-Oct-2022		
Result: Blood urate		
Blood urate		(No range available)
07-Oct-2022		
Result: Serum C reactive protein level		
Serum C reactive protein level	8 mg/L	(No range available)
07-Oct-2022		
Result: GFR calculated abbreviated MDRD		
GFR calculated abbreviated MDRD	60 mL/min	(Range: >60)
07-Oct-2022		
Result: Urea & Electrolytes		
Urea & Electrolytes		(No range available)
07-Oct-2022		
Result: C-reactive Protein		
C-reactive Protein		(No range available)
06-Oct-2022		
Result: Eosinophil count		
Eosinophil count	0.18 10*9/L	(Range: 0.02 - 0.5)
06-Oct-2022		
Result: Haemoglobin estimation		
Haemoglobin estimation	129 g/L	(Range: 115 - 165)
06-Oct-2022		
Result: Mean corpusc. haemoglobin(MCH)		
Mean corpusc. haemoglobin(MCH)	30.7 pg	(Range: 27 - 32)
06-Oct-2022		
Result: Mean corpuscular volume (MCV)		
Mean corpuscular volume (MCV)	96.9 fL	(Range: 83 - 101)
06-Oct-2022		
Result: Monocyte count		
Monocyte count	0.5 10*9/L	(Range: 0.2 - 1)

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06-Oct-2022		
Result: Neutrophil count		
Neutrophil count	6.1 10*9/L	(Range: 2 - 7)
06-Oct-2022		
Result: Platelet count		
Platelet count	282 10*9/L	(Range: 150 - 410)
06-Oct-2022		
Result: Nucleated red blood cell count		
Nucleated red blood cell count	0 10*9/L	(No range available)
06-Oct-2022		
Result: Red blood cell (RBC) count		
Red blood cell (RBC) count	4.2 10*12/L	(Range: 3.8 - 5.8)
06-Oct-2022		
Result: Total white cell count		
Total white cell count	8.1 10*9/L	(Range: 4 - 10)
06-Oct-2022		
Result: Lymphocyte count		
Lymphocyte count	1.3 10*9/L	(Range: 1.1 - 5)
06-Oct-2022		
Result: Haematocrit		
Haematocrit	0.407 L/L	(Range: 0.37 - 0.47)
06-Oct-2022		
Result: Basophil count		
Basophil count	0.1 10*9/L	(No range available)
06-Oct-2022		
Result: Full Blood Count		
Full Blood Count		(No range available)
26-Sept-2018 Conor Culley		
Result: Neutropenia		
Neutropenia		(No range available)

Other Items

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Attachments

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02-Jun-2026 JANICE
Additional: Scanned Document

Filename: igprda202606020801150.pdf
Extension:.tif
Pages:

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National Health Service Number

IMMUNISATIONS AND SCREENING INVESTIGATIONS	Surname (Block Letters)	Forenames (Block Letters)
	YOUNG	SHIRLEY
	Address	Date of Birth
		25-9-74

IMMUNISATIONS (Insert date where appropriate)

	Diphtheria	Pertussis	Tetanus	Polio	Measles	Rubella	TAB	Smallpox
1								
2								
3								
Boost	11-8-79	-	11-8-79	11-8-79				
Boost								
Boost								

Tuberculin Test					BCG.		
Result				Date			
Date							

Other Inoculations

Type							
Date							
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

FORM GP111H 8350134 250M 8/80 OW&S Ltd. 343

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Pages:

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National Health Service Number

Surname (Block Letters)	Forenames (Block Letters)
YOUNG	SHIRLEY

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address: FLAT 0/1, 119 RANDOLPH ROAD, G11 7DS

Date of Birth: 25/9/74

Date	
1989	Rubella Vac
8/4/92	TOP
29/3/93	IBS
18/3/94	TOP
30/11/94	# NASAL BONE
14/12/94	MANIP. # NASAL [redacted]
14/12/95	REPA " arawer"
2/3/95	Psychological Problems
4/7/95	CAUTERY VULVAL WARTS
20/10/98	FACIAL INJURY
28/10/98	# NASAL BONES + M.U.A.
9/3/99	DRUG ABUSE
12/6/00	F/D line ♂
4/6/01	RUBY LASER THERAPY. NASAL TATTOO.
31/8/01	ASSAULT – FACIAL INJURY
29/9/02	DEPRESSIVE DISORDER.
14/2/03	MUSCLE SPRAIN
5/8/03	ALCOHOL PROBLEM.
11/5/06	SEPTORHINOPLASTY.

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National Health Service Number

Surname (Block Letters): Young

Forenames (Block Letters): Shirley

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address

Date of Birth: 25/9/74

Date	
28·9·80	Measles
8·4·92	T.C.P
1993	135. 1994 - T.O.P.
1996	# Nasal bones - manipulated
1995	Vulval warts cauterised.
1998	# Nasal bones - manipulated

9/11/92.

B.P.	130/70.
T.	for 9 wks.
Ht	5' 4"
Wt	20/St.
Urine	
Dietary Advice.	
Exercise	
Family Ht. Hd	
Lipids	

OBSTETRIC HISTORY

2000 - W.S.M.U - [redacted] 500.

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Young

Forenames (Block Letters): SHIRLEY

Address

Date of Birth: 25-9-74

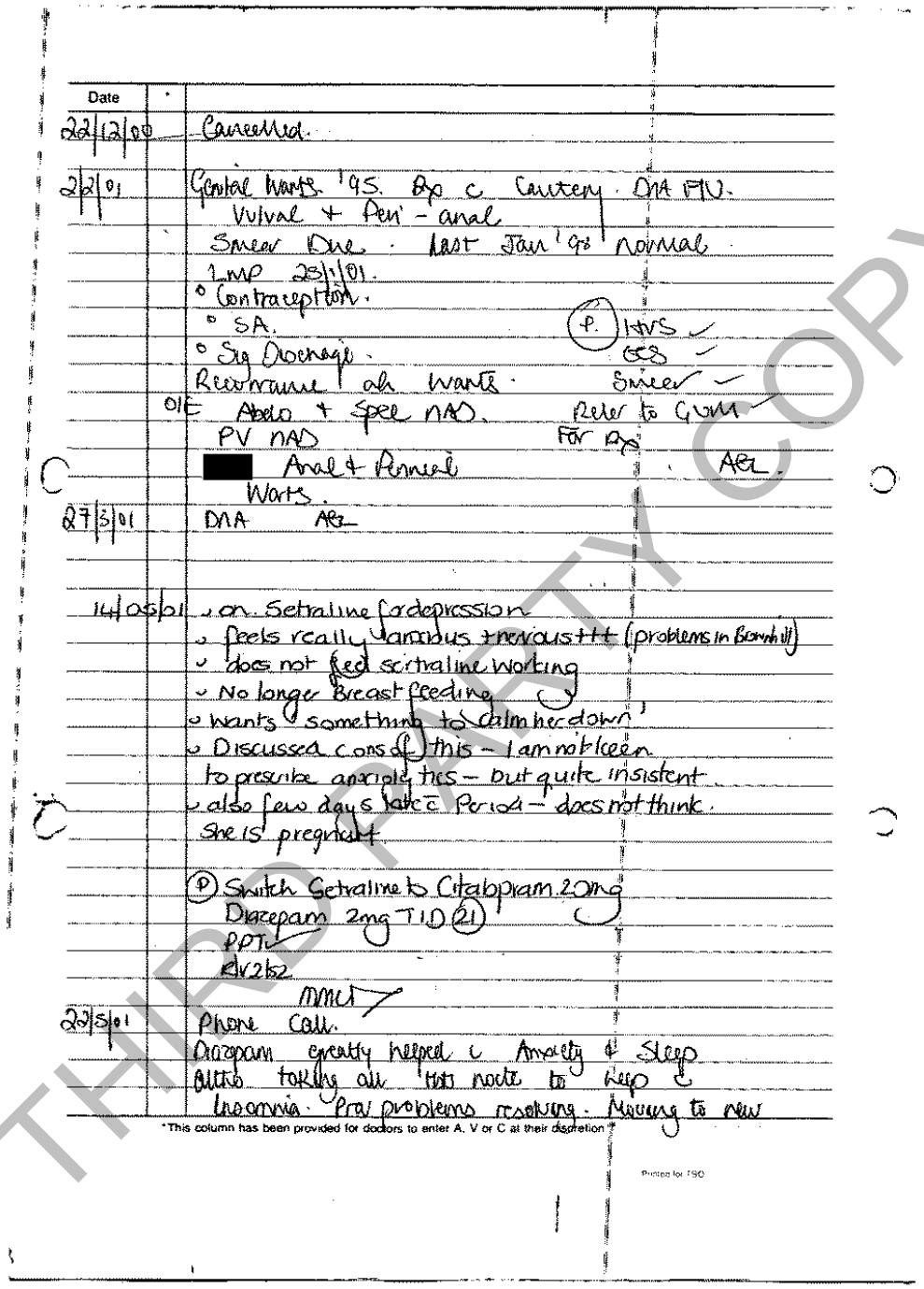
Date	*	
		Nurse in Carlisle in law wks. Working further was course. Discussed only for short term + risks of dependance.
		P. Diazepam 2mg BD. x 14. Diazepam 5mg nocte x 7.
		Has not Appt rec 30/5/01 AEL.
		30/05/01 DNA. mmcf
		31/5/01. V. difficult Consultation. Wishing more diazepam. ✓ Discussed risks of tolerance + withdrawal on BZDs. ✓ Has been on them For 2/52. ✓ Totally insistent that she needs them until moving to Carlisle in 2/52 to calm her down. ✓ told shirley I will prescribe 1 more week + Then will not under any circumstances prescribe any more. Diazepam 2mg BD (14) Diazepam 5mg (7) MY

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Date	*	
22/12/00		Cancelled.
2/2/01		Genital Warts '95. Rx c Cautery. DNA FU. Vulval + Peri - anal. Smear Due. last Jan '96 normal. LMP 25/1/01. ° Contraception. ° SA. ° Sig Discharge. Reassurance ok Wants. Smear ✓ O/E Abdo + Spec NAD. Refer to GUM ✓ PV NAD For Rx. [redacted] Anal + Perineal Warts. AR.
27/3/01		DNA AR
14/05/01		• on Setraline for depression • feels really anxious + nervous!!! (problems in Bramhill) • does not feel setraline working • No longer Breast feeding • wants something to calm her down' • Discussed cons of this - I am not keen to prescribe anxiolytics - but quite insistent • also few days late Period - does not think she is pregnant. (P) Switch Setraline to Citalopram 20mg Diazepam 2mg TID (21) PPT ✓ RV 2/52 MMCT ✓
22/5/01		Phone Call. Diazepam greatly helped ↓ Anxiety & Sleep altho taking all 'this night to help ↓ Insomnia. Pro problems resolving. Moving to new

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
YOUNG.	SHIRLEY

Address

Date of Birth: 25/9/74.

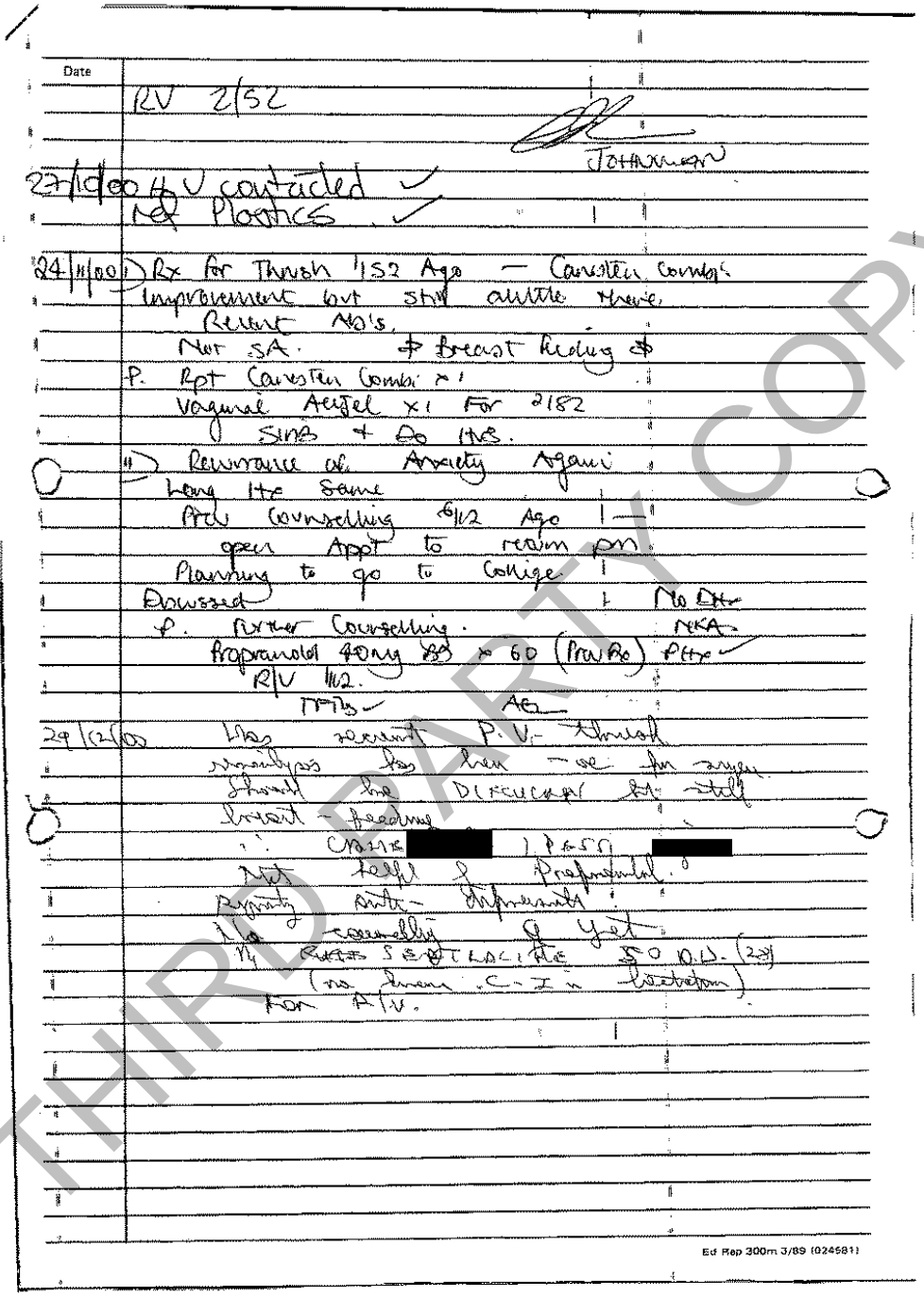
Date	*	
30/10/00		2 days ago. Sore appeared on occiput. "Weeping" Then lumps around Rt (L) ear Lat right. Pain started last night. No pyrexia. Not affecting hearing. 'Quite anxious - worried about mumps.
		o/e. Pustulent sore on occiput. 4 discrete lumps over mastoid proces.
		A? - Abscess with subsequent lymph node involvement. Plan - Antibiotics and draining of abscess.
		Stopped lactulose bowels are fine.
		As above - Seriously.
		Rx Flucloxacillin 250mg qds Rx
		Review 2/52
6/11/00		MRSA screen Dr. Wilson - Try Fusidin & Bactroban
9/11/00		Asking for specimen container - Urine -
13/11/00		DNA
20/11/00		Urine MSU - Sample not seen. Bumped

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Date

RV 2/52

JOHNSON

27/9/00 HV contacted ✓
Nd Plastics ✓

24/11/00 Rx for Thrush 1/52 Ago — Canesten Combi.
Improvement but still quite there.
Recent Nd's.
Not SA. ⊕ Breast Feeding ⊕
P. Rpt Canesten Combi x1
Vaginal Aciget x1 For 2/52
Sims + Do Hys.
" Reassurance re Anxiety Again
Long Hx Same
Prev Counselling 6/12 Ago
open Appt to ream pm.
Planning to go to College
Drowsed
P. Further Counselling.
Propranolol 40mg BD ~~60~~ (PRN Bo) PHx
R/V 1/12.
TTTs — Ag —

29/12/00 Has recurrent P.V.- thrush
symptoms has been — see for swabs
Should be DIFFICULT to study
Invest - feeding
: Chlam [redacted]) Pass [redacted]
Not well ? Prophylactic.
Pregnancy Test - Depomedroxy
No - casually & Yet
My Rates 5 @ 8 LDC; Hx 50 N.V. (2y)
(no known C-I in literature)
For A/V.

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National Health Service Number

NURSES AND HEALTH VISITORS RECORDS

Surname (Block Letters): Young

Forenames (Block Letters): Shirley

Address:

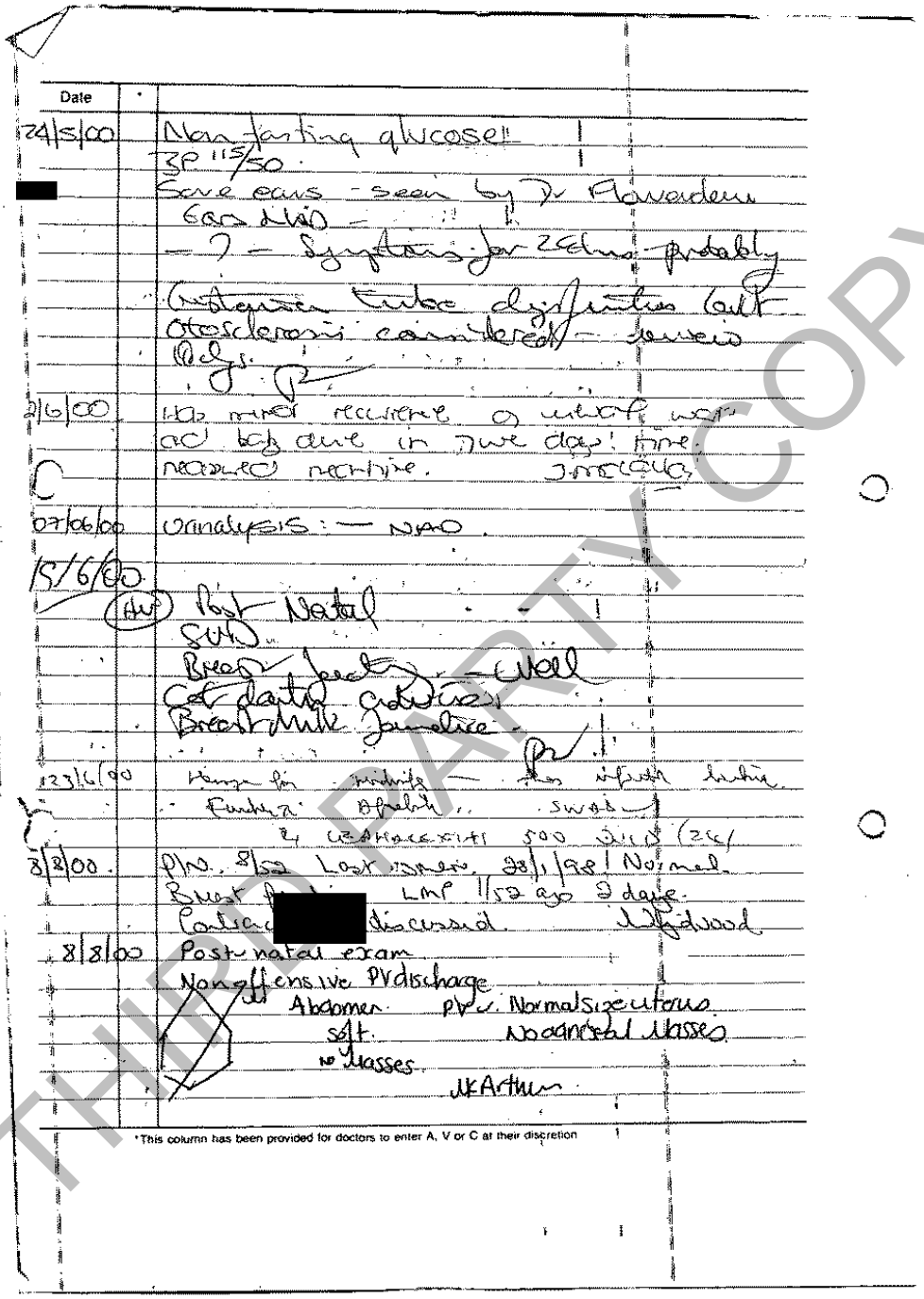
Date of Birth: 25/9/74

Date	
	Sore throat & R Ear 2/7
10/8/00	Smoker 10 [redacted] — Advised
	O/E Throat Red. No Pus.
	o Temp.
	R TM Tense but Pale
	L TM okay
	A Viral URTI
	P. Sym Mgt:
	Dsp Paracetamol
	SINB AEA
17/10/00	DNA. AEA.
26/10/00.	
	Tingling (R) shoulder — intermittent
	FROM WNL O/E
	reassure
	nurses on Thro shoulder.
	(R) Ankle stiffness
	swelling
	FROM
	colour
	PPV
	reassure
	Worried re:- PND. Sleeping off a little
	Eating OK.
	Motivation poor
	feels due to nose
	wants ref to Plastics.
	Molly to see [redacted] if poss.

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Date	
24/5/00	Non fasting glucose 3P 115/50.
[redacted]	Sore ears - seen by Dr Alavaderra
	Ear Rx'd -
	— ? — Symptoms for 2 days - probably
	Eustachian tube dysfunction with
	otosclerosis considered — leaves
	Rx'd.
2/6/00	Hb mild recurrent o urtic wks
	ac bg due in two days' time.
	Neonatal machine.
07/06/00	Urinalysis: — NAD.
15/6/00	(HV) Post Natal
	SVD
	Breast feeds well
	Cot death advice
	Breast milk jaundice.
23/6/00	Hemoglobin —
	Fundus Opthalmoscopy SWAB
	& Clamoxyl 500 tds (24/
3/8/00	PND. 8/52 Last smear 28/1/98 Normal
	Bleed [redacted] LMP 11/52 ago 2 days.
	Contra[redacted] discussed Withdrawal
8/8/00	Post-natal exam
	Non offensive PV discharge
	Abdomen soft. PPV: Normal size uterus No adnexal masses
	no masses.
	JK Arthur

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National Health Service Number

Surname (Block Letters): Yang

Forenames (Block Letters): Shirley

CLINICAL NOTES

Address: 2 Elmbank Drive, Douglas ML11 0QR

Date of Birth: 02-05-74

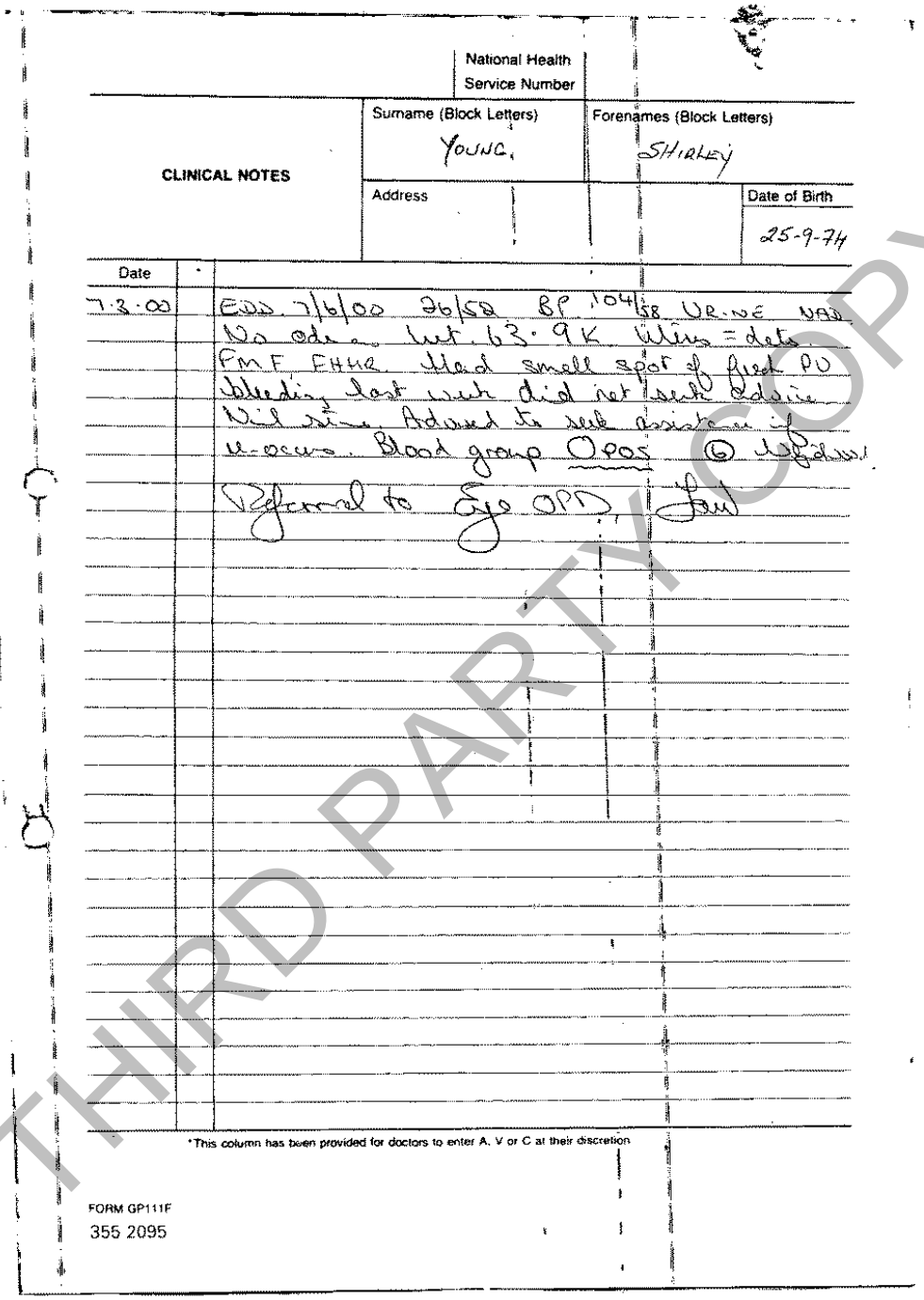
Date	
	cont'd.
1/11/99.	Declined physical examination. Declined blood tests. Has a problem with Nights Drs - I couldn't get her to elaborate on this. - refer for gyn. review ANC.
14/1/00	Approx 19/52 Pregnant. RN booking ANC recently but not Appt until March - wonders if we will see. Her - didn't realise that we share her care & hasn't been attending ANC's. Wishing results of booking bloods - normal. Assures that she is healthy for her baby & doesn't have any STD's. No Susp PV Discharge. RM aware of any exposure to STD's. (P) RN next ANC. Do Hvs if indicated. Aec.
18/4/00	Presents to surgeons & Nights has had clinic appt.
18/4/00	ANC 35/52 = Date Bpl FMF FHHR reviewed. Slight finger oedema. Urine NAD. Well. Vaginal discharge normal. (3) JB.

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): YOUNG

Forenames (Block Letters): SHIRLEY

Address

Date of Birth: 25-9-74

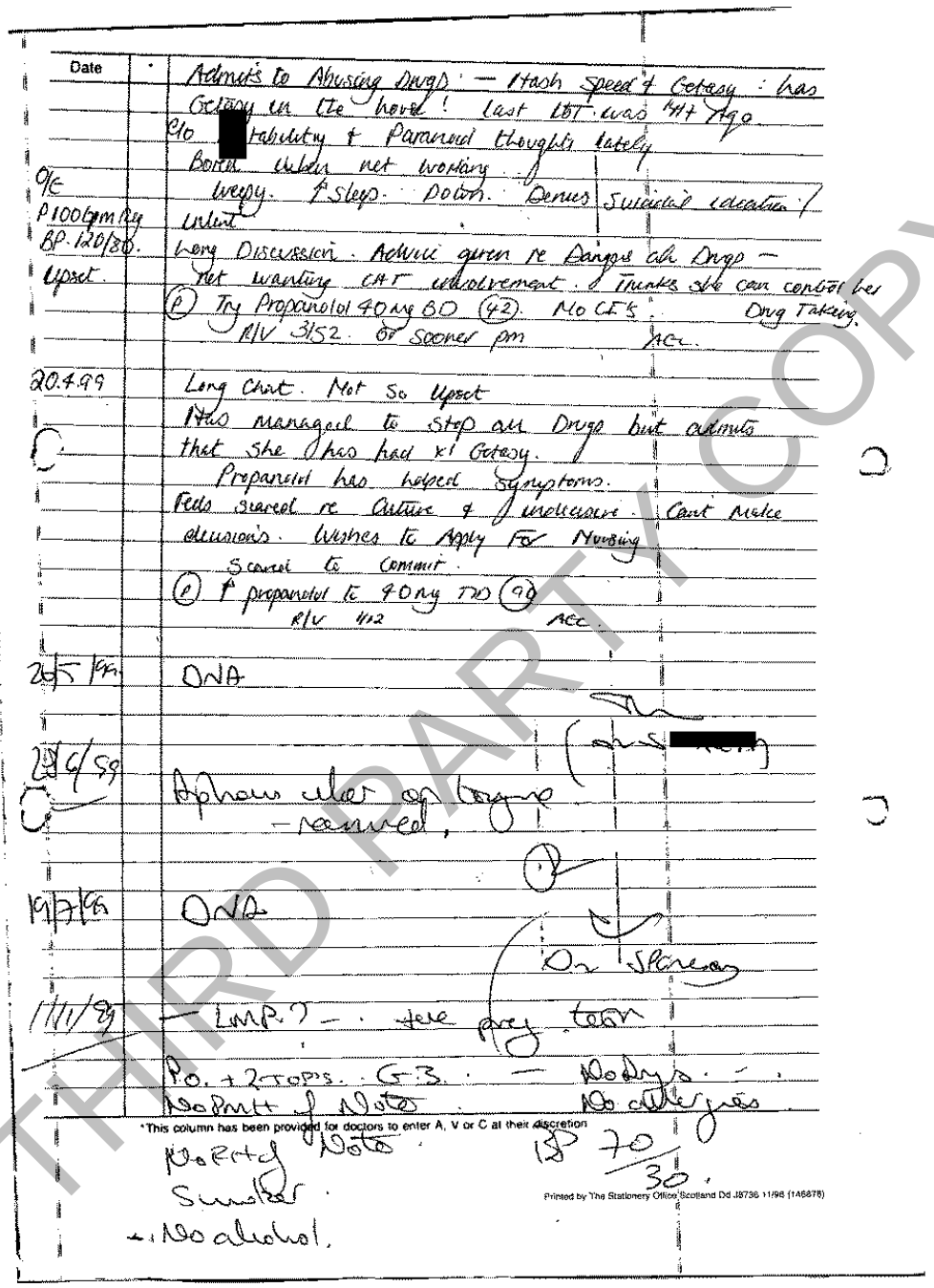
Date	*	
7.3.00		EDD. 7/6/00 36/52 BP 104/58 UR.NE VAB No oedema Hct. 63.9% Wins = dots FmF FHHR. Had small spot of fresh PV bleeding last week did not seek advice Will see. Advised to seek assistance if it occurs. Blood group O pos (6) Wife Rh Referral to Eye OPD. Jan

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Date	*	
		Admits to Abusing Drugs — Wash Speed & Cotasy : has Cotasy on the hand ! Last LOT was 1/47 Ago.
		C/O [redacted] Irritability & Paranoid thoughts lately
		Bored. Unable not working
O/E		weepy. ↓ Sleep. ↓ Appetite. Denies Suicidal ideation /
P 100bpm Reg		Violent
BP. 120/80.		Long Discussion. Advice given re Danger of Drugs —
Upset.		Not wanting CAT withdrawal. Thinks she can control her
		(P) Try Propanolol 40mg BD (42). No CI's. Drug Taking.
		R/V 3/52. or Sooner pm Acc.
20.4.99		Long Chat. Not so Upset
		Has managed to stop all Drugs but admits
		that she has had x1 Cotasy.
		Propanolol has helped Symptoms.
		Feels scared re Ability & Independence. Can't Make
		decisions. Wishes to Apply for Nursing
		Scared to Commit.
		(P) ↑ propanolol to 40mg TDS (90)
		R/V 4/12 Acc
29/5/99		DNA
28/6/99		Aphasic after epileptic [redacted]
		— rearrested,
19/7/99		DNA
		On Olanzapine
1/11/99		— LMP.? — . Here preg. test
		Po. + 2 TOP's. G3. — No Drugs.
		No Psych Hx / Note. No allergies
		No Rptd Suicide. No alcohol.

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Date BP 70/30.

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Reg'd 9/11/99

National Health Service Number

Surname (Block Letters): YOUNG

Forenames (Block Letters): SHIRLEY

CLINICAL NOTES

Address: 2 Elmbank Drive, [redacted] MILLOM

Date of Birth: 2/5/74

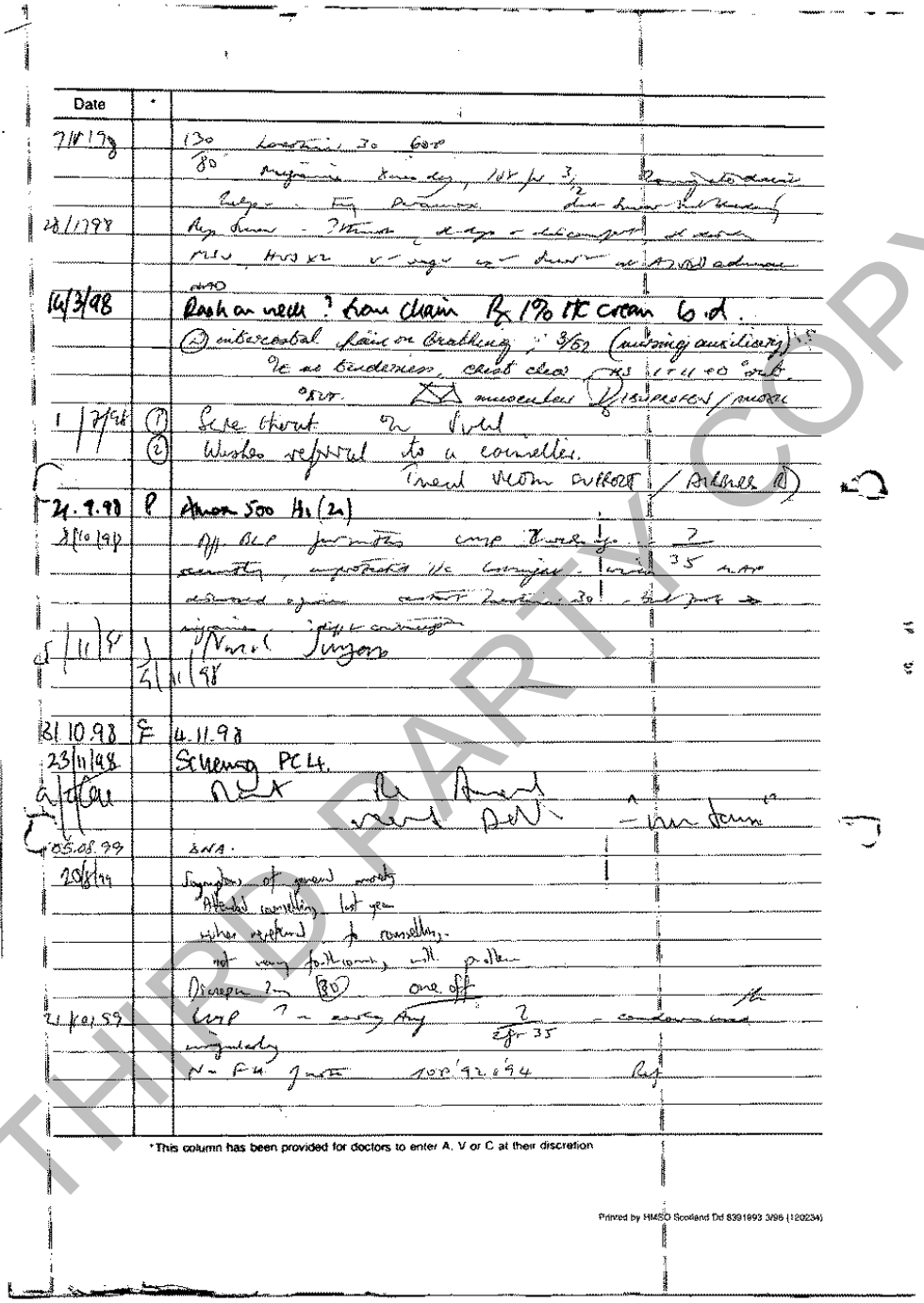
Date	*	
27/6/97.		12.6 T.P.H. "To have migraine + nausea (? vomited) Still Depressed & Lonely Partner, lazy Baby & migraine since Childhood. Has been treated on many occasions unsuccessfully. migraine, IMIGRAN — County on 20mg. — all often to be ineffective. — Dr Tolan 20mg this a.m. ? Dose bd prophylactic treatment. Offered PROPRANOLOL 80 + MAXOLON 10. IM — agreeing actually drawn up but to phone for results. (previous G.P. had suggested giving for IMIGRAN injections! Q for self administration. Long discussion — Shirley remains unsettled, disorganised & is not amenable to rational discussion. Eventually gave for CO-PROX X10 + 2 months for SUMO MIGRAN 1.5 Mcg. I have written the the register here & returns for renewal
9.3.99.		Recently moved into Douglas FEB '99. No Reg Diff Lives alone next Door to Sister. N/K/A Has other Sister in Glasgow. Smoker 20 Day. Doesn't See Doct & Nevm. Decel. Drug Abuse non IV. Works PT St Marys in Barrow. Troubled Childhood & Traumatic relationship recently Censored. Poss Seen Counsellor in Barrow.

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Date	*	
7/8/97		130 Lorazepam 30 60 80
28/1/98		
14/3/98		Rash on neck ? Sun claim Rx 1% HC cream 6 d.
1/7/98	(1)	See chart
	(2)	Wishes referral to a counsellor.
24.9.98	P	Ativan 500 Hs (2)
23/10/98		
4/11/98		
18.10.98	F	4.11.98
23/11/98		Screening PCL4.
03.08.99		SNA.
20/8/99		
24.08.99		

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National Health Service Number

Surname (Block Letters) [redacted] UNG

Forenames (Block Letters) Shirley

Address

Date of Birth

CLINICAL NOTES

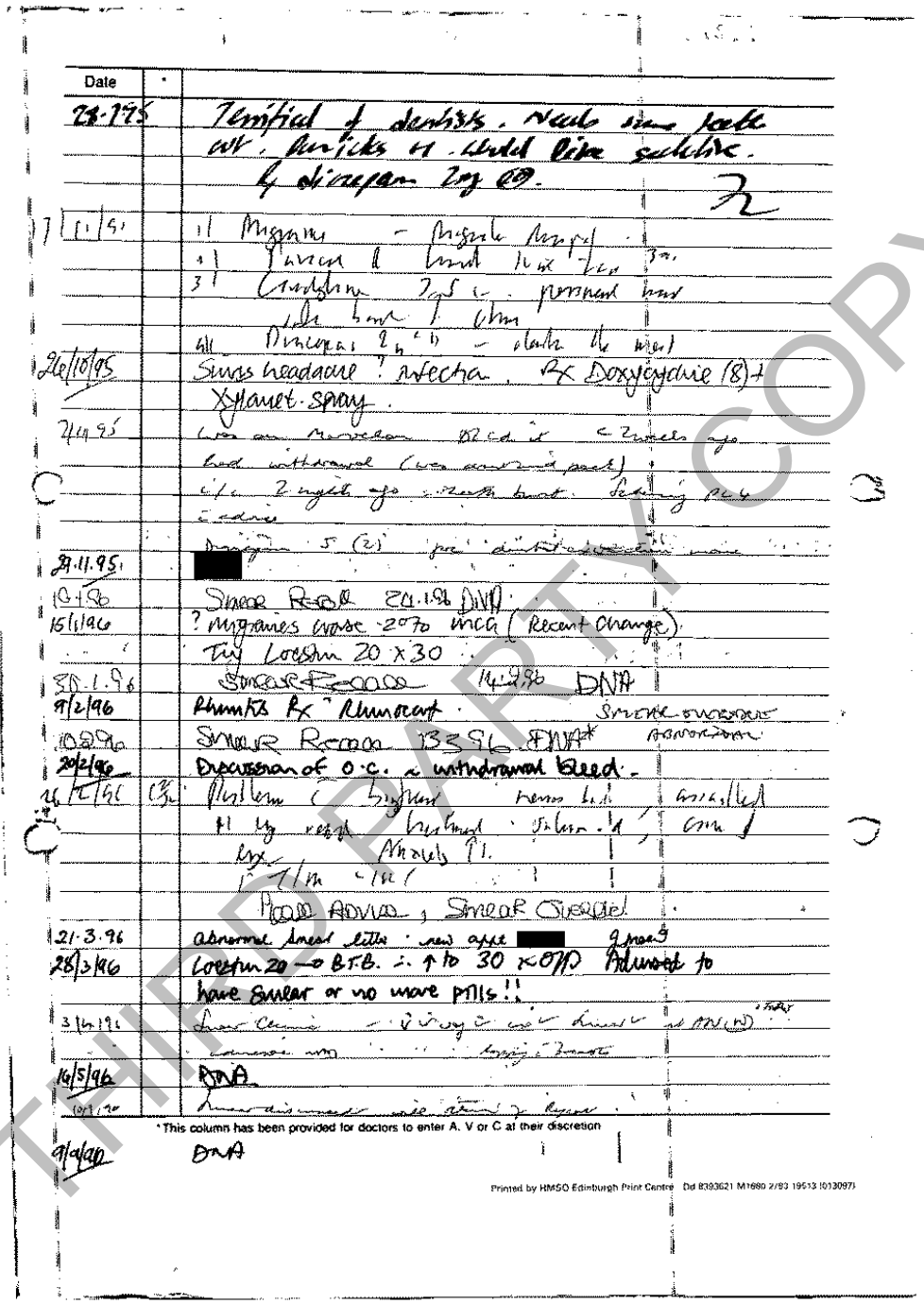
Date	*	
19.11.96	A	See card.
22.11.96		— Had booked appt — DNA.
6.11.96	A	(1) Coryza? ENT — NAD Advice. (2) Allergic rhinitis Re Piriton (3) IBS OE & tender lower abdo. Re fybogel trial. See 12.
12/2/97		DNA smear
(9/2/97)		WWC. Repeat smear [illegible]
23.3.97		SYMPTOMATIC CHLAMYDIA reported at WWC as heavier P.V. discharge without pain. On exam. ↑ cervix. Age related problems with partners infection & seek medical advice (Douglas patient) copy given for urine F.U.
(13/3/97)		[illegible] BCP Pain over — for Tyrer [illegible]
26.3.97		MIGRAINES bad complicated & severe, twinkling (R) then (R) then after blind spot. Duration ½ hr. May be worth trial OCP. Rx MIGRAVESS for repeat chlamydia, too soon to be examined — ASAP.
1/7/97		Repeat test for cure. [illegible] Pain [illegible] of BCP [illegible]

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Date	*	
28.7.95		Tential ↓ dentists. Neck sore, pale all. Aunts + Uncle like sickle. ↓ diazepam 2mg ON.
7/8/95		1) Migraine – migraine drugs. 2) Tension H Lund 10 wk – Lea 3m. 3) Cardiac ? ↓ pressure bad ↓ bad ↑ Ohm 4) Dizziness 2 wks – clarke to Neil
26/10/95		Sinus headache ? infection. Rx Doxycycline (8)+ Xylocet spray.
7/11/95		Has an Mercedon BCP ↓ ↓ 2 weeks ago bad withdrawal (was awful pack) ↓ ↓ 2 nights ago ... bad. Seeing new ...
29.11.95		[redacted]
16/1/96		Smear Recall 20.1.96 DNA
15/1/96		? migraines worse -20% MCA (Recent change)
30.1.96		Try Loestrin 20 x 30
30.1.96		Smear Recall 14.2.96 DNA
9/2/96		Rhumtas Rx "Rhumocaps" Smear Recall
10.2.96		Smear Recall 13.3.96 DNA Appointment
20/2/96		Discussion of O.C. ∴ withdrawal bleed.
26/2/96	CB	Problem (Migraine Menses Lund Cramps/Neck ... Rx ... Amitrip 10 ... Mood Advice, Smear Overdue!
21.3.96		abnormal smear letter · new appt [redacted] 9 years
28/3/96		Loestrin 20 – BTB. ∴ ↑ to 30 x OTD. Advised to have Smear or no more pills!!
3/4/96		[illegible]
16/5/96		DNA
10/7/96		[illegible]
9/9/96		DNA

* This column has been provided for doctors to enter A, V or C at their discretion

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16279

National Health Service Number: 587.74.038

CLINICAL NOTES

Surname (Block Letters): YOUNG

Forenames (Block Letters): SHIRLEY

Address: 11 WILDE CLOSE LANARK

Date of Birth: 25.9.74

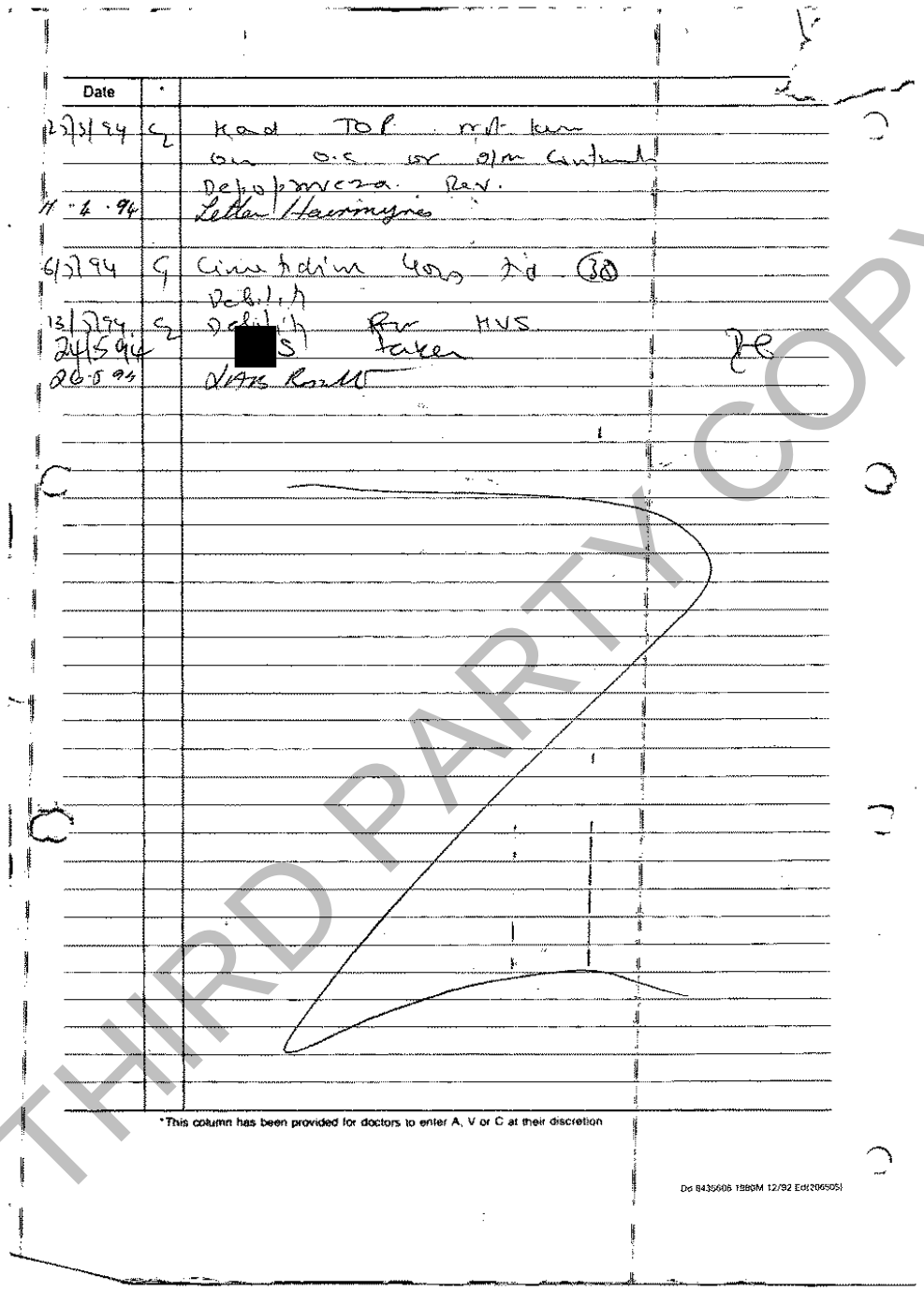
Date	*	
7:12:94		Rpt zantac 150mg + b.d as directed (30)
		Ongoing prob. ? indigestion
		=) Dietary advice / G.U.S
		DH No Known allergies
		CO permin
		PMH ~~recorded~~ recent nasal deviation following injury. Attending E.N.T Lanw
		IBS.
20/1/95		Anxiety / Stress → Refer Day Hospital.
14/2/95	1.	Car accident last night – back seat passenger.
		Whiplash. Sore neck muscles. FUM: R.R.M. – pain at extremes.
		Rx: Collar / Coeodamol (50)
	2.	Nitrazine → ? Pain: Change back to Ranitidine
28/2/95		c. 1/7 until (e) : amitriptyline 25mg (21)
2.8.95	C	URTI
13/3/95	C	URTI 1/52
23.95		Smear Recall LYG A3 Z25
12/6/95		[illegible]
26.5.95		SMOKER. (L) ear catarrh. Rx Xylomet spray + Migraleve Duo. Rx for migraine (2 this year).
16.6.95		URTI. Rx Clarithromycin
27/6/95		? Hay fever Rx Clarityn (28)

*This column has been provided for doctors to enter A, V or C at their discretion

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355 2095

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Date	*	
2/3/94	C	Rad TOP mid lum
		on 0.5 or 9/m Contrast
		Dehydromycin Rev.
11.4.94		Letter Haemmyres
6/5/94	C	Cimetidine 400 bd 30
		Pabl.h
13/5/94	C	Pabl.h Rev HVS
24/5/94		[redacted]S taken
26.5.94		NAD Result

*This column has been provided for doctors to enter A, V or C at their discretion

Dd 8435606 1989M 12/92 Ed(206505)

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1/2/94 3407
5/2/94
Reg

National Health Service Number

[redacted]

Surname (Block Letters): YOUNG
Forenames (Block Letters): SHIRLEY

CLINICAL NOTES

Address: 16 UNION ST, OLDHAM
Date of Birth: 25/9/71

Date	*	
[redacted]		In Stourb[redacted] Dr Campbell.
		P.M.H → I.B.S = colpermin.
		TOP - 1991
		Drugs:- Colpermin
		Smear:- Smear - nil.
		and contraception:- no need contraception was suitable in past.
		F.H → father - Alive Mother dead,
		Sc. fund. LMP → early Jan 94.
		Rel. 12/12 Wt - 8st 7lbs Smoker 20/d
		Drinks - Socially.
		CVS - nr Abdo - nad -
		Preg Test -
24/3/94		c/o Bloody P/v. Preg. Test -
4.3.94		Lab Result
4.3.94		"
7/3/94		bleeding settled. P breasts etc tense frequency. NOT happy.
~8/40 gest.		? pregnancy. not ready no stable address - moved from Ayrshire, not stable person. steady boyfriend. Using condoms or nothing.
14.3.94		D.N.K.17

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): YOUNG

Forenames (Block Letters): SHIRLIE

Address

Date of Birth: 25/9/74.

Date	*	
18/6/93		DNA
12/8/93		Cough - was productive. Phlegm [redacted]
		Sudafed (100mg).
		Calpermin caps 2 caps tds (90)
1/3/94		Registered with us + another practice unit.
	NB	2 addresses.
		Caution if requests possible habit forming drugs.

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Date	*		
			Only ↓ Strathcarron ↓ accommodation but not social contacts friends etc. Would go back to Douglas if housing available TC1 to see Part Hosp
23/11/92		Abdominal pain	Recurrent problem since TOP. - both groins and also epigastrium - abdomen become swollen intermittently. Constipated yesterday ? dysmenorrhoea. Periods regular - not requiring contraception at present O/E Pulse 84 RTC. Abdo - soft Bmf Sounds like IBS Rx Tmg Colpermin 1-1-1 tds ad advised high fibre diet G
14/12/92		DNA	
8/1/93	(1)	Abdo pain WDZ by	- left Rt side - Ovary better regard colofac 1 tds (2)
	(2)	Insomnia worse	- left sleep triggers interval - has on one rom
11/1/93		Insomnia	Rattle aggressively working worthy done. Started to give before age 'give heard it all before' Agreed to try Mellaril 25 mg note (3) - ?definitely should not be given Benzodiazepine* Also wants referred for back for abdo pain. Agreed G
29/1/93		DNA	
5/2/93		Abdo pain	Now wants to go back on Colpermin. Due at SOPD on 25th Colpermin (80) 1 tds. URTI. Ulcer - Dox. Throat - Eom's Advised broadcast + fluids G
29/4/93		Conjunctivitis	Rx Chloramphenicol eye ung

*This column has been provided for doctors to enter A, V or C at their discretion

Colpermin tds

28/5/93 Pain (4) thigh yesterday - a bit better today - no bowel urgency

Ext 6277706 159064 11/91 Ed(2/5286)

O/E No abdominal abnormality. No swelling Pedal pulses - Bmf ? ?Benzo stop drug ENT at present

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NC

National Health Service Number

Surname (Block Letters): YOUNG

Forenames (Block Letters): SHIRLEY

CLINICAL NOTES

Address: CROSS KEYS FLATS STONEHOUSE

Date of Birth: 25-9-74

Date	*	
3/11/92		DNA -
9/11/92		Moved from Carlisle. Lives alone. Single. No children. Unemployed
		PMH ① TOP - Nov 92
		Smoker 20/day
		Occasional alcohol
		Drugs None
		Allergies None
		Height - 5 ft 4 -
		Weight - 8st 9lb
		BP - 130/70
		Urinalysis - Neg
		ATT - Booster - 3rd year at school
		Requesting hypnotics - at present for past few months. Has moved around a fair bit - not really very forthcoming. Mother dead. No contact with father. Raised by her elder sister in Dawyck. Left home age 13 - was in a children's home until 16. Since then has moved around staying with friends, relatives etc. Now - DSS accommodation

Denies any drug abuse. Discussion. Admits to depression but difficult to know whether she is purely ① circumstantial rather she really requires medication. Agreed to one supply of hypnotics to try and re-establish sleeping pattern but definitely NTBR PTO

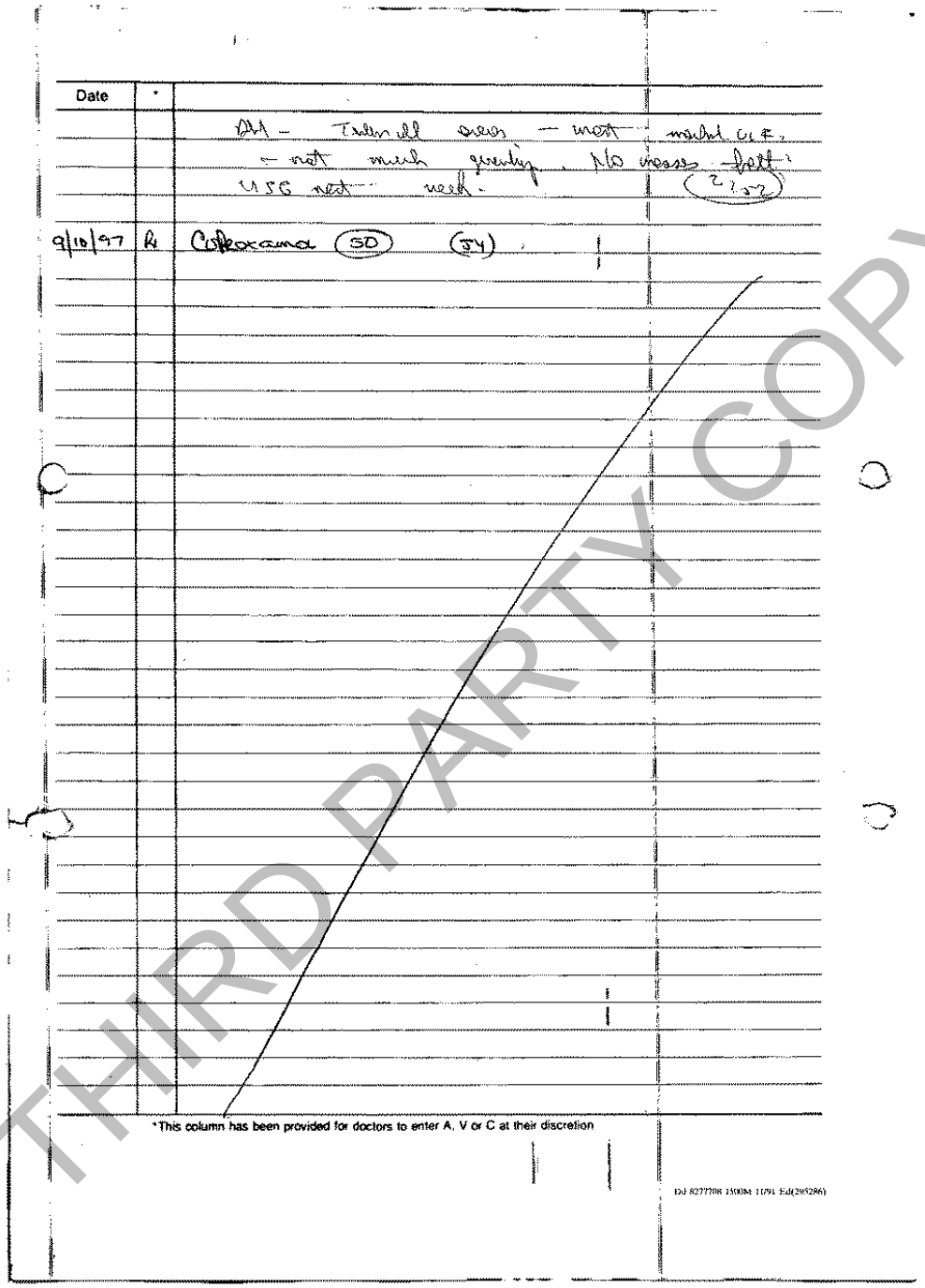
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④ Temazepam tabs 10mg NTBR

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Date	*	
		RH – Tender all areas – most marked c L.F. – not much guarding, no mass felt. USS not needed. (2/12)
9/10/97	R	Ciprofloxacin (50) (54)

*This column has been provided for doctors to enter A, V or C at their discretion

EU 8277708 150084 1/91 Ed(295286)

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National Health Service Number

Surname (Block Letters): YOUNG

Forenames (Block Letters): SHIRLEY

CLINICAL NOTES

Address: 4 Springhill Road, Douglas, I.o.M. [redacted]

25.9.74

Date	*	
		Tc Abd — Tender all over — most marked RIF — rebound tenderness. No definite mass felt. BS active. Afebrile. C.T. [redacted] non e.m., unless [redacted]
11/5/92		Lobby — Sore throat, No bleed PU. Tc Abd — Tender LIF. ? palpable colon LIF Mild abn bowel. BS active. A CXR test 11/12
8/6/92	DC Chest Hos	mild chest discomfort only. Bowel: regular ? chest pain 10/6. wt 8st 11lb. BP
		Abd — Slightly tender mass L.I.F.o rebound — Pain LIF colon. Mild abn bowel felt. Cont. CXR test 3/12 ? surgical opinion etc
6/7/92		Persons of abnormal size. No vomit. Bowel regular. Some fingers. No dyspnoea. No tenderness wt 7 st 11lb Heartbeat ok pulse
		Tc Abd — Tenderness most marked in iliac fossa. Tender mass in LIF — felt little colon. BS present wt 8 st 12lb. For H.S.U. Med SOBD. Davies on 14/7. 2/12
14/7/92	Dr Cell	— No symptoms mass. Colon. Probably. Impalp To Date 456. Expect H.S.U. ? H.U. Endo Barium SOS
24/7/92		Pain continues. Eating well. wt 8 st 12 lb.

*This column has been provided for doctors to enter A, V or C at their discretion

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National Health Service Number

Surname (Block Letters): YOUNG

Forenames (Block Letters): SHIRLEY SHIRLIE

CLINICAL NOTES

Address: [redacted]

Date of Birth: 25/9/74

Date	
8/2/91.	Man w.R.T.I. – Round cap (250.) last. Referred Fem. Assoc. could be. Sounds under occasion "w.full" – to "normal suspicion". Some reminder to consider this again + round home. – (She di. very different?) –
26.8.91.	Seen with to commence "the pill". L.M.P. – one week late (could be pregnant). – to return this con – on Sund. commence – Tue if still not pregnant
2/12/91	(previously at Y. Dorothy Tce, Orpington) – seen in Surgery Morning – shaking tremor during night – occurring after 4–5 X. Seen at CMH, Dayton – 2-3/12 ago during night by ? relative ? neighbour – On this occasion she had been taking "HRT" which Dorothy previously Frequent long-time – 20/p they do not object. Dor like this normally Claims not to have taken any illegal drugs recently. Also ? real ? back pain – Has family unstable life-style + short to be expected from her current husband. ? Was seizure not present – No myotonus. BP 100/55 (history of light-headedness on standing) P. 108/m. (has had palpitations during shakes) – Refer to FDC – TFT – (previous pathology etc.) (1/82)
4/12/91	Bloods satisfactory Bp. 76/m neg.

*This column has been provided for doctors to enter A, V or C at their discretion

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Date	*	
		Had 1 episode of abdom / [illegible] last week. [illegible] — Recently [illegible] — urg to [illegible] [illegible] for Beta — [illegible] if not [illegible]. Has [illegible] [redacted] to [illegible] [illegible] — by Court Order To see [illegible] [illegible] [illegible]

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National Health Service Number

Surname (Block Letters): YOUNG | Forenames (Block Letters): SHIRLEY

CLINICAL NOTES

Address | Date of Birth: 25-9-74

Date	*	
21/11/89.		Itching (R) eye. Mary M Optician eye chemo. 2 other gtts.
8/1/90.		(L) OM M Amoxil 250 tds (7).
11/1/90.		Dermatitis - ? nickel [redacted] worse rash. M Modusan.
12/2/90		URT. RVF - Chest clear M Amoxil
14/6/90		Sinusitis R Amoxycillin
15/6/90		Deep small cyst on (R) side. Mole
3/7/90		Migraine type headache. Blurred vision + temp hemianopia. Prior to headache Rx Cyclizine ++ prn Frusid NAD
23/10/90		URT.

NEW GP.

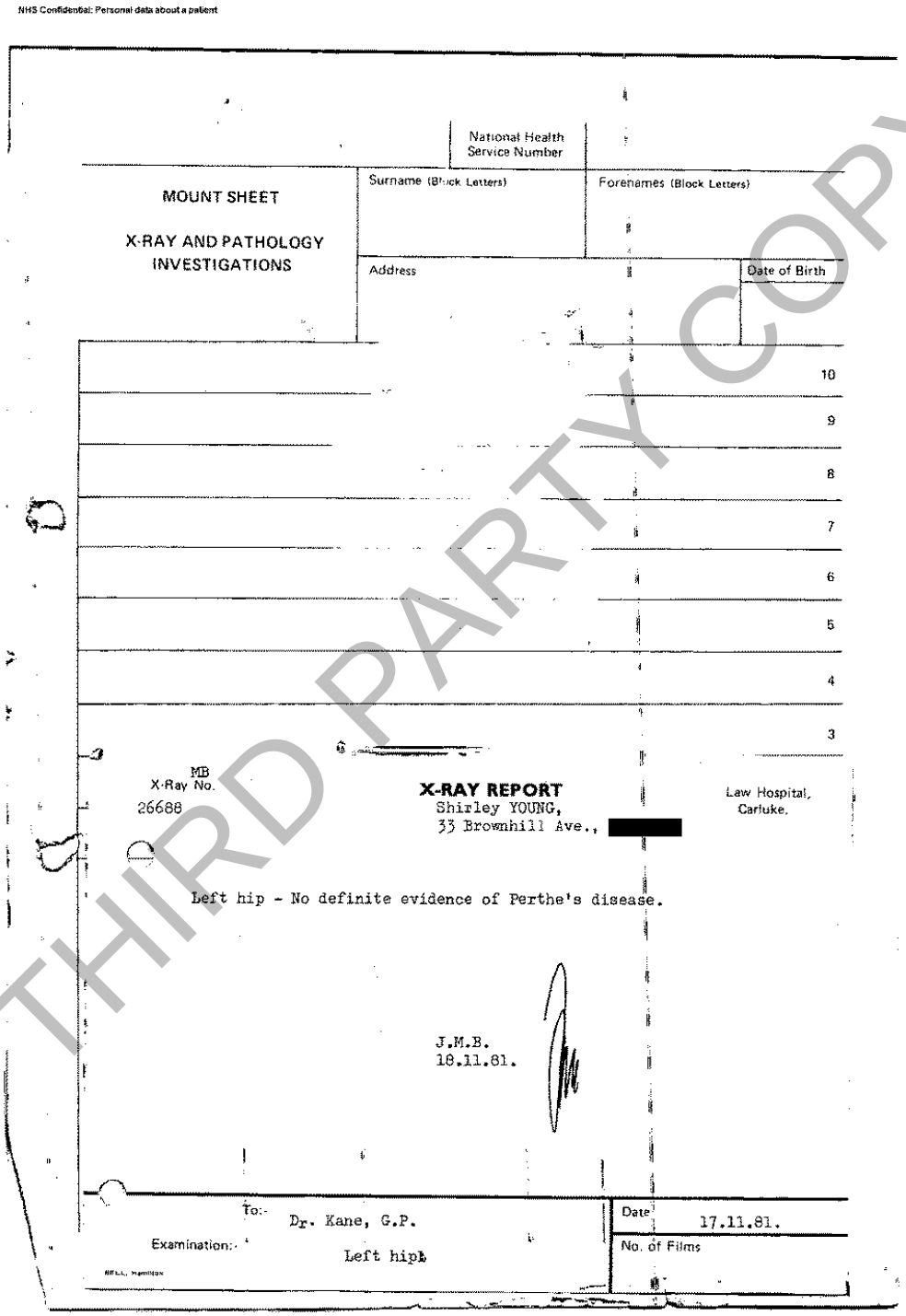
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National Health Service Number

MOUNT SHEET

X-RAY AND PATHOLOGY INVESTIGATIONS

Surname (Block Letters)

Forenames (Block Letters)

Address

Date of Birth

10
9
8
7
6
5
4
3

MB
X-Ray No.
26688

X-RAY REPORT
Shirley YOUNG,
33 Brownhill Ave., [redacted]

Law Hospital,
Carluke.

Left hip - No definite evidence of Perthe's disease.

J.M.B.
18.11.81.

To:- Dr. Kane, G.P.

Date 17.11.81.

Examination:- Left hip

No. of Films

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SOUTH LANARKSHIRE
LABORATORY SERVICES
LAW HOSPITAL

BIOCHEMISTRY REPORT

Name: Ms YOUNG Shirlie	Date of Birth: 25 08 74	Patient Reference:
Report To: [redacted] SURGERY, [redacted]		Consultant/G.P.: A ADDISON
Date and time of specimen: 03 12 91 0000h	Date and time received: 03 12 91 1512h	Laboratory Reference: 112031792

Clinical Information:
PALPITATIONS + TREMOR

Thyroid Function Tests

Thyroxine (T4)	101	nmol/L	(55 to 148)
TSH	1.3	mU/L	(0.3 to 3.8)

FOR EXPLANATORY NOTES PLEASE SEE OVER
ALL ENQUIRIES CONTACT "THE DUTY BIOCHEMIST" TEL: 0698 351100

Date of report: 04 12 91

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LANARKSHIRE HEALTH BOARD
MOTHERWELL AND CLYDESDALE UNIT

LAW HOSPITAL

Our Ref. SH/AD
If Phoning
Ask for:—

CARLUKE,
LANARKSHIRE,
ML8 5ER.
Telephone: Wishaw 351100

29th March 1990

Dear Dr. [redacted]

SHIRLEY YOUNG (25.9.74) 39 STATION ROAD CARLUKE

This 15 year old girl attended the A&E Department today after getting some detergent in her eyes. She was complaining of a stinging sensation.

On examination her visual acuity was normal and equal in both eyes. Her eyes were irrigated thoroughly with Saline and she obtained relief.

I have discharged her with some Chloramphenicol ointment. She will attend you for any further follow up required.

Yours sincerely

S. Harvey

S. Harvey
SENIOR ORTHOPAEDIC HOUSE OFFICER

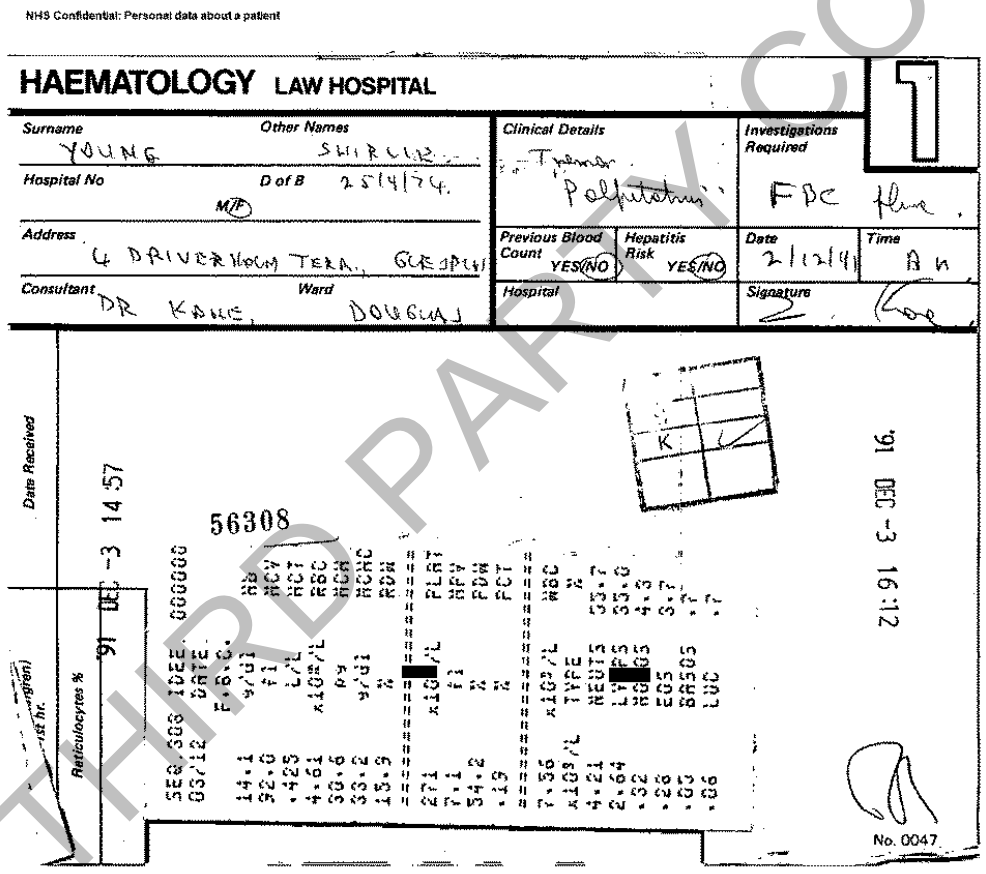
Dr. [redacted]
Health Centre
Carluke

0058

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HAEMATOLOGY LAW HOSPITAL

Surname: YOUNG	Other Names: SHIRLEY	Clinical Details: Tremor. Polyuria.	Investigations Required: FBC plus.
Hospital No	D of B: 25/4/74. M/F		
Address: 4 DRIVERHOLM TERR., GLASGOW		Previous Blood Count YES/NO	Hepatitis Risk YES/NO
Consultant: DR KANE	Ward: DOUGLAS	Hospital	Signature

Date Received: 91 DEC -3 14:57

91 DEC -3 16:12

56308

SEX 388 IDEE 000000
03/12 DATE

Hb	14.1	g/dl	13.5	18.0
HCV	42.6	fl	37	47
MCT	.425	L/L	.37	.47
RBC	4.61	x10⁶/L	4.2	6.3
MCHC	33.6	g/dl	31.5	35.0
MCH	33.2	%	27	32
RDW	15.9	%	11.5	14.5
PLAT	271	x10⁹/L	150	400
MPV	7.1	fl	7	11
PDW	34.2	%	15	17
PCT	.19	%	.1	.4

TYPE	x10⁹/L	%
WBC	7.36	53.7
NEUTS	4.21	53.6
LYMPHS	2.64	4.3
MONOS	.32	3.7
EOS	.28	.7
BASOS	.03	.7
LUC	.86	

Reticulocytes %

No. 0047

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No. 0029

LAW HOSPITAL -- CARLUKE

Consultant: DR HANNAY

Telephone No. Wishaw 351100
Extension:-

WTH/JH

9 April 1992

Admitted	Discharged	Ward	Age	Hospital Number
08.04.92	08.04.92	DBU	25.09.74	360647B

Patient:-

Shirlie Young
c/o 14 Springhill Road
[redacted]
Lanark

Discharge to:- Home

Follow Up:- Nil

Distribution of Letter

Dr [redacted]
69 Ayr Road
[redacted]
Lanark

Principle Diagnosis and any other complicating illness	I.C.D. Code
1. Termination of Pregnancy	
2.	
3.	
4.	
5.	
6.	

Poisoning -- Substances taken

Operation.	Code
1. Suction Termination of Pregnancy	
2.	
3.	

Histology Tumour Type

External cause of injury

Dear Dr [redacted]

Thank you for your letter. I discussed termination of pregnancy with this young girl and carried out out on 8 April. She was discharged home the same day.

Yours sincerely

W T HANNAY
Consultant Gynaecologist

19

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X

Law 03.04.92

Gynaecology xx W. T. Hannay

YOUNG
SHIRLIE
c/o 41 Springhill Road, 25.09.74
[redacted] Lanark,
ML11 0AY

Law Hospital
1990 - (Casualty
Department)

then: 39 Station Road,
Carluke.

Dr. I. M. Kane,
73 Ayr Road,
Douglas,
Lanark,
ML11 0PX.

Thank you for seeing this patient, as arranged. She is requesting termination of pregnancy. She thinks her L.M.P. was on 25.01.92, having previously had a regular cycle. When I examined her a few days' [redacted] I could not palpate the fundus. Pregnancy test was positive on 31.03.92. She is staying with her [redacted] as she has nowhere else to go. She has presently fallen out with her boyfriend, although he does not appear to know about the pregnancy.

Shirlie is quite sure that she could not cope with a [redacted] and I would agree with this. I do not think Shirlie will change her mind regarding termination and I feel she has reasonable grounds for her request.

Her general health is good and she is not on any medication at present.

Thank you for your co-operation.

DR. I. M. [redacted]

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BACTERIOLOGY SOUTH LAN. LAW HOSPITA CARLUKE

Surname: YOUNG
Other Names: SHIRLEY
Hospital No.
M (F)
D of B: 25.9.74
Address: 41 SPRINGHILL RD, DOUGLAS
Consultant: Dr KANE 71 A/L RD
Ward: DOUGLAS
Addressograph labels, if used, on both copies please

Hospital: G/P
Date: 7/7/92
Specimen of: URINE
Investigation: [redacted] C+S MICRO } PLEASE

SYMPTOMS: Frequency
Date of Onset
NATURE: 2nd Child.

MICROSCOPY: QOM
Epithelial Cells
W.B.C. (× 10⁶/L.)
R.B.C. (× 10⁶/L.)
A.A.F.B.
Vincents
Yeasts
Trichomonas

ANTIBIOTIC GIVEN
From
To

CULTURE 1. 10⁴-10⁵ mixed orgs/ml
2.
3.

SENSITIVITY RESULTS: S = Sensitive, R = Resistant

	1	2	3		1	2	3
Nalidixic Acid				Penicillin			
Nitrofurantoin				Tetracycline			
Augmentin				Erythromycin			
Trimethoprim				[redacted] Acid			
Cephalexin				Flucloxacillin			
Amp./Amox.				Vancomycin			
Ciprofloxacin							
Cefuroxime				Gentamicin			
Cefotaxime				Chloramphenicol			
Netilmicin				Neomycin			
Mezlocillin				Mupirocin			
Piperacillin							
				Metronidazole			

A S K

DATE OF REPORT: 8/7/92
BACTERIOLOGIST

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BACTERIOLOGY

SOUTH LANARKSHIRE LABORATORY
LAW HOSPITAL, CARLUKE

LABORATORY NUMBER 17197

Surname YOUNG Other Names SHIRLEY

Hospital No. M/F D of B 25.9.74

Address 41 Springhill Road, Douglas

Consultant Dr Kane, 69 Ayr Rd, Douglas Ward

Addressograph labels, if used, on both copies please

Hospital GP Date 21.7.92

Specimen of MSSU

Investigation Reqd. C+S MICRO please

SYMPTOMS Frequency Date of Onset

SIGNATURE

ANTIBIOTIC GIVEN From To

MICROSCOPY 20

Epithelial Cells
W.B.C. (× 10⁶/L.)
R.B.C. (× 10⁶/L.)
AMORPHOUS DEPOSITS ++

A.A.F.B.
Yeasts
Trichomonas

CULTURE 1. No Growth.
2.
3.

SENSITIVITY RESULTS: S = Sensitive, R = Resistant

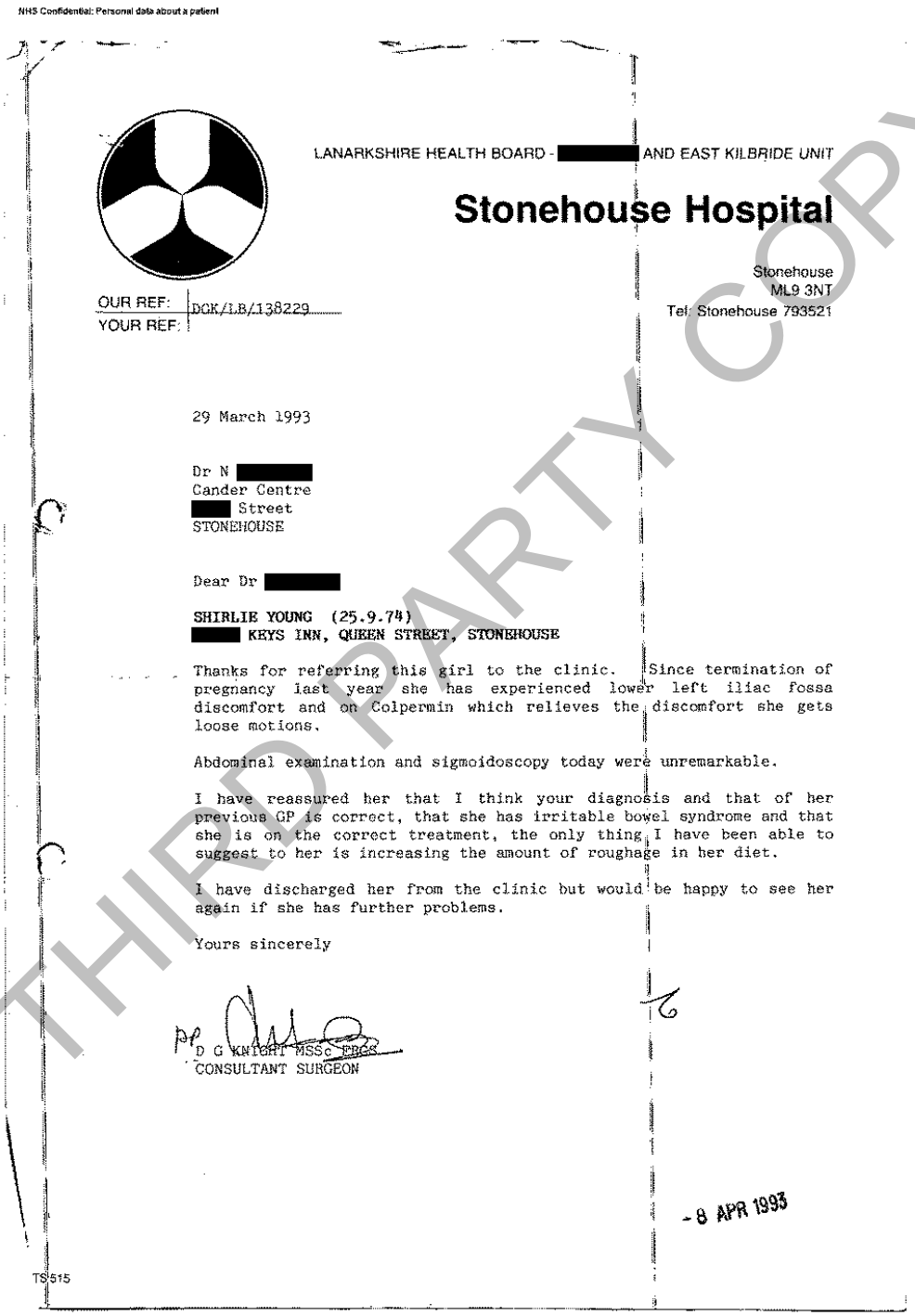
	1	2	3		1	2	3
Nalidixic Acid				Penicillin			
Nitrofurantoin				Tetracycline			
Augmentin				Erythromycin			
Trimethoprim				[redacted]			
Cephalexin				Flucloxacillin			
Amp./Amox.				Vancomycin			
Ciprofloxacin							
Cefuroxime				Gentamicin			
Cefotaxime				Chloramphenicol			
Netilmicin				Neomycin			
Mezlocillin				Mupirocin			
Piperacillin							
				Metronidazole			

DATE OF REPORT 22/7/92 BACTERIOLOGIST

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LANARKSHIRE HEALTH BOARD - [redacted] AND EAST KILBRIDE UNIT

Stonehouse Hospital

Stonehouse
ML9 3NT
Tel: Stonehouse 793521

OUR REF: DGK/LB/138229
YOUR REF:

29 March 1993

Dr N [redacted]
Cander Centre
[redacted] Street
STONEHOUSE

Dear Dr [redacted]

SHIRLIE YOUNG (25.9.74)
[redacted] KEYS INN, QUEEN STREET, STONEHOUSE

Thanks for referring this girl to the clinic. Since termination of pregnancy last year she has experienced lower left iliac fossa discomfort and on Colpermin which relieves the discomfort she gets loose motions.

Abdominal examination and sigmoidoscopy today were unremarkable.

I have reassured her that I think your diagnosis and that of her previous GP is correct, that she has irritable bowel syndrome and that she is on the correct treatment, the only thing I have been able to suggest to her is increasing the amount of roughage in her diet.

I have discharged her from the clinic but would be happy to see her again if she has further problems.

Yours sincerely

pp D G KNIGHT MSSc FRCS
CONSULTANT SURGEON

- 8 APR 1993

TS 515

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NHS Confidential: Personal data about a patient

STONEHOUSE 12/1/93

SURGICAL O/P

YOUNG
SHIRLIE MIS
CROSS KEYS INN 25/9/74
QUEEN STREET
STONEHOUSE
ML9 3EE
NO

SHIRLIE YOUNG CROSS KEYS INN QUEEN STREET 25/9/74 0456RSNS

Dear Doctor

Thank you for seeing this 18 year old girl, who has recently joined our Practice. She complains of intermittent abdominal pain which she has noted since she underwent termination of pregnancy in April 1992. She describes her pain as generalised with her abdomen becoming swollen. There is no dysuria amd her periods are regular.

Her sympotoms sounded like irritable bowel syndrome and she has been tried with Colpermin and Colofac. She herself has asked for a further opinion and I would therefore be grateful if you would oblige.

Yours sincerely

Dr N [redacted]
NC/FJ

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Pages:

NHS Confidential: [redacted] data about a patient

Quote MON 121 on ordering

LANARKSHIRE HEALTH BOARD
MONKLANDS LABORATORY

Lab. No. 3407

Nature of Specimen: 1st URINE | Time | Date: 2-3-94

Tests Required: Preg Please.

Relevant History: L.M.P. Amenorrhoea

PLEASE PRINT RELEVANT INFORMATION ETC. WE 216420 N

D.O.B. HOSP. NO.: 9 5 1 9 1 7 4
SURNAME: YOUNG
FORENAME: SHIRLEY
ADDRESS: 10 UNION ST LARKHALL

Sex F

Tick if potential Biohazard Hepatitis ☐ Other ☐

PLEASE DO NOT SEPARATE TRIPLICATE FORMS

Consultant/Practitioner [redacted] | Requesting Physician | Ward/Hospital/Address for Report | Tel. No.

Tick if fee is chargeable for above analyses J4002 ☐ | Invoice Address

DATE:-03/03/94 09:38
13 YOUNG SHIRLEY, G'HIL 216420 25/09/74

PREGNANCY TEST POSITIVE:

The test is a measure of urinary hCG level.
Dilute urine in early pregnancy may give a negative result.
Positive results may be obtained 5-10 days post miscarriage.
Diagnosis of pregnancy should not be based solely on a "Pregnancy test" result.

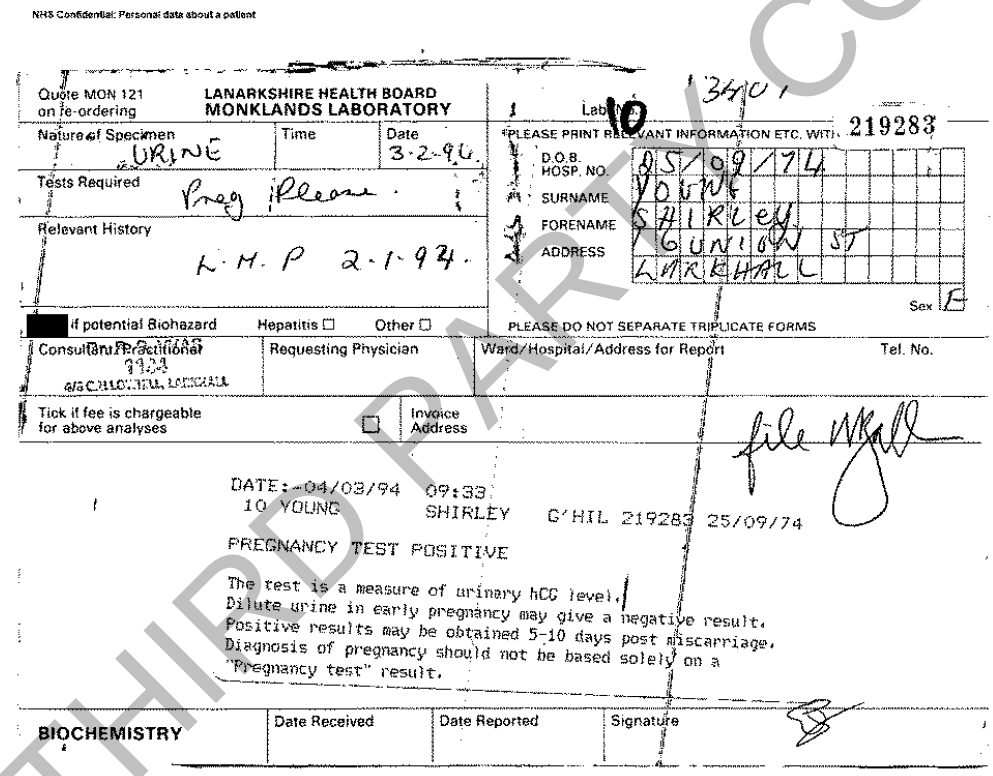
file NS.

BIOCHEMISTRY	Date Received	Date Reported	Signature
		-3 MAR 1994	

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Quote MON 121 on re-ordering

LANARKSHIRE HEALTH BOARD
MONKLANDS LABORATORY

Lab No. 10 3410 1

PLEASE PRINT RELEVANT INFORMATION ETC. WITH 219283

	Nature of Specimen	Time	Date
	URINE		3-2-94

Tests Required: Preg (Please)

Relevant History: L.M.P 2-1-94.

D.O.B. HOSP. NO.: 25/09/74
SURNAME: YOUNG
FORENAME: SHIRLEY
ADDRESS: 6 UNION ST LARKHALL

Sex F

[redacted] if potential Biohazard Hepatitis ☐ Other ☐

PLEASE DO NOT SEPARATE TRIPLICATE FORMS

Consultant/Practitioner	Requesting Physician	Ward/Hospital/Address for Report	Tel. No.
9934 c/o CHILDREN'S MEDICAL			

Tick if fee is chargeable for above analyses ☐ Invoice Address

file MKall

DATE:-04/03/94 09:33
10 YOUNG SHIRLEY C'HIL 219283 25/09/74

PREGNANCY TEST POSITIVE

The test is a measure of urinary hCG level.
Dilute urine in early pregnancy may give a negative result.
Positive results may be obtained 5-10 days post miscarriage.
Diagnosis of pregnancy should not be based solely on a "Pregnancy test" result.

BIOCHEMISTRY	Date Received	Date Reported	Signature

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LANARKSHIRE HEALTH BOARD STS 514

Hospital Interim Discharge Notification and Prescription Form
(A full case Report will follow)

Hospital: HAIRMYRES
To Doctor: DR Vyas
Ward 20 DR Strang Consultant
Surname: Young 311637 Unit No.
First Name: Shireen Young D. of B.
Address: 15 Vimcos St Larkhall
Occupation:

Date of Admission 14.3.96 Date of Discharge: To: Home

DIAGNOSES / PROBLEMS
(1) Termination of P
(2) Pregnancy
Depo Provera given in ward ASM

FOLLOW-UP APPOINTMENTS

Date	Time	Clinic	Hospital	(Delete as Applicable)
	NO GOPI			Given/To be sent
				Given/To be sent
				Given/To be sent

It is recommended that the following Medicine be continued:
(To be printed in BLOCK CAPITALS:)

Name, Strength and Dose of Drug	Times of Administration 8 10 12 14 16 18 20 22 24	PHARMACY USE ONLY Strength	Number	Brand Name (for information only)
Depo Provera refused inward. She insists GP will give it to her				

The undernoted medication should cease on completion of the specified course(s) below:
(To be printed in BLOCK CAPITALS:)

Name, Strength and Dose of Drug	Times of Administration 8 10 12 14 16 18 20 22 24	End of Treatment Date	PHARMACY USE ONLY Strength	Number	Brand Name (for information only)

MEDICINE SENSITIVITY:

ANY UNCERTAINTY ABOUT THE PRESCRIPTION(S) SHOULD BE REFERRED TO THE PRESCRIBER

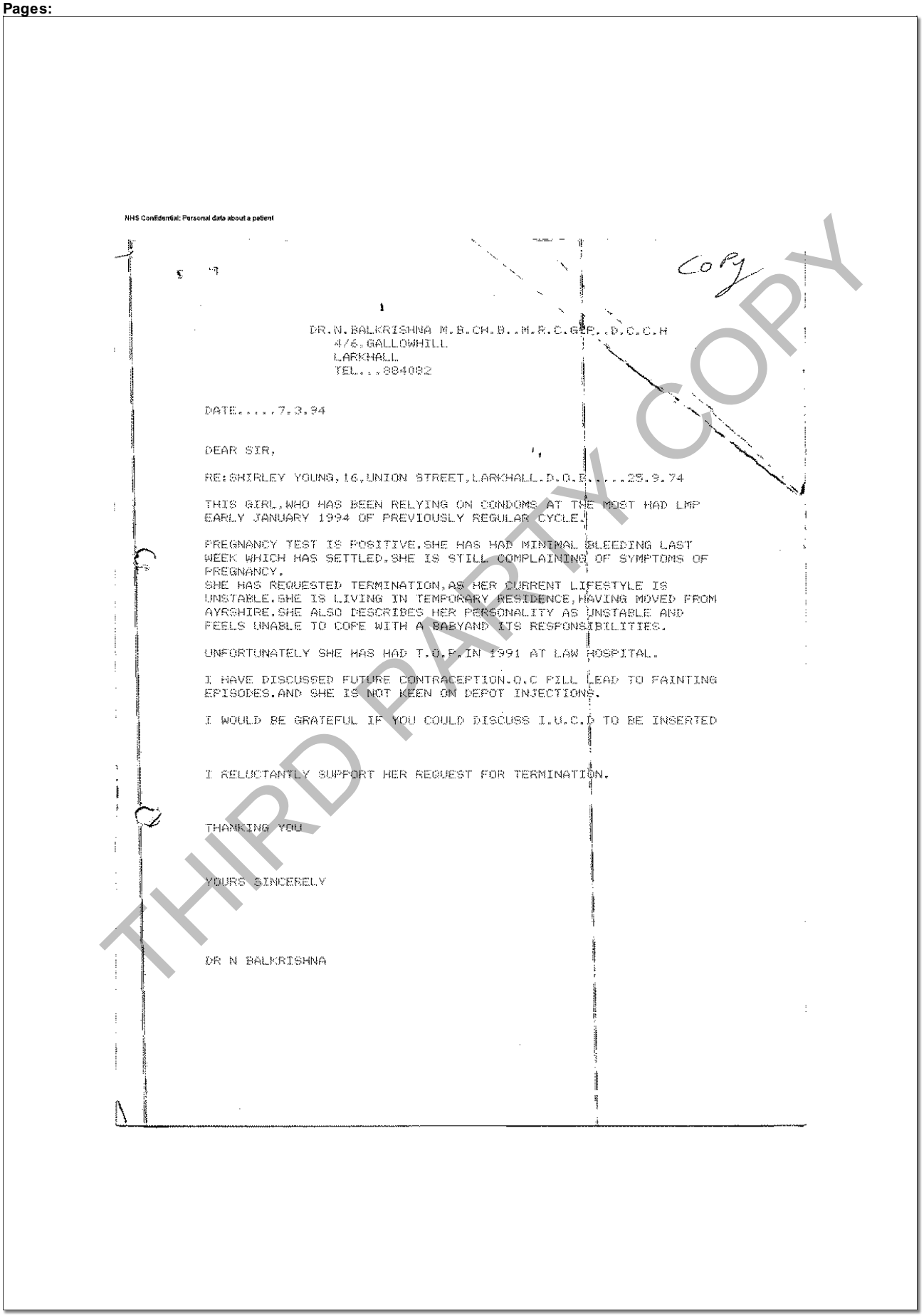
Signature: Status: SHO
Name: SHIELS Date: 18/3/96

Pharmacist's Signature:
Date:

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Pages:



NHS Confidential: Personal data about a patient

COPY

DR.N.BALKRISHNA M.B.CH.B..M.R.C.G.P..D.C.C.H
4/6,GALLOWHILL
LARKHALL
TEL...884092

DATE.....7.3.94

DEAR SIR,

RE:SHIRLEY YOUNG,16,UNION STREET,LARKHALL.D.O.B.....25.9.74

THIS GIRL,WHO HAS BEEN RELYING ON CONDOMS AT THE MOST HAD LMP EARLY JANUARY 1994 OF PREVIOUSLY REGULAR CYCLE.

PREGNANCY TEST IS POSITIVE.SHE HAS HAD MINIMAL BLEEDING LAST WEEK WHICH HAS SETTLED.SHE IS STILL COMPLAINING OF SYMPTOMS OF PREGNANCY.
SHE HAS REQUESTED TERMINATION.AS HER CURRENT LIFESTYLE IS UNSTABLE.SHE IS LIVING IN TEMPORARY RESIDENCE,HAVING MOVED FROM AYRSHIRE.SHE ALSO DESCRIBES HER PERSONALITY AS UNSTABLE AND FEELS UNABLE TO COPE WITH A BABYAND ITS RESPONSIBILITIES.

UNFORTUNATELY SHE HAS HAD T.O.P.IN 1991 AT LAW HOSPITAL.

I HAVE DISCUSSED FUTURE CONTRACEPTION.O.C PILL LEAD TO FAINTING EPISODES.AND SHE IS NOT KEEN ON DEPOT INJECTIONS.

I WOULD BE GRATEFUL IF YOU COULD DISCUSS I.U.C.D TO BE INSERTED

I RELUCTANTLY SUPPORT HER REQUEST FOR TERMINATION.

THANKING YOU

YOURS SINCERELY

DR N BALKRISHNA

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NHS Confidential: Personal data about a patient

3407

LANARKSHIRE HEALTH BOARD — HAIRMYRES AND STONEHOUSE HOSPITALS UNIT

HAIRMYRES HOSPITAL
EAST KILBRIDE
GLASGOW G75 8RG

Telephone No. 20292
Extension:-

Consultant:

DR. S. BISSOONAUTH (FOR DR. [redacted]

Admitted	Discharged	Ward	Age	Hospital Number
18.3.94	18.3.94	19/20	25.9.74	HM.311839

Patient:-

SHIRLEY YOUNG
16 Union Street
LARKHALL

Discharge to:-

Follow Up:-

Distribution of Letter

Dr. Vyas
4/6 Gallowhill
LARKHALL

Principal Diagnosis and any other complicating illness	I.C.D. Code
1. S.T.O.P.	
2.	
3.	
4.	
5.	
6.	

Poisoning — Substances taken

Operation.	Code
1.	
2.	
3.	

Histology Tumour Type

External cause of injury

HKG/SB/EMCK - 3.4.94

Dear Dr. Vyas

Thank you for referring this patient with a request for termination of pregnancy. She was eight weeks pregnant and has an unstable life. She moves around a lot and cannot cope with this pregnancy. After discussion with the patient I felt that her request was reasonable. She had a surgical termination of an 8 week pregnancy carried out on 18th March. She made an uneventful recovery and was allowed home the same day. She had opted for the injectable form of contraception and I suggest that she goes on Depo-provera. I have not arranged to see her again.

Yours sincerely

S. BISSOONAUTH
LOCUM CONSULTANT GYNAECOLOGIST

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NHS Confidential: Personal data about a patient

MICROBIOLOGY
LANARKSHIRE HEALTH BOARD
MONKLANDS LABORATORY

3407

LAB No. 003200

Nature of Specimen: HVS
Date: 24/5/24
Tests Required: C+S please
Relevant History: Discharge PV

HOSPITAL No.
SURNAME: YOUNG
FORENAME: SHIRLEY
ADDRESS: 16 UNION LARKHALL
D.O.B.: 25/07/74
Sex: F

Hospital
Ward
Tel. No:

Previous Report No.
Hepatitis Risk ☐

Consultant
Practitioner
Address
DR VYAS
4/6 GLENWHEE

ANTIMICROBIAL THERAPY

Requesting Doctor's Signature

Microscopic Examination
N - Numberous M - Moderate S - Scant

Pus Cells	Organisms			
Red Cells	Casts			Squame

Organism	1	2	3	Organism
Ampi/Amoxycillin				Gentamicin
Amoxy/Clavulanic				[redacted]
Azlocillin				Mezlocillin
Cefotaxime				Nalidixic Acid
Ceftazidime				Nitrofurazone
Cefuroxime				Neomycin
Cephalexin				Nitrofurantoin
Chloramphenicol				Penicillin
Ciprofloxacin				Piperacillin
Cotrimoxazole				Sulphonamide
Erythromycin				Tetracycline
Flu/Cloxacillin				Trimethoprim
Fusidic Acid				Vancomycin

use only
ONORRHOEAE
GINALIS
} NOT DETECTED

file

Candida albicans isolated

BIOLOGY
Date Received: 24/5
Date Reported: 26/5
Laboratory Signature

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3407

Law HOSPITAL
NHS Trust

Carluke
Lanarkshire
ML8 5ER

Tel: (0698) 351100
Fax:(0698)376671

Our Ref.: BMR/JC/360647B

If phoning
ask for :- Ext 2610

Clinic : 30th November 1994
Typed : 1st December 1994

Dr Vyas
Health Centre
Larkhall

Dear Dr. Vyas

SHIRLEY YOUNG (25.09.74) 43 RAMAGE ROAD CARLUKE

I saw this woman referred from Accident & Emergency Department presumably assaulted a week ago. She has noticed deformity of her nose since the recent incident.

Examination of her nose revealed bony deformity to the right with a septal deviation. Clinically it appeared to be a fractured nasal bone with deformity. She is coming in for manipulation of nasal bone as a daycase on 14th December 1994.

Yours sincerely

B M ROUTRAY FRCS, DLO
Staff Grade ENT Surgeon

NORMAL ✓
FILE
MAKE APPT.
REPEAT
NOTES

No. 0602

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Law HOSPITAL NHS Trust

No. 0029

Consultant: MR J L HANDA

Telephone No. Wishaw 351100
Extension:-

BMR/JC 6th January 1995

Admitted	Discharged	Ward	Age	Hospital Number
14.12.94	14.12.94	ENT	25.09.74	360547B

Patient:-

SHIRLIE YOUNG
43 RAMAGE ROAD
CARLUKE

Discharge to:-

Follow Up:-

Distribution of Letter

Dr Vyas
Health Centre
Larkhall

Principal Diagnosis and any other complicating illness	I.C.D. Code
1. Fractured nasal bone	
2.	
3.	
4.	
5.	
6.	

Poisoning — Substances taken

Operation.	Code
1. Manipulation of the nasal bone	
2.	
3.	

Histology Tumour Type

External cause of injury

Dear Dr. Vyas

It appeared to be a case of old fracture. However, the deformity was corrected reasonably well using Walsham's forceps.

She made an uneventful recovery and was allowed home.

No further arrangement has been made for her to be seen here but I would be pleased to see her again if you think it necessary.

Yours sincerely

B M ROUTRAY, FRCS, DLO
Staff Grade ENT Surgeon

NORMAL FILE NOTES

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NHS Confidential: Personal data about a patient

LANARKSHIRE HEALTH BOARD
COMMUNITY AND PRIORITY SERVICES UNIT

OUR REF: AS/JD/048442

YOUR REF:

IF TELEPHONING ASK FOR:
Dr Suddle

Day Hospital
Airbles Road
Motherwell
ML1 3TP
Tel: 01698 269336

2nd March 1995

Dr J Copland
Health Centre
LANARK

Dear Dr Copland

Re: Shirley Young 11 Wide Close Lanark Dob 25/09/1974

Thank you for referring this patient to the Day Hospital at Airbles Road who was assessed on 1st March 1995.

There had been obviously some improvement in her presentation, since the time of referral. The social situation has improved somewhat and she claimed to be settled in the Hostel whilst recently starting a Youth Training Scheme. Her history suggested nothing that was outside the normal developmental bounds of normal behaviour, though she did describe poor impulse control, often being "ratty and irritable" and "hot-tempered". She does, however, feel her temperament is improving.

There was little in the way of psychiatric symptomatology and with her attendance at the Youth Training Scheme being full-time at present, we felt attendance here would not only be difficult but of little benefit.

Of course, if you would wish to rerefer at a later date, please do not hesitate to contact us.

With best wishes,

Yours sincerely

Dr Asim Suddle
Registrar in Psychiatry

FILE ☑ NOTES PLEASE ☐ PATIENT'S FILE ☐

8 MAR 1995

RETURN ☐ TO ☐

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Pages:

NHS Confidential: Personal data about a patient

Day Hospital, Motherwell 24.1.95

YOUNG
Shirley
11 Wide Close,
Lanark.

25.9.74

Tel: 665522

62238

Dear Doctor,

I would be very grateful if you could see this young woman who has multiple social problems which seem to be coming to a head and causing her quite severe psychological stress symptoms. She describes it as having pre-menstrual syndrome all the time.

She has had PMS in the past, but she is now on the oral contraceptive pill and her symptoms don't really relate to hormonal problems at the moment.

She has been homeless for many years and has recently moved to a Youth Hostel type situation in the Wide Close, Lanark. She feels that this is not really suitable for her and is unhappy there at the moment. She has family, but she has lost any real ties to them and really confides only in her [redacted]. She has tried unsuccessfully to find work and I think everything is getting on top of her.

She is not using any drugs at the moment and admits to some drug usage in the past, but she says she stopped all this a year a year ago.

I feel she would benefit from psychological counselling and perhaps relaxation therapy.

Many thanks for your help.

Yours sincerely,

Dr. J. Copland

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Pages:

NHS Confidential: Personal data about a patient

LAW 20.4.95
Gynaecology xx C. Lennox

YOUNG
Shirley
11 Wide Close,
Lanark.
ML11 7LX

XXXXXXXXXXXXXXX
25.9.74

XX
Law
1994 360647B

43 Ramage Road,
Carluke.

Tel: 665522

62238

Dear [redacted]

Thank you for seeing this young girl who has only recently registered with us since about December 1994. She has previously been registered at [redacted] and says she was referred to perhaps you for treatment of vulval warts. I don't really see anything particular about this in the notes and, on checking with your secretary, there didn't seem to be any apparent referral.

She was sent for today for routine smear, said in advance that she didn't think she would be able to go through with it, undressed and climbed on the table, but refused to allow me to do the smear, or get near her even so I could not even verify if there are vulvar warts. She said it would get it done under her anaesthetic for her warts.

She had a TOP in March 1994. She probably has a rather chaotic lifestyle, being in a hostel in Wide Close in Lanark and, if she does have vulvar warts, she probably definitely does need a smear done.

I would be grateful if you could see her and perhaps do everything under anaesthetic.

Thank you,
Yours sincerely,

Dr. J. Young

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NHS Confidential: [redacted] data about a patient

Law HOSPITAL
NHS Trust

Carluke
Lanarkshire
ML8 5ER

Tel: (01698) 361100
Fax: (01698) 376671

Our Ref.:- CEL/jm/360647B

If phoning ask for :- Ext 4391

Stonehouse outpatient clinic

Clinic 2.5.95
Typed 9.5.95

Dr J Young
Health Centre
South Vennel
Lanark

Dear Dr Young

SHIRLEY YOUNG (25.9.74) 11 WIDE CLOSE, LANARK

Thank you for your letter about Shirley, whom I saw at my outpatient clinic at Stonehouse recently. She also would not permit me to take a cervical smear but I was able to confirm that she has a few vulva warts. I have arranged her admission for cautery and will carry out a smear at the same time.

Kind regards.

Yours sincerely

F

[redacted] ***E LENNOX***
Consultant Gynaecologist

FILE ☐ NOTES ☐ PRESCRIPTION ☐
15 MAY 1995
NORMAL ☐ APPOINTMENT ☐

No. 0602

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NHS Confidential: Personal data about a patient

WOMEN AND CHILDREN'S DIRECTORATE

Law Hospital NHS Trust
Carluke
Lanarkshire
Telephone No. (01698) 361100
Fax No. (01698) 360875

CONSULTANT: Dr. Al-Khalidi, Staff Gynaecologist

BA/EJ 21st July, 1995

Admitted	Discharged	Ward	Date of Birth	Hospital Number
4.7.95	4.7.95	DBU	25.09.74	360647B

Patient: Shirlie Young 18 Wide Close Lanark	Discharge to:- Home Follow up:- Stonehouse Gynaecology - 6 months Distribution of Letter Dr. Young Health Centre Lanark
Principal Diagnosis and any other complicating illness 1. VULVAL WARTS	
2.	Poisoning - Substances taken
3.	
4.	Operation 1. CAUTERY WARTS (Vulval and Peri-anal)
5.	2. CERVICAL SMEAR
6.	3.

Dear Dr Young

Mrs. Young was admitted to the Day Bed Unit on the 4th July, 1995 for cautery of vulva and peri-anal warts and a smear. The operation was unremarkable and quite a few warts were cauterized. She was discharged home later the same day.

The smear was reported features suggestive of HPV for a repeat in six months time. We will arrange for her to be seen in Stonehouse out patient clinic in six months time.

Yours sincerely

Dr. B. Al-Khalidi
Staff Gynaecologist

FILE ☑ NOTES ☐ [illegible] ☐
25 JUL 1995
NORMAL ☐ [illegible] ☐

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NHS Confidential: Personal data about a patient

LANARKSHIRE HEAL
DEPARTMENT OF CY
MONKLANDS DISTRI [redacted]

Smear No. : [redacted]
* REPRINT *
page : 1

Name : SHIRLIE YOUNG
Address: 11 WIDE CLOSE
LANARK

Maiden Name :
D of B : 25-SEP-1974
NHS No :
PAS/CHI : 3606478

Sender : DR LENNOX
Address: GYN CLINIC
[redacted] HOSPITAL
CARLUKE

G.P. :
Address :

Date Taken : 04-JUL-1995 Date Received : 05-JUL-1995

History VULVAR + ANAL WARTS

Cat 4K29 File

Result BORDERLINE CHANGES Inflamm: HUMAN PAPILLOMAVIRUS

Recommendation REPEAT IN 6 MONTHS

Report FEATURES SUGGESTIVE OF HPV. PLEASE REPEAT IN 6 MONTHS.

Reported By DR S [redacted] Date 24-JUL-95

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NHS Confidential: Personal data about a patient

Our ref:- EB/CMD

16th October,1995

Dr. B. Al-Khalidi,
Staff Gynaecologist,
Law Hospital
Carluke ML5 5ER.

Dear Doctor B. Al-Khalidi,

Re:- Shirley Young, 11 Wide Close, Lanark. ML11 7LX.
D.O.B. 25.9.74

I would be garateful if this girl could attend earlier than intended for review, her appointment is sometime in January.

She attended for cautery of vulva warts back in July which was successful but since then the problem has recurred, I have however suggested the use of Condyline Topically to try and prevent the spread of warts. I feel that she may require further assessment by yourself and if possible further treatment for this. I would be very grateful if she could be seen sooner than her original appointment in January.

Many thanks.

Yours sincerely,

Dr. C. M. [redacted]

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NHS Confidential: [redacted] data about a patient

Law HOSPITAL
NHS Trust

Carluke
Lanarkshire
ML8 5ER

Tel: (01698) 361100
Fax: (01698) 376671

Our Ref.:- BA/EJ/360647B

If phoning ask for :- Ext 2147

15th November, 1995

Dr. [redacted]
The Health Centre
South Vennel
LANARK
ML11 7JT

Dear Dr [redacted]

SHIRLIE YOUNG (25.09.74) 11 WIDE CLOSE, LANARK

Thank you for your further letter of the 16th October in which you requested an earlier appointment for this patient. Two appointments were sent to your patient, the first on the 8th November and the second for the 15th November. She did not attend on either occasion nor make contact with us. I will leave her further care or referral in your hands.

Yours sincerely

Dr. B. Al-Khalidi
Staff Gynaecologist

FILE ☐ NOTES ☐ PRESCRIPTION ☐
22 NOV 1995

No. 0602

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Lanark
HOSPITAL
NHS Trust

Carluke
Lanarkshire
ML8 5ER

Tel: (01698) 361100
Fax: (01698) 376671

Our Ref.:- JF/JC/004966/96

If phoning ask for :-

26th February 1996
Attended : 24th February 1996

Dear Dr. Copland

SHIRLEY YOUNG (25.09.74) 5 [redacted] WAY LANARK

The above girl came to Casualty in a rather distressed state after being hit on the right side of the forehead by a chair thrown at her by her [redacted]

Examination revealed a ragged T shaped laceration above the outer upper aspect of the right eye. This was cleaned and closed with four x 5/0 Ethilon sutures. These should be removed in one week.

She was given a tetanus booster.

Yours sincerely

pp J FEENEY
CASUALTY OFFICER

FILE ☑

1 MAR 1996

NORMAL ☐ [illegible] ☐

Dr Copland
Health Centre
Lanark

No. 0602

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Filename: igprda202606020800550.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Lanark
HOSPITAL
NHS Trust

Carluke
Lanarkshire
ML8 5ER

Tel: (01698) 361100
Fax: (01698) 376671

Our Ref.:- JDC/AH/360647B

If phoning ask for :- Ext. 2143 **(Mr Cannon's Secretary)**

1st April 1996

Dr C M [redacted]
Health Centre
South Vennel
LANARK ML11 7JT

Dear Dr Duncan

SHIRLIE YOUNG (25.09.74) 11 WIDE CLOSE, LANARK

Further to Mr Horgan's letter of 6th September 1994, this lady cancelled once and on a further occasion failed to attend for diathermy to her peri-anal warts. A further appointment will not be sent unless you wish it.

Yours sincerely

[redacted] **D. CANNON**
CONSULTANT SURGEON

FILE ☐ NOTES ☐ PRESCRIPTION ☐
NORMAL ☐ ATTACHMENT ☐

No. 0602

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LANARKSHIRE
HEALTHCARE
NHS TRUST

OUR REF: JI/PM
YOUR REF:
IF TELEPHONING ASK FOR: Ext 248/249 [redacted] Ilsley

FILE ☐ NOTES ☐ PRESCRIPTION ☐
6 MAR 1996

DEPARTMENT OF PSYCHOLOGY

Date: 28th February 1996

Doctor J Copland
Health Centre
South Vennel
LANARK

Dear Doctor Copland

RE: SHIRLEY YOUNG: D.O.B.: 25.09.74
18 WIDE CLOSE, LANARK

The above named has failed to attend a first clinical psychology appointment.

The appointment letter clearly stated that, owing to the pressure of waiting lists, failure to attend or cancel in reasonable time would result in discharge.

Your client has therefore been discharged without being seen.

Please contact our Department if you have any queries.

Yours sincerely

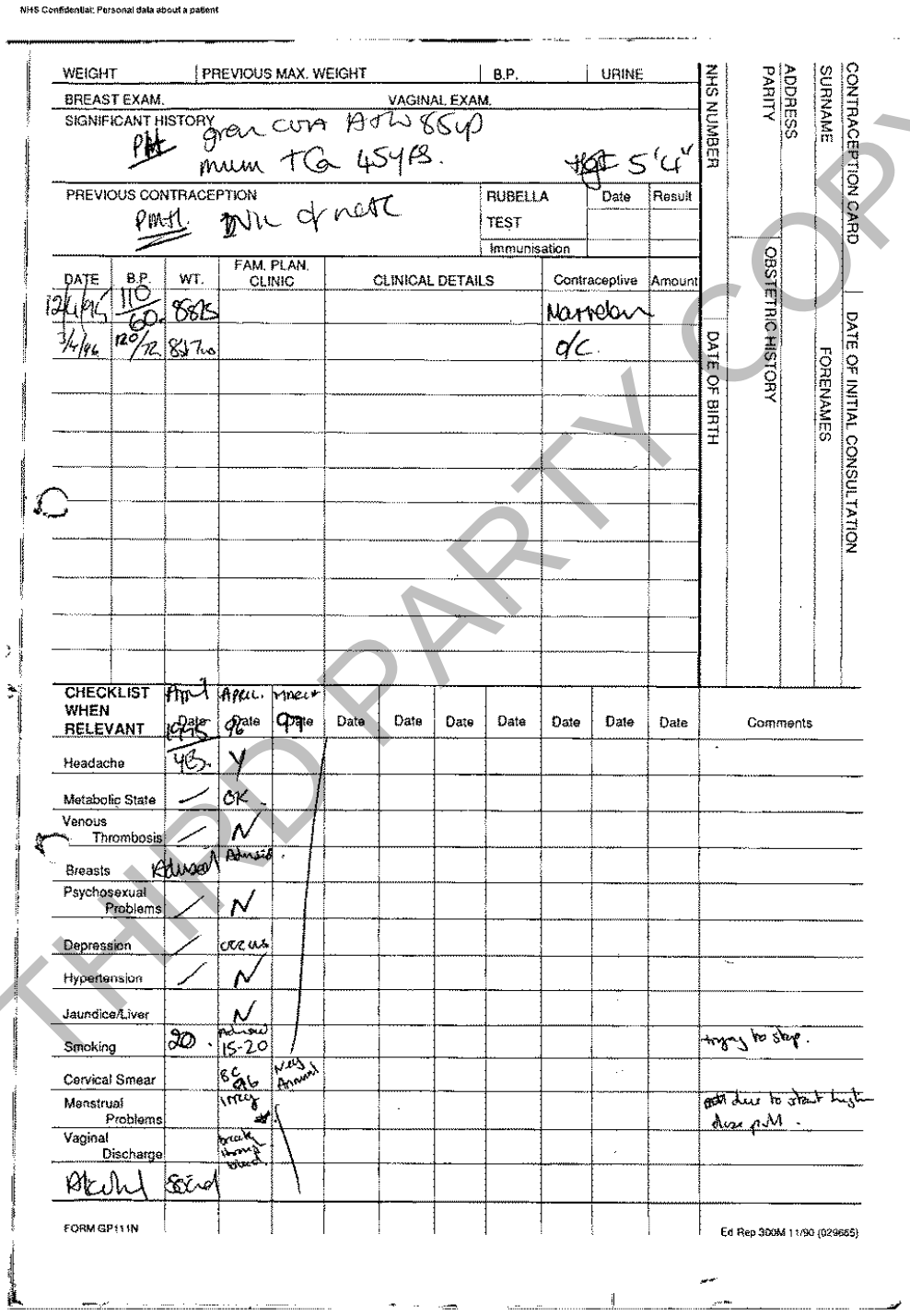
[redacted] Ilsley
Clinical Psychologist.

HARTWOODHILL HOSPITAL
MENTAL [redacted] / LEARNING DISABILITIES DIVISION
HARTWOOD SHOTTS ML7 4LA
TEL: 01501 823566 FAX: 01501 822772

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WEIGHT | PREVIOUS MAX. WEIGHT | B.P. | URINE

BREAST EXAM. | VAGINAL EXAM.

SIGNIFICANT HISTORY
PMH gran CVA AFW 85yo
mum TCa 45yo. 5'4"

PREVIOUS CONTRACEPTION
PMH. POP & neat

RUBELLA | Date | Result
TEST
Immunisation

NHS NUMBER | DATE OF BIRTH | ADDRESS | PARITY | OBSTETRIC HISTORY | SURNAME | FORENAMES | CONTRACEPTION CARD | DATE OF INITIAL CONSULTATION

DATE	B.P.	WT.	FAM. PLAN. CLINIC	CLINICAL DETAILS	Contraceptive	Amount
12/4/96	110/60	88kg			Norvedon	
3/4/96	120/72	87kg			o/c	

CHECKLIST WHEN RELEVANT	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Comments
	PMH 1995	Appt. 96	March 96								
Headache	43.	Y									
Metabolic State	—	OK									
Venous Thrombosis	—	N									
Breasts	Rubber	Admit.									
Psychosexual Problems	—	N									
Depression	—	occ ++									
Hypertension	—	N									
Jaundice/Liver		N									
Smoking	20.	previously 15-20									trying to stop.
Cervical Smear		8/96	Needs Annual								
Menstrual Problems		irreg &									start date to start light days pM.
Vaginal Discharge		occ thrush									
Rubella	Recd										

FORM GP111N

Ed Rep 300M 11/90 (029655)

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LANARKSHIRE HEALTH BOARD
DEPARTMENT OF CYTOLOGY
MONKLANDS DISTRICT GENERAL HOSPITAL

Smear No. : U
page : 1

Name : SHIRLEY YOUNG
Address: 11 WIDE CLOSE
LANARK

Maiden Name :
D of B : 25-SEP-1974
NHS No :
PAS/CHI : 2509745263

Sender : DR. YOUNG
Address: LANARK HEALTH CENTRE
SOUTH VENNEL
LANARK ML11 7JT

G.P. : DR. YOUNG
Address : LANARK HEALTH C
SOUTH VENNEL
LANARK ML11 7J

Date Taken : 03-APR-1996 Date Received : 10-APR-1996

DR

History

[redacted] CODE CLINICAL RESULT FOR COMPUTER CODE: 4k29.

PLEASE CONFIRM RECALL PERIOD.

Result BORDERLINE CHANGES Inflamm.

1MM 1M 3M 6M 9M 1Y 3Y
☐ ☐ ☐ ☑ ☐ ☐ ☐

Recommendation REPEAT IN 6 MONTHS

PLEASE SPECIFY LETTER TO BE SENT TO PATIENT

NONE

Report Occasional cells still show borderline nuclear changes.
In view of this and past history, please repeat in 6 months.

Reported By DR R J ZUK Date

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Law HOSPITAL
NHS Trust

Carluke
Lanarkshire
ML8 5ER

Tel: (01698) 361100
Fax: (01698) 376671

Our Ref.:- AF/DM/808516/96

If phoning ask for :-

6th June 1996
Attended A&E; 02.06.96

Dear Dr Copland

SHIRLEY YOUNG (25.09.74) 5 [redacted] WAY LANARK

This patient attended Accident & Emergency complaining of a foreign body in her throat which I believe to be a fish bone. She is having no difficulty in speaking or swallowing.

On examination I was unable to stop any foreign body, and advised Shirley that it is possible that she has swallowed the fishbone leaving a scratch in her throat. I asked her to reattend Accident & Emergency in the morning if there was no improvement.

Yours Sincerely

S Findlay
S.H.O in Accident & Emergency

Dr Copland
Health Centre
Lanark

NOTES ☐ PRESCRIPTION ☐
[redacted]
NORMAL ☐ APPOINTMENT ☐

No. 0602

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LMcC/JM

27th November 1996

Miss Shirley Young,
5 [redacted] Way,
Lanark.

Dear Miss Young,

I am sorry that you did not manage to keep your appointment with me recently.

I understand your entirely natural reluctance in having to have a cervical smear performed, but can only stress again how very important it is for you to have this done. As you know, your last smear taken in April did show a minor abnormality and it is very important that we keep a check on this.

I do hope you will make another appointment with me soon so that we may discuss this again.

Many thanks,
Yours sincerely,

Dr. L. McCorkell,
Locum

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National Health Service Number

MOUNT SHEET

X-RAY AND PATHOLOGY INVESTIGATIONS

Surname (Block Letters) Young

Forenames (Block Letters) SHIRLEY

Address

Birth 25-9-74

10
9
8
7
6
5

Law HOSPITAL NHS Trust

MICROBIOLOGY REPORT

SOUTH LANARKSHIRE LABORATORY SERVICES LAW HOSPITAL

Name: Young Shirley | Date of Birth: 25/09/74 | Patient Reference: Not Known

Report To: Lanark Health Centre South Vennel Lanark ML11 7JT | Consultant: Dr Hill JG

Date of Collection: 19/02/97 | Date and Time Received: 19/02/97 09:39 | Laboratory Reference: A5852

Microscopy	Candida albicans	Absent
	Trichomonas vaginalis	Absent
[redacted] Stain	Epithelial cells	+++
	'Clue' cells	-
	Leucocytes	++
	Yeasts	-
	Gram-ve. bacilli	-
	Gram+ve. bacilli	++
	Gram-ve. cocci	-
	Gram+ve. cocci	+++
	[redacted] variable' bacilli	-
Culture		Haemolytic Strep. Grp B.

FILE ☑ NOTES ☐ PRESCRIPTION ☑ Issued 28-2-97

24 FEB 97

NORMAL ☐ APPOINTMENT ☐

High vaginal swab

Verified by atl on 21/02/97

0651

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Law HOSPITAL NHS Trust

MICROBIOLOGY REPORT

SOUTH LANARKSHIRE LABORATORY SERVICES LAW HOSPITAL

Name	Date of Birth	Patient Reference
Young Shirley	25/09/74	Not Known

Report To	Consultant/G.P.
Lanark Health Centre South Vennel Lanark Ml11 7JJ	Dr Hill JG

Date of collection	Date and time received	Laboratory Reference
7/02/97	19/02/97 09:55	H5884

Chlamydia antigen EIA ----------) **POSITIVE**

C.trachomatis direct IF ----------) **POSITIVE**

FILE ☐ NOTES ☑ PRESCRIPTION ☐

28 FEB 1997

NORMAL ☐ APPOINTMENT ☐

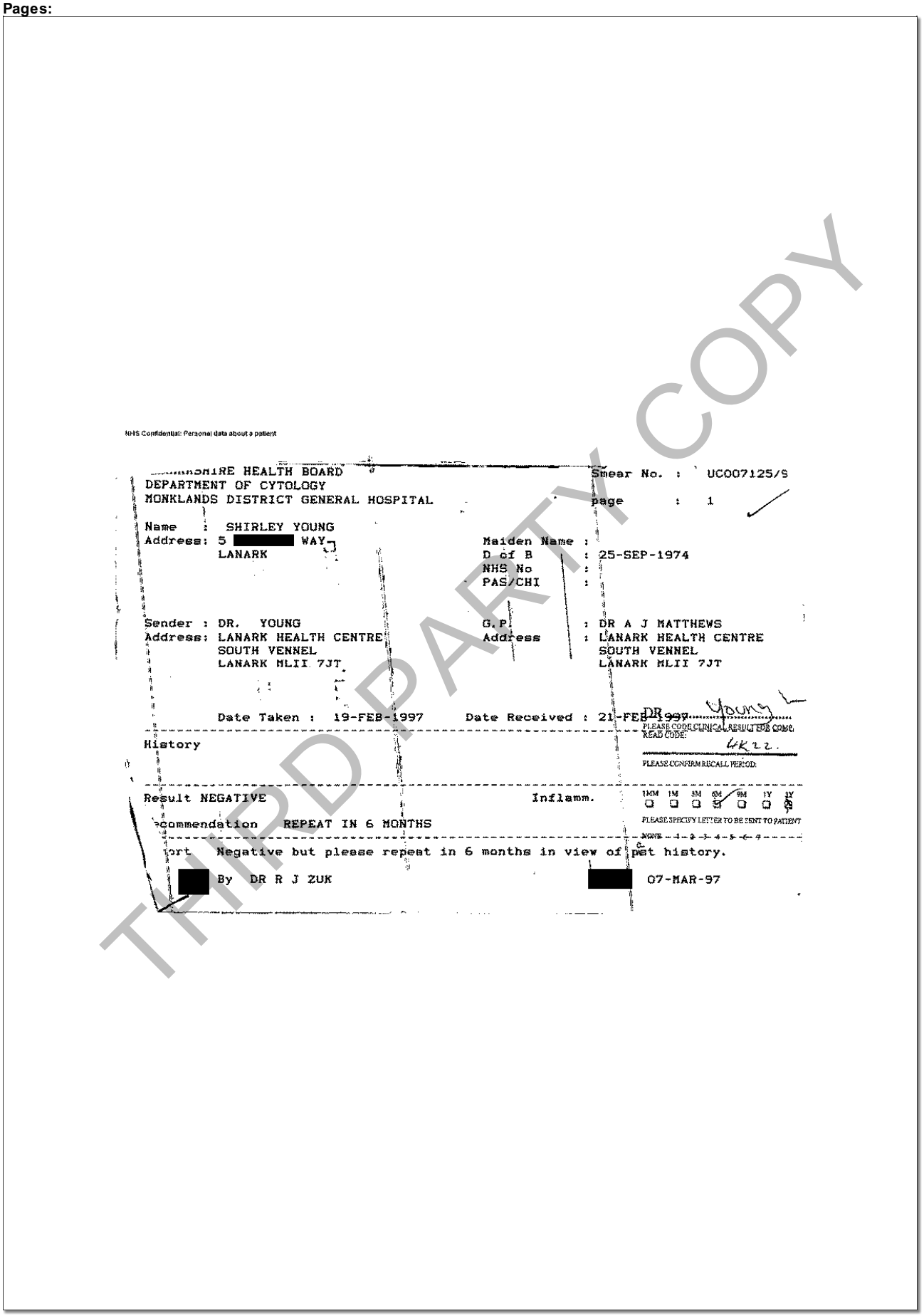
HVS Chlamydia Ag

Verified by kl on 27/02/97

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...nnSHIRE HEALTH BOARD
DEPARTMENT OF CYTOLOGY
MONKLANDS DISTRICT GENERAL HOSPITAL

Smear No. : UC007125/S
page : 1

Name : SHIRLEY YOUNG
Address: 5 [redacted] WAY
LANARK

Maiden Name :
D of B : 25-SEP-1974
NHS No :
PAS/CHI :

Sender : DR. YOUNG
Address: LANARK HEALTH CENTRE
SOUTH VENNEL
LANARK ML11 7JT

G.P. : DR A J MATTHEWS
Address : LANARK HEALTH CENTRE
SOUTH VENNEL
LANARK ML11 7JT

Date Taken : 19-FEB-1997 Date Received : 21-FEB-1997

DR Young

PLEASE CODE CLINICAL RESULTS FOR COMP.
READ CODE: 4K22.

PLEASE CONFIRM RECALL PERIOD:

1MM 1M 3M 6M 9M 1Y 2Y
☐ ☐ ☐ ☑ ☐ ☐ ☐

PLEASE SPECIFY LETTER TO BE SENT TO PATIENT
NONE 1 2 3 4 5 6 7 8

History

Result NEGATIVE Inflamm.

Recommendation REPEAT IN 6 MONTHS

Report Negative but please repeat in 6 months in view of past history.

[redacted] By DR R J ZUK [redacted] 07-MAR-97

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JY/JM

7th March 1997

Miss Shirley Young,
5 [redacted] Way,
Lanark,
ML11 7DA.

Dear Miss Young,

I have now received the results of your recent test and this shows that you have a slight infection. I would, therefore, be grateful if you could call in at the Health Centre and collect a prescription which I have left for you at the Reception Desk.

Yours sincerely,

DR. J. MURIE

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Law HOSPITAL NHS Trust

MICROBIOLOGY REPORT

SOUTH LANARKSHIRE LABORATORY SERVICES LAW HOSPITAL

Name: Young Shirley	Date of Birth: 23/09/74	Patient Reference: Not Known
Report To: Lanark Health Centre South Vennel Lanark Ml11 7JT		Consultant/GP: Dr Young JI
Date of Collection: 01/07/97	Date and Time Received: 02/07/97 12:21	Laboratory Reference: C1688

Chlamydia antigen EIA ----------> Negative

FILE ☑ NOTES ☐ PRESCRIPTION ☐

- 4 JUL 1997

NORMAL ☑ APPOINTMENT

Cervical/s Chlamydia Ag

Verified by cd on 03/07/97

0651

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Law HOSPITAL NHS Trust

MICROBIOLOGY REPORT

SOUTH LANARKSHIRE LABORATORY SERVICES LAW HOSPITAL

Name: Young Shirley	Date of Birth: 25/09/74	Patient Reference: Not Known
Report To: Lanark Health Centre South Vennel Lanark ML11 7JT		Consultant/G.P.: Dr Young JI
Date and time of collection: 28/01/98	Date and time received: 28/01/98 19:30	Laboratory Reference: G2804

Microscopy	Candida albicans	Absent
	Trichomonas vaginalis	Absent
Gram Stain	Epithelial [redacted]	+
	'Clue'cells	-
	Leucocytes	-
	Yeasts	-
	Gram-ve.bacilli	-
	Gram+ve.bacilli	+
	Gram-ve.cocci	-
	Gram+ve.cocci	-
	Gram'variable'bacilli	-
Culture	----------) No significant growth.	

FILE ☑ NOTES ☐ PRESCRIPTION ☐

- 2 . 4 1998

NORMAL ☑ APPOINTMENT ☐

High vaginal swab

Verified by am on 30/01/98

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Pages:

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Law HOSPITAL NHS Trust

MICROBIOLOGY REPORT

SOUTH LANARKSHIRE LABORATORY SERVICES LAW HOSPITAL

Name	Date of Birth	Patient Reference
Young Shirley	25/09/74	Not Known
Report To		**Consultant/G.P.**
Lanark Health Centre South Vennel Lanark Ml11 7JT		Dr Young JI
Date and time of specimen	**Date and time received**	**Laboratory Reference**
28/01/98	29/01/98 11:25	G2854

Chlamydia antigen EIA ----------> Negative

FILE ☐ NOTES ☐ PRESCRIPTION ☐
- 5 FEB 1998
NORMAL ☑ APPOINTMENT ☐

al/s Chlamydia Ag

Verified by ac on 04/02/98

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Law HOSPITAL NHS Trust

MICROBIOLOGY REPORT

SOUTH LANARKSHIRE LABORATORY SERVICES LAW HOSPITAL

Name: Young Shirley	Date of Birth: 25/09/74	Patient Reference: Not Known
Report To: Lanark Health Centre South Vennel Lanark ML11 7JT		Consultant/G.P.: Dr Young JI
Date and time of specimen: 28/01/98	Date and time received: 28/01/98 20:16	Laboratory Reference: 62813

Microscopy / HPF	Epithelial Cells	Not seen
	W.B.C.s	(1
	R.B.C.s	Not seen
Culture	---------->	No growth

PRESCRIPTION

NORMAL

MSSU

Verified by ac on 29/01/98

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LANARKSHIRE HEALTH BOARD
DEPARTMENT OF CYTOLOGY
MONKLANDS DISTRICT GENERAL HOSPITAL

Smear No. : UCO
page : 1

Name : SHIRLEY YOUNG
Address: 53 WALLACE WAY
LANARK

Maiden Name :
D of B : 25-SEP-1974
NHS No :
PAS/CHI : 2509745263

Sender : DR A J [redacted]
Address: LANARK HEALTH CENTRE
SOUTH VENNEL
LANARK ML11 7JT

G.P. : DR A J [redacted]
Address : LANARK HEALTH CE
SOUTH VENNEL
LANARK ML11 7JT

Date Taken : 28-JAN-1998 Date Received : 30-JAN-1998

History

PLEASE CODE CLINICAL RE
READ CODE:

PLEASE CONFIRM RECALL PE

Result NEGATIVE Inflamm.

Recommendation NORMAL RECALL

1MM 1M 3M 6M
☐ ☐ ☐ ☐

PLEASE SPECIFY LETTER TO

Report

NONE 1 2 3 4 5

Reported By Wilma [redacted] Date 04-FEB-98

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Lanv
HOSPITAL
N.H.S. Trust

Carluke
Lanarkshire
ML8 5ER

Tel: (01698) 361100
Fax: (01698) 376671

Our Ref.:-

If phoning ask for :- Ext 2283 A&E Secretary

JI (GP) YOUNG
LANARK HEALTH CENTRE
SOUTH VENNEL
LANARK

Dear Doctor

SHIRLEY YOUNG Ref No: 98293-00003 Age:24
13 MAIN STREET [redacted]

The above named patient attended A&E on: 20/10/98 at: 00:48
findings were as follows:

PRESENTING COMPLAINT: FACIAL INJ.

EXAMINATION DETAILS:
TO SEE MAXILLO-FACIAL SURGEONS IN ONE WEEK

*DIAGNOSIS: FACIAL LACERATIONS, FRACTURED NOSE

TREATMENT:
LACERATIONS SUTURED

DISPOSAL: HOME

FOLLOW-UP:
FACIAL MAX OPD

If you require further information please do not hesitate to contact the Department by telephoning 01698 361100 Extension 2283.

Yours sincerely

Mr J J [redacted] MRCGP FRCS
Consultant in Accident & Emergency

FILE ☑ NOTES ☐ PRESCRIPTION ☐
22 OCT 1998
NORMAL ☐ APPOINTMENT ☐

No. 0602

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CLYDESDALE COUNSELLING
AND
HUMAN DEVELOPMENT PROJECT

Dr. Matthews
Lanark

Dear Dr. Matthews,

We have received your referral in respect of
Shirley Young, 6 The Loaning, Lanark.
who has been contacted and offered an appointment.

Yours sincerely,
Penny Mitchell (pp. C.C.H.D.P.) 13/9/98 (Date)

FILE ☑ NOTES ☐ PRESCRIPTION ☐

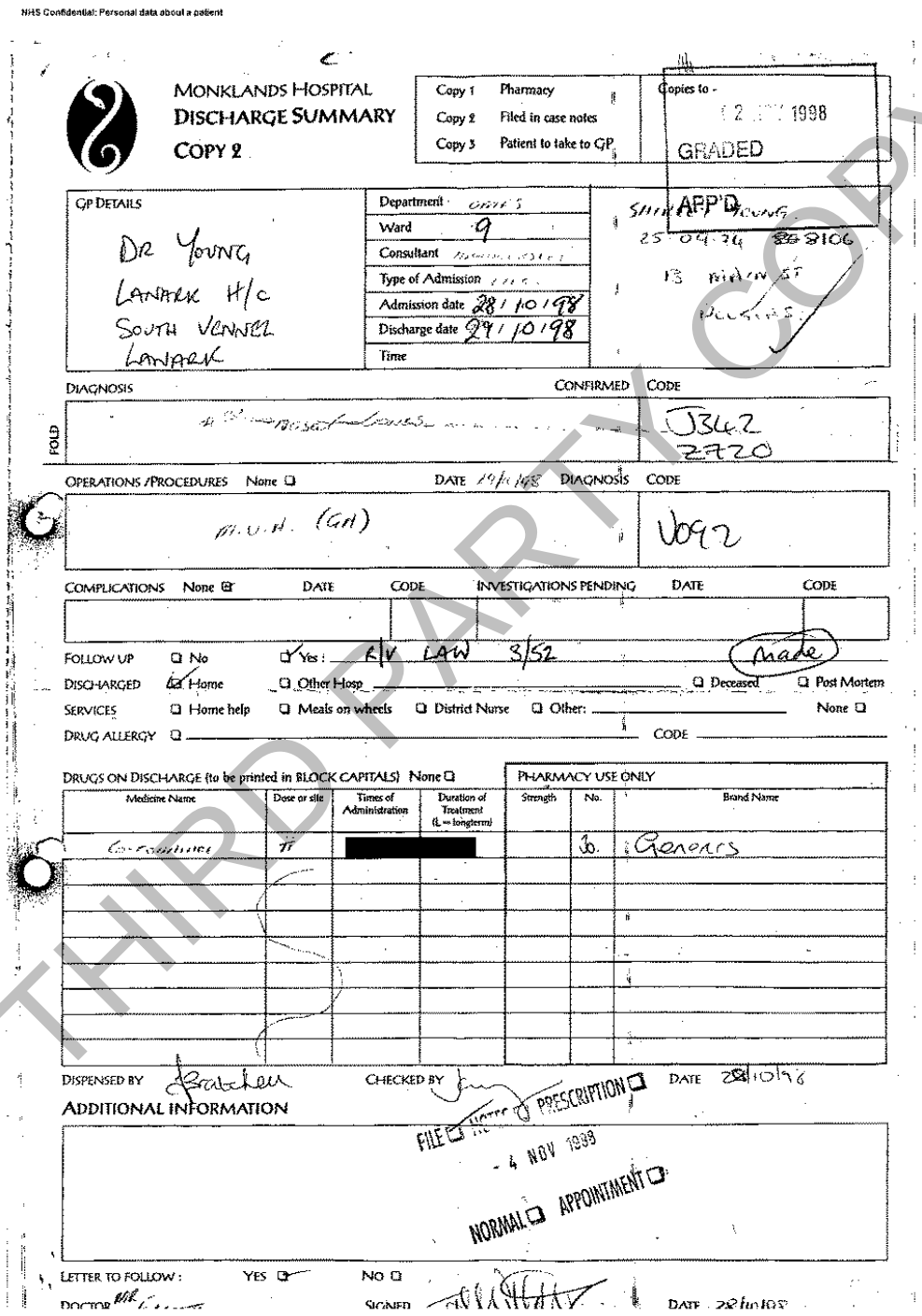
17 SEP 1998

NORMAL ☐ APPOINTMENT ☐

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MONKLANDS HOSPITAL
DISCHARGE SUMMARY
COPY 2

		Copies to -
Copy 1	Pharmacy	
Copy 2	Filed in case notes	
Copy 3	Patient to take to GP	GRADED

GP DETAILS
Dr Young
Lanark H/c
South Vennel
Lanark

Department
Ward 9
Consultant
Type of Admission
Admission date 28/10/98
Discharge date 29/10/98
Time

APP'D
25 04 36 86106

DIAGNOSIS — CONFIRMED — CODE
J342
2720

FOLD

OPERATIONS /PROCEDURES None ☐ — DATE 29/10/98 — DIAGNOSIS CODE
M.U.H. (GA) — V092

COMPLICATIONS None ☒ — DATE — CODE
INVESTIGATIONS PENDING — DATE — CODE

FOLLOW UP ☐ No ☑ Yes: R/V LAW 3/52 Made
DISCHARGED ☒ Home ☐ Other Hosp ☐ Deceased ☐ Post Mortem
SERVICES ☐ Home help ☐ Meals on wheels ☐ District Nurse ☐ Other: None ☐
DRUG ALLERGY ☐ CODE

DRUGS ON DISCHARGE (to be printed in BLOCK CAPITALS) None ☐

PHARMACY USE ONLY

Medicine Name	Dose or site	Times of Administration	Duration of Treatment (L = longterm)	Strength	No.	Brand Name
Co-Fluampicil	1T	[redacted]			16	Generics

DISPENSED BY — CHECKED BY — DATE 29/10/98

ADDITIONAL INFORMATION

FILE ☐ LETTER TO PRESCRIPTION ☐
- 4 NOV 1998
NORMAL ☐ APPOINTMENT ☐

LETTER TO FOLLOW: YES ☒ NO ☐
DOCTOR — SIGNED — DATE 29/10/98

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Law HOSPITAL NHS

MICROBIOLOGY REPORT

SOUTH LANARKSHIRE LABORATORY SERVICES LAW HOSPITAL

Name: YOUNG Shirley F
Date of Birth: 25/09/1974
Patient Reference:
Requesting Dr: LANARK HEALTH CENTRE SOUTH VENNEL LANARK
Consultant/G.P.: J I YOUNG
Date of collection: 08/10/99 1702h
Date and time received: 08/10/99 17:02h
Laboratory Reference: 9100884351
Clinical Information:

SPECIMEN URINE

URINE MICROSCOPY
Wbc Nil seen.
Rbc Nil seen.

Culture.....No Growth

Please specify whether MSU or CSU

FILE ☑ NOTES ☐ PRESCRIPTION ☐
11 OCT 1999
NORMAL ☑ APPOINTMENT ☐

FOR INTERPRETATION OR DISCUSSION OF RESULTS
CONTACT DUTY MICROBIOLOGIST VIA TEL 01698 361100

Date of report: 09/10/99 10H24M

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MONKLANDS HOSPITAL

TRUST

Monklands Hospital • Monkscourt Avenue • Airdrie • Lanarkshire ML6 0JS
Telephone 01236 748 748 • Facsimile 01236 760 015

Admitted	Discharged	Ward	Age	Hospital No.
28.10.98	29.10.98	9	24	2509748106

Dist. of Letter	DR YOUNG HEALTH CENTRE SOUTH VENNEL LANARK	Follow Up	YES
		Patient's details	SHIRLEY YOUNG 13 MAIN STREET DOUGLAS

	Principle Diagnosis and any other complicating illness	ICD Code	Poisoning - Substances Taken	
1	FRACTURED NASAL BONES			
2				
3			2	
4			3	
5				
6				

Histology	Tumour	Type	External Cause Of Injury

Operation: MUA of fractured nasal bones

Your patient was admitted to Ward 9, Monklands Hospital on 28 October 1998. Under general anaesthesia the above procedure was performed. Your patient was discharged home the following day. An appointment has been arranged for review in the Outpatient Clinic in 3 weeks time at Law Hospital, Carluke.

Yours sincerely

JOHN ELLIOT
S.H.O. IN ORAL AND MAXILLOFACIAL SURGERY

FILE ☑ NOTES ☐ PRESCRIPTION ☐
4 DEC
NORMAL ☐ APPOINTMENT ☐

GEMINI

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Law HOSPITAL
NHS Trust

Carluke
Lanarkshire
ML8 5ER

Tel: (01698) 361100
Fax: (01698) 376671

Our Ref.:- SA/LE360647B

If phoning ask for :- Ext 2643

Clinic : Friday, 20 November 1998 Typed : 23 November 1998

Dr J Young
Health Centre
South Vennel
LANARK ML11 7JT

Dear Dr Young

SHIRLEY YOUNG - 25 9 74 - 13 MAIN STREET DOUGLAS

Your patient was admitted to Monklands District General Hospital with fractured nasal bones. She was taken to Theatre and under general anaesthesia the nasal bones were manipulated.

The patient has been reviewed and the nose appears to be fairly straight. The cuts to the nose and upper lip appear to be healing bur unfortunately they were found to be tattooed.

I have made arrangements to review her in 6 months time. We may have to revise the scars and carry out rhinoplasty to improve the shape of the nose.

Yours sincerely

S Adjei
Associate Specialist in Oral & Maxillofacial Surgery

FILE ☐ NOTES ☐ PRESCRIPTION ☐
10 DEC 1998
NORMAL ☐ APPOINTMENT ☐

No. 2

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National Health Service Number

MOUNT SHEET

X-RAY AND PATHOLOGY INVESTIGATIONS

Surname (Block Letters): Young

Forenames (Block Letters): SHIRLEY

Address

Date of Birth: 25/9/74

10
9
8
6
5

Lanarkshire Hospitals

BIOCHEMISTRY REPORT

SOUTH LANARKSHIRE LABORATORY SERVICES

Name: YOUNG Shirley F
Date of Birth: 25/09/1974
Patient Reference:
Report To: DOUGLAS SURGERY 71 AYR ROAD DOUGLAS
Consultant/G.P.: Not given
Date and time of specimen: 04/11/99 0000h
Date and time received: 04/11/99 14:09h
Laboratory Reference: 9110409246
Clinical Information: pregnant 1st a/n

Plasma Glucose	* 3.8	mmol/L	(4.0 to 7.8)

	S	K	R	F
DOCTOR				
TELL PATIENT OK				
TELL PATIENT RPT. TEST				
TELL PATIENT SEE DR.				
PICK UP SCRIPT				
FILE IN PATIENTS NOTES				

FOR 35

FOR EXPLANATORY NOTES PLEASE SEE OVER
ALL ENQUIRIES CONTACT "THE DUTY BIOCHEMIST" TEL: 01698 361100

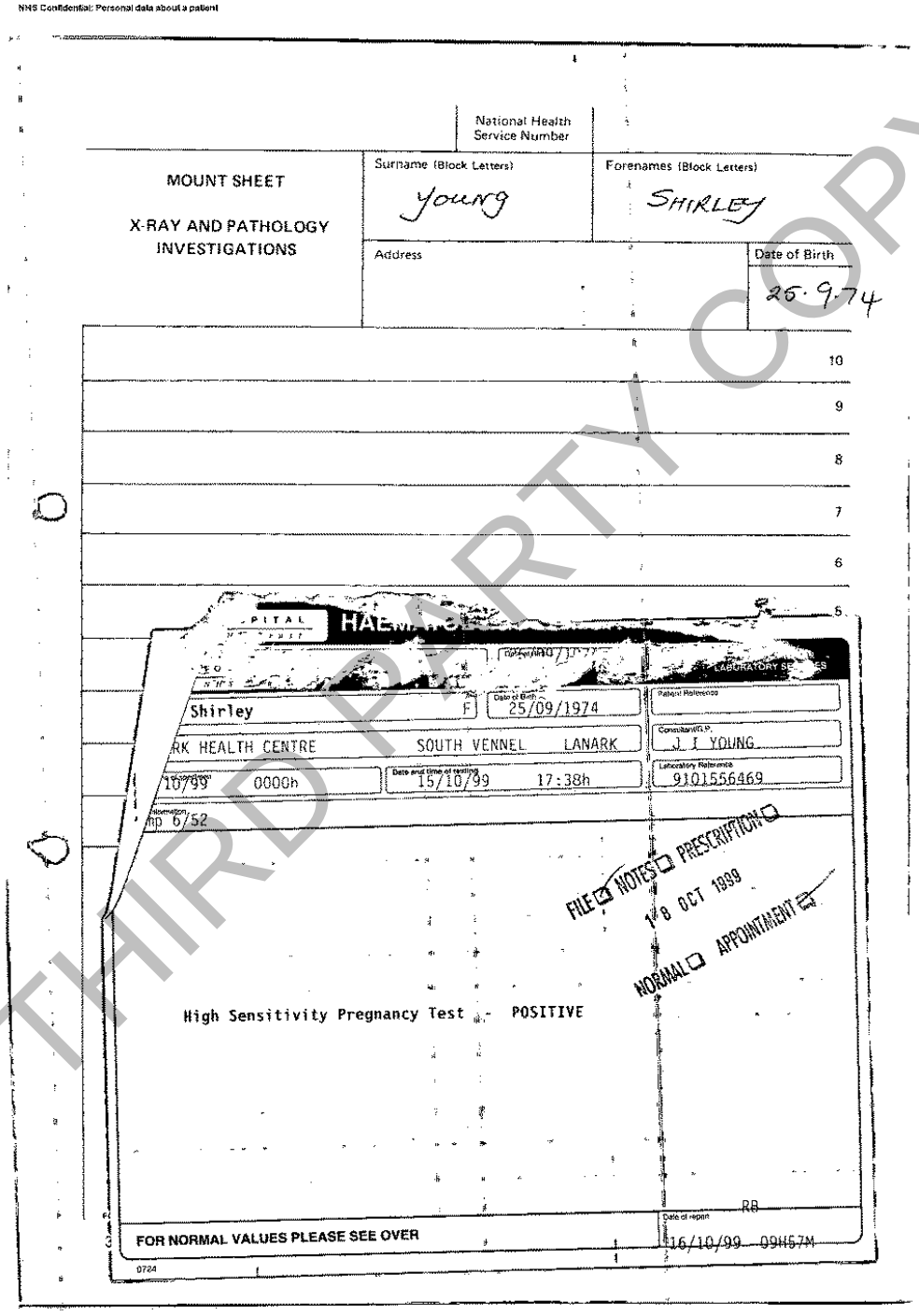
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Date of report: 04/11/99 14H59M

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National Health Service Number

MOUNT SHEET

X-RAY AND PATHOLOGY INVESTIGATIONS

Surname (Block Letters): Young

Forenames (Block Letters): SHIRLEY

Address

Date of Birth: 26.9.74

10
9
8
7
6
5

HAEMATOLOGY

LABORATORY SERVICES

Shirley F Date of Birth 25/09/1974 Patient Reference

RK HEALTH CENTRE SOUTH VENNEL LANARK Consultant/G.P. J I YOUNG

10/99 0000h Date and time of testing 15/10/99 17:38h Laboratory Reference 9101556469

mp 6/52

FILE ☒ NOTES ☐ PRESCRIPTION ☐

18 OCT 1999

NORMAL ☐ APPOINTMENT ☒

High Sensitivity Pregnancy Test - POSITIVE

RB

FOR NORMAL VALUES PLEASE SEE OVER

Date of report 16/10/99 09H57M

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Our Ref: RJF/NB

4th November, 1999.

Dr. G. Ofili,
Consultant Obstetrician,
[redacted] Smellie Maternity Unit,
Law Hospital,
CARLUKE
ML8 5ER

Dear Dr. Ofili,

MISS SHIRLEY YOUNG (02.05.74)
2 ELMBANK DRIVE, [redacted] LANARK ML11 OQR

This 25 year old young lady has recently joined our practice list. She attended surgery today announcing that she was pregnant. She has had a positive pregnancy test and her last menstrual period was some time in August. She could not be more specific than this.

In the past she has had two terminations of pregnancy, but nil else. She has no past medical history of note, and no family history of note. She does smoke cigarettes and has, in the past, abused recreational drugs, such as Ecstacy and Cannabis. I don't think she is doing this any longer. She does not take alcohol, and she is on no medication. Her only problems in the past appear to be anxiety and depression, partly related to a fairly traumatic childhood and she has also suffered from migrainous-type headaches.

On examination today her blood pressure was 70/30. She looked very anxious in the surgery and then declined to allow me to examine her at all. She also declined having her bloods taken. I explained to her that pregnancy was a physiological and normal process, but that blood tests were important, explaining each test and why they were done. She still declined to have her bloods taken at that moment in time. She couldn't really explain why. She seemed to feel uncomfortable about visiting our practice for some reason. I have never met this girl before and find it difficult to explain why she feels "uncomfortable about [redacted] Doctors", as she put it.

I have advised Shirley to attend the next ante-natal clinic, and I hope she does, and suggested that perhaps as she really didn't want us to do her bloods, that it could be done at the Lanark ante-natal clinic. She said she would see how she felt when she attended your clinic at Lanark.

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Page 2:

Shirley is obviously a fairly troubled young lady. I think she has had a lot of problems in the past. I think she is probably very vulnerable. She is completely unsure about her dates.

I would be grateful if you could see her quite soon especially in view of her reluctance to allow us to carry out booking bloods etc., and also to try and establish dates as she wouldn't allow me to palpate her uterus.

Yours sincerely,

DR. [redacted] J. FLOWERDEW

PS: Our Midwife, [redacted] [redacted] managed to get blood from Shirley on 4th November and a copy of the results will be sent to [redacted] Smellie Unit.

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Hospital use Only	Clinic	Day Date	Time	Hospital No.	GPFH112B

Ambulance/Transport Required: Yes/No Sitting/Stretcher

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ [redacted] ☐ Urgent ☐

Hospital **LAW** Date **22/10/99** CHS

Please arrange for this patient to [redacted] the **WM. SMELLIE UNIT** Clinic of Dr / Mr

Patient's Surname **YOUNG** Maiden Surname

First Names **SHIRLEY** Single/Married/Widowed/Other

Address **2 ELMBANK DRIVE,** Date of Birth **25.9.74**
[redacted] Patients' Occupation

Postal Code Contact Telephone number HB of residence

Has the patient attended hospital before? YES / NO If "YES" please state

Name of Hospital **LAW**

Hospital number **360647B** Year of attendance **1998**

If the patient's name and / or address has/ have changed since then please give details

13 Main Street, [redacted]

Can patient attend at short notice? YES / NO

If YES, minimum notice required days

Name address and telephone number MEDICAL PRACTITIONER

THE LANARK DOCTORS
THE HEALTH CENTRE
SOUTH VENNEL
LANARK
ML11 7JT

TEL NUMBER: 01555 665522

G.P. FUNDHOLDER GP's Code Practice Code **62238**
Contract Number

I would be grateful for your (1) diagnosis and advice on ☐ (2) diagnosis and treatment of ☐ the above named patient. A brief outline of history, symptoms and signs is given below.
Dear Doctor,

Thank you for seeing this young girl who is pregnant for the third time in fact. She has had two previous terminations. Her LMP she thinks was about the beginning of August and a PD was positive on the 15th October. Her cycle is usually about 7/28-35. There is no family history of note. The relationship hasn't lasted so she will be on her own but she wishes to continue with the pregnancy.

Yours sincerely,

DR. J. YOUNG

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RM/JM

23 August 1999

Clydesdale Counselling & Human Development Project,
41 South Vennel,
Lanark.

Dear Sir/Madam,

Miss Shirley Young, d.o.b. 25.9.74
2 Elmbank Drive, [redacted]

Thank you for seeing this 24 year old lady with symptoms of chronic general anxiety. She says she attended at the end of 1998 for several sessions but defaulted. However, we don't have any record of this in her notes.

I would be grateful if you could send for her.

Yours sincerely,

DR. R. MASCARENHAS

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ST. [redacted] HOSPITAL
CARSTAIRS ROAD
LANARK
ML11 7JU

[redacted] of [redacted] of St. [redacted]
Registered [redacted]

Telephone: 01555 662393
Fax No.: 01555-664166

Miss Shirley Young
5 [redacted] Way
LANARK
ML11 7DA

6 November 1998

Dear Miss Young

Thank you for your Doctor's Certificates, unfortunately the certificate dated 20 October for two weeks is invalid as you worked 26 & 27 October and signed your timesheet taking your public holiday on 30 October. To cover your sick leave I will require a self certificate to cover you from 21 October to 25 October and a doctor's certificate to cover you from 31 October to 4 November.

I have returned your certificate as you have not completed the the back, please do so and return to me with the other forms as soon as possible.

Yours sincerely,

Annalee Welsh
Assistant Administrator

Enc.

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LABORATORY SERVICES
LAW HOSPITAL

Name		Date of Birth	Patient Reference
YOUNG Shirley	F	25/09/1974	
Report To			**Consultant/G.P.**
DOUGLAS SURGERY	71 AYR ROAD DOUGLAS		Not given
Date and time of specimen	**Date and time received**		**Laboratory Reference**
04/11/99 1619h	04/11/99 16:19h		9110490026

Clinical Information

Rubella EIA IgG.....Immune (>15iu/ml)
Syphilis EIA IgG/M.....Negative

DOCTOR	S	K	R	F
TELL PATIENT OK				
TELL PATIENT RPT. TEST				
TELL PATIENT SEE DR.				
PICK UP SCRIPT				
FILE IN PATIENTS NOTES			✓	

FOR INTERPRETATION OR DISCUSSION OF RESULTS
CONTACT DUTY MICROBIOLOGIST VIA TEL 01698 361100

Date of report: 13/11/99 11H06M

0723

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GLASGOW & WEST OF SCOTLAND
BLOOD TRANSFUSION SERVICE
Law Hospital, Carluke, Lanarkshire ML8 5ES
Tel. 01698 373315 Fax. 01698 356770

IMMUNOHAEMATOLOGY — SNBTS Patient Ref.No. 6099318 — LABORATORY REPORT

SURNAME	YOUNG	SPECIMEN No.	1274031
FIRST NAME	SHIRLEY	DATE RECEIVED	09/11/1999 09:04
D.O.B.	25/09/1974	DATE REPORTED	09/11/99
REQUESTED BY:	Dr. [redacted]	HOSPITAL No.	

RESULTS

ABO + Rh D	RHESUS PHENOTYPE	ANTIBODY SCREEN	DIRECT ANTIGLOBULIN TEST
O Positive		Negative	

COMMENTS

HAEMATOLOGY REPORT
HCT 40.7 x10^9/L
HB 15.0 g/dL
MCV 0.405 fL
PLT 99.4 g/dL
MCHC 33.1 x10^9/L
WBC 7.8 x10^9/L
RBC 3.95 x10^9/L
FILM

DOCTOR	S	K	R	F
TELL PATIENT OK				
TELL PATIENT RPT. TEST				
TELL PATIENT SEE DR.				
PICK UP SCRIPT				
FILE IN PATIENTS NOTES				

Syphilis Screen: Negative

REPORT TO
Dr. SCOTT
73 AYR ROAD
[redacted]
ML11 0PX

COPIED TO
73 AYR ROAD
[redacted]
LANARKSHIRE
ML11 0PX

AUTHORISING SIGNATURE Chris

GLASGOW & WEST OF SCOTLAND
BLOOD TRANSFUSION SERVICE
Law Hospital, Carluke, Lanarkshire ML8 5ES
Tel. 01698 373315 Fax. 01698 356770

IMMUNOHAEMATOLOGY REPEAT REQUEST

LAB USE ONLY
AFFIX BARCODE
DATE REC'D

SURNAME	YOUNG		
FIRST NAME	SHIRLEY	D.O.B.	25/09/1974
ADDRESS	2 ELMBANK DR DOUGLAS		

HOSPITAL No.
SNBTS No: 6099318

COMMENTS
Group ABO/Rh(D): O Positive
Last Irregular Antibody Screen: Negative

SAMPLE TAKEN BY DATE

PLEASE AMEND REPEAT REQUEST INFORMATION AS REQUIRED

REPORT TO BE [redacted] TO

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Law HOSPITAL NHS Trust

MICROBIOLOGY REPORT

LABORATORY SERVICES
LAW HOSPITAL

Name: YOUNG Shirley	F	Date of Birth: 25/09/1974	Patient Reference:
Report To: DOUGLAS SURGERY	71 AYR ROAD [redacted]		Consultant/G.P.: I M KANE
Date and Time of Specimen: 15/11/99 1422H	Date and time received: 15/11/99 14:22		Laboratory Reference: 9111591634

Clinical Information

SPECIMEN MSSU

URINE MICROSCOPY
Wbc Nil seen.
Rbc Nil seen.

Culture.....No Growth

DOCTOR	S	K	R	F
TELL PATIENT OK	✓			
TELL PATIENT RPT. TEST				
TELL PATIENT SEE DR.				
PICK UP SCRIPT				
FILE IN PATIENTS NOTES		✓		

This copy to I M [redacted] as requested by U G OFILI

FOR INTERPRETATION OR DISCUSSION OF RESULTS
[redacted] DUTY MICROBIOLOGIST VIA TEL 01698 361100

Date of report: 16/11/99 10H24M

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Lanarkshire Acute Hospitals NHS Trust

Law Hospital
Carluke, Lanarkshire, ML8 5ER
Phone 01698-361100
Fax 01698-376671

Our Ref.: UGO/GP/360647B

If phoning ask for :- Ext 4373 (Obstetric Secretary)

16 November 1999

Dr I [redacted]
71 Ayr Road
[redacted]
ML11 0PX

Dear Dr [redacted]

~~SHIRLEY YOUNG (25/9/74) 2 ELMBANK DRIVE, [redacted]~~

Thank you for your letter about this lady who has been booked for shared ante-natal care.

She is about eleven weeks advanced in this pregnancy and all seems to be progressing well. She wishes serum screening for neural tube defects or Down's Syndrome and has been advised to attend the surgery at 15 weeks.

Further ante-natal review is scheduled for 30 weeks.

Yours sincerely

U G OFILI
CONSULTANT OBSTETRICIAN

P.S. A detailed scan has been arranged for her at about 20 weeks gestation

DOCTOR	S	K	R	F
TELL PATIENT OK				
TELL PATIENT RPT. TEST				
TELL PATIENT SEE DR.				
PICK UP SCRIPT				
FILE IN PATIENTS NOTES				

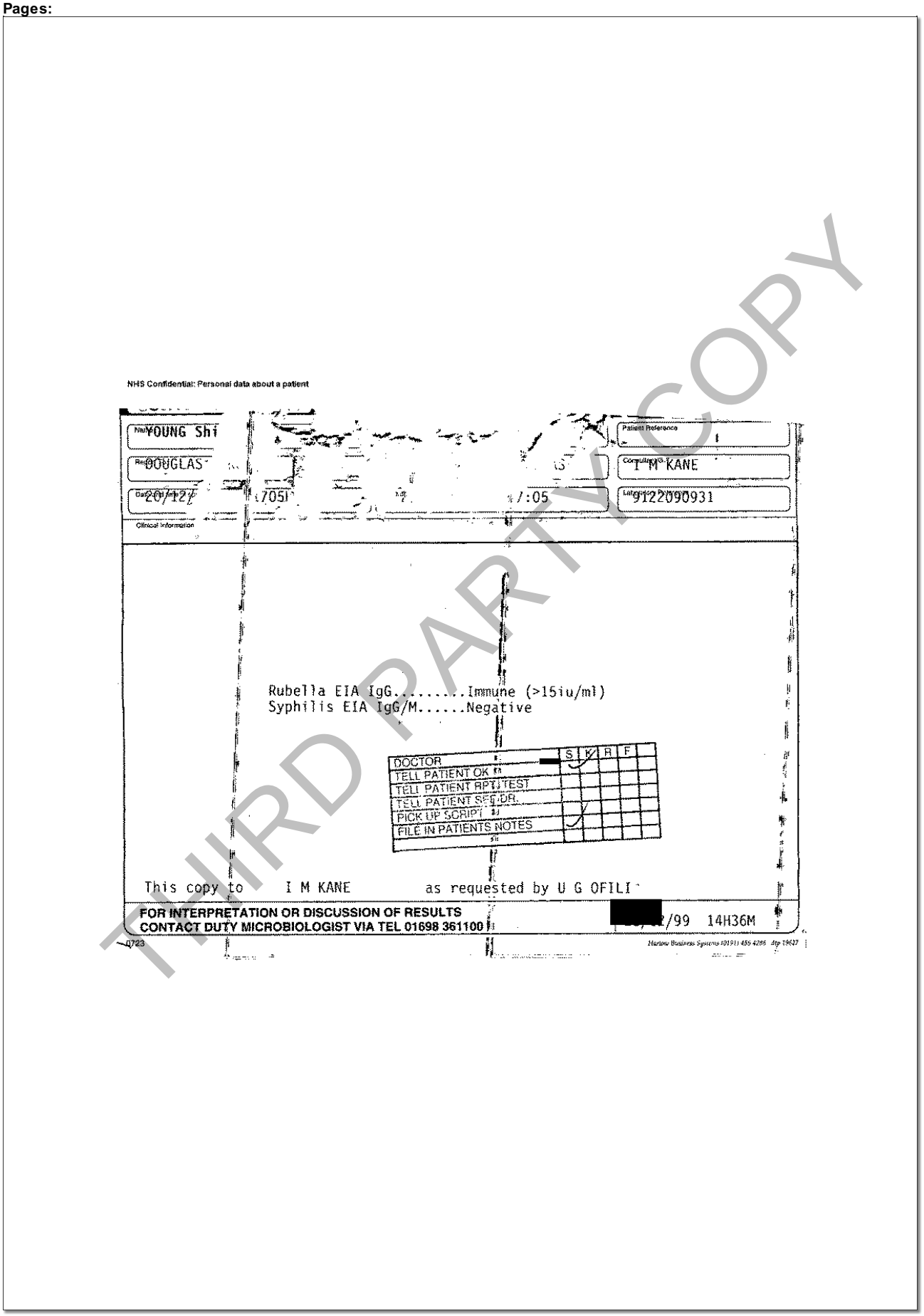
Bellshill Hairmyres Law Monklands Stonehouse Hospitals

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YOUNG Shi

DOUGLAS

I M KANE

9122090931

Clinical Information

Rubella EIA IgG.....Immune (>15iu/ml)
Syphilis EIA IgG/M.....Negative

DOCTOR	S	V	R	F
TELL PATIENT OK				
TELL PATIENT RPT TEST				
TELL PATIENT SEE DR				
PICK UP SCRIPT				
FILE IN PATIENTS NOTES				

This copy to I M KANE as requested by U G OFILI

FOR INTERPRETATION OR DISCUSSION OF RESULTS
CONTACT DUTY MICROBIOLOGIST VIA TEL 01698 361100

[redacted]/99 14H36M

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Name: YOUNG Shirley F | Date of Birth: 25/09/1974 | Patient Reference: 000360647B

Report To: DOUGLAS SURGERY 71 AYR ROAD DOUGLAS | Consultant/G.P.: I M KANE

Date and time of specimen: 08/05/00 1443H | Date and time received: 08/05/00 14:43 | Laboratory Reference: 0050893525

Clinical Information

SPECIMEN MSSU

URINE MICROSCOPY

Wbc Nil seen.

Rbc Nil seen.

Culture.....No Growth

DOCTOR	S	K	R	F
TELL PATIENT OK				
TELL PATIENT RPT. TEST				
TELL PATIENT SEE DR.		✓		
PICK UP SCRIPT				
FILE IN PATIENTS NOTES	✓			

This copy to I M KANE as requested by U G OFIUI

FOR INTERPRETATION OR DISCUSSION OF RESULTS
CONTACT DUTY MICROBIOLOGIST VIA TEL 01698 361100

Date of report: 09/05/00 10H24M

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Our Ref: IMK/NB

7th February, 2000.

Miss Shirley Young,
c/o Moreland,
Ayr Road,
GLESPIN,
Lanark
ML11 OSF

Dear Shirley,

I have received a letter from the Optician, who recently examined you at Lanark.

As I am sure she told you, she found some abnormalities in the right eye which are probably not very important, but which she feels should be investigated further.

I would be very grateful if you could arrange to see me in the surgery sometime so that I can check things out myself. I think I may have to refer you to the Eye Specialist at Law Hospital for further tests, but it is unlikely that there is anything very seriously wrong.

I would be grateful if you could bring a sample of urine with you when you come.

I look forward to seeing you in the surgery in the fairly near future.

With best wishes.

Yours sincerely,

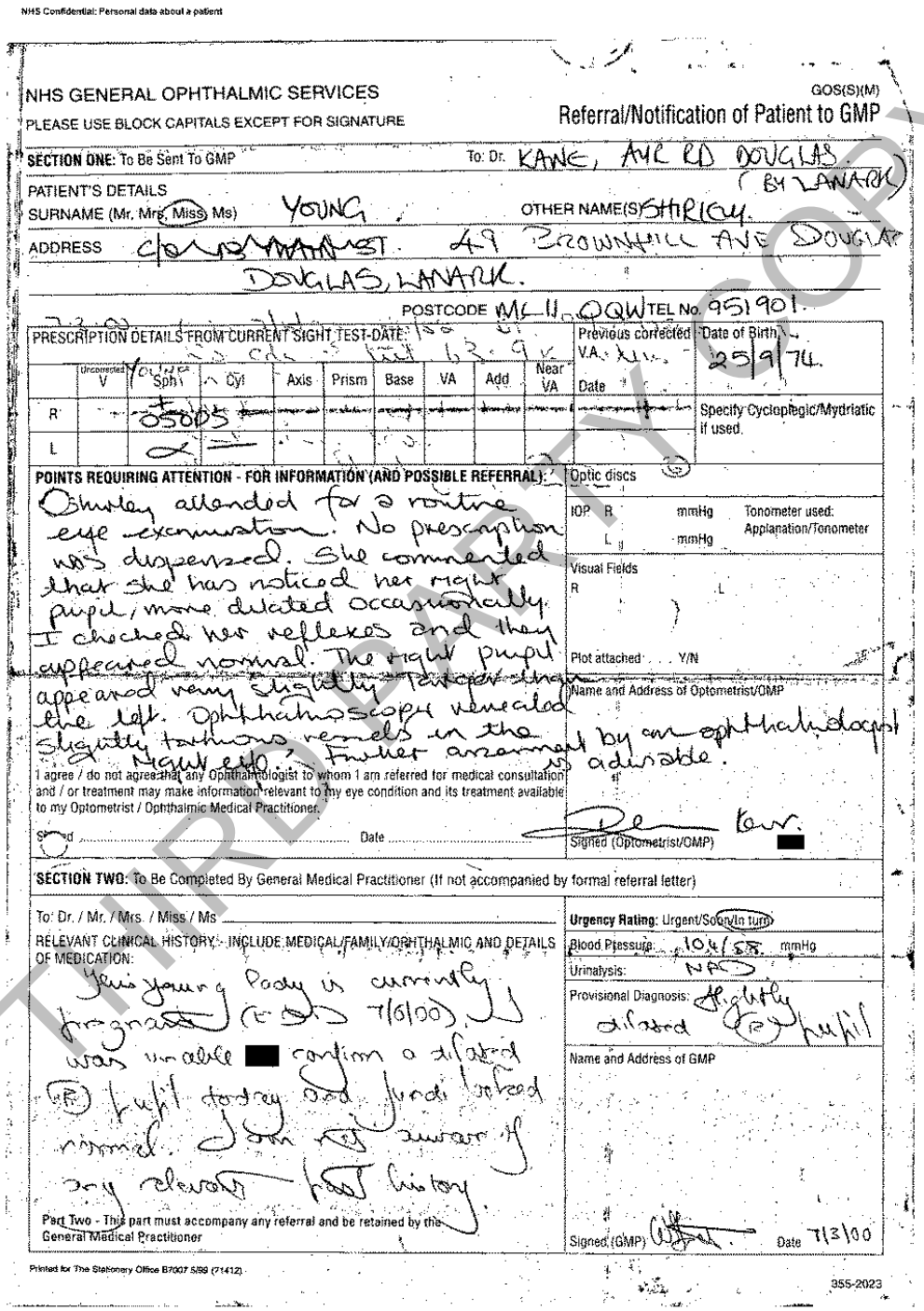
Referred 7/3/00

Dr. I. M. [redacted]

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NHS GENERAL OPHTHALMIC SERVICES

PLEASE USE BLOCK CAPITALS EXCEPT FOR SIGNATURE

GOS(S)(M)

Referral/Notification of Patient to GMP

SECTION ONE: To Be Sent To GMP

To: Dr. KANE, AVE RD DOUGLAS (BY LANARK)

PATIENT'S DETAILS

SURNAME (Mr, Mrs, Miss, Ms) YOUNG OTHER NAME(S) SHIRLEY.

ADDRESS C/O BRANDIST. 49 BROWNHILL AVE DOUGLAS DOUGLAS, LANARK.

POSTCODE ML11 0QW TEL No. 951901.

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST-DATE: 15 6 99

	Uncorrected V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R		+050DS							
L		PLANO							

Previous corrected V.A. Date

Date of Birth 25/9/76.

Specify Cycloplegic/Mydriatic if used.

POINTS REQUIRING ATTENTION - FOR INFORMATION (AND POSSIBLE REFERRAL):

Shirley attended for a routine eye examination. No prescription was dispensed. She commented that she has noticed her right pupil more dilated occasionally. I checked her reflexes and they appeared normal. The right pupil appeared very slightly larger than the left. Ophthalmoscopy revealed slightly tortuous vessels in the N and W fields. Further assessment by an ophthalmologist advisable.

Optic discs

IOP R mmHg L mmHg Tonometer used: Applanation/Tonometer

Visual Fields R L

Plot attached Y/N

I agree / do not agree that any Ophthalmologist to whom I am referred for medical consultation and / or treatment may make information relevant to my eye condition and its treatment available to my Optometrist / Ophthalmic Medical Practitioner.

Signed Date

Name and Address of Optometrist/OMP

Signed (Optometrist/OMP) [redacted]

SECTION TWO: To Be Completed By General Medical Practitioner (If not accompanied by formal referral letter)

To: Dr. / Mr. / Mrs. / Miss / Ms

RELEVANT CLINICAL HISTORY - INCLUDE MEDICAL/FAMILY/OPHTHALMIC AND DETAILS OF MEDICATION:

This young lady is currently pregnant (EDD 7/6/00). I was unable [redacted] confirm a dilated (R) pupil today and fundi looked normal. I am not aware of any relevant past history.

Urgency Rating: Urgent/Soon/In turn

Blood Pressure 104/58 mmHg

Urinalysis: NAD

Provisional Diagnosis: Slightly dilated (R) pupil

Name and Address of GMP

Signed (GMP) Date 7/3/00

Part Two - This part must accompany any referral and be retained by the General Medical Practitioner

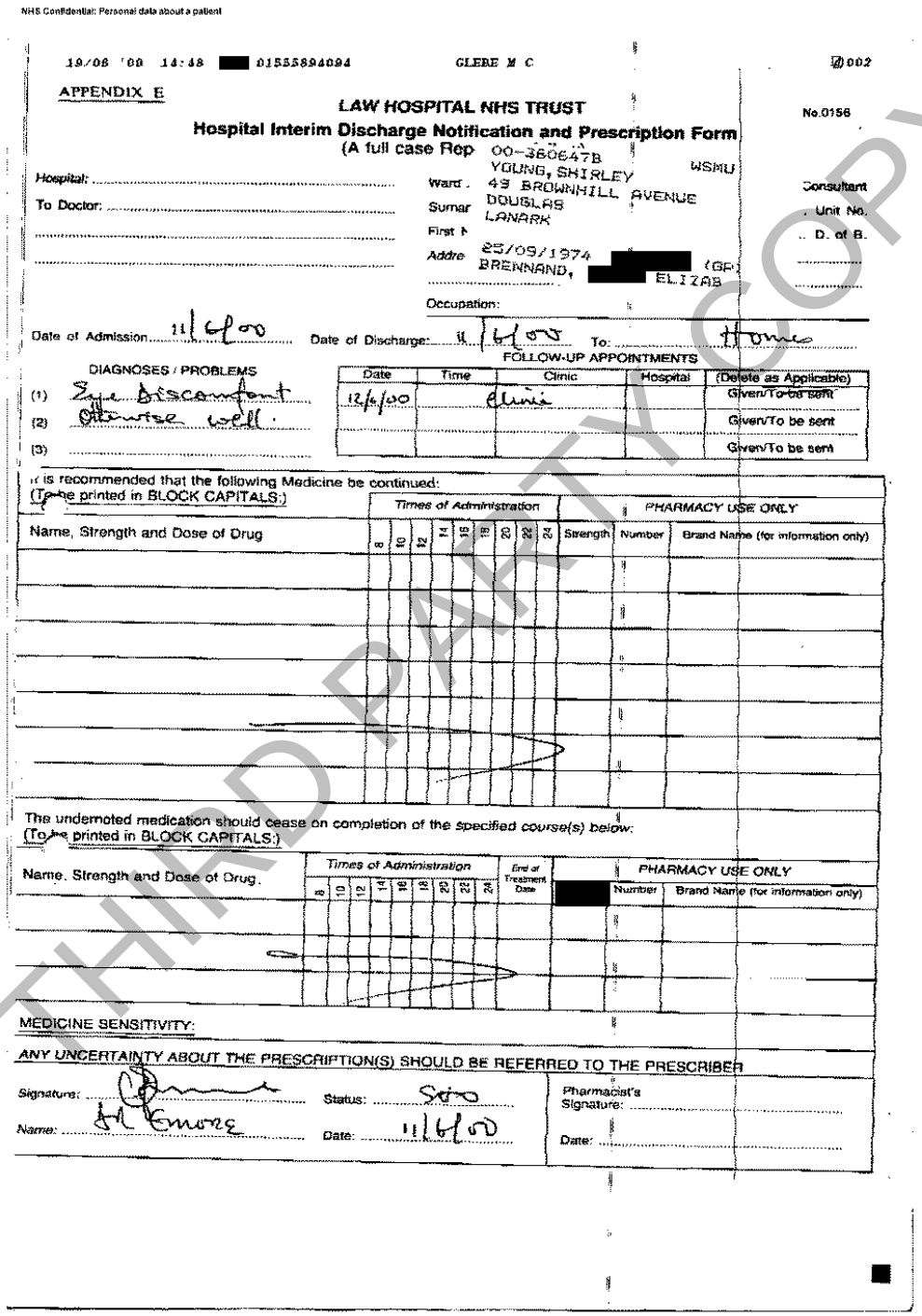
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19/08 '00 14:48 [redacted] 01555894094 GLEBE M C 002

APPENDIX E

LAW HOSPITAL NHS TRUST

Hospital Interim Discharge Notification and Prescription Form
(A full case Rep

No.0156

Hospital:
To Doctor:

00-380647B
YOUNG, SHIRLEY WSMU
Ward . 49 BROWNHILL AVENUE
Consultant
Surnar DOUGLAS
. Unit No.
First N LANARK
.. D. of B.
Addre 25/09/1974
BRENNAND, [redacted] (GP:
ELIZAB
Occupation:

Date of Admission 11/4/00 Date of Discharge: 11/4/00 To: Home

DIAGNOSES / PROBLEMS
(1) Eye discomfort
(2) Otherwise well.
(3)

FOLLOW-UP APPOINTMENTS

Date	Time	Clinic	Hospital	(Delete as Applicable)
12/4/00		clinic		Given/To be sent
				Given/To be sent
				Given/To be sent

It is recommended that the following Medicine be continued:
(To be printed in BLOCK CAPITALS:)

Name, Strength and Dose of Drug	Times of Administration 8 10 12 14 16 18 20 22 24	PHARMACY USE ONLY Strength	Number	Brand Name (for information only)

The undernoted medication should cease on completion of the specified course(s) below:
(To be printed in BLOCK CAPITALS:)

Name, Strength and Dose of Drug	Times of Administration 8 10 12 14 16 18 20 22 24	End of Treatment Date	PHARMACY USE ONLY [redacted]	Number	Brand Name (for information only)

MEDICINE SENSITIVITY:

ANY UNCERTAINTY ABOUT THE PRESCRIPTION(S) SHOULD BE REFERRED TO THE PRESCRIBER

Signature: [redacted] Status: SHO
Name: H L Emonze Date: 11/4/00

Pharmacist's Signature:
Date:

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Law HOSPITAL NHS Trust

BIOCHEMISTRY REPORT

SOUTH LANARKSHIRE LABORATORY SERVICES

Name	Date of Birth	Patient Reference
YOUNG Shirley F	02/05/1974	

Report To	Consultant/G.P.
DOUGLAS SURGERY 71 AYR ROAD DOUGLAS	R J FLOWERDEW

Date and time of specimen	Date and time received	Laboratory Reference
25/05/00 1407h	25/05/00 14:07h	0052520304

Clinical Information
GLYCOSURIA 38/40 A/NATAL

Plasma Glucose (3HPP)	4.9	mmol/L	(4.0 to 7.8)

DOCTOR	S	K
TELL PATIENT OK		
TELL PATIENT RPT. TEST		
TELL PATIENT SEE DR.		
PICK UP SCRIPT		
FILE IN PATIENTS NOTES		

[redacted]

FOR EXPLANATORY NOTES PLEASE SEE OVER
ALL ENQUIRIES CONTACT "THE DUTY BIOCHEMIST" TEL: 01698 361100

Date of report
25/05/00 15:40M

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APPENDIX E

LAW HOSPITAL NHS TRUST No.0156

Hospital Interim Discharge Notification and Prescription Form
(A full case Report will follow)

Hospital: WSMU
To Doctor: Kane
Douglas

Ward: WSMU
Surname: YOUNG, SHIRLEY
First Name: 49 BROWNHILL AVENUE
Address: [redacted] LANARK
Occupation:

00-360647B
25/09/1974 KANE, IM (GP)
BRENNAND, [redacted] ELIZAB

Date of Admission: 12/6/00 Date of Discharge: 18/6/00 To: AIA

DIAGNOSES / PROBLEMS
(1) SVD on 12/6/00
(2) Hb 10.2g/dl on 14/6/55
(3)

FOLLOW-UP APPOINTMENTS

Date	Time	Clinic	Hospital	(Delete as Applicable)
6/52		GP FU	TBA	Given/To be sent
				Given/To be sent
				Given/To be sent

It is recommended that the following Medicine be continued:
(To be printed in BLOCK CAPITALS:)

Name, Strength and Dose of Drug	Times of Administration 8 10 12 14 16 18 20 22 24	[redacted]	PHARMACY USE ONLY Number	Brand Name (for information only)
Tab. Ferrous Sulphate 200mg tid				

Sold Stock

The undernoted medication should cease on completion of the specified course(s) below:
(To be printed in BLOCK CAPITALS:)

Name, Strength and Dose of Drug	Times of Administration 8 10 12 14 16 18 20 22 24	End of Treatment Date	PHARMACY USE ONLY Strength	Number	Brand Name (for information only)

MEDICINE SENSITIVITY:

ANY UNCERTAINTY ABOUT THE PRESCRIPTION(S) SHOULD BE REFERRED TO THE PRESCRIBER

Signature: Amita Status: SHO (Obs & Gyn)
Name: Dr Amita Khanapure Date:

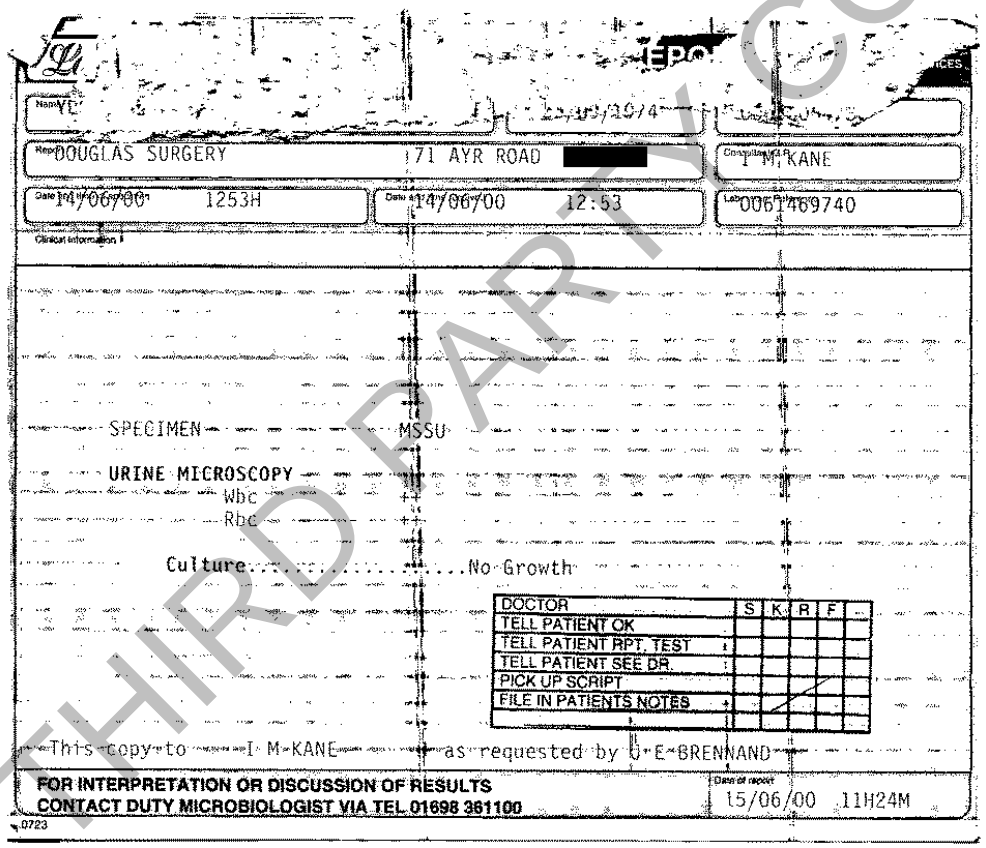
Pharmacist's Signature:
Date:

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NHS Confidential: Personal data about a patient



Name YE [redacted] 23/09/1974
Req DOUGLAS SURGERY 71 AYR ROAD [redacted] Consultant I M KANE
Date Rec'd 14/06/00 1253H Date 14/06/00 12:53 Lab No 0061469740
Clinical Information

SPECIMEN MSSU

URINE MICROSCOPY
Wbc
Rbc

Culture.....No Growth

DOCTOR	S	K	R	F	
TELL PATIENT OK					
TELL PATIENT RPT. TEST					
TELL PATIENT SEE DR.					
PICK UP SCRIPT					
FILE IN PATIENTS NOTES					

This copy to I M KANE as requested by D E BRENNAND

FOR INTERPRETATION OR DISCUSSION OF RESULTS
CONTACT DUTY MICROBIOLOGIST VIA TEL 01698 361100

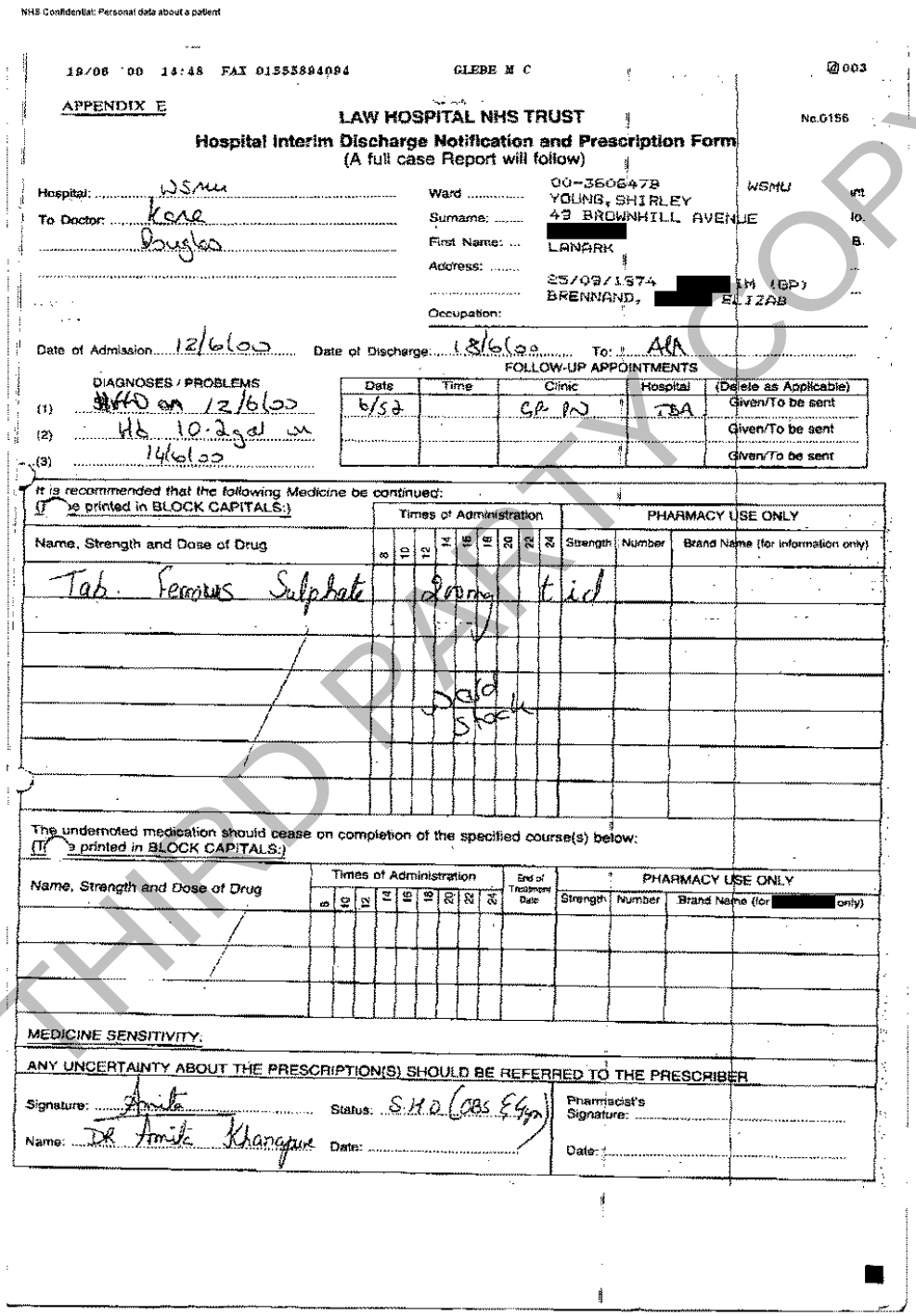
Date of report 15/06/00 11H24M

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19/06 '00 14:48 FAX 01555894094 GLEBE M C 003

APPENDIX E

LAW HOSPITAL NHS TRUST No.0156

Hospital Interim Discharge Notification and Prescription Form
(A full case Report will follow)

Hospital: WSMU
To Doctor: Kaur Douglas

Ward: WSMU
Surname: YOUNG, SHIRLEY
First Name: [redacted]
Address: 43 BROWNHILL AVENUE LANARK
Occupation:

00-3606478
25/09/1974 [redacted] IM (BP)
BRENNAND, [redacted] ELIZAB

Date of Admission: 12/6/00 Date of Discharge: 18/6/00 To: A&A

DIAGNOSES / PROBLEMS
(1) SVD on 12/6/00
(2) Hb 10.2gdl on 14/6/00
(3)

FOLLOW-UP APPOINTMENTS

Date	Time	Clinic	Hospital	(Delete as Applicable)
6/52		GP IN	TBA	Given/To be sent
				Given/To be sent
				Given/To be sent

It is recommended that the following Medicine be continued:
(To be printed in BLOCK CAPITALS.)

Name, Strength and Dose of Drug	Times of Administration 8 10 12 14 16 18 20 22 24	PHARMACY USE ONLY Strength	Number	Brand Name (for information only)
Tab. Ferrous Sulphate 200mg t.i.d				
Sold Stock				

The undernoted medication should cease on completion of the specified course(s) below:
(To be printed in BLOCK CAPITALS.)

Name, Strength and Dose of Drug	Times of Administration 8 10 12 14 16 18 20 22 24	End of Treatment Date	PHARMACY USE ONLY Strength	Number	Brand Name (for [redacted] only)

MEDICINE SENSITIVITY:

ANY UNCERTAINTY ABOUT THE PRESCRIPTION(S) SHOULD BE REFERRED TO THE PRESCRIBER

Signature: Amita
Name: Dr Amita Khanapure
Status: SHO (obs & gyn)
Date:

Pharmacist's Signature:
Date:

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F. FLOWERDEW 62510 9

LANARKSHIRE ACUTE HOSPITALS NHS TRUST
MONKLANDS HOSPITAL
Monkscourt Avenue Airdrie ML6 0JS
C.P.A. (U.K.) Accredited

Microbiology Department
Tel: (01236) 746103
Fax: (01236) 746123
MON615 99

Req Cancelled 21/11/99

Source
Dr A.J. MATHEWS
Lanark Health Centre
South Vennel
Lanark

D.O.B:25 Sep 1974 Unit No:
Sex: F Lab No: PE203677

Test :Culture and Sensitivity

Surname: YOUNG
Forename:Shirley
Address: 11 WIDE CLOSE
LANARK

Clinical Details:
Antibiotics:

Microscopy
Trichomonas vaginalis NOT seen

Sensitivity S=SENSITIVE R=RESISTANT

Culture
No Significant Growth

FILE ☑ NOTES ☐ PRESCRIPTION ☐
2 8 JUN 2000
NORMAL ☐ APPOINTMENT ☐

Comments

Collected: 23 Jun 2000 Received: 23 Jun 2000 Authorised: 26 [redacted] 2000 By SJM
AMENDED REPORT

Consultants: Dr AT Leanord/Dr T Gillespie

Specimen: HIGH VAGINAL SWAB

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USE [redacted] POINT PEN AND PRESS FIRMLY

MIDWIFERY TRANSFER REPORT
WM. SMELLIE MATERNITY UNIT

00-360647B WSMU
YOUNG, SHIRLEY,
49 BROWNHILL AVENUE
DOUGLAS
LANARK
25/09/1974 KANE, IM (GP)
BRENNAND, [redacted] ELIZAB

Taken Recalled 18/6/00

G.P.

	S	K	A	E
DOCTOR				
TELL PATIENT OK				
TELL PATIENT RET. TEST				
TELL PATIENT SEE DR.				
PICK UP SCRIPT				
FILE IN PATIENTS NOTES				

Discharged on 18/6/00 at 1300 hrs.
Delivered on 12/6/00 at 12.22 hrs.
Hospital BMH ☒ WSMH ☐ OTHER .....
Type Delivery: S.V.D. ☐ Breech ☒
C.S. ☒ F.D. ☒ HVD Other ... Failed ventouse
PLACENTA ... complete
MEMBRANES ...
BLOOD LOSS ... 300mls.
Reason for operative delivery .....
Manual removal placenta ☒ Episiotomy ☑ Transfusion ☐ ..... units
Laceration 1° ☒ 2nd° ☒ 3rd° ☒ Sutures - Yes ☑ No ☐
Hb 10.2 Day taken 3rd
Medication supplied at time of discharge - None ☐ or specify .. [redacted] sulphate 200mg tid

INFANT Live ☑ S.B. ☐ P.N.D. ☐ Length 55cms OFC 37.5cm
Sex Boy Birth Weight 3k500 Discharge Weight 3k320 Apgars 8, 9/5
Discharged ☐ Retained in Nursery ☐ Other hospital ☐ Specify .....
with [redacted]
Reason: ..... Reason: .....
Feeding: Breast ☑ Artificial ☐ [redacted] Medication No ☐ Yes ☑ Specify .....
Kaolin Inj im

BREAST FEEDS – Present frequency: Required photoTherapy
Other details: Breast feeding well on demand

Any good brand of [redacted] food will be satisfactory.
Feeding times can be as [redacted] demands – be flexible and you will find a fairly regular time table becomes established. Remember the need for careful hand washing and cleanliness in feed preparation. Most important of all pick up your [redacted] give plenty of cuddles and talk to him/her. Consult your midwife and Health Visitor about feeding changes or difficulties.

REMARKS Shirley post natally well. Baby had been transferred to SCBU on 16/6/00 for phototherapy. TSBR to be repeated on 20/6/00 in SCBU – Shirley will have PIN check done in WSMU that day.

Signature ... Susan New ... Midwife
Ward ... East wing ... Date ... 18/6/00

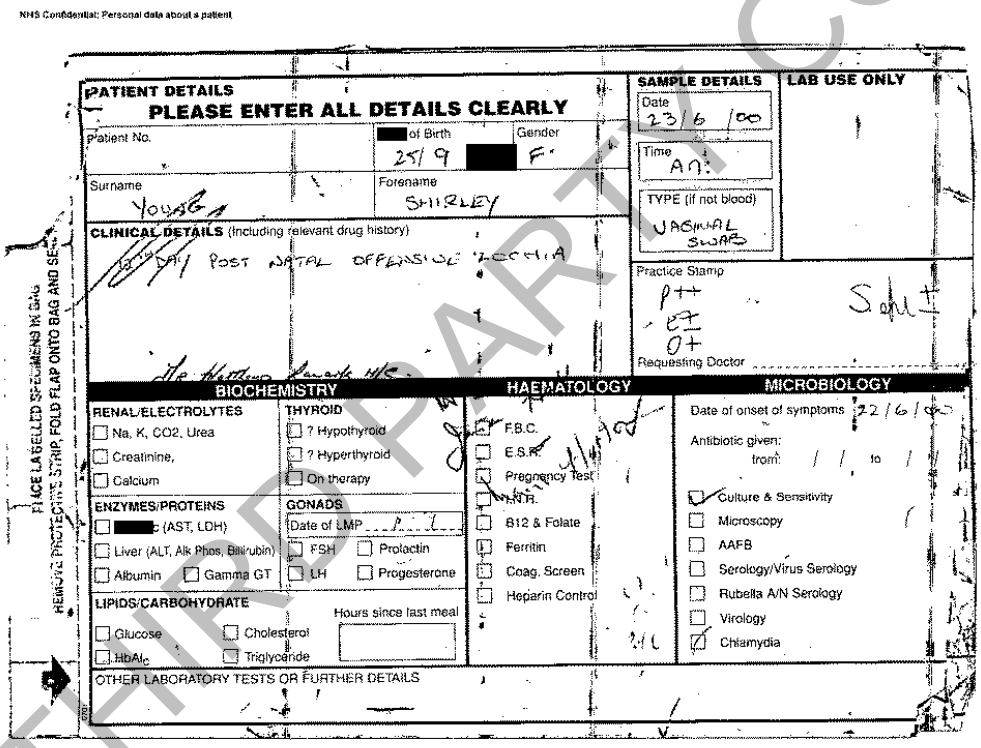
A copy of these notes goes to your family doctor. Please keep this copy for the midwife who will visit you at home. Take a note of the details for your own future reference.

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PATIENT DETAILS
PLEASE ENTER ALL DETAILS CLEARLY

Patient No. | [redacted] of Birth 25/9 | Gender [redacted] F

Surname YOUNG | Forename SHIRLEY

CLINICAL DETAILS (including relevant drug history)
12 DAY POST NATAL OFFENSIVE VAGINAL

SAMPLE DETAILS
Date 23/6/00
Time AM
TYPE (if not blood) VAGINAL SWAB

LAB USE ONLY

Practice Stamp
P++
E7
O+
Requesting Doctor

BIOCHEMISTRY
RENAL/ELECTROLYTES
☐ Na, K, CO2, Urea
☐ Creatinine,
☐ Calcium

ENZYMES/PROTEINS
☐ [redacted] (AST, LDH)
☐ Liver (ALT, Alk Phos, Bilirubin)
☐ Albumin ☐ Gamma GT

THYROID
☐ ? Hypothyroid
☐ ? Hyperthyroid
☐ On therapy

GONADS
Date of LMP
☐ FSH ☐ Prolactin
☐ LH ☐ Progesterone

LIPIDS/CARBOHYDRATE
☐ Glucose ☐ Cholesterol
☐ HbA1c ☐ Triglyceride
Hours since last meal

HAEMATOLOGY
☑ F.B.C.
☐ E.S.R.
☑ Pregnancy Test
☐ H.N.R.
☐ B12 & Folate
☑ Ferritin
☐ Coag. Screen
☐ Heparin Control

MICROBIOLOGY
Date of onset of symptoms 22/6/00
Antibiotic given:
from / / to / /
☑ Culture & Sensitivity
☐ Microscopy
☐ AAFB
☐ Serology/Virus Serology
☐ Rubella A/N Serology
☐ Virology
☑ Chlamydia

OTHER LABORATORY TESTS OR FURTHER DETAILS

PLACE LABELLED SPECIMENS IN BAG
REMOVE PROTECTIVE STRIP, FOLD FLAP ONTO BAG AND SEAL

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Law HOSPITAL NHS Trust

MICROBIOLOGY REPORT

SOUTH LANARKSHIRE LABORATORY SERVICES LAW HOSPITAL

Name		Date of Birth	Patient Reference
YOUNG Shirley	F	25/09/1974	0003606478
Report To			**Consultant**
DOUGLAS SURGERY	71 AYR ROAD DOUGLAS		R J FLOWERDEW
Date and Time of specimen	**Date and time received**		**Laboratory Reference**
31/10/00 1414h	31/10/00 14:14h		0103173883

Clinical Information

SPECIMEN Scalp Swab

CULTURE
1. Staph aureus (MRSA) +++
MRSA sensitivities available on request

SENSITIVITIES 1

FOR	S	K	R	F
PATIENT OK				
PATIENT RPT. TEST				
PATIENT SEE DR.				
SCRIPT				
IN PATIENTS NOTES				

kg)

FOR INTERPRETATION OR DISCUSSION OF RESULTS
CONTACT DUTY MICROBIOLOGIST VIA TEL 01698 361100

Date of report 03/11/00 12H27M

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Hospital use only | Clinic | Day [redacted] | Time | Hospital No. | GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital: Law Hospital | Date: 31.10.00 | CHI No. 2 5 0 9 7 4 5 2 6 3

Please arrange for the patient to attend the: Plastic Surgery clinic of Dr / Mr

Patients Name: Young | Maiden Surname

First Names: Shirley | Single / Married / Widowed / Single

Address: 49 Brownhill Avenue | Date of Birth: 25.09.74

[redacted] Lanark | Patients Occupation

Postal: ML11 OPE | Contact telephone: 01555-851488

Has the patient attended hospital before: Yes | If "yes" please

Name of Hospital: Law & WSMU

Year of: 2000 | Hospital No.: 360647B

If the patients name and/or address has/have changed since then please give details:
2 Elmbank Drive, [redacted] Lanark

Can the patient attend at short notice?

If YES, minimum notice required: days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTIONER

Dr. C. Johnman (GP Registrar)
The Surgery
69 Ayr Road
[redacted] Lanark ML11 OPX

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline history, symptoms and signs is given

Dear Doctor,

I would be grateful if you could see this 26 year old lady, who was presumably assaulted in 1994 which caused lacerations to her nose and fracture of her nasal bones with deformity. She continues to have problems breathing through her nose and she sees the ENT doctors with regards to manipulation and tells me she is due to be sent for round about Christmas for re-manipulation.

Unfortunately, although she does indeed have problems functionally with her nose, she feels her main problem is that of the cosmetic look of her nose. She has tattooing of the scars on her nose and her upper lip, and her nose does appear to be deviated still.

She has only very recently re-registered with the practice. The last letter from the ENT doctors I can find is from an Associate Specialist at Law, Dr. S. Adjei, after she had had manipulation under GA at Monklands Hospital in 1998.

I wondered if you would see this young lady to see if you can help her with the cosmetic appearance of her nose.

Yours faithfully,

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: | No. (if known)

Signature: **Dr. C. Johnman (GP Registrar)**

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Law Hospital

BIOCHEMISTRY REPORT

SOUTH LANARKSHIRE LABORATORY SERVICES

Name: YOUNG Shirley F	Date of Birth: 25/09/1974	Patient Reference: 000360647B
Report To: DOUGLAS SURGERY 71 AYR ROAD DOUGLAS		Consultant/G.P.: A LANG
Date and time of specimen: 24/11/00 1441h	Date and time received: 24/11/00 14:41h	Laboratory Reference: 0112418554

Clinical Information: anxious

Thyroxine (T4)	90	nmol/L	(55 to 148)
TSH	0.8	mU/L	(0.3 to 3.8)

DOCTOR	S	K	R	F	
TELL PATIENT OK	✓				
TELL PATIENT RPT. TEST					
TELL PATIENT SEE DR.					
PICK UP SCRIPT		✓			
FILE IN PATIENTS NOTES	✓				

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Our Ref: AEL/NB

2nd February, 2001.

Department of GU Medicine
Motherwell Health Centre
138 Windmillhill Street
MOTHERWELL
ML1 1TB

Dear Doctor,

SHIRLEY YOUNG (25.09.74)
49 BROWNHILL AVENUE, [redacted] LANARK ML11 OPE

Miss Young presents to yourself today with a recurrence of genital warts. She was first noted to have these in 1995 and was admitted to Law Hospital for cauterisation of these warts under general anaesthetic. Unfortunately, she did not attend for further follow up and it is not clear if the warts were completely eradicated at that point.

She has become increasingly aware of recurrence of her warts, particularly around the anus and the labia. She is not sexually active at present, but has just entered into a new relationship. She is not on any contraception and has no significant discharge. Her last smear was carried out in January, 1998 which was reported as being normal. Prior to that, she had a smear done in 1996 which was reported as showing borderline changes with a repeat in six months, and the one in July of 1995 showed evidence of HPV with borderline changes.

When I examined her today, she does have evidence of genital warts, particularly around the anus and the left labia. PV and speculum examination was otherwise normal. I have taken a high vaginal swab, endocervical swab and repeated her smear, but would appreciate your help with ongoing management.

Yours faithfully,

Dr. Ann E. Lang

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LANARKSHIRE ACUTE HOSPITALS NHS TRUST
MONKLANDS HOSPITAL
Monkscourt Avenue Airdrie ML6 0JS
C.P.A. (U.K.) Accredited

Microbiology Department
Tel: (01236) 712121
Fax: (01236) 712637
MON613 00

Source
Dr I.M. KANE
73 Ayr Road
Douglas

D.O.B:25 Sep 1974 Unit No:
Sex: F Lab No: GE003820

Surname: YOUNG
Forename: Shirley
Address: 11 WIDE CLOSE
LANARK

Test:C.trachomatis LCR C.trach

Clinical Details: PV DX GENITAL WARTS
Endocervical Swab

CHLAMYDIA LCR	NEGATIVE	
C.trachomatis	NOT detected	

DOCTOR	S	K	R	F
PATIENT OK				
PATIENT APT. TEST				
PATIENT SEE DR.				
GP SCRIPT				
IN PATIENTS NOTES				

[redacted] Feb 2001 Received: 06 Feb 2001 Authorised: 08 Feb 2001 By: JGH

nts: Dr AT Leanord/Dr T Gillespie

Specimen: CHLAMYDIA

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Law HOSPITAL NHS Trust

MICROBIOLOGY REPORT

LABORATORY SERVICES
LAW HOSPITAL

Name: YOUNG Shirley	F	Date of Birth: 25/09/1974	Patient Reference: 0003606478
DOUGLAS SURGERY	71 AYR ROAD [redacted]		Consultant/G.P.: A LANG
Date: 05/02/01 Time: 1405h	Date and time received: 05/02/01 14:05h		[redacted]

SPECIMEN High Vaginal Swab

MICROSCOPY
Yeasts Not Detected
Trichomonas Not Detected

GRAM FILM RESULTS
Epithelial cells.....++
Gram positive bacilli.....++

Culture.....No Significant Growth

	S	K	R	F
DOCTOR				
TELL PATIENT OK				
TELL PATIENT RPT TEST				
TELL PATIENT SEE DR.				
PICK UP SCRIPT				
FILE IN PATIENTS NOTES				

FOR INTERPRETATION OR DISCUSSION OF RESULTS
CONTACT DUTY MICROBIOLOGIST VIA TEL 01698 361100

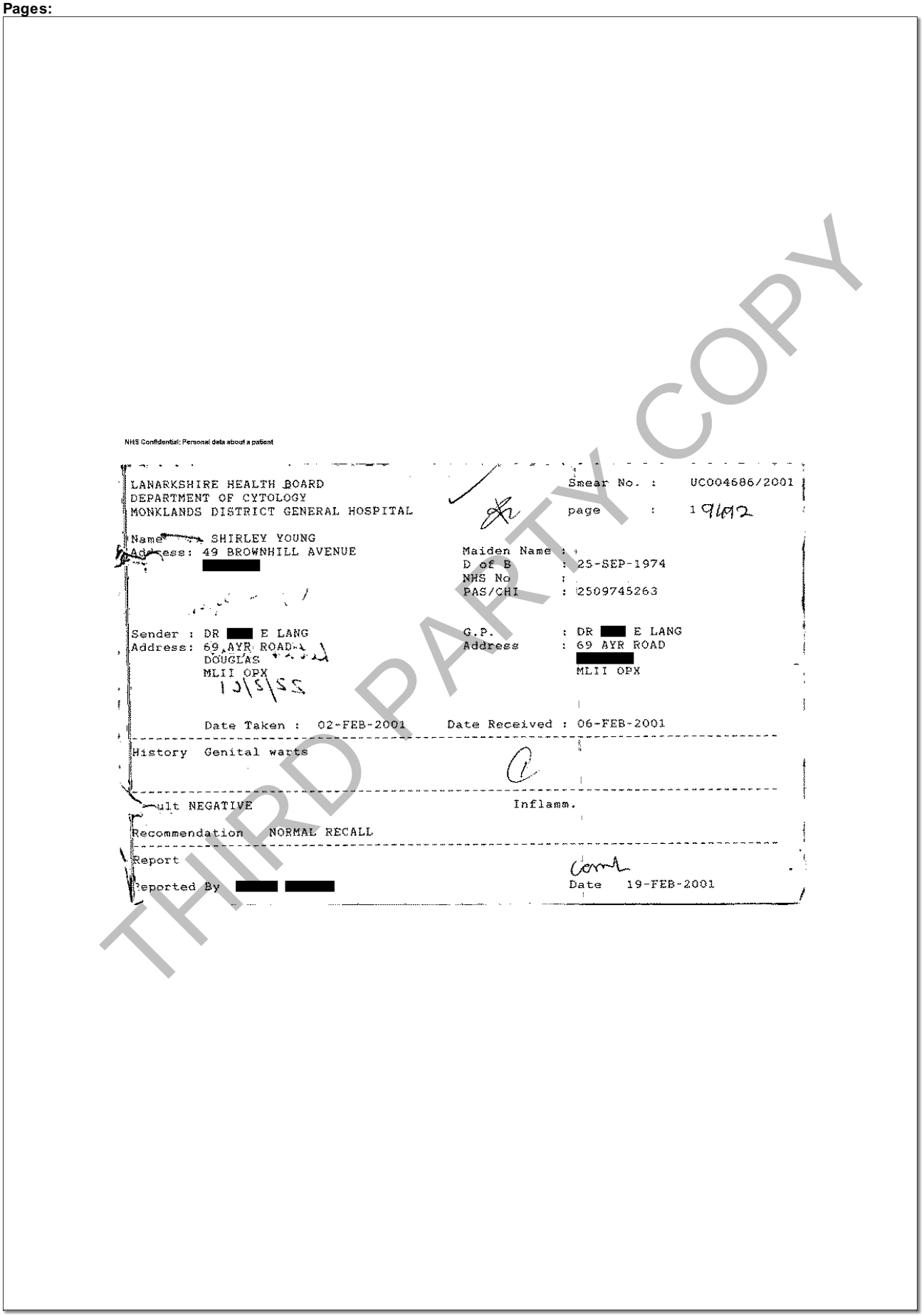
Date of report: 07/02/01 10H52M

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LANARKSHIRE HEALTH BOARD
DEPARTMENT OF CYTOLOGY
MONKLANDS DISTRICT GENERAL HOSPITAL

Smear No. : UC004686/2001
page : 1

Name : SHIRLEY YOUNG
Address: 49 BROWNHILL AVENUE
[redacted]

Maiden Name :
D of B : 25-SEP-1974
NHS No :
PAS/CHI : 2509745263

Sender : DR [redacted] E LANG
Address: 69 AYR ROAD
DOUGLAS
MLII OPX

G.P. : DR [redacted] E LANG
Address : 69 AYR ROAD
[redacted]
MLII OPX

Date Taken : 02-FEB-2001 Date Received : 06-FEB-2001

History Genital warts

Result NEGATIVE Inflamm.

Recommendation NORMAL RECALL

Report

Reported By [redacted]

Date 19-FEB-2001

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Lanarkshire
Acute Hospitals NHS Trust

Law Hospital
Carluke, Lanarkshire, ML8 5ER
Phone 01698-361100
Fax 01698-376671

Our Ref.:-
IRM/yb/360647B
If phoning
ask for :-
Ext. 2165 (*Plastic Surgery Secretary*)

Clinic: 19th March, 2001
Typed: 20th March, 2001

Dr C Johnman – GP Registrar
The Surgery
69 Ayr Road
[redacted]
Lanark ML11 0PX

DOCTOR | S | K | R | F
TELL PATIENT
TELL P...
TELL
PICK
FILE
NOTES

Dear Dr Johnman,

SHIRLEY YOUNG (25.09.1974)
49 BROWNHILL AVENUE [redacted] LANARK ML11 0PE

Thank you for referring this young lady who is complaining of a deviated nose with decreased airway on the left and traumatically tattooed scars on her nose and upper lip following an assault in 1994.

I have suggested we try four [redacted] laser treatments to the tattooed scars on her nose and shall review the situation. If this does not work then the scars could be excised. This could be done at the same time as her open septo-rhinoplasty to try and improve the shape of her nose and also her breathing.

I discussed the potential complications of this with her, emphasising that it would be difficult to get perfect asymmetry.

Yours sincerely

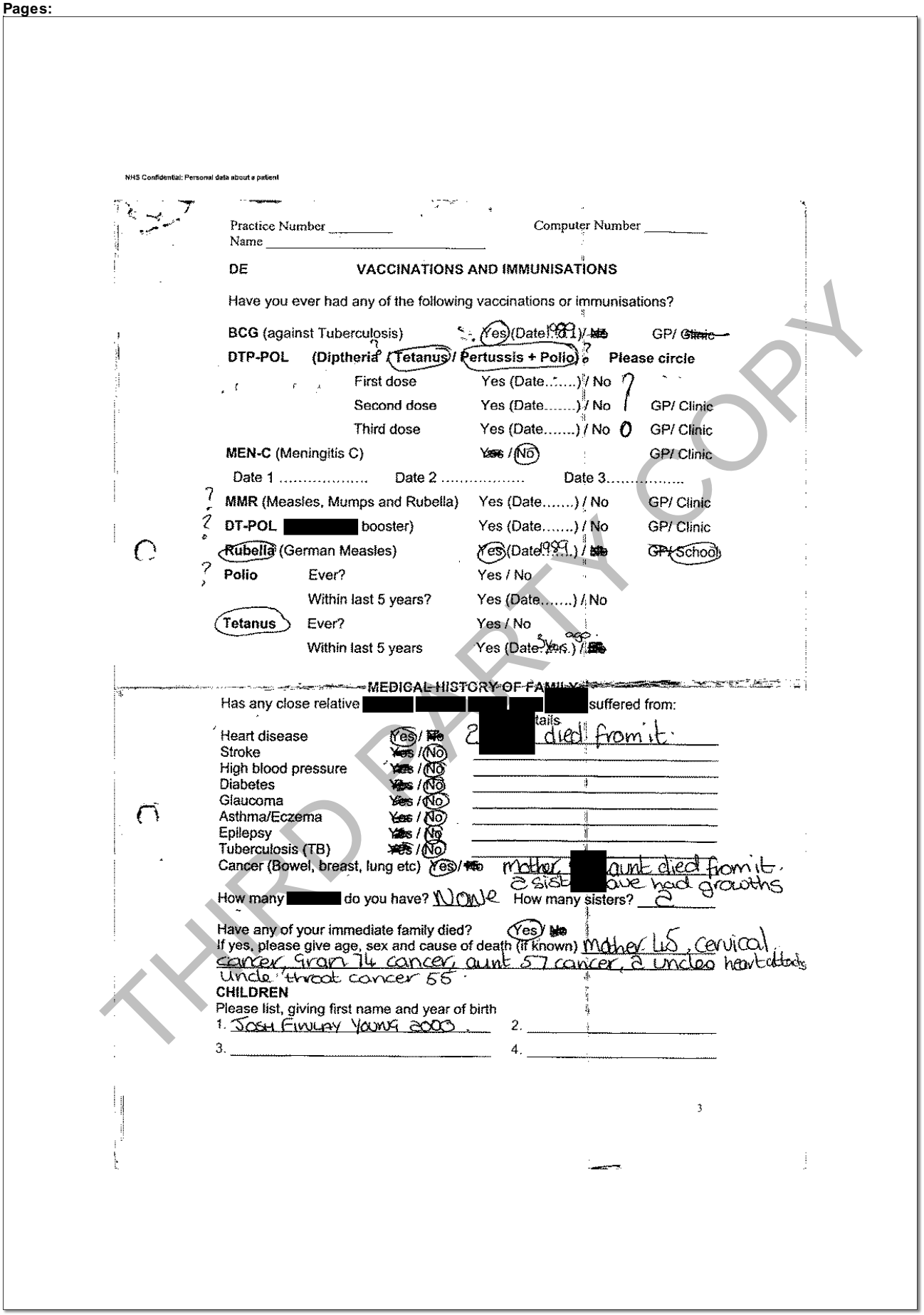
MR IAIN R. MacKAY
Consultant Plastic Surgeon

c.c. [redacted] Stobie, Mr MacKay Secretary, Canniesburn Hospital, Bearsden,Glasgow.

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Practice Number _____ Computer Number _____
Name _____

DE **VACCINATIONS AND IMMUNISATIONS**

Have you ever had any of the following vaccinations or immunisations?

BCG (against Tuberculosis)		Yes (Date: 01/1999) / ~~No~~	GP/ ~~Clinic~~
DTP-POL	(Diptheria / Tetanus / Pertussis + Polio)		Please circle
	First dose	Yes (Date.....) / No	
	Second dose	Yes (Date.....) / No	GP/ Clinic
	Third dose	Yes (Date.....) / No	GP/ Clinic
MEN-C (Meningitis C)		~~Yes~~ / No	GP/ Clinic
Date 1	Date 2	Date 3.....	
MMR (Measles, Mumps and Rubella)		Yes (Date.....) / No	GP/ Clinic
DT-POL [redacted] booster)		Yes (Date.....) / No	GP/ Clinic
Rubella (German Measles)		Yes (Date: 1999) / ~~No~~	~~GP/ School~~
Polio	Ever?	Yes / No	
	Within last 5 years?	Yes (Date.....) / No	
Tetanus	Ever?	Yes / No	
	Within last 5 years	Yes (Date: Yes 2000) / ~~No~~	

MEDICAL HISTORY OF FAMILY

Has any close relative [redacted] suffered from:

		Details
Heart disease	Yes / ~~No~~	2 [redacted] died from it.
Stroke	~~Yes~~ / No	
High blood pressure	~~Yes~~ / No	
Diabetes	~~Yes~~ / No	
Glaucoma	~~Yes~~ / No	
Asthma/Eczema	~~Yes~~ / No	
Epilepsy	~~Yes~~ / No	
Tuberculosis (TB)	~~Yes~~ / No	
Cancer (Bowel, breast, lung etc)	Yes / ~~No~~	mother, [redacted] aunt died from it. 2 sisters have had growths

How many [redacted] do you have? None How many sisters? 2

Have any of your immediate family died? Yes / ~~No~~
If yes, please give age, sex and cause of death (if known) mother 45, cervical cancer, gram 74 cancer, aunt 57 cancer, 2 uncles heart attacks uncle throat cancer 55

CHILDREN
Please list, giving first name and year of birth
1. Josh Finlay Young 2003 2. _____
3. _____ 4. _____

3

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Practice Number _____ Computer Number _____
Name _____

SOCIAL AND PERSONAL HISTORY

Do you have any major social problems e.g. unsatisfactory housing, disabled child, etc? (Yes) / ~~No~~

If yes, please give details I am on anti-depressant & Valium cos of trouble at Home in Dundee.

DM **DRUGS AND MEDICINES**

Are you taking any drugs, medicines, tablets? (Yes) / ~~No~~

If yes, please give details

NAME OF MEDICINE	DOSAGE	WHEN STARTED

Are you taking any medicine not prescribed by a doctor? Yes / No
If yes, please give details _____

PP **LIFESTYLE**

ALCOHOL
Do you drink? (Yes) / ~~No~~ Do you drink every day? ~~Yes~~ / (No)
If Yes, how many - 5
Pints..... Shorts..... Wine glasses... per day / per week / ~~per weekend~~
Units : 2 1 1 = 30...units per week
Have you ever been worried that you have a drinking problem? (Yes) / ~~No~~

SMOKING
Do you smoke? (Yes) / ~~No~~ How many cigarettes / ozs per day? 20
How many years have you smoked? 13 years
Have you stopped smoking? (Yes) / ~~No~~ How long? 1 years 3 months.

EXERCISE
Do you undertake any regular sport / exercise on a daily/weekly basis? ~~Yes~~ / (No)
If yes, what?
Swimming / Walking / Jogging / Squash / Tennis / Other.....

Are you in good health at the present time? ~~Yes~~ (No)
Have you any illness or other problems you wish to discuss? (Yes) / ~~No~~

Finally, please remember to:
1. fill out a questionnaire for each person wishing to join our Practice.
2. bring a sample of your urine

Your appointment with the Practice Nurse is on ..... at.....

4

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· Glasgow Royal Infirmary ·
· Glasgow Royal Maternity Hospital ·
· Canniesburn Hospital ·
· Lightburn Hospital · Belvidere Hospital ·

Canniesburn Hospital
Switchback Road
Bearsden
Glasgow G61 1QL

Switchboard: 0141 211 5600
Fax Number: 0141-211 5652

Date: 6.6.01

D.OB. 25/9/74
SHIRLEY YOUNG
246100
29 BROWNHILL AVE
DOUGLAS
ML11 OPE.

Dear Doctor,

This patient, whom we have as registered with you, has commenced treatment with the [redacted] laser on THURS 31.5.01

They will return to the Laser Suite for further treatment at 6 week intervals, until treatment is finished.

Yours sincerely,

[redacted] R. Mackay
Consultant Plastic Surgeon

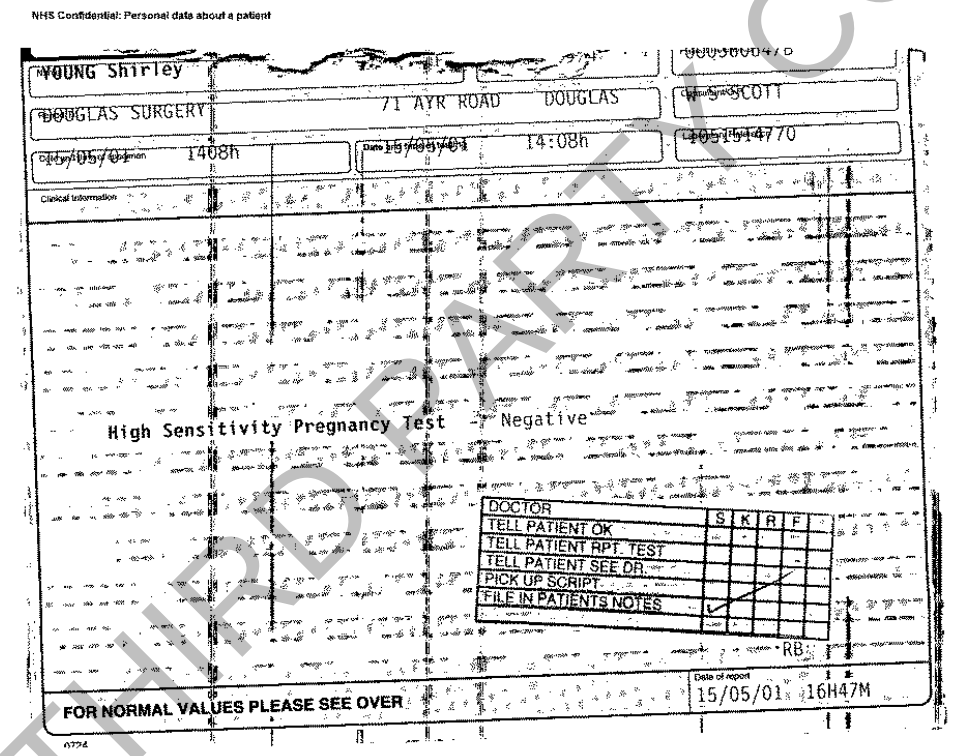
TOR	S	K	R	F
TELI PATIENT OK				
PATIENT RPT. TEST				
SEE DR				
PATIENTS NOTES				

CANNIESBURN
PLASTIC SURGERY UNIT

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NHS Confidential: Personal data about a patient

YOUNG Shirley

DOUGLAS SURGERY 71 AYR ROAD DOUGLAS

SCOTT

1408h 14:08h

Clinical Information

High Sensitivity Pregnancy Test - Negative

DOCTOR	S	K	R	F
TELL PATIENT OK				
TELL PATIENT RPT. TEST				
TELL PATIENT SEE DR.				
PICK UP SCRIPT.				
FILE IN PATIENTS NOTES	✓			

RB

FOR NORMAL VALUES PLEASE SEE OVER

Date of report 15/05/01 16H47M

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Pages:

NHS Confidential: [redacted]

9449
3054[illegible]

Lanarkshire Acute Hospitals NHS Trust
Wishaw General Hospital
50 Netherton Street
Wishaw ML2 0DP
Telephone 01698 361100
Facsimile 01698 376671

NHS Lanarkshire

Direct Dial 366633 Mrs [redacted] ER Secretary

E (GP) OFILI
75 UNION STREET
LARKHALL

Dear Doctor

SHIRLEY YOUNG Ref No: 01239-00493 Age:26
10 WOODVIEW ROAD LARKHALL

The above named patient attended A&E on: 27/08/01 at: 18:11
findings were as follows:

PRESENTING COMPLAINT: ASSAULT FACIAL INJURY,VARIUOS BRUIS

EXAMINATION DETAILS:
(None recorded)

*DIAGNOSIS: (None recorded)

TREATMENT:
(None recorded)

DISPOSAL: LEFT B/F TX STARTED

FOLLOW-UP:
(None recorded)

If you require further information please do not hesitate to contact the Department by telephoning 01698 366633.

Yours sincerely

Mr J J [redacted] MRCGP FRCS
Consultant in Accident & Emergency

31 AUG 2001

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LANARKSHIRE HEALTH BOARD
DEPARTMENT OF CYTOLOGY
MONKLANDS DISTRICT GENERAL HOSPITAL

Smear No. : UC004686/2001
* REPRINT *
page : 1

305449
9492

N : SHIRLEY YOUNG
Address: 49 BROWNHILL AVENUE
[redacted]

Maiden Name :
D of B : 25-SEP-1974
NHS No :
PAS/CHI : 2509745263

Sender : DR [redacted] E LANG
Address: 69 AYR ROAD
DOUGLAS
ML11 0PX

G.P. : DR [redacted] E LANG
Address : 69 AYR ROAD
DOUGLAS
ML11 0PX

Date Taken : 02-FEB-2001 Date Received : 06-FEB-2001

History Genital warts

Result NEGATIVE Inflamm.

Recommendation NORMAL RECALL

Report

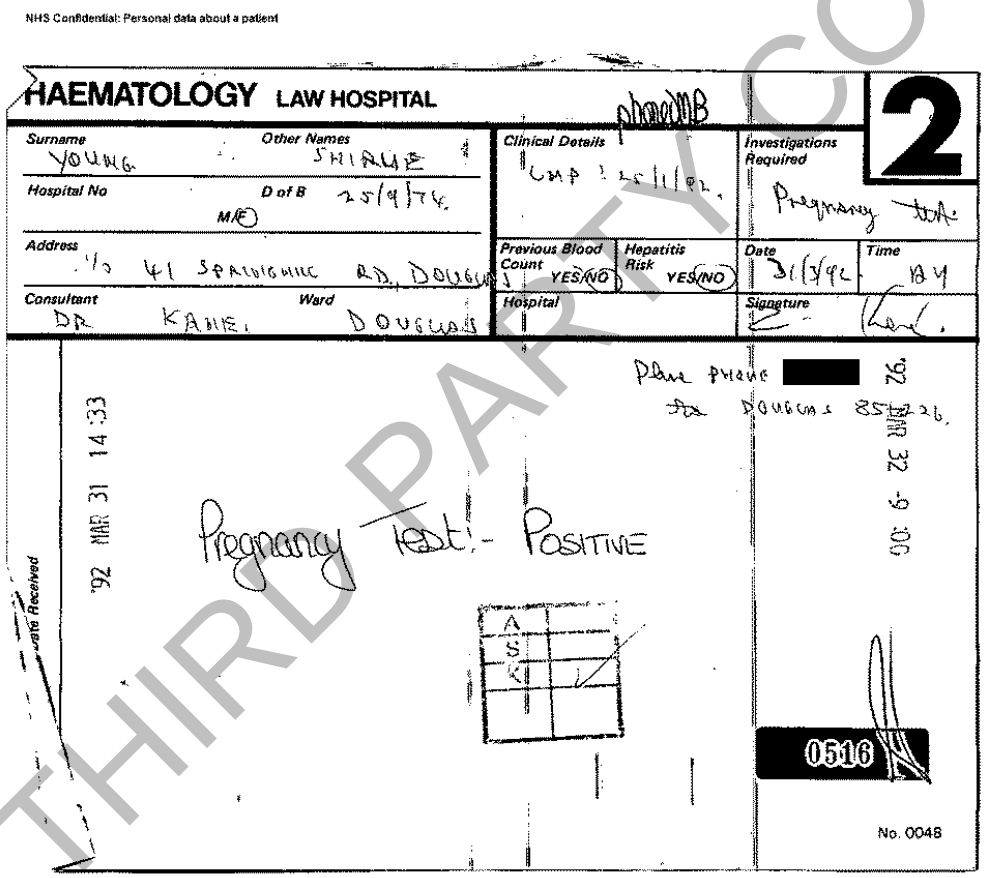
Reported By Allen Wilson Date 09-AUG-2001

Cont

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Pages:



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HAEMATOLOGY LAW HOSPITAL

2

Surname: YOUNG Other Names: SHIRLEY

Hospital No: D of B: 25/9/74 M/F

Address: 1/3 41 SPALDING RD, DOUGLAS

Consultant: DR KANE Ward: DOUGLAS

Clinical Details: LMP 25/11/92.

Investigations Required: Pregnancy test.

Previous Blood Count YES/NO Hepatitis Risk YES/NO

Date: 31/3/93 Time: 1845

Hospital:

Signature:

Plan phone [redacted] 26. for DOUGLAS ASAP.

Pregnancy Test:- POSITIVE

'92 MAR 31 14:33

'93 MAR 32 -9 :00

A S K

0516

No. 0048

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CRR/LBW/9492

25th April 2002

Mr I MacKay
Consultant Plastic Surgeon
Canniesburn Hospital
Switchback Road
Bearsden
Glasgow

Dear Mr MacKay

Re: Shirley Young, (25.9.74), 10 woodview Road, Larkhall

You may remember seeing this lady at your clinic at Law Hospital last year. Her address then was 49 Broomhill Avenue in [redacted]

She has a deviated nose with traumatic tattoos and underwent the first couple of doses of [redacted] laser treatment but unfortunately was unable to come for the completion of treatment.

She has asked that I write to you to see about completing the course and I hope this can be organised for her.

Yours sincerely

Dr C R [redacted]

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NHS Confidential: Personal data about a patient

THE KEENAN ROSS PARTNERSHIP
Consultant Clinical Psychologists

305449
9492

Nuffield House
1000 Great Western Road
Glasgow G12 0NR
Tel: 0141 576 2900

68 Keswick Road
East Kilbride
G75 8QX
Tel: 01355-265936

Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ
Tel: 0141 810 3151

MKR/CS/305449

5 July 2002

Dr G [redacted]
The Surgery
75 Union Street
LARKHALL

Dear Dr [redacted]

Re: **SHIRLEY YOUNG (25.9.74) 10 WOODVIEW ROAD, LARKHALL**

Many thanks for your referral. I saw Shirley for the first time on 23 May 2002 and I have seen her on one more occasion, 4 July 2002.

At first, it was difficult to identify Shirley's reason for coming in to counselling as she appeared to be fairly vague about her reasoning. However, having seen her for the second time on 4 July 2002 she seemed to be much clearer about why she wanted help. As you are aware, Shirley has received counselling previously but she feels it was not interactive enough and she did not really get any feedback. For this reason, I think she will be an excellent candidate for cognitive therapy and to test her compliance I did suggest some targets to work on between the last session and today's session. Shirley does appear to be highly motivated to work on a psychological approach, in that she had kept a very detailed cognitive diary and also had mentioned to get hold of a book which I had recommended. She is clearly determined to work on her psychological difficulties and I am aware from today's diary that she is experiencing many severe symptoms of anxiety and also depression. I have arranged to see her on a very regular basis so that we can begin working on an intensive way on cognitive therapy and I shall keep you informed of our progress. Kind regards.

Yours sincerely

[redacted] Keenan [redacted]
Consultant Clinical Psychologist

G.P.
11 JUL 2002
COMPUTER

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102

9492
305449

THE KEENAN ROSS PARTNERSHIP
Consultant Clinical Psychologists

Nuffield House
1000 Great Western Road
Glasgow G12 0NR
Tel: 0141 576 2900

68 Keswick Road
East Kilbride
G75 8QX
Tel: 01355-265936

Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ
Tel: 0141 810 3151

MKR/LBW/305449

29th May 2002

Dr G [redacted]
75 Union Street
Larkhall

Dear Dr [redacted]

Re: Shirley Young, 10 Woodview Road, Larkhall

Many thanks for your referral. I saw Shirley for the first time on 23rd May. Although she coped with the session, it was clear that she was rather anxious at the beginning of the session. Shirley explained that she has suffered depression for many years and on discussion she appears to attribute the onset of her depression to the death of her [redacted] when she was eleven years of age. Her [redacted] are about ten to twelve years older than she is and Shirley very much believes that they didn't realise the impact their [redacted] death had had on Shirley. She receives some support from her [redacted] but there are times when they have become rather impatient with her when her behaviour has been erratic.

It is clear Shirley is suffering from a major depressive disorder. She appears to be wary about taking anti-depressant medication but I did encourage her to do this telling her that the best outcome would be with anti-depressants and cognitive therapy. She appeared to be reassured by this. After some detailed discussion, Shirley did admit that she is rather dependent on alcohol. For example, she had had to have a quarter bottle of vodka this morning before she attnede the session although I did not detect that she was under the influence of alcohol at any time during the session. I did explain to her the dangers of this and I do think that it is related very much to a degree of social anxiety and that's why she had the alcohol before today's session.

Shirley is clearly motivated to work on a psychological approach to her problems and she has attended counselling sessions previously. I think that she will make good progress. However, I cannot see her until July although she will be seen earlier if a cancellation appointment comes up. After July I hope to see her on a fortnightly basis and shall keep you informed of her progress.

With kind regards.

Yours sincerely

Mary Keenan [redacted]
Consultant Clinical Psychologist

G.P.
30 MAY 2002
COMPUTER

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9492
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THE KEENAN ROSS PARTNERSHIP
Consultant Clinical Psychologists

Nuffield House
1000 Great Western Road
Glasgow G12 0NR
Tel: 0141 576 2900

68 Keswick Road
East Kilbride
G75 8QX
Tel: 01355-265936

[redacted] Hospital
221 Crookston Road
Glasgow G52 3NQ
Tel: 0141 810 3151

MKR/LJR/9492

15 April 2003

Dr G I [redacted]
The Surgery
75 Union Street
Larkhall
ML9 1DZ

Dear Dr [redacted]

SHIRLEY YOUNG (25.9.74), 10 WOODVIEW ROAD, LARKHALL

I have been reviewing my case notes and I see that it is some time since I saw Shirley. I note from her case notes that she failed to keep an appointment with me and has not responded to a letter asking her to contact the surgery if she wishes further appointments.

I have therefore discharged her from my care but of course would be willing to see her again should you wish to re-refer.

With kind regards.

Yours sincerely

[redacted] KEENAN [redacted]
CONSULTANT CLINICAL PSYCHOLOGIST

24 APR 2003
COMPUTER

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102

THE KEENAN ROSS PARTNERSHIP
Consultant Clinical Psychologists

9442
30 Sept 9

Nuffield House
1000 Great Western Road
Glasgow G12 0NR
Tel: 0141 576 2900

68 Keswick Road
East Kilbride
G75 8QX
Tel: 01355-265936

Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ
Tel: 0141 810 3151

MKR/LBW/305449

14th August 2002

Dr G [redacted]
75 Union Street
Larkhall

Dear Dr [redacted]

Re: Shirley Young, 10 Woodview Road, Larkhall

Just a short note to let you know that I am continuing to review Shirley on a regular basis. She appears to be responding reasonably well to the cognitive therapy but she is drinking a lot and we have discussed this in detail as it has a significant effect on Shirley's mood. Today, Shirley came to the session and explained that she was either hung over or still drunk from a session she had had in the previous evening. We had a serious discussion about this and I have strongly suggested to Shirley that she should abstain from alcohol for the next six weeks if she is to gain anything from our sessions. I have arranged to see her again at the end of August and in September and I shall keep you informed ofany development.

With kind regards.

Yours sincerely

[redacted] Keenan [redacted]
Consultant Clinical Psychologist

G.P.
15 AUG 2002
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MEDICARE LANARKSHIRE

Patient's Name: Shirley Young D.O.B 25.9.74
Address: 10 Woodview Rd Tel. No. 307389
Larkhall.

Complaint: Swollen leg - sore
Varicous Viens

Received in the 24 hours commencing 0800 on: 11131 03
Call No.: 22
Time Received: 21.32
Time Arrived: ANV-
GP No. Smart
Deputy: Mitchell

SYMPTOMS SIGNS DIAGNOSIS

Phone call from friend who is visit
outh of hospital c/o A of DVT
Shirley's calf is swollen
painful tonight - no hx of trauma
- has measured calf + difference
in size
advised to attend A/E urgent

9c92
305449

G.P.
14 MAR 2003
COMPUTER

Deputy Signature: Alan Mitchell

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9492
305449

Lanarkshire Acute Hospitals NHS Trust
Wishaw General Hospital
50 Netherton Street
Wishaw ML2 0DP

Telephone 01698 361100
Facsimile 01698 376671

NHS Lanarkshire

Direct Dial 366633 Mrs [redacted] ER Secretary

E (GP) OFILI
75 UNION STREET

LARKHALL

Dear Doctor

SHIRLEY YOUNG Ref No: 03070-00649 Age:28
10 WOODVIEW ROAD LARKHALL

The above named patient attended A&E on: 11/03/03 at: 22:28
findings were as follows:

PRESENTING COMPLAINT: RIGHT LEF SWOLLEN FC 28

EXAMINATION DETAILS:
PAIN DOWN FRONT OF RIGHT LEG, NON TENDER CALF

*DIAGNOSIS: MUSCLE SPRAIN RIGHT LEG

TREATMENT:
HAS ANALGESIA

DISPOSAL: HOME

FOLLOW-UP:
DISCHARGED

If you require further information please do not hesitate to contact the Department by telephoning 01698 366633.

Yours sincerely

Mr J J [redacted] MRCGP FRCS
Consultant in Accident & Emergency

G.P.
14 MAR 2003
COMPUTER

Awarded for Excellence to Lanarkshire Maternity Services

No. 0602

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THE KEENAN ROSS PARTNERSHIP
Consultant Clinical Psychologists

Nuffield House
1000 Great Western Road
Glasgow G12 0NR
Tel: 0141 576 2900

68 Keswick Road
East Kilbride
G75 8QX
Tel: 01355-265936

Ross [redacted] Hospital
221 Crookston Road
Glasgow G52 3NQ
Tel: 0141 810 3151

MKR/LBW/305449

5th August 2003

Dr C R Russell
75 Union Street
Larkhall

Dear Dr Russell

Re: Shirley Young, 10 Woodview Road, Larkhall

Just a short note to let you know that I have seen Shirley on a very regular basis over the past two months. She appears to have made every effort to reduce her alcohol intake which I think in turn is helping her to cope with the depression. At times, life appears to be quite chaotic but Shirley appears to be making some effort to stick to the targets set between sessions. I shall continue with our regular sessions and shall continue working on a cognitive approach and shall keep you informed.

With kind regards.

Yours sincerely

Mary Keenan [redacted]
Consultant Clinical Psychologist

Ref 102

G.P.
14 AUG 2003
COMPUTER

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305449
9492

NHS LANARKSHIRE
Lanklands Cervical Cytology Department

Page:
Smear No:CC0425050

Name: YOUNG, Shirley
Address: 10 WOODVIEW ROAD
LARKHALL

DOB: 25 Sep 1974 CHI:

Sender: Nurse [redacted] LOCKHART
Address: 75 Union Street 63527
Larkhall

GP: Dr G.I. [redacted]
Address: 75 UNION STREET
LARKHALL

Date Taken: 28 Jul 2004

Date Received: 29 Jul 2004

Clinical Details:

Result: Negative

Recommendation: Normal recall

Report:

9/8 Letter Smr Comp

Reported by: [redacted] Hilland

Date: 05 Aug 2004

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THE KEENAN ROSS PARTNERSHIP
Consultant Clinical Psychologists

Nuffield House
1000 Great Western Road
Glasgow G12 0NR
Tel: 0141 576 2900

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East Kilbride
G75 8QX
Tel: 01355-265936

Ross [redacted] Hospital
221 Crookston Road
Glasgow G52 3NQ
Tel: 0141 810 3151

MKR/LBW/305449

10th June 2003

Dr C R [redacted]
75 Union Street
Larkhall

Dear Dr [redacted]

Re: Shirley Young,10 Woodview Road, Larkhall

I saw Shirley on 5th June after some ten months between sessions! I had written to Shirley asking her to contact the surgery which I believe she did in January. Having discussed the situation with Shirley it seems clear that she is going through another depression and I felt it was important to discuss with her in full detail the reasons why she had not continued with the previous therapy sessions and had failed appointments. Shirley wasn't really able to give any answers but I do know that alcohol was complicating the picture and she appears to have been without alcohol for the past month now suggesting that she is willing to work on her difficulties.

On the whole, Shirley appears to cope very well with very little support in her life. She has managed to struggle her way through the second year of college in her HNC and is quite delighted about this. She is aware that alcohol had been complicating her life in many ways and this is why she decided to stop it altogether one month ago. I have arranged to see her again at the end of July and will see her regularly during August and September to try to boost the cognitive therapy sessions which were started previously. I shall keep you informed of her progress.

With kind regards.

Yours sincerely

Mary Keenan Ros
Consultant Clinical Psychologist

G.P.
19 JUN 2003
COMPUTER

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THE KEENAN ROSS PARTNERSHIP
Consultant Clinical Psychologists

Nuffield House
1000 Great Western Road
Glasgow G12 0NR
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68 Keswick Road
East Kilbride
G75 8QX
Tel: 01355-265936

[redacted] Hospital
221 Crookston Road
Glasgow G52 3NQ
Tel: 0141 810 3151

MKR/LBW/305449

3rd February 2004

Dr C R Russell
75 Union Street
Larkhall

Dear Dr [redacted]

Re: Shirley Young, 10 Woodview Road, Larkhall

This is just a short note to let you know that Shirley has not been in touch following a letter asking her to contact me about a failed attendance. I have therefore discharged her from my care but of course would be willing to see her again in the future should you wish to re-refer her.

With kind regards.

Yours sincerely

[redacted] Keenan [redacted]
Consultant Clinical Psychologist

5

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NHS Confidential: Personal data about a patient

Admin

From: oohfailedemail@lanarkshire.scot.nhs.uk
Sent: 21 June 2005 01:00
To: ooh63527@lanarkshire.scot.nhs.uk
Subject: Call #16512 20-Jun-2005

305449

Call #: 16512 Received NHS24: 20-Jun-2005
22:57
Full cover

Patient's Name: Shirley Young CHI Number:
2509745263
Date of birth: 25-Sep-1974 (Age: 30 years)
Sex: Female Received PCES:
23:48
Home Address: 59 [redacted] Street Larkhall Passed :
00:51
ML9 1BT () Advised :
00:40
Current Address:
()
Tel No: 01698 307389 Origin: NHS24 Arrived :
Urgency: Within 1 Hour Type: Doctor Advice Departed :
Consulted by: Guthrie, C Own Doctor: Smith, GI

Message received:
LACB HAEMATURIA, DYSURIA

NHS24 Consultation Begin: 20-Jun-2005 23:35
NHS24 Consulation End: 20-Jun-2005 23:43
NHS24 Consultation by: Guthrie, C

NHS24 Clinical Summary:
Clinical summary created: 20-Jun-2005

30 YR OLD WITH HAEMATURIA, LOWER ABDO PAIN AND ? PYREXIA. STATES FEELS AS
THOUGH BLADDER ABOUT TO BURST. TAKING PARACETAMOL AND IBUPROFEN WITH NO

EFFECT. WHOLE EPISODE HAS OCCURED IN LAST 2HRS. ADVISED TO TRY CYSPURIN

TONIGHT AND SEE GP TOMORROW. PATIENT CONCERNED ABOUT HAEMATURIA. DISP: GP4 -
GP TO PHONE WITHIN 1HR FOR ADVICE.

NHS24 Outcome : Dr to phone patient within 1 Hr

Advised: 00:40 Advised by: Guthrie, C

Time of Visit/Base: 00:40 Consulting Doctor:

1

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NHS Confidential: Personal data about a patient

Past Medical History:

Examination:

Outcome:
has dysuria and haematuria transport to pcec offered but will wait to d /
w own gp in monring

advised to take more fluids and take analgesia and to take urine for mssu

Final Treatment:

Prescriptions:

UCS Outcome:
has dysuria and haematuria transport to pcec offered but will wait to d /
w own gp in monring

advised to take more fluids and take analgesia and to take urine for mssu

Followups:
follow up message (Patient To Contact Surgery)

nil

Call #: 16512 Patient's Name: Shirley Young

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NHS Confidential: Personal data about a patient

305449

Admin

From: oohfailedemail@lanarkshire.scot.nhs.uk
Sent: 09 March 2006 00:00
To: ooh83527@lanarkshire.scot.nhs.uk
Subject: Call #21407 08-Mar-2006

Call #: 21407 Received NHS24: 08-Mar-2006
20:30
Full cover

Patient's Name: Shirley Young CHI Number:
2509745263
Date of birth: 25-Sep-1974 (Age: 31 years)
Sex: Female Received PCES:
20:45
Home Address: 59 [redacted] Street Larkhall Passed :
20:45
ML9 1BT () Advised :
Current Address:
()
Tel No: 07869 285184 Origin: NHS24 Arrived :
22:17
Urgency: Within 4 Hours Type: PCC Departed :
22:23
Consulted by: [redacted] [redacted] Own Doctor: [redacted] GI

Message received:
BLOOD IN URINE SINCE LAST NIGHT

NHS24 Consultation Begin: 08-Mar-2006 20:38
NHS24 Consulation End: 08-Mar-2006 20:39
NHS24 Consultation by: [redacted] [redacted]

NHS24 Clinical Summary:
Clinical summary created: 08-Mar-2006

HAEMATURIA SINCE YESTERDAY, BOTTOM OF ABDOMEN TENDER, HARD AND SWOLLEN

HISTORY OF RECURRING UTI'S, AWAITING SCAN, CALLER REQUESTING REFERRAL

TONIGHT, DOES NOT FEEL SHE CAN WAIT UNTIL MORNING ..... CENTRE CONSULT
4
HOURS, HUB PLEASE PHONE CALLER TO ARRANGE

NHS24 Outcome : Attend PCEC within 4 Hrs

Advised: 22:09 Advised by: [redacted] [redacted]

Time of Visit/Base: 22:17 Consulting Doctor: [redacted] [redacted]

Past Medical History:

1

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NHS Confidential: Personal data about a patient

Started with irritation yesterday, progressed with dysuria and frequency. Has had frequent UTIs, last one 3 weeks ago. Has been taking extra fluids.No past history, on OCP, progestogen only. NO allergies.

Examination:
urinalysis-blood+++, protein+++, nitrates+ve, leucocytes trace.

Outcome:
UTI

Final Treatment:
advised on plenty fluids, advised to hand sample in to GP for lab analysis.

Prescriptions:
Nurse [redacted]

trimethoprim tablets 200mg

(14) tablet(s)

1 twice daily

UCS Outcome:
UTI

Followups:
follow up message (Return To GP For Follow Up)

Call #: 21407 Patient's Name: Shirley Young

2

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Pages:

NHS Confidential: Personal data about a patient

3054449 (3L

Admin

From: oohfailedemail@lanarkshire.scot.nhs.uk
Sent: 15 May 2006 01:00
To: ooh63527@lanarkshire.scot.nhs.uk
Subject: Call #49297 15-May-2006

Call #: 49297 Received NHS24: 15-May-2006
02:39
Full cover

Patient's Name: Shirley Young CHI Number:
2509745263
Date of birth: 25-Sep-1974 (Age: 31 years) Received PCBS:
Sex: Female
02:57 Passed :
Home Address: 59 [redacted] Street Larkhall
ML9 1BT () Advised :
Current Address:
()
Tel No: 07869 285184 Origin: NHS24 Arrived :
Urgency: NHS24 Advised Type: NHS24 Advice Departed :
Consulted by: Own Doctor: [redacted] GI

Message received:
BREATHLESS, 1 HR SEE A/V

NHS24 Consultation Begin: 15-May-2006 02:44
NHS24 Consulation End: 15-May-2006 02:48
NHS24 Consultation by: Triage Nurse

NHS24 Clinical Summary:
Clinical summary created: 15-May-2006

EPISODES OF BREATHLESSNESS OVER LAST 1 HOUR.RECENT RHINOPLASTY.NO CHEST PAIN
REPORTED/EVIDENCE OF BREATHLESSNESS DURING CALL..ADVISED ANALGESIA AND

OBSERVE MEANTIME.

NHS24 Outcome : Pt advised to contact practice - Coop to forward to Practice

---

Advised: 02:44 Advised by: Triage Nurse

Time of Visit/Base: 02:44 Consulting Doctor:

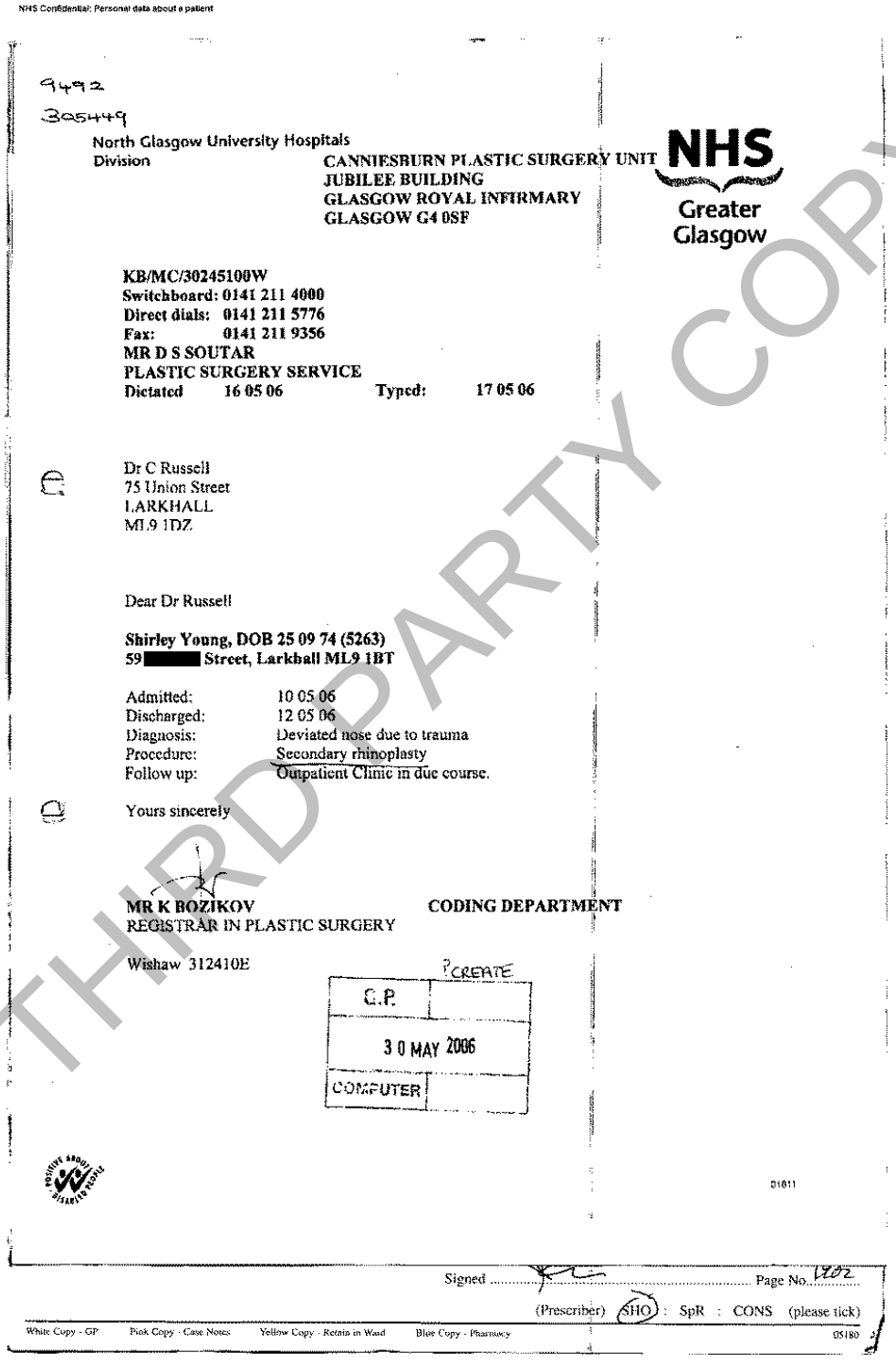
Past Medical History:

1

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9492
305449

North Glasgow University Hospitals
Division

CANNIESBURN PLASTIC SURGERY UNIT
JUBILEE BUILDING
GLASGOW ROYAL INFIRMARY
GLASGOW G4 0SF

NHS
Greater Glasgow

KB/MC/30245100W
Switchboard: 0141 211 4000
Direct dials: 0141 211 5776
Fax: 0141 211 9356
MR D S SOUTAR
PLASTIC SURGERY SERVICE
Dictated 16 05 06 Typed: 17 05 06

Dr C Russell
75 Union Street
LARKHALL
ML9 1DZ

Dear Dr Russell

Shirley Young, DOB 25 09 74 (5263)
59 [redacted] Street, Larkhall ML9 1BT

Admitted: 10 05 06
Discharged: 12 05 06
Diagnosis: Deviated nose due to trauma
Procedure: Secondary rhinoplasty
Follow up: Outpatient Clinic in due course.

Yours sincerely

MR K BOZIKOV
REGISTRAR IN PLASTIC SURGERY

CODING DEPARTMENT

Wishaw 312410E

?CREATE
C.P.
30 MAY 2006
COMPUTER

01011

Signed ..... Page No. 1 of 2

(Prescriber) SHO : SpR : CONS (please tick)

White Copy - GP Pink Copy - Case Notes Yellow Copy - Retain in Ward Blue Copy - Pharmacy 05180

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NHS Lanarkshire Wishaw General Hospital

RADIOLOGY REPORT

9492 305469 05

Surname	YOUNG	Consultant	DR C.R. [redacted]	Attd No.	4147539
First Name	SHIRLEY	Specialty	GP	Hosp No.	00360647B
Address	59 [redacted] STREET	[redacted]	GP	XR No.	
	LARKHALL	G.P. Address	75 UNION STREET	CHI No.	2509745263
	LANARKSHIRE		LARKHALL	Key No.	3225252

Post Code ML9 1BT
D.O.B. 25/09/1974 Sex Female

Copy Report To: G.P. Page 1 of 1

- 2 MAY 2006

COMPUTER

CLINICAL HISTORY

4147539 26/04/2006 US KIDNEYS

SONOGRAPHER EXAMINATION

The uterus and ovaries appear within normal limits. No adnexal mass. No free fluid in the pelvis. Kidneys appear within normal limits. No upper tract dilatition noted. The right kidney measures 9.8cm in length, the left measures 10.8cm. No obvious large calculi noted.

Reported by: KAROLYN MCPHERSON Authorised by: KAROLYN MCPHERSON Typist: JOMC

...s is an Authorised report.

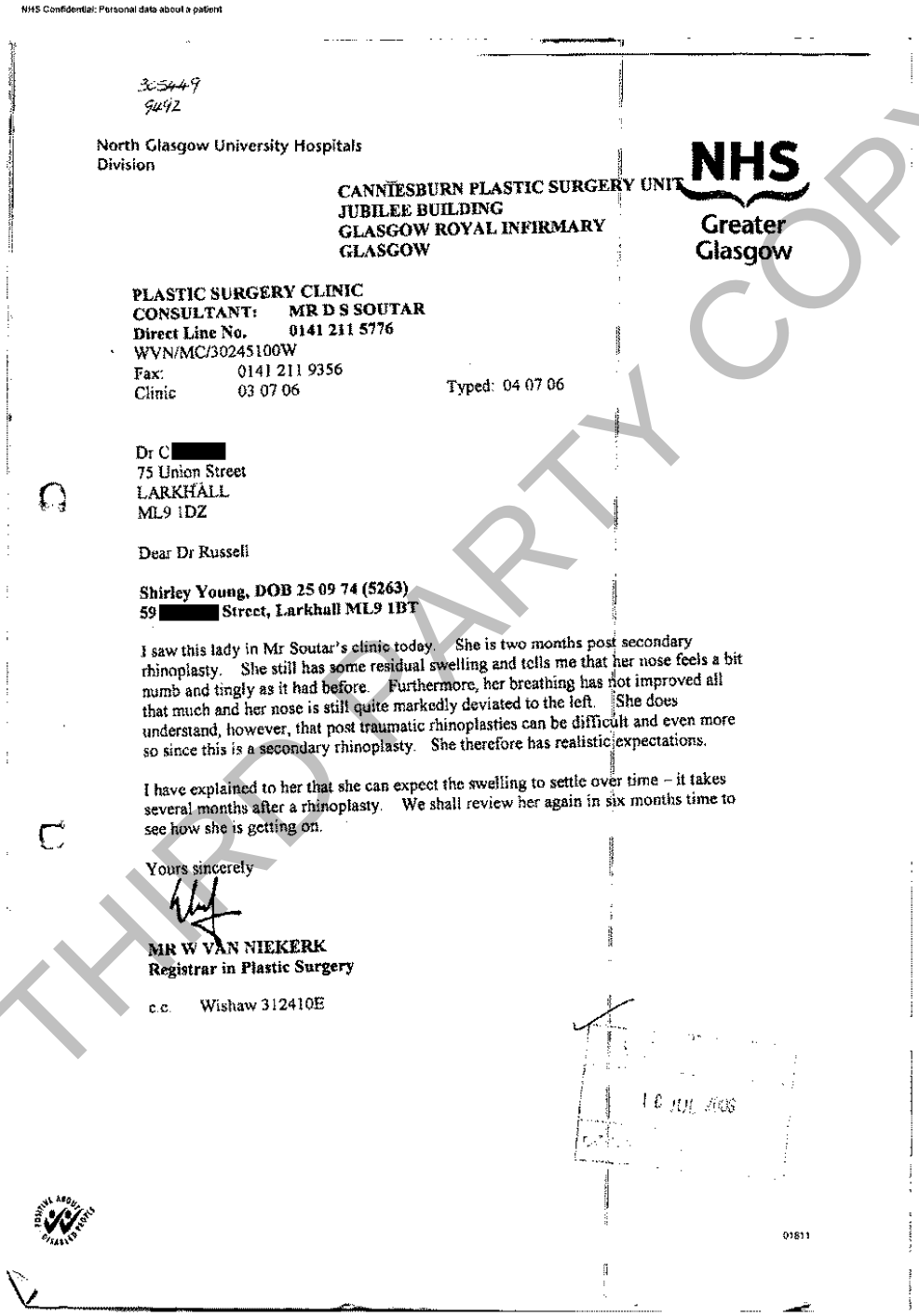
Keywords:	Code:	Teaching:
Examination: US KIDNEYS		Reported Date: 27/04/2006 Examination Date: 26/04/2006

RADIOLOGY

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CANNIESBURN PLASTIC SURGERY UNIT
JUBILEE BUILDING
GLASGOW ROYAL INFIRMARY
GLASGOW

NHS
Greater
Glasgow

PLASTIC SURGERY CLINIC
CONSULTANT: MR D S SOUTAR
Direct Line No. 0141 211 5776
WVN/MC/30245100W
Fax: 0141 211 9356
Clinic 03 07 06

Typed: 04 07 06

Dr C [redacted]
75 Union Street
LARKHALL
ML9 1DZ

Dear Dr Russell

Shirley Young, DOB 25 09 74 (5263)
59 [redacted] Street, Larkhall ML9 1BT

I saw this lady in Mr Soutar's clinic today. She is two months post secondary rhinoplasty. She still has some residual swelling and tells me that her nose feels a bit numb and tingly as it had before. Furthermore, her breathing has not improved all that much and her nose is still quite markedly deviated to the left. She does understand, however, that post traumatic rhinoplasties can be difficult and even more so since this is a secondary rhinoplasty. She therefore has realistic expectations.

I have explained to her that she can expect the swelling to settle over time – it takes several months after a rhinoplasty. We shall review her again in six months time to see how she is getting on.

Yours sincerely

MR W VAN NIEKERK
Registrar in Plastic Surgery

c.c. Wishaw 312410E

10 JUL 2006

01811

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Glasgow

CANNIESBURN PLASTIC SURGERY UNIT
JUBILEE BUILDING
GLASGOW ROYAL INFIRMARY
84 CASTLE STREET
GLASGOW
G4 OSF

Switchboard: 0141 211 4000
Direct Line: 0141 211 5895
Fax: 0141 211 9356
E-mail. eileen.mcilroy@northglasgow.scot.nhs.uk

31st May 2006

Dr Russell
75 [redacted] street
Larkhall
ML9 1DZ

Dear Dr Russell

SHIRLEY YOUNG DOB 25 09 74 HN 20245100W
59 WATSON STREET, LARKHALL ML9 1BT

I write to inform you that your above named patient did not respond to a Waiting List Audit letter and questionnaire [redacted] that their name has therefore been removed from our waiting list.

If the details we hold about the patient's address are incorrect please let us know as soon as possible in order that we can attempt to contact the patient again to ascertain if they wish to remain on our waiting list.

Yours sincerely

Waiting List Coordinator

- 2 JUN 2006

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MICROBIOLOGY DEPARTMENT — NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

Name: SHIRLEY YOUNG
Address:
Sex: F Age: 25.09.74 Class:
Cons: Marshall Ward:
General practitioner
Practice Number: 40121
Dr Whitty & Partners
41 Broomhill Drive
Hosp No: EM06355803
CRF No: 2509745263

Specimen: Mid-stream specimen of urine
Investigation: Urine C & S
Taken: 17.08.06
Reported: 18.08.06

Numerous organisms seen
Small number of pus cells seen
No red cells seen

1. Heavy growth of Lactose fermenting coliform
2.
3.
4.

Antibiotic	Organism 1.	2.	3.	4.
Amoxycillin	S			
Trimethoprim	S			
Cephalexin	S			
Nitrofurantoin	S			

Microbiologists: Dr S. Samavedam
Mid-stream specimen of urine
End of Report B,06.0833056.P

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New Patient Questionnaire

We would be grateful for as much information as you feel able to provide. It is simply to aid us our initial contact with you and will be filed in the confidence of your medical record.

Name: Shirley Young. Maiden name (if applicable)

Address: Flat 01, 119 RANDOLPH ROAD, LARKHALL.

Date of Birth: 25/09/74

Home Telephone: 07830347127 [redacted]s/ Mobile Telephone

Previous address: 59 WATSON STREET LARKHALL

Occupation:

Marital status: SINGLE No. of children: ONE.

[redacted] MARTIN ROBERTS Telephone: 07717464265

Are you a [redacted] of a relative or friend? Y/N

Date of last smear? Some time last year.

Please give details of past medical history (or family history) including:

Cancer is the major killer in my family, mum died young (45) of cervical cancer, [redacted] Aunties, 2 sister have had scares, lumps removed.

	self	family
Heart Attack	☐	✓
Stroke	☐	✓
Angina	☐	☐
Diabetes	☐	☐
Asthma	☐	☐

What is your smoking status?

~~Never smoked~~ ☐
Ex-Smoker – date stopped ✓ 3/05
~~Present smoker – no per day~~ ☐

What is your alcohol consumption?

~~Tee-total~~ ☐
No. units per day 2 glasses.

Allergies None that I know of.

To be completed by Practice Nurse:

Height _____ Weight _____

Blood pressure _____ Urinalysis _____

G:\Forms etc\New Patient Questionnaire Form.doc

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SHIRLEY YOUNG.

THE BROOMHILL PRACTICE

Dr. [redacted] L Whitty
Dr. [redacted] T Jamieson
Dr. [redacted] J Marshall
Dr. Nitin A Gambhir

41 Broomhill Drive
Glasgow, G11 7AD
Telephone: 0141 339 3626

RECORDING OF ETHNIC GROUP INFORMATION FOR PATIENTS

This practice, in line with other healthcare providers, collects information about the ethnic group of patients. This information can help us plan to meet the needs of the community and ensure that everyone has equal access to the health care we provide.

Please note we are not asking about citizenship or nationality, but about the ethnic group to which you feel you belong.

All the information we receive will be used and treated with the strictest confidence. Any planning information on general release will be anonymous with [redacted] names removed. The classification is entirely voluntary but will help us to provide a better service. The level of care you will be offered at this practice will not be affected by your decision to complete this form.

If you have any queries about completing this form, please ask a staff member. Otherwise, please complete the form below by ticking the box of the ethnic group you feel you belong to. If you feel you are descended from more than one group, please tick the one you feel you most belong to, or choose the 'Any other ethnic group' option.

			✓
A	White	British	✓
B	White	Irish	
C	White	Any other White background	
D	Mixed	White and Black Caribbean	
E	Mixed	White and Black African	
F	Mixed	White and Asian	
G	Mixed	Any other mixed background	
H	Asian or Asian British	Indian	
J	Asian or Asian British	Pakistani	
K	Asian or Asian British	Bangladeshi	
L	Asian or Asian British	Any other Asian background	
M	Black or Black British	Caribbean	
N	Black or Black British	African	
P	Black or Black British	Any other Black background	
R	Other ethnic groups	Chinese	
S	Other ethnic groups	Any other ethnic group	
T	Prefer not to declare	None	

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National Health Service Number

IMMUNISATIONS AND SCREENING INVESTIGATIONS

Surname (Block Letters) [redacted]

Forenames (Block Letters) SHARNE

Address

Date of Birth 25-9-74

IMMUNISATIONS (Insert date where appropriate)

	Diphtheria	Pertussis	Tetanus	Polio	Measles	Rubella	TAB	Smallpox
1								
2								
3								
Boost	11-8-79	✓	11-8-79	11-8-79				
Boost								
Boost								

Tuberculin Test				BCG.			
Result				Date			
Date							

Other Inoculations

Type						
Date						
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

FORM GP111H 8350134 250M 8/80 DWB&S Ltd. 243

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MICROBIOLOGY DEPARTMENT — NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

Name & Address: SHIRLEY YOUNG
Sex: F Age: 25.09.74
Hosp: General practitioner
Ward: Practice Number: 40121 Dr Whitty & Partners 41 Broomhill Drive
Hosp No: ZM06355801 CHI No: 2509745263
Specimen: Mid-stream specimen of urine
Investigation: Urine C & S
Date: 30.03.07
Received: 31.03.07

No organisms seen
Small number of pus cells seen
No red cells seen

			Organisms
1.	No significant growth	Antibiotic	1. 2. 3. 4.
2.			
3.			
4.			

Microbiologist: Anne Strong
Mid-Stream specimen of urine
End of Report 0.07.0833365.Y

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THE BROOMHILL PRACTICE

Dr. [redacted] T Jamieson
Dr. [redacted] J [redacted]
7AD
Dr. Nitin A Gambhir

41 Broomhill Drive
Glasgow, G11

Tel: 0141 339 3626
www.thebroomhillpractice.co.uk

Date typed: 03/09/2007
Date dictated:

Miss Shirley Young

Flat 0/1 119 Randolph Road
BROOMHILL
Glasgow

G117DS

Dear Miss Young

Thank you for phoning the surgery with [redacted] appointment date. I tried to phone back but your number is unobtainable (07853607604). Could you phone 357 5847 at your convenience as I would like to find out out how you [redacted] is getting on with the steroid inhaler in the first instance, or make an appointment with the GP whichever is convenient.

Kind regards

Yours sincerely

[redacted]
Practice Nurse

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Yarrow View Centre G1GX
G Mental Health

PCMHT (Primary Care Mental Health Team)

Consultant / receiving practitioner and/or **specialty clinic**

Hospital and **hospital address**

Hospital location code.
G006G

Email address
-

Urgency of referral Routine
Date of referral 26-Oct-2007 **Date sent** 26-Oct-2007

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263

Patient's address

Flat 0/1 119 Randolph Road
BROOMHILL
Glasgow
G11 7DS

Contact number(s)
Voice: 07830347127

SEEN BY GP DETAILS

Name	Dr. [redacted] Marshall		
GMC code	3128273	GP code	08061
Practice name	41 BROOMHILL DRIVE (40121)		
Practice code	40121		

Practice address

GLASGOW

Contact number(s)
Voice: 0141 339 3626
Facsimile: 0141 334 2399

REFERRING PRACTITIONER DETAILS

Name	Dr. [redacted] Marshall		
GMC code	3128273	GP code	08061
Practice name	41 BROOMHILL DRIVE (40121)		
Practice code	40121		

Practice address

GLASGOW

Contact number(s)
Voice: 0141 339 3626
Facsimile: 0141 334 2399

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Depression

Comment: This girl has requested some counselling support. She has recently been made homeless having split with her [redacted] She is coping with a seven year old and finding life quite difficult.
At interview she had moderate depressive symptoms with a PHQ score of 22. In the meantime I have suggested some St. [redacted] Wort and given the waiting list issues at Yarrow View, have recommended that she contact the Centre for Women's Health in the meantime but I would appreciate any help you can offer her in due course.

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		02-Aug-2006
Alcohol intake within recommended sensible limits:		02-Aug-2006

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history - please ensure inappropriate and irrelevant codes are deleted

Pre-existing conditions (High & medium priority - all)

Description	Date recorded	Modifier	Extension	Date of onset
[X]Depressive episode	19-Oct-2007	-	-	-
Herpes simplex	01-Jun-2007	-	genital	-
No known allergies	24-Oct-2006	-	-	-
Alcohol problem drinking	05-Aug-2003	-	-	-
Sprains and strains of joints and adjacent muscles	14-Mar-2003	-	muscle sprain	-
[X]Depressive episode	29-Sep-2002	-	-	-
H/O: facial injury	31-Aug-2001	-	assault	-
Forceps delivery	12-Jun-2000	-	boy	-
Nondependent abuse of drugs	09-Mar-1999	-	-	-
Fracture of nasal bones	28-Oct-1998	-	-	-
Facial (7th) nerve injury	20-Oct-1998	-	-	-
[V]Psychological problems	02-Mar-1995	-	-	-
Fracture of nasal bones	30-Nov-1994	-	-	-
Termination of pregnancy	18-Mar-1994	-	-	-
Irritable bowel syndrome	29-Mar-1993	-	-	-
Termination of pregnancy	08-Apr-1992	-	-	-

Past procedures (High and medium priority - all)

Description	Laterality	Modifier	Date performed
Patient health questionnaire (PHQ-9) score	22	-	19-Oct-2007
Septorhinoplasty NEC	-	-	11-May-2006
Removal of tattoo of skin	[redacted] laser nose	-	06-Jun-2001
Reduction of fracture of nasal bones NEC	-	-	28-Oct-1998
Cauterisation of vulval warts	-	-	04-Jul-1995
Closed reduction of fracture of nasal bone	-	-	14-Dec-1994

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

No current medications recorded

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

No recent medications recorded

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Clinical warnings

Additional relevant information - please ensure inappropriate and irrelevant codes are deleted
Administrative information
Referred By:Seen by GP

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

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THE BROOMHILL PRACTICE

Dr. [redacted] T Jamieson
Dr. [redacted] J [redacted]
Dr. Nitin A Gambhir

41 Broomhill Drive
Glasgow, G11 7AD
Tel: 0141 339 3626
www.thebroomhillpractice.co.uk

Date typed: 31/10/2007
Date dictated:

Ms Shirley Young

Dear Shirley,

Re: [redacted] Young.

You had asked if I could put you in the right direction for some emotional support for your [redacted]

I have discussed the situation with our health visitors and I think the best thing would be to contact them directly first of all.

Marjorie McBride can be contacted here at the surgery on 0141-339-6608.

Yours sincerely,

[redacted] J Marshall

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Cervical Cytopathology Request Form (Complete)

Request Id	1018885372
DOB / CHI	2509745263
Name	YOUNG, SHIRLEY
CHI Address	FLAT 0-1, 119 RANDOLPH RD, GLASGOW, G11 7DS
Correspondence	

1018885372

Smear Taker ID	7620
Sender Location No.	441
Sender Address	41 BROOMHILL DR, GLASGOW, G11 7AD
Practice Address	41 BROOMHILL DR, GLASGOW, G11 7AD

Type of Smear	Cervical
Appearance of Cervix	Normal
Current HRT	No
I.U.C.D.	No
Post Natal	No
Currently Immunosuppressed	No

Refer	No Referral
Observations	No Referral
Date Of Exam	31 Oct 2007
Date Sample Taken	31 Oct 2007
Last Menstrual Period	20 Oct 2007

Clinical Comments	Routine c. smear

Signature Of Requester [redacted]

Result	Negative
Recall Advice	Routine Recall

Infection(s)

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Cytology Report



YOUNG, SHIRLEY
2509745263

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PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: Shirley Yang **DATE:** 14/03/07

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things			○	
2. Feeling down, depressed, or hopeless				○
3. Trouble falling or staying asleep, or sleeping too much				○
4. Feeling tired or having little energy				○
5. Poor appetite or overeating				○
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down				○
7. Trouble concentrating on things, such as reading the newspaper or watching television				○
8. 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				○
9. Thoughts that you would be better off dead, or of hurting yourself in some way		○		
add columns:		+		+

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). **TOTAL:**

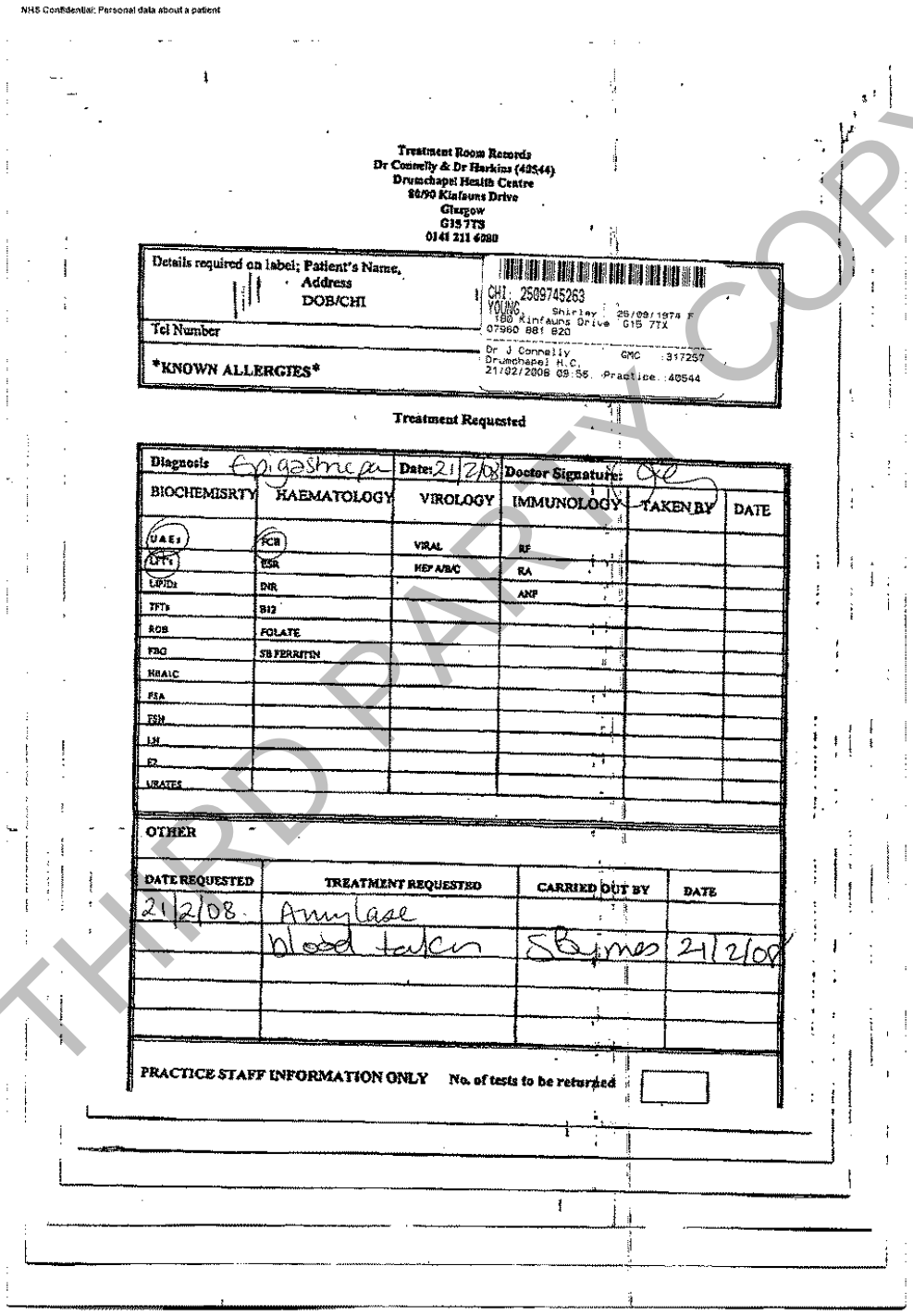
10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	**Not difficult at all**
	Somewhat difficult ✓
	Very difficult
	Extremely difficult

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Treatment Room Records
Dr Connelly & Dr Harkins (40544)
Drumchapel Health Centre
50/90 Kinfauns Drive
Glasgow
G15 7TS
0141 211 6200

Details required on label; Patient's Name, Address DOB/CHI

CHI: 2509745263
YOUNG Shirley 25/09/1974 F
180 Kinfauns Drive G15 7TX
07960 881 820

Tel Number

KNOWN ALLERGIES

Dr J Connelly GMC :317257
Drumchapel H.C.
21/02/2008 09:56 Practice:40544

Treatment Requested

Diagnosis Epigastric pain Date: 21/2/08 Doctor Signature:

BIOCHEMISRTY	HAEMATOLOGY	VIROLOGY	IMMUNOLOGY	TAKEN BY	DATE
U&Es	FCB	VIRAL	RF		
LFTs	ESR	HEP A/B/C	RA		
LIPIDs	INR		ANF		
TFTs	B12				
ROB	FOLATE				
FBC	SB FERRITIN				
HBA1C					
PSA					
FSH					
LH					
E2					
URATES					

OTHER

DATE REQUESTED	TREATMENT REQUESTED	CARRIED OUT BY	DATE
21/2/08	Amylase		
	blood taken	SBaines	21/2/08

PRACTICE STAFF INFORMATION ONLY No. of tests to be returned

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SURNAME	YOUNG		
FORENAME	Shirley		
Hosp No	ZNC0848926		
CHI No	2509745263		
D.O.B	25.09.74	SEX	Female
ADDRESS			
CONSULTANT/GP	J A CONNELLY		
HOSP/PRACTICE	DRUMCHAPEL HC 40544		
WARD/TOWN	80/90 KINFAUNS DR		

Collected	Received	Report Issued
21.02.08 @ 10:05	21.02.08 @ 11:50	21.02.08 @ 14:25

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

138	Sodium	135–145		mmol/L
3.9	Potassium	3.5–5.0		mmol/L
106	Chloride	98–108		mmol/L
	Bicarbonate	21–28		mmol/L
4.7	Urea	2.5–7.5		mmol/L
71	Creatinine	55–98	§	µmol/L
>60	eGFR (est. Glomerular Filtration Rate)			
	Glucose	3.5–5.5		mmol/L
	CRP	<10		mg/L
46	Amylase	<100		U/L
	Urate		§	mmol/L
	Troponin I	<0.04		µg/L
	CK	<210		U/L
5	[redacted]	3–22		µmol/L
17	AST	<40		U/L
10	ALT	<50		U/L
15	Gamma-GT	<55	§	U/L
71	Alk.Phos.	40–150	§	U/L
69	Protein	60–80		g/L
43	Albumin	32–45		g/L
26	Globulins	23–38		g/L
	Calcium			mmol/L
	Adjusted Calcium	2.10–2.60		mmol/L
	Phosphate	0.70–1.40	§	mmol/L
	Magnesium	0.70–1.00		mmol/L
	Cholesterol	target <5.0		mmol/L
	HDL Cholesterol	target >1.0		mmol/L
	Chol/HDL ratio			
	Triglycerides	target <2.3		mmol/L
	LDL Cholesterol	target <3.0		mmol/L
	TSH			mU/L
	Free T4			pmol/L
	T3			nmol/L
	IgA	0.8 –4.0	§	g/L
	IgG	6 –16	§	g/L
	IgM	0.5 –2.0	§	g/L

Lab No. N.08.71/5423 Run No: 93

§Significant sex/age differences – See handbook

Authorised by
Auto Check
Date Reported 21.02.08

Accredited Medical Laboratory
Reference No:2335

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NHS Confidential: Personal data [redacted] a patient

NHS Greater Glasgow and Clyde

Community Health & Care Partnership

West Glasgow Primary Care Mental Health Team
Private & Confidential

Dr A [redacted]
Broomhill Medical Practice
41 Broomhill Drive
Glasgow
G1 7AD

Yarrow View Centre
1880 Dumbarton Road
Glasgow
G14 OYA

Tel: 0141-435-4340
Fax: 0141-435-4350

Ref: DM/DS
Dictated: 5 November 2007
Typed 6 November 2007

Dear Dr Marshall

RE: Shirley Young D.O.B 25.09.74 Chi 5263 Flat 0/1 119 Randolph Road Broomhill Glasgow G1 7DS

Thank you for referring Miss Young to our service.

I note from your referral that you have also referred her to the Centre for Women's Health. Given the length of our waiting list (unfortunately this is currently over twenty weeks), I felt it would be most helpful if Miss Young was seen first at the Centre for Women's Health, who will forward the referral on to us, if they feel this is appropriate. In the meantime I will not be putting her on our waiting list. However please do not hesitate to contact me if you wish to discuss this further.

Best wishes

Yours sincerely.

[redacted] F Markus
Consultant Clinical Psychologist/Team Leader

CC: Tina Campbell Counselling Services Manager Sandyford Place Sauchiehall Street Glasgow G3 7ND

Continued

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NHS GREATER GLASGOW & CLYDE **DEPARTMENT OF HAEMATOLOGY**

[redacted] DR.CONNELLY DRUM HC
DRUMCHAPEL HEALTH CENTRE
KINFAUNS DR

SURNAME: YOUNG
FORENAME: SHIRLEY
SEX: F
D.O.B. AGE: 25.09.74
HOSPITAL: 2WH081129
LABORATORY No.: H.08.1040754.D

CHI/Ancillary No2509745263

REPORT

Cumulative FBC's
21.02.08

WBC	9.28	(4.00-11.00)
RBC	4.06	(3.80-5.80)
Hb	13.0	(11.5-16.5)
Hct	0.382	(0.370-0.470)
MCV	94.1	(80.0-100.0)
MCH	32.0	(27.0-32.0)
Plts	252	(150-400)
Neuts	6.19	(2.00-7.50)
Lymphs	2.21	(1.50-4.00)
Monos	0.58	(0.20-0.80)
Eos	0.26	(0.04-0.40)
ESR		(0-10)
GFST		
Retics		(25.0-85.0)

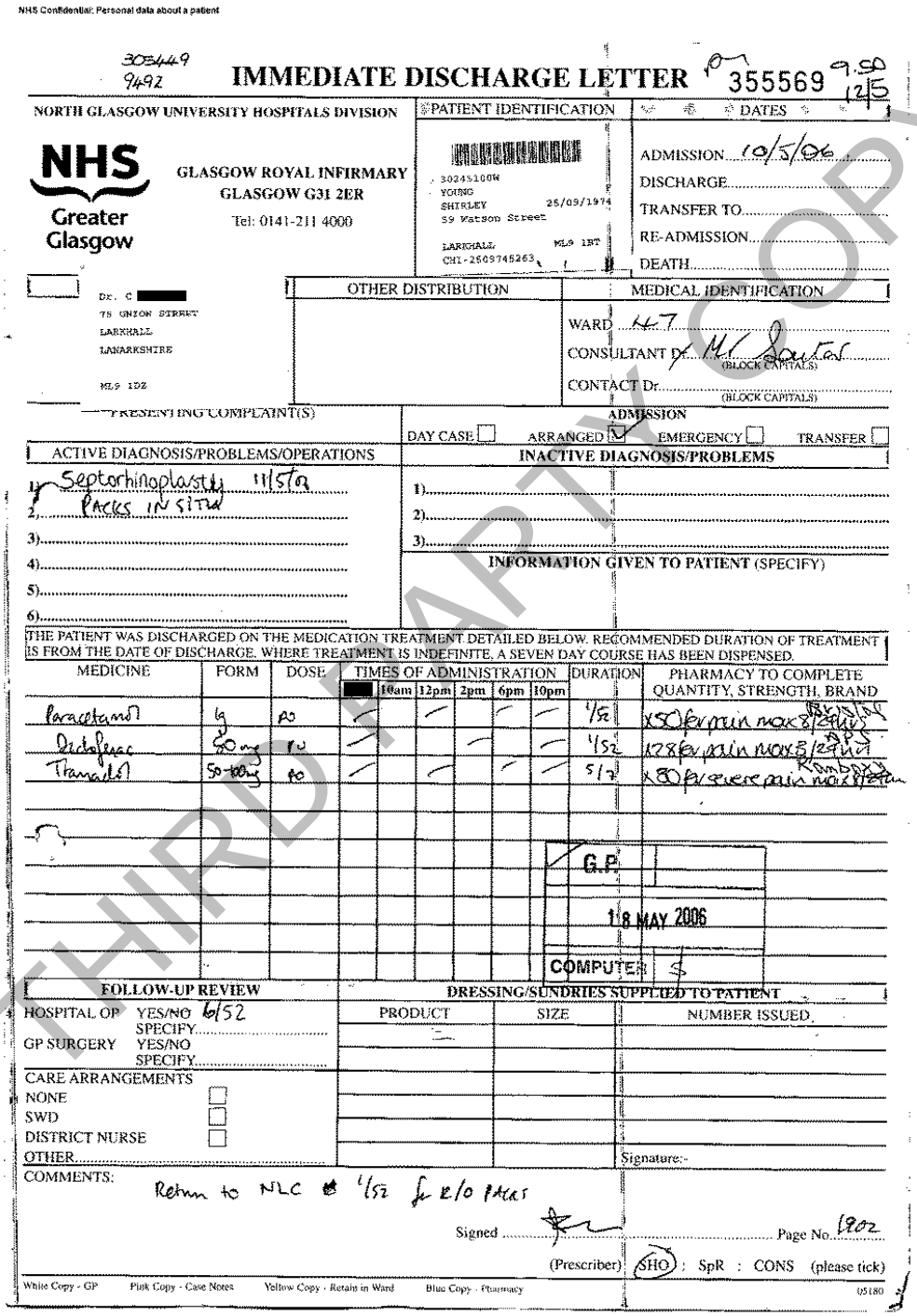
DATE OF REPORT: 21.02.08 TIME: 14:15
RUN: 615
DATE OF SAMPLE: 21.02.08 TIME: 14:06

FULL BLOOD COUNT

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303449 9492

IMMEDIATE DISCHARGE LETTER

355569 9.50 12/5

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION

NHS Greater Glasgow

GLASGOW ROYAL INFIRMARY
GLASGOW G31 2ER
Tel: 0141-211 4000

PATIENT IDENTIFICATION

30245100W
YOUNG
SHIRLEY 25/09/1974
59 Watson Street
LARKHALL ML9 1BT
CHI-2509745263

DATES
ADMISSION 10/5/06
DISCHARGE
TRANSFER TO
RE-ADMISSION
DEATH

Dr. C [redacted]
75 UNION STREET
LARKHALL
LANARKSHIRE
ML9 1DZ

OTHER DISTRIBUTION

MEDICAL IDENTIFICATION
WARD 47
CONSULTANT Dr M C Slater (BLOCK CAPITALS)
CONTACT Dr. (BLOCK CAPITALS)

PRESENTING COMPLAINT(S)

ADMISSION
DAY CASE ☐ ARRANGED ☑ EMERGENCY ☐ TRANSFER ☐

ACTIVE DIAGNOSIS/PROBLEMS/OPERATIONS
1) Septorhinoplasty 11/5/06
2) PACKS IN SITU
3)
4)
5)
6)

INACTIVE DIAGNOSIS/PROBLEMS
1)
2)
3)

INFORMATION GIVEN TO PATIENT (SPECIFY)

THE PATIENT WAS DISCHARGED ON THE MEDICATION TREATMENT DETAILED BELOW. RECOMMENDED DURATION OF TREATMENT IS FROM THE DATE OF DISCHARGE. WHERE TREATMENT IS INDEFINITE, A SEVEN DAY COURSE HAS BEEN DISPENSED.

MEDICINE	FORM	DOSE	TIMES OF ADMINISTRATION 10am	12pm	2pm	6pm	10pm	DURATION	PHARMACY TO COMPLETE QUANTITY, STRENGTH, BRAND
Paracetamol	tb	2	✓	✓	✓	✓	✓	1/52	x50 for pain max 8/24hrs
Diclofenac	50mg	1	✓		✓		✓	1/52	x28 for pain max 3/24hrs
Tramadol	50-100mg	2	✓		✓		✓	5/7	x80 for severe pain max 8/24hrs

G.P.
18 MAY 2006
COMPUTER

FOLLOW-UP REVIEW
HOSPITAL OP YES/NO 6/52
SPECIFY
GP SURGERY YES/NO
SPECIFY
CARE ARRANGEMENTS
NONE ☐
SWD ☐
DISTRICT NURSE ☐
OTHER

DRESSING/SUNDRIES SUPPLIED TO PATIENT

PRODUCT	SIZE	NUMBER ISSUED

Signature:

COMMENTS: Return to NLC @ 1/52 for R/O PACKS

Signed
Page No. 1902

(Prescriber) (SHO) : SpR : CONS (please tick)

White Copy - GP Pink Copy - Case Notes Yellow Copy - Retain in Ward Blue Copy - Pharmacy 05180

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NHS Confidential: Personal data about a patient

Young, Shirley
DoB: 25/09/1974

Report Valid On 19/02/08 13:58

The Broomhill Practice
Page number 1

Registration

Miss Shirley Young
Flat 0/1 119 Randolph Road
BROOMHILL
Glasgow
G11 7DS
Telephone: 07853 604 607
Contact: 07717464265 (Martin Roberts)
Email: ?
CHI Number: 2509745263 NHS Number: 587/74/038
Patient ID:
Occupation:
Registered GP: DR HT [redacted]
Repeat Consultation: ?
Registered: 02/08/2006 Confirmed: 04/08/2006
BMI: 0.0 Height: 0 m Weight: 0 kg
Parity: 0 Gravida: 0

Service Code: Permanent
DoB: 25/09/1974
Age: 33

Dispensing: No
Road: 0 Water: 0 FootPath: 0
Marital Status: Single
Seen By GP: DR HT JAMIESON
Acute Consultation: 11/12/2007
Records Received: 25/08/2006
BP: 0/0

Priority Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
19/10/2007	None	High	[X]Depressive episode	
11/05/2006	None	High	Septorhinoplasty NEC	
05/08/2003	None	High	Alcohol problem drinking	
29/09/2002	None	High	[X]Depressive episode	
12/06/2000	None	High	Forceps delivery	
Freetext: boy				
28/10/1998	None	High	Fracture of nasal bones	
30/11/1994	None	High	Fracture of nasal bones	
18/03/1994	None	High	Termination of pregnancy	
29/03/1993	None	High	Irritable bowel syndrome	
08/04/1992	None	High	Termination of pregnancy	

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Interval Review

Adverse Reactions

[redacted] Code	Description
1151.	No known allergies
U6092	[X]Other unspec antidepres caus advers effect in therap use

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
19/10/2007	None	Medium	Patient health questionnaire (PHQ-9) score	
Freetext: 22				
01/06/2007	None	Medium	Herpes simplex	

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Young, Shirley
DoB: 25/09/1974

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Freetext: genital			
24/10/2006	None	Medium	No known allergies
25/08/2006	None	Medium	Patient MRE received from HB
04/08/2006	None	Medium	Pat. GP7B/GP8B card from HB
02/08/2006	None	Medium	Patient reg. form sent to HB
14/03/2003	None	Medium	Sprains and strains of joints and adjacent muscles
Freetext: muscle sprain			
31/08/2001	None	Medium	H/O: facial injury
Freetext: assault			
06/06/2001	None	Medium	Removal of tattoo of skin
Freetext: ruby laser [redacted]			
09/03/1999	None	Medium	Nondependent abuse of drugs
28/10/1998	None	Medium	Reduction of fracture of nasal bones NEC
20/10/1998	None	Medium	Facial (7th) nerve injury
04/07/1995	None	Medium	Cauterisation of vulval warts
02/03/1995	None	Medium	[V]Psychological problems
14/12/1994	None	Medium	Closed reduction of fracture of nasal bone
11/12/2007	None	Low	[X] Adverse reaction to antidepressant
Freetext: citalopram felt spaced out and suicidal thoughts			
11/12/2007	None	Low	Current smoker
11/12/2007	None	Low	Smoking cessation advice
24/10/2006	None	Low	Gpass allergies updated
24/10/2006	None	Low	Gpass record corrected and updated
24/10/2006	None	Low	Notes summary on computer
02/08/2006	None	Low	Alcohol intake within recommended sensible limits
02/08/2006	None	Low	British or mixed British - ethnic category 2001 census
02/08/2006	None	Low	Ex smoker

Screening

02/08/2006	**Cervical Screening$$**	New Patient - Awaiting Records	
Repeat after an Interval - 4 Months		Do not send recall letter	Do not send result letter
28/07/2004	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 36 Months		Send recall when due	Send result letter
01/01/1989	**Rubella Screening$$**	Rubella vaccination	
No Action Required		Do not send recall letter	Do not send result letter
11/08/1979	**Preschool Immunis.$$**	Booster DT(double)+polio vacc.	
No Action Required		Do not send recall letter	Do not send result letter

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Young, Shirley
DoB: 25/09/1974

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Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		Reason For Referral	Referred By	Attendance Type	

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date
Citalopram TABS 20MG	21 1 Tab in the morning	21/11/2007
Aciclovir TABS 800MG	2 x 25 1 Tab 5 times daily	01/06/2007
Cefalexin CAPS 250MG	28 1 Cap 4 times daily	30/03/2007
Clotrimazole Thrush CREAM 2%	20 Apply As directed	30/03/2007
	please come and see me if symptoms not settling with treatment,dr cuthbertson	
Clotrimazole Vaginal TABS 500MG	1	26/10/2006
	please come and see me if symptoms not settling with treatment,dr cuthbertson	
Doxycycline CAPS 100MG	14 1 Cap Daily	29/09/2006
	Take TWO Capsules on the first day, then take ONE Capsule daily until the course is finished.	
Trimethoprim TABS 200MG	10 1 Tab Twice daily	17/08/2006
Hepatitis B Syringe 1ml VACC 20MCG/ML	1	11/08/2006
Famciclovir TABS 125MG	14 1 Tab Twice daily	04/08/2006

Inactive Repeat Drugs

Drug/Preparation	Quantity/Dose/Frequency	Intervals: Start	Last	Pres.	Review

Last Encounter

==========

DR AJ [redacted] Date: 11/12/2007

had a bad reaction to citalopram felt spaced out and suicidal thoughts stopped it and feeling better now sandyford assmt next week so rev 2/52 before diciding re further antidep therapy...2.smoking cessn adv

Clinical / User Markers:

[X] Adverse reaction to antidepressant - - citalopram felt spaced out and suicidal thoughts

Current smoker - -

Smoking cessation advice - -

Disease Protocol Sessions:

Acute - 1st SPICE Index 11/12/2007 Recall Period [redacted]

Acute - SPICE Basic Health Values 11/12/2007 Recall Period N/A

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Young, Shirley
DoB: 25/09/1974

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The Broomhill Practice
Page number 4

==========

Jan [redacted] Date: 29/11/2007

Follow up from surgery contact. Remains in Homeless unit .Early Intervention Team-SWD- , active . [redacted] nurse alerted, all discussed with Shirley. Ongoing support offered, HV details given.

==========

Dr N A Gambhir Date: 21/11/2007

[redacted] Flat 1, [redacted] Allen Centre, with [redacted] Mobile Number 07853604607. adviced to contact CWH and [redacted] Centre for counselling, address change as well to them. Has had a long thought re Antidepressants seems keen today, says no better, counsellin

g long wait, no [redacted] flags/suicidal ideation/thoughts, seems quite composed, chat re [redacted] school and studies coping but would be keen for HV input, will pass Monile no to Marjorie/Jan to arrange meeting. H A also have Medical Team she is aware. Rev 3/52

Acute Prescriptions:

Citalopram - TABS 20MG 1 Tab - In the morning 21

==========

==========

DR AJ [redacted] Date: 21/11/2007

spoke to jan about her DNA and issues re child she is following up

==========

Staying Temp 172 50 Kingsway Court G14 tel no 07853 604 607 May

==========

DR AJ [redacted] Date: 20/11/2007

DNA appt - I had meant to disc counselling appt with her today

==========

==========

Sister [redacted] Date: 31/10/2007

C. Smear - chaperone declined

==========

DR AJ [redacted] Date: 26/10/2007

SCI Electronic Referral

==========

DR AJ [redacted] Date: 19/10/2007

been made homeless in temp accom at Kingsway stress ++ thinks she is needing to talk to someone see PHQ refer YV but suggest CWH meantime due to WL issue could try SJW as not v keen on antidep rev 4/52 and reconsider

Clinical / User Markers:

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Young, Shirley
DoB: 25/09/1974

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The Broomhill Practice
Page number 5

[X]Depressive episode - -

Patient health questionnaire (PHQ-9) score - - 22

Dr B Whitty Date: 01/06/2007

flare up og herpes simplex genital. prev attended sandyford

Clinical / User Markers:

Herpes simplex - - genital

Acute Prescriptions:

Aciclovir - TABS 800MG	1 Tab - 5 times daily	2 x 25

Dr N A Gambhir Date: 30/03/2007

UTI symptoms, dipstick positive leuco2+ and proteins 1+, MSSU sent away. Review 2/52. See past history of urinary c/o

Acute Prescriptions:

Cefalexin - CAPS 250MG	1 Cap - 4 times daily	28
Clotrimazole - Thrush CREAM 2%	Apply - As directed	20

Dr Joanne Cuthbertson Date: 26/10/2006

[redacted] for canesten pessary.issued with message to see doc if symptoms not settling

Acute Prescriptions:

Clotrimazole - Vaginal TABS 500MG	-	1

DR BL WHITTY Date: 25/10/2006

Clinical / User Markers:

Notes summary on computer - [redacted] -

Screening:

Rubella Screening$$ - Rubella vaccination - No Action Required

Clinical / User Markers:

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[V]Psychological problems - -

[X]Depressive episode - -

Alcohol problem drinking - -

Cauterisation of vulval warts - -

Closed reduction of fracture of nasal bone - -

Facial (7th) nerve injury - -

Forceps delivery - - boy

Fracture of nasal bones - -

H/O: facial injury - - assault

Irritable bowel syndrome - -

No known allergies - -

Nondependent abuse of drugs - -

Reduction of fracture of nasal bones NEC - -

Removal of tattoo of skin - - [redacted] laser nose

Septorhinoplasty NEC - -

Sprains and strains of joints and adjacent muscles - - [redacted] sprain

Termination of pregnancy - -

Gpass allergies updated

Gpass record corrected and updated Bryan

==========

Dr [redacted] Cuthbertson Date: 16/10/2006

didn't take antibiotics and headaches settled.?stress element.wishing to try some counselling for a few issues.nos given and review prn

==========

Dr [redacted] Cuthbertson Date: 29/09/2006

freq migrine type headaches and intermittent visual disturbance for a few months.had eyes tested and kn.had surgery to nose in may.gets some zig zag lines and periphery of vision and pressure headaches also sonme facial pain.?element of sinus,2 weeks doxy and review

Acute Prescriptions:

Doxycycline - CAPS 100MG 1 Cap - [redacted] 14

==========

Screening:

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Young, Shirley
DoB: 25/09/1974

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Cervical Screening$$ - Cervical smear: negative - Repeat after an interval - (Review 36M)

==========

Screening:

Preschool Immunis $$ - Booster DT(double)+polio vacc. - No Action Required

==========

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Clinical / User Markers:

Patient MRE received from HB - -

==========

DR AJ [redacted] Date: 17/08/2006

extra ..NP > 1yr episodes of dysuria and cloudy smelly urine and sometimes blood but mssu -ve prev GP arranged [redacted] which was -ve ..urinalysis today wbc ++ no blood ....mssu and rev next week ? uro ref

Acute Prescriptions:

Trimethoprim - TABS 200MG 1 Tab - Twice daily 10

==========

DR AJ [redacted] Date: 11/08/2006

is working as a [redacted] and wants hep b vacc

Acute Prescriptions:

Hepatitis B - Syringe 1ml VACC 20MCG/ML 1

==========

DR AJ [redacted] Date: 11/08/2006

req for Hep B vacc applying for job as [redacted] ask her tospeak to GP

Acute Prescriptions:

Hepatitis B - Syringe 1ml VACC 20MCG/ML 1

==========

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Clinical / User Markers:

Pat. GP7B/GP8B card from HB - -

==========

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Young, Shirley
DoB: 25/09/1974

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The Broomhill Practice
Page number 8

Dr [redacted] Cuthbertson

Date: 04/08/2006

diagnosed with genital herpes at sandyford 2 weeks ago.apparently had 2 courses of antivirals and not settling.diagnosed by swab. discussed has f/u appt 21/8.wishing supply of antivirals in case of recurrence.agreed and discussed how to use etc.

Acute Prescriptions:

Famciclovir - TABS 125MG — 1 Tab - Twice daily — 14

==========

Screening:

Cervical Screening$$ - New Patient - Awaiting Records - Repeat after an Interval - (Review 4M)

Cervical Screening$$ - New Patient - Awaiting Records - Repeat after an Interval - (Review 4M)

Clinical / User Markers:

Alcohol intake within recommended sensible limits - -

British or mixed British - ethnic category 2001 census - -

Ex smoker - -

Disease Protocol Sessions:

Acute - 1st SPICE Index — 02/08/2006 Recall Period - N/A

Acute - SPICE Basic Health Values — 02/08/2006 Recall Period - [redacted]

==========

Automatically generated by transaction

Clinical / User Markers:

Patient reg. form sent to HB - -

==========

==========

Appointments List:

DR AJ [redacted]	Dec 11 2007 3:20PM
Dr N A Gambhir	Nov 21 2007 3:30PM
DR AJ [redacted]	Nov 20 2007 9:10AM
DR AJ [redacted]	Nov 12 2007 5:10PM
[redacted]	Oct 31 2007 11:45AM
DR AJ [redacted]	Oct 19 2007 4:10PM
Dr B Whitty	Jun 1 2007 10:30AM

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Young, Shirley
DoB: 25/09/1974

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Dr N A Gambhir	Apr 16 2007 4:20PM
Dr N A Gambhir	Mar 30 2007 10:40AM
Dr [redacted] Cuthbertson	Oct 16 2006 4:00PM
Dr Joanne Cuthbertson	Sep 29 2006 2:30PM
[redacted]	Sep 7 2006 4:00PM
DR AJ [redacted]	Aug 24 2006 9:10AM
locum nurse	Aug 22 2006 10:00AM
[redacted]	Aug 17 2006 4:50PM
DR AJ [redacted]	Aug 17 2006 10:30AM
DR BL WHITTY	Aug 15 2006 5:30PM
Dr [redacted] Cuthbertson	Aug 4 2006 9:40AM new patient

Last 4 Clinical Notes

Date	Clinical Notes
11/12/2007	had a bad reaction to citalopram felt spaced out and suicidal thoughts stopped it and feeling better now sandyford assmt next week so rev 2/52 before diciding re further antidep therapy.. 2 smoking cessn adv
29/11/2007	Follow up from surgery contact. Remains in Homeless unit .Early Intervention Team-SWD- , active , [redacted] nurse alerted, all discussed with Shirley. Ongoing support offered, HV details given.
21/11/2007	[redacted] Flat 1, Harmish Allen Centre, with [redacted] Mobile Number 07853604607, adviced to contact CWH and [redacted] Centre for counselling, address change as well to them. Has had a long thought re Antidepressants seems keen today, says no better, counsellin g long wait, no red flags/suicidal ideation/thoughts, seems quite composed, chat re [redacted] and studies coping but would be keen for HV input, will pass Monile no to Marjorie/Jan to arrange meeting. H A also have Medical Team she is aware. Rev 3/52
21/11/2007	spoke to jan about her DNA and issues re child she is following up

Summary Sheet: Data Protection

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NHS Confidential: [redacted]

Patient Record Operator: USE1 Page: 1
THE LANARK DOCTORS Date: 08/12/99 at 14.28

REGISTRATION DETAILS Patient Identification number: 16279

Surname : YOUNG Address: 6 NURSERY BUILDINGS
Forenames: SHIRLEY NEW LANARK
LANARKSHIRE
Other Name: SHIRLEY ML11 9DF
Previous
Surname:

Title: MISS Sex: F NHS No: 587.74.038 Tel No: 07974491298

D.o.B: 25/09/1974 Age: 25 years 2 months

F.H.S.A: LANARKSHIRE HEALTH BOARD
Registered GP: DR.ALLYSON MATTHEWS
Usual GP: DR.ALLYSON MATTHEWS
At Branch: THE LANARK DOCTORS
Mileage:

REGISTRATION STATUS Patient Identification number: 16279

06/12/94: PTO: Pat't taken on
08/02/95: REG: Reg'n confirmed
21/11/99: CAN: Reg'n cancelled
Cancellation reason: Registration cancelled

CURRENT REPEAT MEDICATION Patient Identification number: 16279

Item A: LORESTIN 20
tabs
Amount: 3 OP Issue code:
TAKE ONE ONCE A DAY
Auth GP: JC DR.J.COPLAND
Days between repeats: 0 Authorised: 0 Left: 0

Item B: DIAZEPAM
tabs 2 mg
Amount: 30 Issue code:
B.D.
Auth GP: RM DR.RAUL MASCARENHAS
Days between repeats: 0 Authorised: 0 Left: 0

MEDICATION HISTORY Patient Identification number: 16279

14/02/95 RANITIDINE
tabs 150 mg
Amount: 56 Issue code:
TAKE ONE TWICE A DAY
AS NEEDED
Auth GP: JC DR.J.COPLAND
Dates last printed : 17/03/95 12/06/95 24/07/95 08/09/95

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NHS Confidential: Personal data about a patient

Patient Record Operator: HSE1 Page: 2
THE LANARK DOCTORS Date: 08/12/99 at 14.28

10/11/95 RANITIDINE
tabs 150 mg
Amount: 56 Issue code:
TAKE ONE ONCE A DAY
AS NEEDED
Notes: NOT ISSUED
Auth GP: JC DR.J.COPLAND
Dates last printed : 16/12/95 28/03/96 21/06/96 10/07/96
[redacted] last printed : 05/08/96 22/08/96 03/10/96 22/10/96
[redacted] last printed : 20/01/97 09/05/97 29/10/97 07/01/98

01/07/98 RANITIDINE
tabs 150 mg
Amount: 56 Issue code: I
Auth GP: AM DR.ALLYSON MATTHEWS

16/03/98 HYDROCORTISONE
cream 1%
Amount: 30 GM Issue code: I
APPLY TWICE A DAY
SPARINGLY
Auth GP: JC DR.J.COPLAND

15/01/96 LOESTRIN 20
tabs
Amount: 3 OP Issue code:
TAKE ONE ONCE A DAY
Auth GP: JC DR.J.COPLAND
Dates last printed : 23/11/98

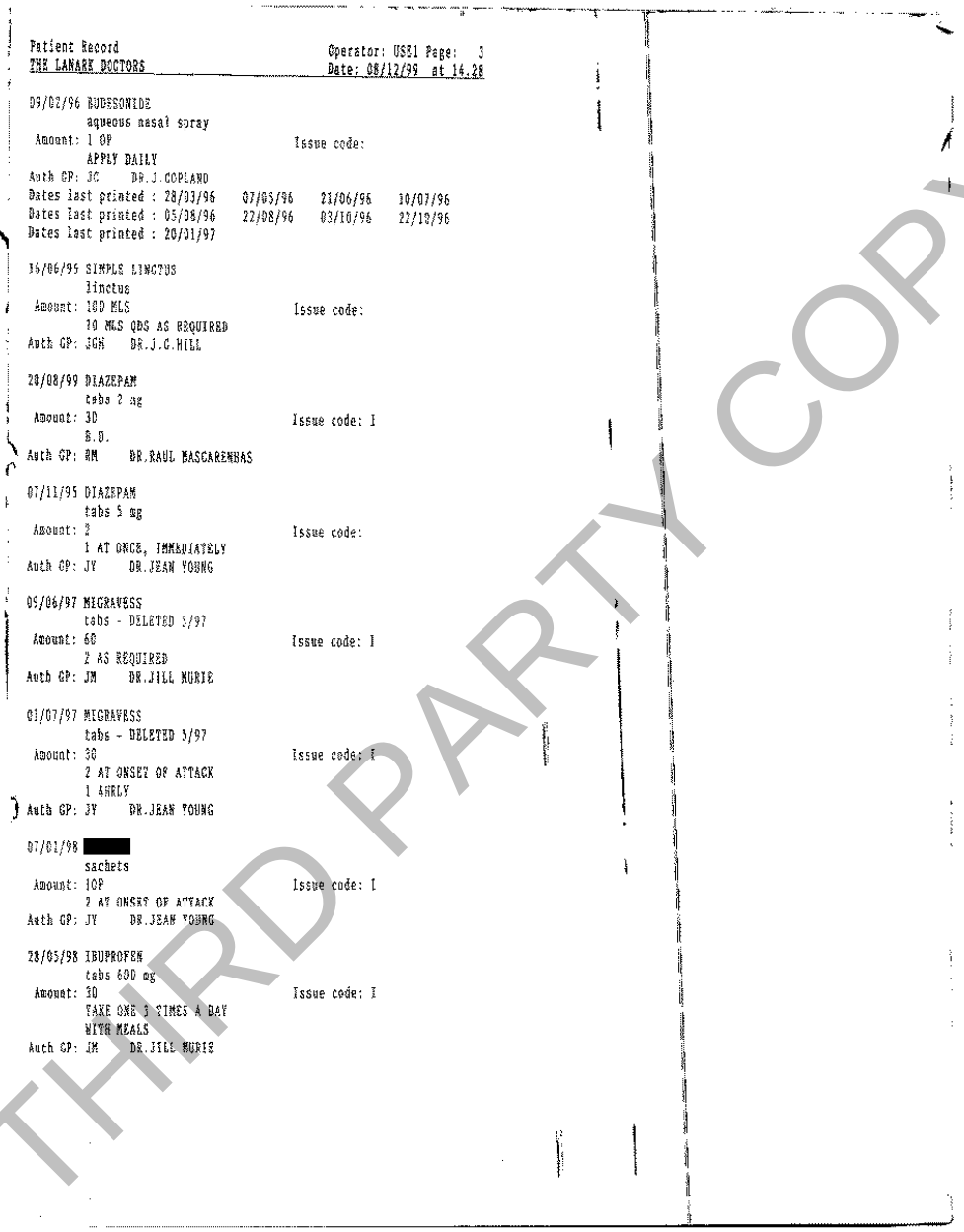
14/02/95 CO-CODAMOL
tabs 8/500
Amount: 50 Issue code:
[redacted] 2 FOUR TIMES A DAY
AS REQUIRED
Auth GP: JC DR.J.COPLAND

03/11/98 CO-CODAMOL
tabs, dispersible 8/500
Amount: 100 Issue code: I
TAKE 2 FOUR TIMES A DAY
AS DIRECTED
Auth GP: JY DR.JEAN YOUNG

09/10/97 CO-PROXAMOL
tabs
Amount: 56 Issue code: I
TAKE 2 FOUR TIMES A DAY
AS REQUIRED
Auth GP: JY DR.JEAN YOUNG

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Patient Record — Operator: USE1 Page: 3
THE LANARK DOCTORS — Date: 08/12/99 at 14.28

09/02/96 BUDESONIDE
aqueous nasal spray
Amount: 1 OP — Issue code:
APPLY DAILY
Auth GP: JC DR.J.COPLAND
Dates last printed : 28/03/96 07/05/96 21/06/96 10/07/96
Dates last printed : 05/08/96 22/08/96 03/10/96 22/10/96
Dates last printed : 20/01/97

16/06/95 SIMPLE LINCTUS
linctus
Amount: 100 MLS — Issue code:
10 MLS QDS AS REQUIRED
Auth GP: JGH DR.J.G.HILL

20/08/99 DIAZEPAM
tabs 2 mg
Amount: 30 — Issue code: I
B.D.
Auth GP: RM DR.RAUL MASCARENHAS

07/11/95 DIAZEPAM
tabs 5 mg
Amount: 2 — Issue code:
1 AT ONCE, IMMEDIATELY
Auth GP: JY DR.JEAN YOUNG

09/06/97 MIGRAVESS
tabs - DELETED 5/97
Amount: 60 — Issue code: I
2 AS REQUIRED
Auth GP: JM DR.JILL MURIE

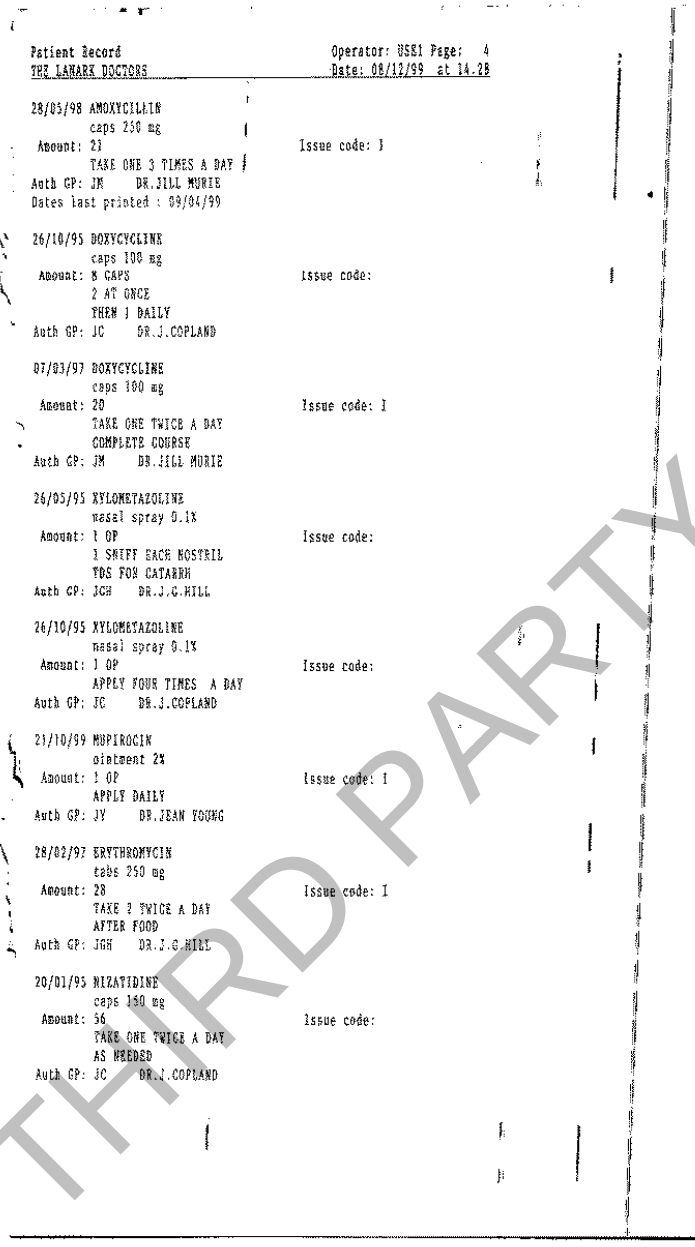
01/07/97 MIGRAVESS
tabs - DELETED 5/97
Amount: 30 — Issue code: I
2 AT ONSET OF ATTACK
1 AHRLY
Auth GP: JY DR.JEAN YOUNG

07/01/98 [redacted]
sachets
Amount: 10P — Issue code: I
2 AT ONSET OF ATTACK
Auth GP: JY DR.JEAN YOUNG

28/05/98 IBUPROFEN
tabs 600 mg
Amount: 30 — Issue code: I
TAKE ONE 3 TIMES A DAY
WITH MEALS
Auth GP: JM DR.JILL MURIE

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Patient Record — Operator: USE1 Page: 4
THE LANARK DOCTORS — Date: 08/12/99 at 14.28

28/05/98 AMOXYCILLIN
caps 250 mg
Amount: 21 — Issue code: I
TAKE ONE 3 TIMES A DAY
Auth GP: JM DR.JILL MURIE
Dates last printed : 09/04/99

26/10/95 DOXYCYCLINE
caps 100 mg
Amount: 8 CAPS — Issue code:
2 AT ONCE
THEN 1 DAILY
Auth GP: JC DR.J.COPLAND

07/03/97 DOXYCYCLINE
caps 100 mg
Amount: 28 — Issue code: I
TAKE ONE TWICE A DAY
COMPLETE COURSE
Auth GP: JM DR.JILL MURIE

26/05/95 XYLOMETAZOLINE
nasal spray 0.1%
Amount: 1 OP — Issue code:
1 SNIFF EACH NOSTRIL
TDS FOR CATARRH
Auth GP: JCH DR.J.C.HILL

26/10/95 XYLOMETAZOLINE
nasal spray 0.1%
Amount: 1 OP — Issue code:
APPLY FOUR TIMES A DAY
Auth GP: JC DR.J.COPLAND

21/10/99 MUPIROCIN
ointment 2%
Amount: 1 OP — Issue code: I
APPLY DAILY
Auth GP: JY DR.JEAN YOUNG

28/02/97 ERYTHROMYCIN
tabs 250 mg
Amount: 28 — Issue code: I
TAKE 2 TWICE A DAY
AFTER FOOD
Auth GP: JGH DR.J.G.HILL

20/01/95 NIZATIDINE
caps 150 mg
Amount: 56 — Issue code:
TAKE ONE TWICE A DAY
AS NEEDED
Auth GP: JC DR.J.COPLAND

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Patient Record — Operator: USE1 Page: 5
THE LANARK DOCTORS — Date: 08/12/99 at 14.28

05/06/97 *ZOHIG
1 AT ONSET OF ATTACK REPEAT IN 2 HRS
Amount: 1 OP — Issue code: I
Auth GP: JY DR.JEAN YOUNG

27/06/95 LORATADINE
tabs 10 mg
Amount: 28 — Issue code:
TAKE ONE ONCE A DAY
Auth GP: JC DR.J.COPLAND
[redacted] last printed : 24/07/95

28/03/96 LOESTRIN 30
tabs
Amount: 1 OP — Issue code: I
TAKE ONE ONCE A DAY
Auth GP: JC DR.J.COPLAND
Dates last printed : 28/03/96 21/05/96 21/06/96 10/07/96

22/08/96 LOESTRIN 30
tabs
Amount: 30P — Issue code: I
TAKE ONE ONCE A DAY
Auth GP: JC DR.J.COPLAND
Dates last printed : 03/10/96 22/10/96 20/01/97 09/05/97
[redacted] last printed : 29/10/97

07/01/98 LOESTRIN 30
tabs
Amount: 6 OP — Issue code: I
TAKE ONE ONCE A DAY
Auth GP: JY DR.JEAN YOUNG
[redacted] last printed : 08/10/98

26/05/95 MIGRALEVE DUO-PACK
pack 8/98 RENAMED "MIGRALEVE"
Amount: 1 OP — Issue code:
2 PINK STAT THEN 2 YELLOW
6-HRLY PRN FOR MIGRAINE
Auth GP: JGH DR.J.G.HILL

16/12/95 MIGRALEVE DUO-PACK
pack 8/98 RENAMED "MIGRALEVE"
Amount: 10P — Issue code:
AS REQUIRED
Auth GP: AM DR.ALLYSON MATTHEWS
Dates last printed : 15/01/96 09/02/96 28/03/96 18/04/96
[redacted] last printed : 02/05/96 21/05/96 [redacted] 10/07/96
Dates last printed : 05/08/96 22/08/96 03/10/96 22/10/96
Dates last printed : 20/01/97 09/05/97

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Patient Record Operator: USE1 Page: 6
THE LAWARX DOCTORS Date: 09/12/99 at 14.28

10/09/98 LYCLEAR
cream rinse 1%
Amount: 1 OP Issue code: I
APPLY TO CLEAN DAMP HAIR, RINSE AND DRY
AFTER 10 MINS
[redacted] GP: CMD DR.C.M.DUNCAN

07/11/95 SCHERING PC4
tabs
Amount: 1 OP Issue code:
2 TWICE 12 HOURS APART
Auth GP: JY DR.JEAN YOUNG

08/10/98 SCHERING PC4
tabs
Amount: 1 OP Issue code: I
TAKE 2 [redacted] A DAY
Auth GP: JY DR.JEAN YOUNG
Dates last printed : 23/11/98

09/06/97 SUMATRIPTAN
tabs 50 mg
Amount: 10P Issue code: I
AS DIRECTED
Auth GP: JM DR.JILL MURIE

06/11/96 FLUTICASONE
aqueous nasal spray
Amount: 1 OP Issue code: I
OD
Auth GP: LOC DR MCCORKELL

06/03/97 FLUTICASONE
aqueous nasal spray
Amount: 10P Issue code: I
TAKE ONE PUFF DAILY
Auth GP: JM DR.JILL MURIE
Dates last printed : 09/05/97

06/11/96 FYBOGEL MEBEVERINE
granules in sachets
Amount: 60 Issue code: I
BD
Auth GP: LOC DR MCCORKELL

ACTION DATES Patient Identification number: 16279

25/09/74 Rubella status not known GP: AM
28/01/01 Cervical smear due GP: RH

SUMMARY ITEMS Patient Identification number: 16279

29/11/95 Failed encounter NOS GP: JC
24/01/96 Failed encounter NOS GP: JY
14/02/96 Failed encounter NOS GP: JY

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Patient Record' | Operator: USE1 Page: 7
THE LANARK DOCTORS Date: 08/12/99 at 14.28

11/03/96	Failed encounter NOS	GP: CMD
13/03/96	Failed encounter NOS	GP: JY
16/05/96	Failed encounter NOS	GP: JC
09/09/96	Failed encounter NOS	GP: JC
22/08/98	FP1001 - not claimed	GP: JY
24/06/99	Failed encounter NOS	GP: JY
12/10/99	Failed encounter NOS	GP: JY

MORBIDITY DIGEST Patient Identification number: 16279

- None -	Allergy/Adverse Reactions
- None -	Blood Pressure
- None -	Smoking
- None -	Alcohol
- None -	BMI
- None -	Diet
- None -	Exercise
- None -	Cholesterol
- None -	Urine Analysis
- None -	Immunisations
- None -	Family History

MORBIDITY DETAILS Patient Identification number: 16279

04/11/98	Discharged from hospital	GP: RH
Notes:	ADMISSION/DISCHARGE	
29/10/98	Fracture of nasal bones	GP: RH
	----o0o----	
06/12/94	Drug prescription	GP: AM
	----o0o----	
06/12/94	Gynaecological history	GP: AM
Notes:	Including cytology	
28/01/98	Cervical smear: negative	GP: RH
19/08/97	Cx. smear: repeat 6 months	GP: RH
19/02/97	Cervical smear: negative	GP: RH
Notes:	BUT REPEAT IN 6 MONTHS INVIEW OF PREVIOUS HISTORY	
03/04/96	Cerv.smear: borderline changes	GP: JY
Notes:	OCCASIONAGELLS STILL SHOW BORDERLINE NUCLEAR CHANGES. IN VIEW OF THIS AND PAST HISTORY, PLEASE REPEAT IN 6 MONTHS.	
04/07/95	Cerv.smear: borderline changes	GP: JC
Notes:	FEATURES SUGGESTIVE OF HPV. PLEASE REPEAT IN 6 MONTHS.	
	----o0o----	
06/12/94	Administration	GP: AM
12/10/99	Failed encounter NOS	GP: JY
20/08/99	Seen by general practitioner	GP: RM
24/06/99	Failed encounter NOS	GP: JY
23/11/98	Seen by general practitioner	GP: JC
22/08/98	FP1001 - not claimed	GP: JY
16/03/98	Seen by general practitioner	GP: JC
22/08/97	FP1001 sent to FPC	GP: JY
30/05/97	Failed encounter NOS	GP: JM
02/05/97	Failed encounter NOS	GP: LGC
28/11/96	[redacted] by general practitioner	GP: JY
19/11/96	Seen by general practitioner	GP: LGC

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Patient Record — Operator: USE1 Page: 8
THE LANARK DOCTORS — Date: 08/12/99 at 14.28

06/11/96	Seen by general practitioner	GP: LOC
05/09/96	Failed encounter NOS	GP: JC
16/05/96	Failed encounter NOS	GP: JC
28/03/96	Seen by general practitioner	GP: JC
13/03/96	Failed encounter NOS	GP: JY
11/03/96	Failed encounter NOS	GP: CMD
20/02/96	Seen by general practitioner	GP: JC
14/02/96	Failed encounter NOS	GP: JY
24/01/96	Failed encounter NOS	GP: JY
29/11/95	Failed encounter NOS	GP: JC
28/07/95	Seen by general practitioner	GP: LOC
16/02/95	Patient MRE received from FPC	GP: AM
07/12/94	Seen by general practitioner	GP: JES
06/12/94	Patient signed reg. form	GP: AM
	----o0o----	
06/12/94	Social history	GP: AM
Notes:	General background information	
	----o0o----	
06/12/94	Past medical history	GP: AM
	----o0o----	
06/12/94	Screening	GP: AM
Notes:	Excluding cytology	
	----o0o----	
06/12/94	Immunisations	GP: AM
	----o0o----	

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SUMMARY OF PATIENT RECORD

YOUNG, MISS SHIRLEY

Address 59 WATSON STREET
LARKHALL ML9 1BT

P/N 9492
age 31 dob 25.09.1974
status S GP DR. G. SMITH
registered 20.06.01

DR. G. SMITH
THE SURGERY
73 UNION STREET
LARKHALL
LANARKSHIRE

Patient No 305449
NHS No 587/74/038
1st Hosp No P9492PP
2nd Hosp No -
Item 1 IMK 15.8.01Item 2
Item 3 - Notes -

CLINICAL HISTORY

Priority Notes summary on computer

Summary History	Date/Yr	Notes
Migraine	1990	
Anxiety with depression	1992	
Closed reduc disloc nasal bone	1994	
Cautery perianal warts NEC	1995	
Closed reduc disloc nasal bone	1998	
Laser beam therapy	2001	Scars of nose
Referral: smok [redacted]n advisor	2004	Failed to complete course
Smoking status at 52 weeks	08.02.05	DNA
Smoking status at 52 weeks	24.03.06	DNA
Rhinoplasty	11.05.06	

medication -

current episode

22.06.01 IMK Failed encounter MDS new patient check "
09.07.01 1016 req med -has printout rpt meds from prev gp "
CITALOPRAM TABLETS 20MG "
18.07.01 1016 came re above - depressed since age 11 -on various C
a/depressants -dosent know of any ppiating factor-
cipramil x 2m, no adverse effects, has also been on
diazepam, attended counsellor- not useful
07.08.01 1458 CITALOPRAM TABLETS 20MG
27.08.01 1231 assaulted 25.08-26.08-bruising under R eye++,nose swollen C
and deviated to L ,both nostrils patent,small bruise L up-
per lip,chin,6 bruises L leg,sore neck as pulled hair
tender scalp with fruit bowl smashed on head,tender inf
orbit R [redacted]for x-ray,grazes cheek,?fingernails
superficial lacerations R hand,and buise l hand
FLUCLOXACILLIN capsules 250mg
grazes infected,to A+E
07.09.01 1016 CITALOPRAM TABLETS 20MG
12.09.01 1231 ACICLOVIR CREAM 5%
had unprotected i/c,sore suprapubic,clearing,not like
herpes,urine for chlam,ydia,HVS C
IMK creamy pv discharge++, hvs and urine for chlamydia A
18.09.01 1231 HVS-NAD
20.09.01 1231 chlamydia negative-Results - OK
26.09.01 1458 Advice re sore area- now settled- worried was hepatitis-
now settled- see SOS for H simplex C
11.10.01 1016 CITALOPRAM TABLETS 20MG

YOUNG, MISS SHIRLEY 305449 7.8.06 page 1

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110	MONKLANDS & BELLSHILL HOSPITAL NHS TRUST	Strt-10.01.2006 End -10.01.2006
	MID-STREAM URINE (MSU)	
111	MONKLANDS & BELLSHILL HOSPITAL NHS TRUST	Strt-13.01.2006 End -13.01.2006
	GENITAL SWAB - HIGH VAGINAL	
112	MONKL[redacted] & BELLSHILL HOSPITAL NHS TRUST	Strt-24.02.2006 End -24.02.2006
	MID-STREAM URINE (MSU)	
113	MONKLANDS & BELLSHILL HOSPITAL NHS TRUST	Strt-01.03.2006 End -01.03.2006
	MID-STREAM URINE (MSU)	
114	MONKLANDS & BELLSHILL HOSPITAL NHS TRUST	Strt-21.03.2006 End -21.03.2006
	MID-STREAM URINE (MSU)	
115	WISHAW GENERAL HOSPITAL	Strt-26.04.2006 End -26.04.2006
	ULTRASOUND	

FILED MEDICATION

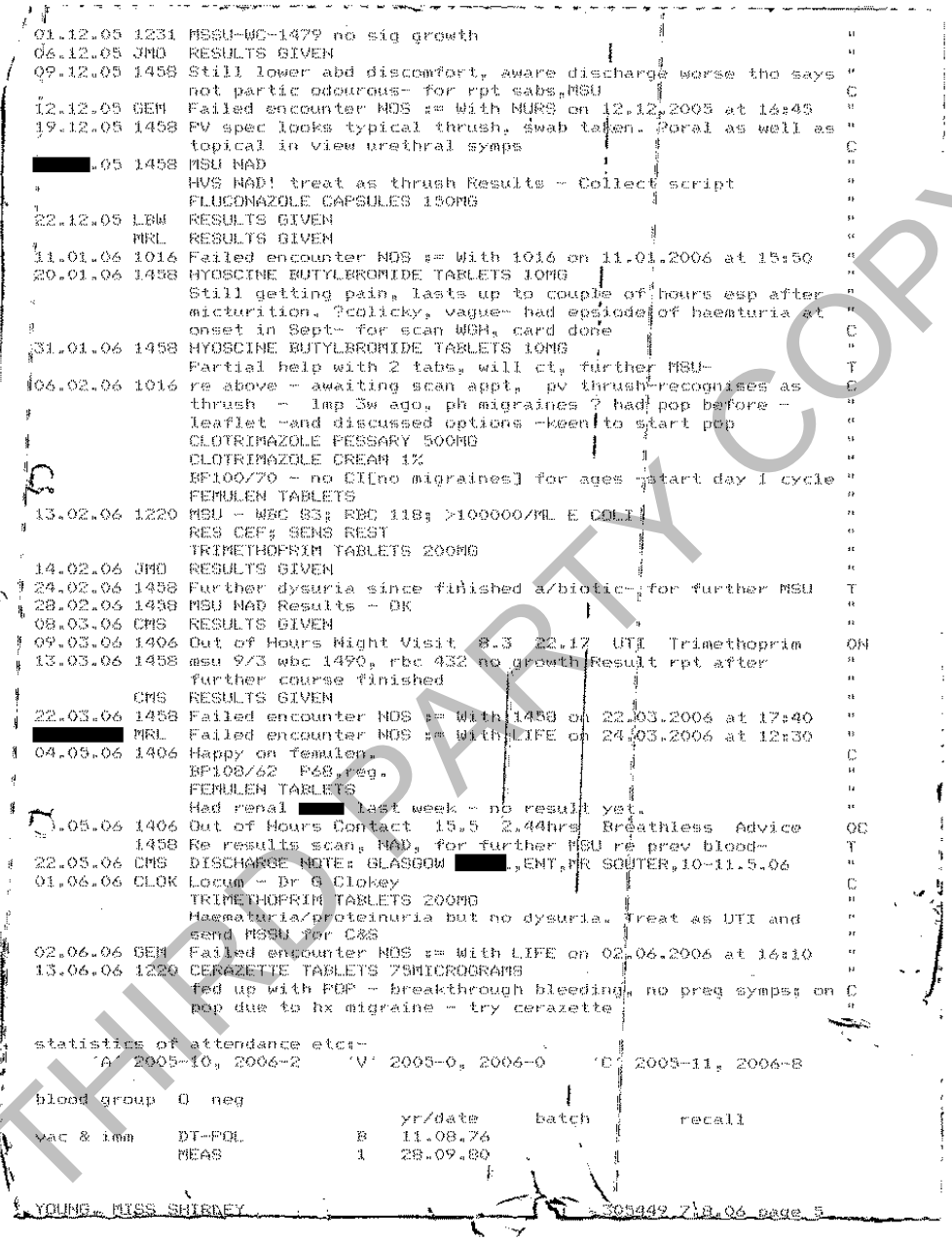
Medication	Fi[redacted]	Presc	First	Last	Total	Mths
citalopram tablets 20mg (Mx) 1 x 28dys		30.11.04	1016	07.02.02	25.02.04	21

PRINTED USING EXETER GP SYSTEM FOR INFORMATION CONTACT - 0121 248 1234

YOUNG, MISS SHIRLEY 305449 7.8.06 page8

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```
01.12.05 1231 MSSU-WC-1479 no sig growth                                    "
06.12.05 JMO  RESULTS GIVEN                                                 "
09.12.05 1458 Still lower abd discomfort, aware discharge worse tho says    "
              not partic odourous- for rpt sabs,MSU                         C
12.12.05 GEM  Failed encounter NOS := With NURS on 12.12.2005 at 16:45      "
19.12.05 1458 PV spec looks typical thrush, swab taken. Poral as well as    "
              topical in view urethral symps                                C
[redacted].05 1458 MSU NAD                                                  "
              HVS NAD! treat as thrush Results - Collect script             "
              FLUCONAZOLE CAPSULES 150MG                                    "
22.12.05 LBW  RESULTS GIVEN                                                 "
         MRL  RESULTS GIVEN                                                 "
11.01.06 1016 Failed encounter NOS := With 1016 on 11.01.2006 at 15:50      "
20.01.06 1458 HYOSCINE BUTYLBROMIDE TABLETS 10MG                            "
              Still getting pain, lasts up to couple of hours esp after     "
              micturition. ?colicky, vague- had episode of haematuria at    "
              onset in Sept- for scan WGH, card done                        C
31.01.06 1458 HYOSCINE BUTYLBROMIDE TABLETS 10MG                            "
              Partial help with 2 tabs, will ct, further MSU-               T
06.02.06 1016 re above - awaiting scan appt,  pv thrush-recognises as       C
              thrush  -  1mp 3w ago, ph migraines ? had pop before -        "
              leaflet -and discussed options -keen to start pop             "
              CLOTRIMAZOLE PESSARY 500MG                                    "
              CLOTRIMAZOLE CREAM 1%                                         "
              BP100/70 - no CI[no migraines] for ages -start day 1 cycle    "
              FEMULEN TABLETS                                               "
13.02.06 1220 MSU - WBC 83; RBC 118; >100000/ML E COLI                      "
              RES CEF; SENS REST                                            "
              TRIMETHOPRIM TABLETS 200MG                                    "
14.02.06 JMO  RESULTS GIVEN                                                 "
24.02.06 1458 Further dysuria since finished a/biotic- for further MSU      T
28.02.06 1458 MSU NAD Results - OK                                          "
08.03.06 CMS  RESULTS GIVEN                                                 "
09.03.06 1406 Out of Hours Night Visit  8.3  22.17  UTI  Trimethoprim       ON
13.03.06 1458 msu 9/3 wbc 1490, rbc 432 no growth Result rpt after          "
              further course finished                                       "
         CMS  RESULTS GIVEN                                                 "
22.03.06 1458 Failed encounter NOS := With 1458 on 22.03.2006 at 17:40      "
[redacted] MRL  Failed encounter NOS := With LIFE on 24.03.2006 at 12:30    "
04.05.06 1406 Happy on femulen.                                             C
              BP108/62  P68,reg.                                            "
              FEMULEN TABLETS                                               "
              Had renal [redacted] last week - no result yet.               "
[redacted].05.06 1406 Out of Hours Contact  15.5  2.44hrs  Breathless  Advice  OC
         1458 Re results scan, NAD, for further MSU re prev blood-          T
22.05.06 CMS  DISCHARGE NOTE: GLASGOW [redacted],ENT,MR SOUTER,10-11.5.06   "
01.06.06 CLOK Locum - Dr G Clokey                                           C
              TRIMETHOPRIM TABLETS 200MG                                    "
              Haematuria/proteinuria but no dysuria. Treat as UTI and       "
              send MSSU for C&S                                             "
02.06.06 GEM  Failed encounter NOS := With LIFE on 02.06.2006 at 16:10      "
13.06.06 1220 CERAZETTE TABLETS 75MICROGRAMS                                "
              fed up with POP - breakthrough bleeding, no preg symps; on    C
              pop due to hx migraine - try cerazette                        "

statistics of attendance etc:-
    'A' 2005-10, 2006-2     'V' 2005-0, 2006-0     'C' 2005-11, 2006-8

blood group  O  neg

                                  yr/date      batch        recall
vac & imm     DT-FDL          B   11.08.76
              MEAS            1   28.09.80

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```
14.03.05 IMK  phoned at 13-24hrs - no reply                              "
15.03.05 IMK  has stopped smoking for 5d, using nicorette 15mg, co-ppm   A
              2, re-start and rv 1w. @15.03.2006 smok                    "
              NICORETTE PATCH 15MG                                       "
22.03.05 IMK  Failed encounter NOS := With SMOK on 22.03.2005 at 10:10   "
              tried to phone [redacted] - no reply                       T
23.03.05 GEM  2week smoke review coping well still occasional cravings   "
              ok with patches has not smoked since last review Co-PPM 2  "
              ran out of patches needs script today will continue see    A
              2weeks                                                     A
         MRL  NICORETTE PATCH 15MG                                       "
05.04.05 GEM  4 week smoke review cravings normally manageable except    "
              when out socialising used sl tablets from previous attempt "
              Co-PPM 2 wanting to step down this time, plus add in sl    "
              tablets has not smoked since last review see 2/52          A
         MRL  NICORETTE PATCH 10MG                                       "
06.04.05 MRL  NICORETTE MICROTAB 2MG                                     "
19.04.05 GEM  6 week smoke review has not smoked since last review still "
              having cravings but not as bad Co-PPM 2 stay on present    "
              management see 2/52                                        A
         IMK  NICORETTE MICROTAB 2MG                                     "
              NICORETTE PATCH 10MG                                       "
03.05.05 IMK  8w smok rv, doing well, no smoking, CO-PPM 2, reduce to    A
              5mg and rv 2w                                              "
              NICORETTE PATCH 5MG                                        "
17.05.05 IMK  10w smok rv, CO-PPM 1, using nrt alt days now cont and rv  A
              2w                                                         "
              NICORETTE PATCH 5MG                                        "
31.05.05 IMK  Failed encounter NOS := With SMOK on 31.05.2005 at 10:20   "
21.06.05 1458 Out of Hours Contact                                       OC
         1016 dysuria freq, spoke to ooh last night lu/a tr prot bld ++  C
              inc fluids                                                 "
              TRIMETHOPRIM TABLETS 200MG                                 "
24.06.05 1016 msu = e coli  S all but amox  Results - Repeat test after  "
              rx                                                         "
27.06.05 EBD  RESULTS GIVEN                                              "
04.07.05 1016 msu = no culture reqd     Results - OK                     "
05.07.05 SWB  RESULTS GIVEN                                              "
28.07.05 CMS  NICORETTE PATCH 5MG cancelled                              "
 7.08.05 IMK  see [redacted] record 305423. very aggressive, slammed     "
              consulting room door                                       "
26.08.05 GEM  Called late this pm had developed abdo and back pain       "
              bowels satis and no urinery symptoms of note general       "
              advice given but also advised if pain worsens to contact   "
              out of hours staff for further advice/assessment           T
29.08.05 1220 lower dorsal pain, worse r side; t36.4 chest clear -       "
              tender to palpation in r para-spinal ms - advice           C
16.09.05 1220 FRI [redacted] booking; warts and perineal irritation; vaginal C
              discharge; longstanding - needs pv/swabs; discussed GU     "
              clinic - refuses to consider - realises implications re    "
              smears etc- VERY HOSTILE ATTITUDE                          "
              NO NURSE AVAILABLE FOR EXAM - REAPPOINTED FOR FEMALE DR    "
              WITH NURSE- REFUSED APPT MON DUE TO [redacted] I/V         "
20.09.05 1231 PODOPHYLLOTOXIN CREAM 0.15%                                "
              used canesten-little d/c to see, swabs, large              "
              warts-already had rx in hosp-try above                     C
22.09.05 1231 no sig pathogens, chlamydia neg-Results - OK               "
29.09.05 SCS  RESULTS GIVEN                                              "
         1220 CLOTRIMAZOLE CREAM 1%                                      "
              CLOTRIMAZOLE PESSARY 500MG                                 "
10.10.05 GEM  Dog bite on Saturday wounds superficial and appear clean   "
              no sign of infection had Tet in hosp approx 7years ago DT  "
              offered but declined                                       A
14.10.05 1016 Failed encounter NOS := With 1016 on 14.10.2005 at 12:00   "
YOUNG, MISS SHIRLEY                          305449 7.8.06 page 4
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```
                soft.     Advice re c2h5oh,smoking                          "
                CIMETIDINE TABLETS 400MG                                    "
 24.07.03 MKR   psych-cog therapy. cont to cut down alcohol.                 C
 31.07.03 MKR   psych-anger m,ment.                                          C
 25.09.03 MKR   Failed encounter NOS                                         "
 13.10.03 1231  vomit,nausea and diarrhoea-abd-stool+++ lif, prone           "
                constipation,advise re diet,not dry, has fybogel-also inc    "
                fluids                                                      C
                rv if not resolving                                         "
 17.10.03 1231  stool-nad-Results - OK                                      "
 27.10.03 SCG   R[redacted]S GIVEN                                          "
 13.01.04 1458  LEVONORGESTREL TABLETS 750MICROGRAMS                        "
                PC contrac- usually condoms, burst last night- period due    "
                soon. No CI; BP90/60.                                       C
                RRequests smoking cessation help- to nurse                  "
 05.02.04 IMK   1st smok app. smokes 30/day, time to 1st cig <20mns          A
                CO-PPM 25, start nicorette 15mg and add microtabs           "
                04.02.2005 smok                                             "
                NICORETTE PATCH 15MG                                        "
                NICORETTE MICROTAB 2MG                                      "
 12.02.04 MRL   1 wk smoking r/v, managing well with patches and tabs, co    "
                [ppm] 2, continue with 15 mg patch and r/v 2 wks            A
                NICORETTE MICROTAB 2MG                                      "
                NICORETTE PATCH 15MG                                        "
 [illegible].02.04 MRL  3 wk smoking r/v, managing fairly well but has had odd "
                cigs, co [ppm] 6, will try further week                     A
                NICORETTE PATCH 15MG                                        "
 04.03.04 IMK   Failed encounter NOS := With SMOK                           "
 30.04.04 IMK   Failed encounter NOS := With WELL                           "
 22.07.04 1220  Failed encounter NOS := With 1220                           "
 28.07.04 MRL   well woman check - smear taken from a healthy looking       "
                cervix                                                      A
 16.08.04 1406  Unprotected sex 53 hrs ago - period due in 1/52             C
                LEVONORGESTREL TABLETS 750MICROGRAMS                        "
                Small tender swelling at back l cheek ? 2/12                "
                To dentist and r if persists                                "
                METOCLOPRAMIDE TABLETS 10MG                                 "
                METOCLOPRAMIDE TABLETS 10MG cancelled                       "
 04.10.04 1231  AMOXICILLIN CAPSULES 250MG                                  "
                chest infection 2w,green spit,smoker, few rhonchi-adv       "
                stop,throat red,also sore neck-tender L scm and trap.       "
                rest,intermittent collar and at night                       C
 30.11.04 1016  mood been low again -stopped taking 9m ago without adv,     C
                had been on them over 1yr, cipramil helped b/4, at          "
                [redacted] poorly motiovated - denies suicidal thoughts     "
                becos of [redacted] -poor sleep, tears   c7                 "
                CITALOPRAM TABLETS 20MG                                     "
 08.[redacted] 1406  Cant cope at college at present - panic attacks.  014  C
 [redacted]04 1016  less weepy, sl calmer - still no motivation - occ missed C
                tab -adv tc meds c14                                        "
                CITALOPRAM TABLETS 20MG  -pick up friday                    "
 06.01.05 1016  CITALOPRAM TABLETS 20MG                                     "
                didnt get meds x 2w - mood sl dipped -duplicate offered     C
                c14                                                         "
 02.02.05 1406  Uptight+++ - getting made homeless as needs to get out      C
                private rental - one 4 year old son.  o28                   "
                Unprotected sex 44 hrs ago                                  "
                LEVONORGESTREL TABLETS 750MICROGRAMS                        "
                Will consider  "pill"                                       "
 03.02.05 1406  Failed encounter NOS := With 1406 on 03.02.2005 at 16:30    "
 08.02.05 IMK   Failed encounter NOS := With SMOK on 08.02.2005 at 09:10    "
 02.03.05 1458  CITALOPRAM TABLETS 20MG                                     "
                O6w, getting new house in few weeks, long chat re           C
                resuming [redacted] course. Ct meds                         "
YOUNG, MISS SHIRLEY                          305449 7.8.06 page 3
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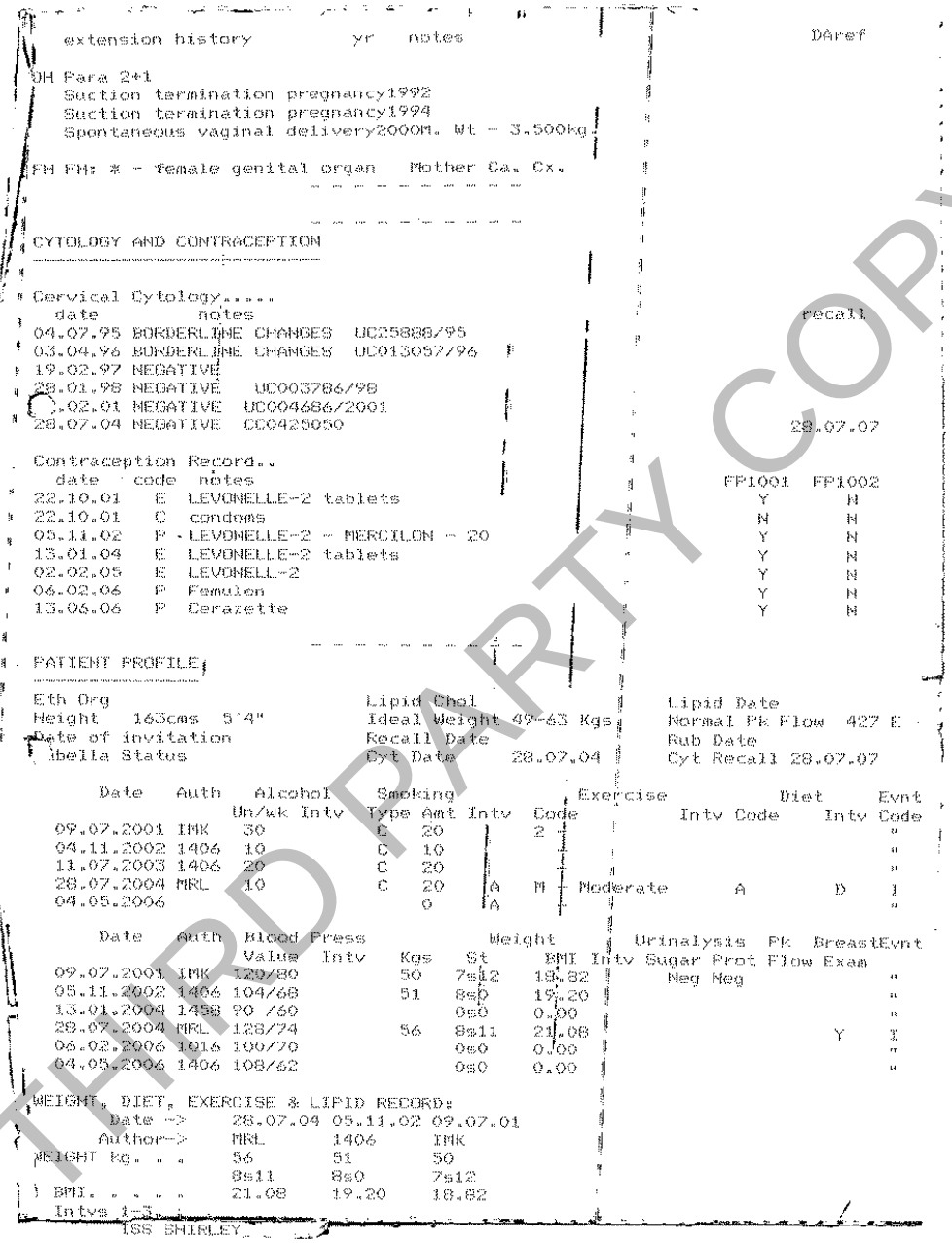
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```
17.10.01 1220 confrontational today - wants referral to psychologist -   C
              says was promised it before - needs to discuss issues but  "
              won't go into nature - depressive illness since 14 - feels "
              can't settle down for long in one place, aggressive        "
              outbursts - tried counselling before but found it"useless" "
              refer                                                      "
22.10.01 1458 PC contraception- LMP 3w. Uses condoms- will ct            C
              LEVONORGESTREL TABLETS 750MICROGRAMS                       "
              Wanting off cigs- 10-20/day- motivated                     "
02.11.01 1016 Failed encounter NOS                                       "
12.11.01 1016 CITALOPRAM TABLETS 20MG                                    "
29.11.01 1016 p test = neg                                               "
              Results - Speak to Nurse                                   "
         AAM  RESULTS GIVEN                                              "
         JFG  Failed encounter NOS                                       "
05.12.01 1016 Failed encounter NOS                                       "
07.12.01 1016 CITALOPRAM TABLETS 20MG                                    "
04.01.02 1231 PERMETHRIN CREAM RINSE 1%                                  "
15.01.02 1231 MOVICOL SACHETS                                            "
              CITALOPRAM TABLETS 20MG                                    "
              CO-CODAMOL DISPERSIBLE TABLET 8/500                        "
              d+v says will not be going to work this wee and needs line C
              to 17.01.02,rv if no better,faeces++LIF,advised            "
              constipated,diet advice,needs painkillers as getting brace "
              tightened,attending G/gow re laser nose                    "
07.02.02 1220 tiny graze nape of neck - adv antiseptic                   C
20.02.02 JFG  Failed encounter NOS smoking clinic, no further smoking    "
              appts                                                      "
27.02.02 1016 fluy x 1w smoker o/e few ronchi -stop smoking, not unwell  V
              asking re [redacted] adv looks well enough to go           "
              AMOXICILLIN CAPSULES 250MG                                 "
17.04.02 1458 See letter to Mr Mackay. Feeling more agitated, some       "
              pressure of speech. Agreed inc meds 30mg. Asking re        "
              transport to C/burn- adv no reason                         C
23.05.02 MKR  psych-ist assesment,depression, cognitive therapy arranged C
04.07.02 MKR  psych-cognitive therapy arranged re depression.            C
11.07.02 MKR  psych-cog therapy re self esteem.                          C
08.08.02 MKR  psych-cut out alcohol for 4 w.review 3w.                   C
10.09.02 1016 genital warts x yrs rx in Dougls, was supposed to attend   C
              a'well -has not. heartburn symptoms, nausea vomits after   "
              c2h5.   for fbc h pylori lft                               "
              appt arranged GU a'well hd 26/11/02 10am -happy with this  "
              RABEPRAZOLE TABLETS 20MG                                   "
16.09.02 MRL  Failed encounter NOS                                       "
01.10.02 MMB  Failed encounter NOS                                       "
04.11.02 1406 Failed encounter NOS                                       "
              Came late                                                  C
              Sinusitis/tracheitis - 10/7  Chest - had  Conjunctivitis   "
              AMOXICILLIN CAPSULES 250MG                                 "
              CHLORAMPHENICOL EYE DROPS 0.5%                             "
05.11.02 1406 Late  Condom came off 18hrs ago  Advice re use.            C
              LEVONELLE - 2 TABLETS 750MICROGRAMS                        "
              MERCILON TABLETS 20MICROGRAMS + 150MICROGRAMS              "
              Wants  smear                                               "
21.11.02 MKR  Failed encounter NOS                                       "
28.11.02 1458 Failed encounter NOS                                       "
03.12.02 1406 Unable to attend [redacted] - back 2.12  Uptight           C
27.02.03 1231 AMOXICILLIN CAPSULES 250MG                                 "
              due op next month re nose,cough and urti and sinus for 3w, C
              chest clear,ENT-NAD, advice re [redacted]                  "
13.03.03 1406 MERCILON TABLETS 20MICROGRAMS + 150MICROGRAMS              "
15.03.03 1406 11.3.03  Medicare  ?DVT  to A/E                           "
25.06.03 MKR  psych-ist assessment,cognitive therapy.                    "
11.07.03 1406 Epig pain 2/7 - like a hunger pain  Tender epig only - abd "
OUNG, MISS SHIRLEY                                  305449 7.8.06 page 2
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  extension history          yr   notes                                  DAref

OH Para 2+1
   Suction termination pregnancy1992
   Suction termination pregnancy1994
   Spontaneous vaginal delivery2000M. Wt - 3.500kg

FH FH: * - female genital organ   Mother Ca. Cx.

CYTOLOGY AND CONTRACEPTION

Cervical Cytology.....
   date        notes                                                  recall
 04.07.95 BORDERLINE CHANGES  UC25888/95
 03.04.96 BORDERLINE CHANGES  UC013057/96
 19.02.97 NEGATIVE
 28.01.98 NEGATIVE   UC003786/98
 .02.01 NEGATIVE  UC004686/2001
 28.07.04 NEGATIVE  CC0425050                                        28.07.07

 Contraception Record..
   date   code  notes                                          FP10Q1  FP10Q2
 22.10.01   E  LEVONELLE-2 tablets                               Y       N
 22.10.01   C  condoms                                          N       N
 05.11.02   P  LEVONELLE-2 - MERCILON - 20                      Y       N
 13.01.04   E  LEVONELLE-2 tablets                              Y       N
 02.02.05   E  LEVONELLE-2                                      Y       N
 06.02.06   P  Femulen                                          Y       N
 13.06.06   P  Cerazette                                        Y       N

PATIENT PROFILE

Eth Org                      Lipid Chol                  Lipid Date
Height   163cms  5'4"        Ideal Weight 49-63 Kgs      Normal Pk Flow  427 E
Date of invitation           Recall Date                 Rub Date
Rubella Status               Cyt Date      28.07.04      Cyt Recall 28.07.07

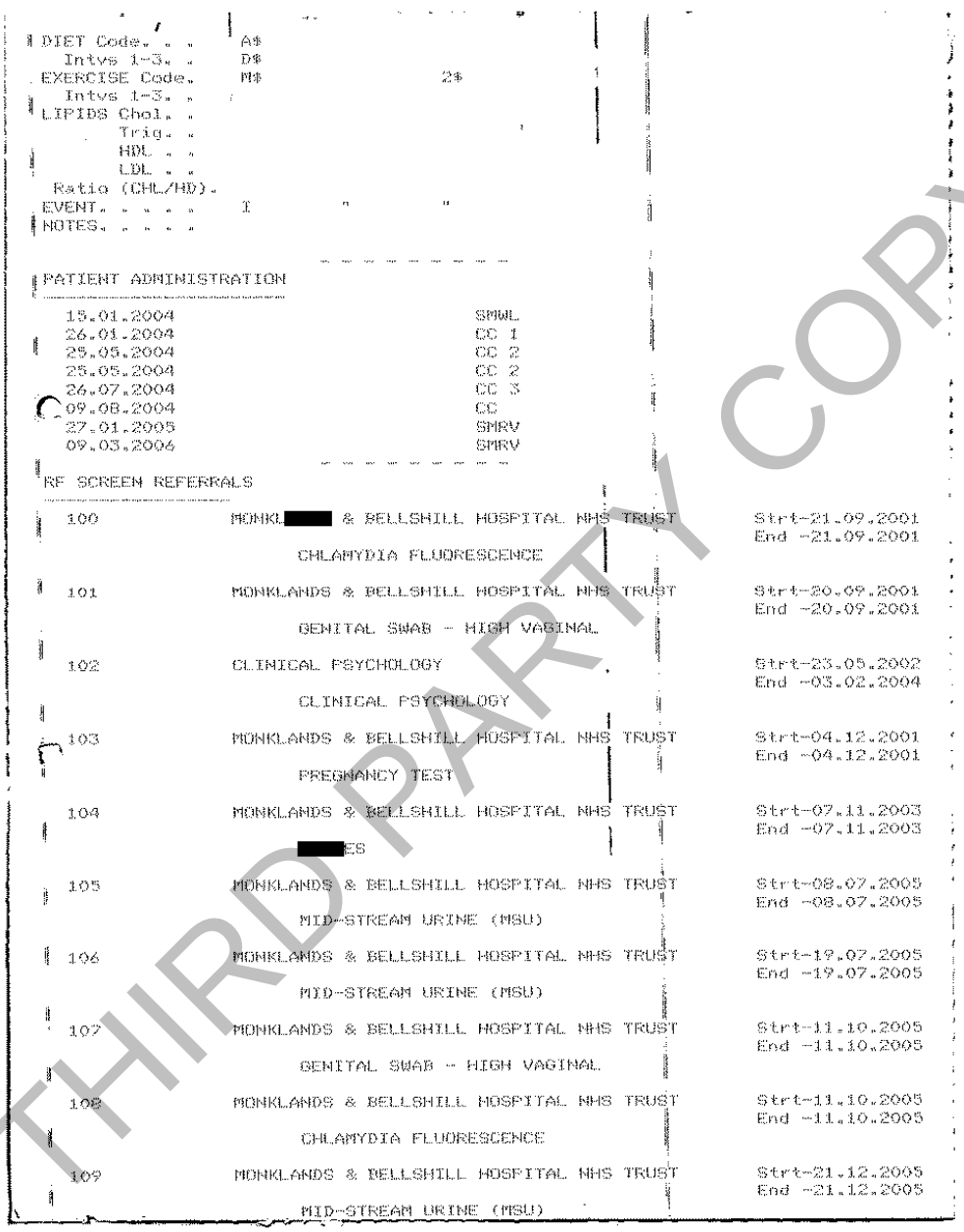
      Date   Auth   Alcohol   Smoking          Exercise          Diet     Evnt
                  Un/wk Intv  Type Amt Intv  Code        Intv Code   Intv Code
  09.07.2001 IMK   30         C   20      2                              "
  04.11.2002 1406  10         C   10                                     "
  11.07.2003 1406  20         C   20                                     "
  28.07.2004 MRL   10         C   20      A   M   Moderate       A      D   I
  04.05.2006                  0       A                                  "

      Date   Auth  Blood Press          Weight          Urinalysis  Pk  BreastEvnt
                   Value  Intv   Kgs   St     BMI Intv Sugar Prot Flow Exam
  09.07.2001 IMK   120/80          50   7s12  18.82      Neg Neg              "
  05.11.2002 1406  104/68          51   8s0   19.20                           "
  13.01.2004 1458  90 /60              0s0   0.00                            "
  28.07.2004 MRL   128/74          56   8s11  21.08                     Y     I
  06.02.2006 1016  100/70              0s0   0.00                            "
  04.05.2006 1406  108/62              0s0   0.00                            "

WEIGHT, DIET, EXERCISE & LIPID RECORD:
      Date ->     28.07.04  05.11.02  09.07.01
      Author->    MRL       1406      IMK
WEIGHT kg. . .    56        51        50
                  8s11      8s0       7s12
BMI. . . . .      21.08     19.20     18.82
 Intvs 1-3.
      ISS SHIRLEY
```

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DIET Code. . . . A$
Intvs 1-3. . D$
EXERCISE Code. M$ 2$ 1
Intvs 1-3. .
LIPIDS Chol. .
Trig. .
HDL . .
LDL . .
Ratio (CHL/HD).
EVENT. . . . . I " "
NOTES. . . . .

PATIENT ADMINISTRATION

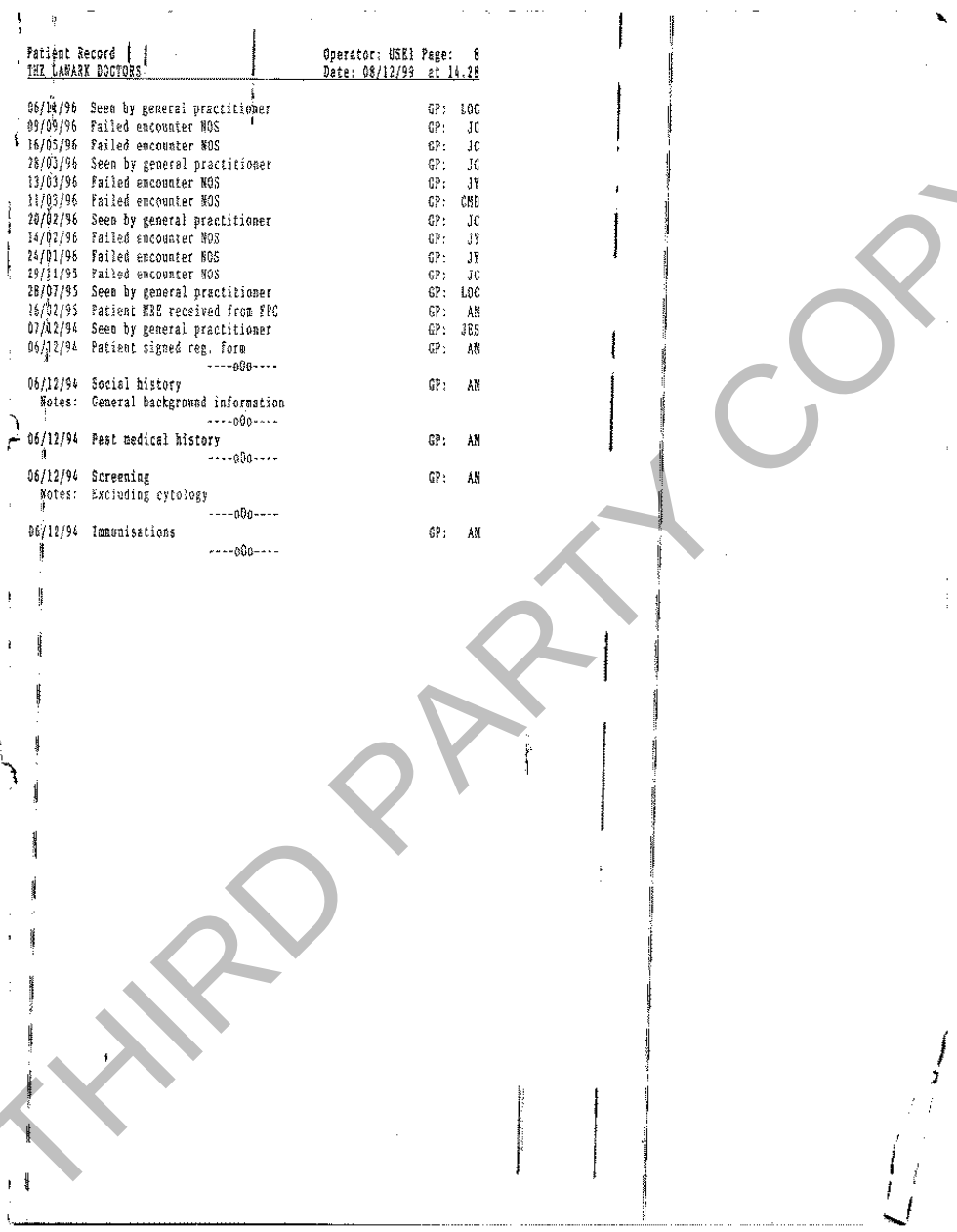
15.01.2004	SMWL
26.01.2004	CC 1
25.05.2004	CC 2
25.05.2004	CC 2
26.07.2004	CC 3
09.08.2004	CC
27.01.2005	SMRV
09.03.2006	SMRV

RF SCREEN REFERRALS

100	MONKL[redacted] & BELLSHILL HOSPITAL NHS TRUST CHLAMYDIA FLUORESCENCE	Strt-21.09.2001 End -21.09.2001
101	MONKLANDS & BELLSHILL HOSPITAL NHS TRUST GENITAL SWAB - HIGH VAGINAL	Strt-20.09.2001 End -20.09.2001
102	CLINICAL PSYCHOLOGY CLINICAL PSYCHOLOGY	Strt-23.05.2002 End -03.02.2004
103	MONKLANDS & BELLSHILL HOSPITAL NHS TRUST PREGNANCY TEST	Strt-04.12.2001 End -04.12.2001
104	MONKLANDS & BELLSHILL HOSPITAL NHS TRUST [redacted]ES	Strt-07.11.2003 End -07.11.2003
105	MONKLANDS & BELLSHILL HOSPITAL NHS TRUST MID-STREAM URINE (MSU)	Strt-08.07.2005 End -08.07.2005
106	MONKLANDS & BELLSHILL HOSPITAL NHS TRUST MID-STREAM URINE (MSU)	Strt-19.07.2005 End -19.07.2005
107	MONKLANDS & BELLSHILL HOSPITAL NHS TRUST GENITAL SWAB - HIGH VAGINAL	Strt-11.10.2005 End -11.10.2005
108	MONKLANDS & BELLSHILL HOSPITAL NHS TRUST CHLAMYDIA FLUORESCENCE	Strt-11.10.2005 End -11.10.2005
109	MONKLANDS & BELLSHILL HOSPITAL NHS TRUST MID-STREAM URINE (MSU)	Strt-21.12.2005 End -21.12.2005

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Patient Record | | Operator: USE1 Page: 8
THZ LANARK DOCTORS Date: 08/12/99 at 14.28

06/12/96	Seen by general practitioner	GP: LOC
09/09/96	Failed encounter NOS	GP: JC
16/05/96	Failed encounter NOS	GP: JC
26/03/96	Seen by general practitioner	GP: JC
13/03/96	Failed encounter NOS	GP: JY
11/03/96	Failed encounter NOS	GP: CMD
20/02/96	Seen by general practitioner	GP: JC
14/02/96	Failed encounter NOS	GP: JY
24/01/96	Failed encounter NOS	GP: JY
29/11/95	Failed encounter NOS	GP: JC
28/07/95	Seen by general practitioner	GP: LOC
16/02/95	Patient MRE received from FPC	GP: AM
07/12/94	Seen by general practitioner	GP: JBS
06/12/94	Patient signed reg. form	GP: AM
	----o0o----	
06/12/94	Social history	GP: AM
Notes:	General background information	
	----o0o----	
06/12/94	Past medical history	GP: AM
	----o0o----	
06/12/94	Screening	GP: AM
Notes:	Excluding cytology	
	----o0o----	
06/12/94	Immunisations	GP: AM
	----o0o----	

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Patient Record — Operator: USE1 Page: 7
THE LANARK DOCTORS — Date: 08/12/99 at 14.26

11/03/96	Failed encounter NOS	GP: CMD
13/03/96	Failed encounter NOS	GP: JY
16/05/96	Failed encounter NOS	GP: JC
09/09/96	Failed encounter NOS	GP: JC
22/08/98	FP1001 - not claimed	GP: JY
24/06/99	Failed encounter NOS	GP: JY
12/10/99	Failed encounter NOS	GP: JY

MORBIDITY DIGEST — Patient Identification number: 16279

- None -	Allergy/Adverse Reactions
- None -	Blood Pressure
- None -	Smoking
- None -	Alcohol
- None -	BMI
- None -	Diet
- None -	Exercise
- None -	Cholesterol
- None -	Urine Analysis
- None -	Immunisations
- None -	Family History

MORBIDITY DETAILS — Patient Identification number: 16279

04/11/98	Discharged from hospital	GP: RH
Notes:	ADMISSION/DISCHARGE	
29/10/98	Fracture of nasal bones	GP: RH
	----oOo----	
06/12/94	Drug prescription	GP: AM
	----oOo----	
06/12/94	Gynaecological history	GP: AM
Notes:	Including cytology	
28/01/98	Cervical smear: negative	GP: RH
19/08/97	Cx. smear: repeat 6 months	GP: RH
19/02/97	Cervical smear: negative	GP: RH
Notes:	BUT REPEAT IN 6 MONTHS INVIEW OF PREVIOUS HISTORY	
03/04/96	Cerv.smear: borderline changes	GP: JY
Notes:	OCCASIONACELLS STILL SHOW BORDERLINE NUCLEAR CHANGES. IN VIEW OF THIS AND PAST HISTORY, PLEASE REPEAT IN 6 MONTHS.	
04/07/95	Cerv.smesr: borderline changes	GP: JC
Notes:	FEATURES SUGGESTIVE OF HPV. PLEASE REPEAT IN 6 MONTHS.	
	----oOo----	
06/12/94	Administration	GP: AM
12/10/99	Failed encounter NOS	GP: JY
20/08/99	Seen by general practitioner	GP: RM
24/06/99	Failed encounter NOS	GP: JY
23/11/98	Seen by general practitioner	GP: JC
22/08/98	FP1001 - not claimed	GP: JY
16/03/98	Seen by general practitioner	GP: JC
22/08/97	FP1001 sent to FPC	GP: JY
30/05/97	Failed encounter NOS	GP: JM
02/05/97	Failed encounter NOS	GP: LOC
28/11/96	Seen by general practitioner	GP: JY
19/11/96	Seen by general practitioner	GP: LOC

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Patient Record Operator: USE1 Page: 6
THE [redacted] DOCTORS Date: 08/12/99 at 14.28

10/09/98 LYCLEAR
cream rinse 1%
Amount: 1 OP Issue code: I
APPLY TO CLEAN DAMP HAIR, RINSE AND DRY
AFTER 10 MINS
Auth GP: CMD DR.C.M.DUNCAN

07/11/95 SCHERING PC4
tabs
Amount: 1 OP Issue code:
2 TWICE 12 HOURS APART
Auth GP: JY DR.JEAN YOUNG

03/10/98 SCHERING PC4
tabs
Amount: 1 OP Issue code: I
TAKE 2 TWICE A DAY
Auth GP: JY DR.JEAN YOUNG
Dates last printed : 23/11/98

09/06/97 SUMATRIPTAN
tabs 50 mg
Amount: 10P Issue code: I
AS DIRECTED
Auth GP: JM DR.JILL MURIE

06/11/96 FLUTICASONE
aqueous nasal spray
Amount: 1 OP Issue code: I
OD
Auth GP: LOC DR MCCORKELL

05/03/97 FLUTICASONE
aqueous nasal spray
Amount: 10P Issue code: I
TAKE ONE PUFF DAILY
Auth GP: JM DR.JILL MURIE
Dates last printed : 09/05/97

06/11/96 FYBOGEL MEBEVERINE
granules in sachets
Amount: 60 Issue code: I
BD
Auth GP: LOC DR MCCORKELL

ACTION DATES Patient Identification number: 16279

25/09/74 Rubella status not known GP: AM
28/01/01 Cervical smear due GP: RH

SUMMARY ITEMS Patient Identification number: 16279

25/11/95 Failed encounter NOS GP: JC
24/01/96 Failed encounter NOS GP: JY
14/02/96 Failed encounter NOS GP: JY

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Patient Record Operator: USE1 Page: 5
THE LANARK DOCTORS Date: 08/12/99 at 14.28

05/06/97 *ZOMIG
1 AT ONSET OF ATTACK REPEAT IN 2 HRS
Amount: 1 OP Issue code: F
Auth GP: JY DR.JEAN YOUNG

27/06/95 LORATADINE
tabs 10 mg
Amount: 28 Issue code:
TAKE ONE ONCE A DAY
Auth GP: JC DR.J.COPLAND
[redacted] last printed : 24/07/95

28/03/96 LOESTRIN 30
tabs
Amount: 1 OP Issue code: I
TAKE ONE ONCE A DAY
Auth GP: JC DR.J.COPLAND
Dates last printed : 28/03/96 21/05/96 21/06/96 10/07/96

22/08/96 LOESTRIN 30
tabs
Amount: 30P Issue code: I
TAKE ONE ONCE A DAY
Auth GP: JC DR.J.COPLAND
Dates last printed : 03/10/96 22/10/96 20/01/97 09/05/97
Dates last printed : 29/10/97

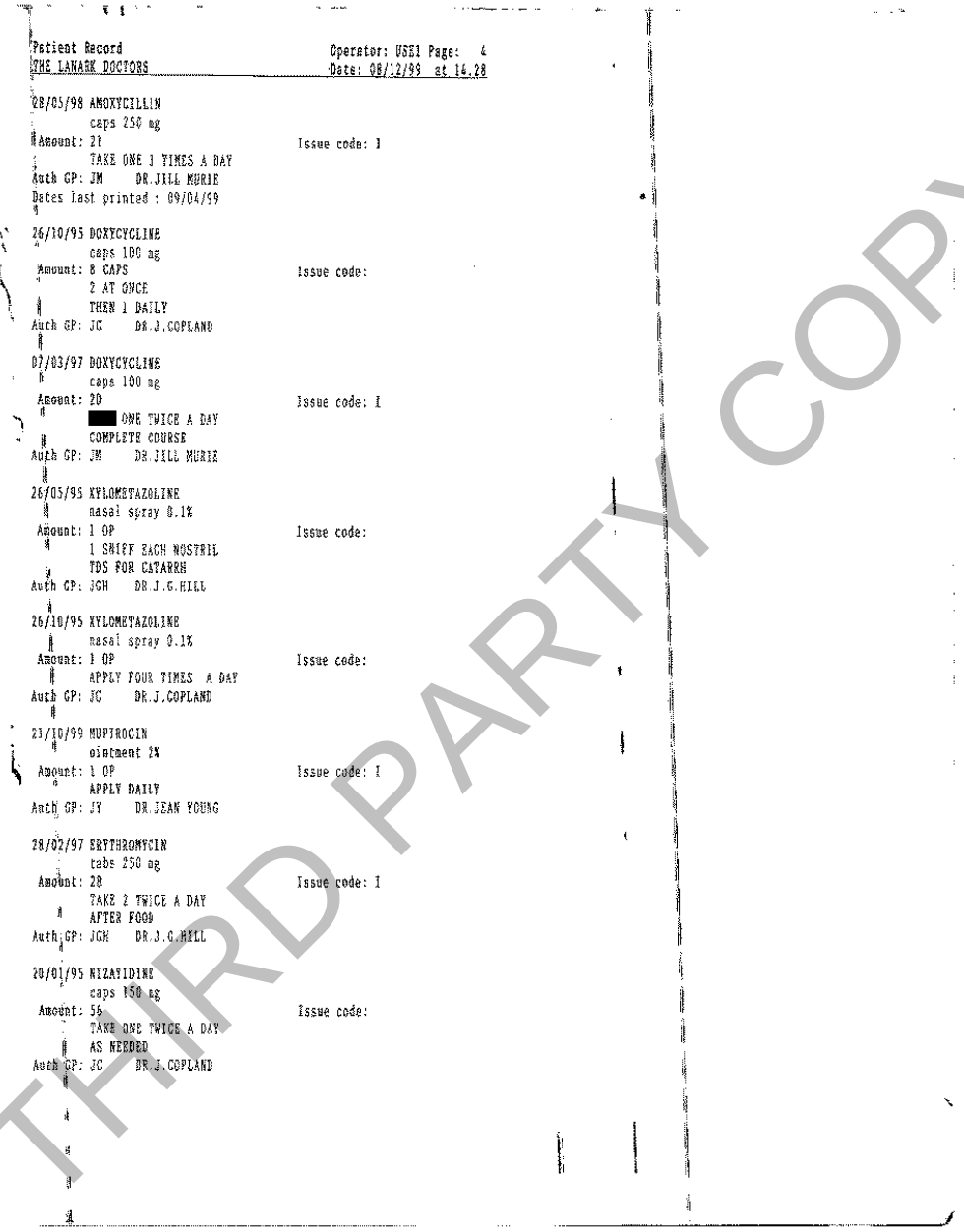
07/01/98 LOESTRIN 30
tabs
Amount: 6 OP Issue code: I
TAKE ONE ONCE A DAY
Auth GP: JY DR.JEAN YOUNG
Dates last printed : 08/10/98

26/05/95 MIGRALEVE DUO-PACK
pack 8/98 RENAMED "MIGRALEVE"
Amount: 1 OP Issue code:
2 PINK STAT THEN 2 YELLOW
6-HRLY PRN FOR MIGRAINE
Auth GP: JGH DR.J.G.HILL

16/12/95 MIGRALEVE DUO-PACK
pack 8/98 RENAMED "MIGRALEVE"
Amount: 10P Issue code:
AS REQUIRED
Auth GP: AM DR.ALLYSON MATTHEWS
Dates last printed : 15/01/96 09/02/96 28/03/96 18/04/96
Dates last printed : 07/05/96 21/05/96 21/06/96 10/07/96
Dates last printed : 05/08/96 22/08/96 03/10/96 22/10/96
Dates last printed : 20/01/97 09/05/97

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Patient Record — Operator: USE1 Page: 4
THE LANARK DOCTORS — Date: 08/12/99 at 14.28

28/05/98 AMOXYCILLIN
caps 250 mg
Amount: 21 — Issue code: I
TAKE ONE 3 TIMES A DAY
Auth GP: JM DR.JILL MURIE
Dates last printed : 09/04/99

26/10/95 DOXYCYCLINE
caps 100 mg
Amount: 8 CAPS — Issue code:
2 AT ONCE
THEN 1 DAILY
Auth GP: JC DR.J.COPLAND

07/03/97 DOXYCYCLINE
caps 100 mg
Amount: 20 — Issue code: I
[redacted] ONE TWICE A DAY
COMPLETE COURSE
Auth GP: JM DR.JILL MURIE

26/05/95 XYLOMETAZOLINE
nasal spray 0.1%
Amount: 1 OP — Issue code:
1 SNIFF EACH NOSTRIL
TDS FOR CATARRH
Auth GP: JGH DR.J.G.HILL

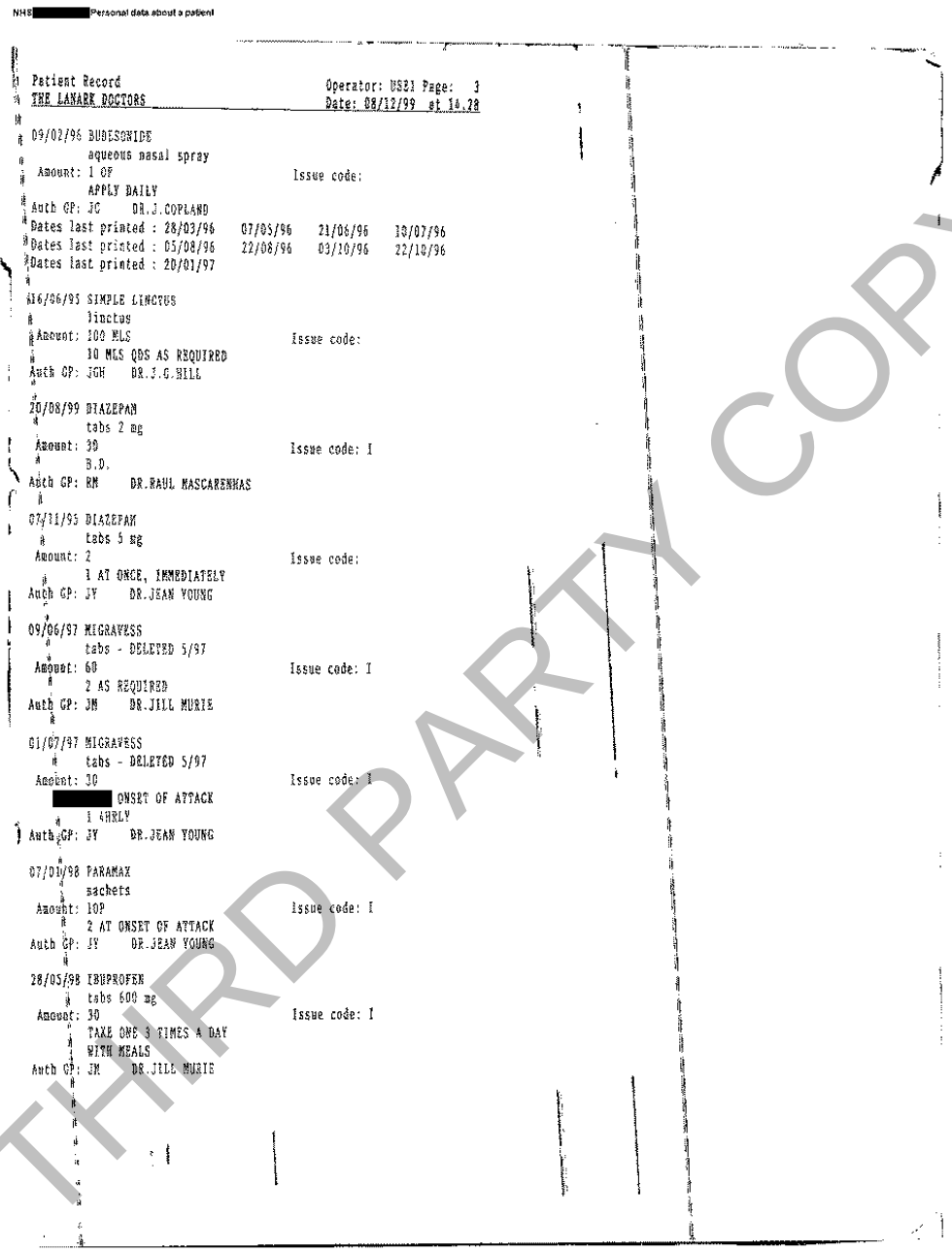
26/10/95 XYLOMETAZOLINE
nasal spray 0.1%
Amount: 1 OP — Issue code:
APPLY FOUR TIMES A DAY
Auth GP: JC DR.J.COPLAND

23/10/99 MUPIROCIN
ointment 2%
Amount: 1 OP — Issue code: I
APPLY DAILY
Auth GP: JY DR.JEAN YOUNG

28/02/97 ERYTHROMYCIN
tabs 250 mg
Amount: 28 — Issue code: I
TAKE 2 TWICE A DAY
AFTER FOOD
Auth GP: JGH DR.J.G.HILL

20/01/95 NIZATIDINE
caps 150 mg
Amount: 56 — Issue code:
TAKE ONE TWICE A DAY
AS NEEDED
Auth GP: JC DR.J.COPLAND

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NHS [redacted] Personal data about a patient

Patient Record — Operator: US21 Page: 3
THE LANARK DOCTORS — Date: 08/12/99 at 14.28

09/02/96 BUDESONIDE
aqueous nasal spray
Amount: 1 OP — Issue code:
APPLY DAILY
Auth GP: JC DR.J.COPLAND
Dates last printed : 28/03/96 07/05/96 21/06/96 10/07/96
Dates last printed : 05/08/96 22/08/96 03/10/96 22/10/96
Dates last printed : 20/01/97

16/06/95 SIMPLE LINCTUS
linctus
Amount: 100 MLS — Issue code:
10 MLS QDS AS REQUIRED
Auth GP: JGH DR.J.G.HILL

20/08/99 DIAZEPAM
tabs 2 mg
Amount: 30 — Issue code: I
B.D.
Auth GP: RM DR.RAUL MASCARENHAS

07/11/95 DIAZEPAM
tabs 5 mg
Amount: 2 — Issue code:
1 AT ONCE, IMMEDIATELY
Auth GP: JY DR.JEAN YOUNG

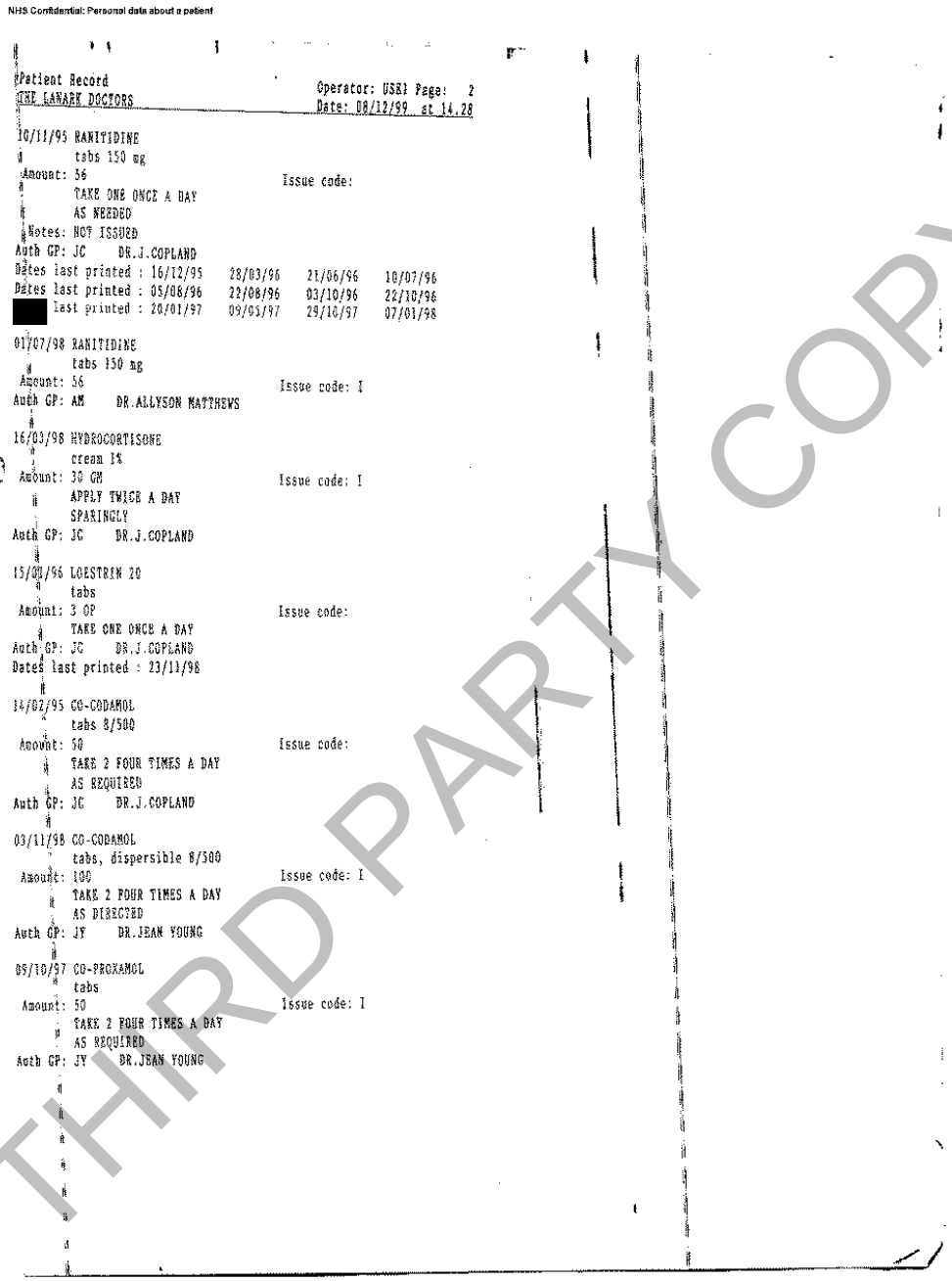
09/06/97 MIGRAVESS
tabs - DELETED 5/97
Amount: 60 — Issue code: I
2 AS REQUIRED
Auth GP: JM DR.JILL MURIE

01/07/97 MIGRAVESS
tabs - DELETED 5/97
Amount: 30 — Issue code: I
[redacted] ONSET OF ATTACK
1 4HRLY
Auth GP: JY DR.JEAN YOUNG

07/01/98 PARAMAX
sachets
Amount: 10P — Issue code: I
2 AT ONSET OF ATTACK
Auth GP: JY DR.JEAN YOUNG

28/05/98 IBUPROFEN
tabs 600 mg
Amount: 30 — Issue code: I
TAKE ONE 3 TIMES A DAY
WITH MEALS
Auth GP: JM DR.JILL MURIE

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NHS Confidential: Personal data about a patient

Patient Record
THE LANARK DOCTORS

Operator: USR1 Page: 2
Date: 08/12/99 at 14.28

10/11/95 RANITIDINE
tabs 150 mg
Amount: 56 Issue code:
TAKE ONE ONCE A DAY
AS NEEDED
Notes: NOT ISSUED
Auth GP: JC DR.J.COPLAND
Dates last printed : 16/12/95 28/03/96 21/06/96 10/07/96
Dates last printed : 05/08/96 22/08/96 03/10/96 22/10/96
[redacted] last printed : 20/01/97 09/05/97 29/10/97 07/01/98

01/07/98 RANITIDINE
tabs 150 mg
Amount: 56 Issue code: I
Auth GP: AM DR.ALLYSON MATTHEWS

16/03/98 HYDROCORTISONE
cream 1%
Amount: 30 GM Issue code: I
APPLY TWICE A DAY
SPARINGLY
Auth GP: JC DR.J.COPLAND

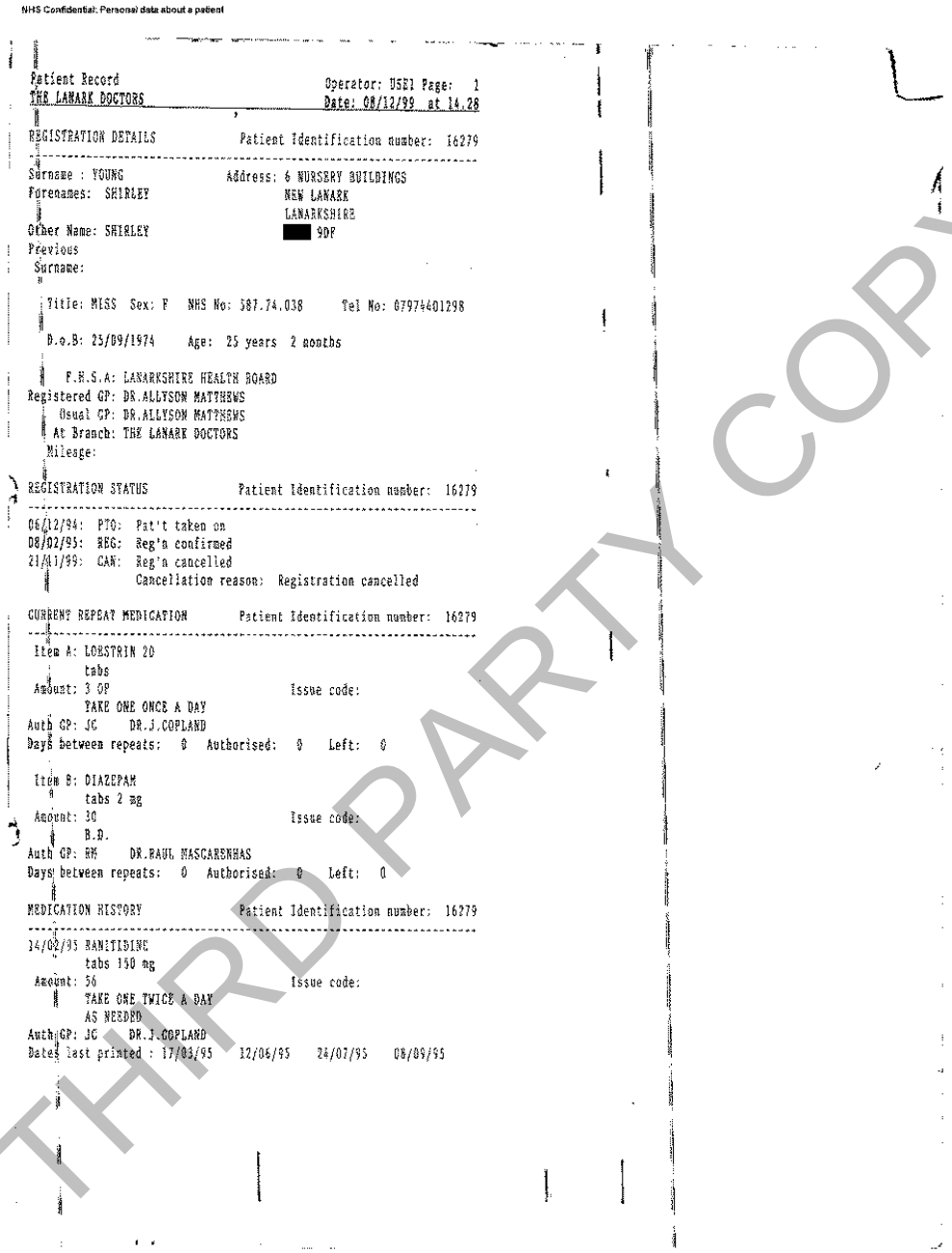
15/08/96 LOESTRIN 20
tabs
Amount: 3 OP Issue code:
TAKE ONE ONCE A DAY
Auth GP: JC DR.J.COPLAND
Dates last printed : 23/11/98

14/02/95 CO-CODAMOL
tabs 8/500
Amount: 50 Issue code:
TAKE 2 FOUR TIMES A DAY
AS REQUIRED
Auth GP: JC DR.J.COPLAND

03/11/98 CO-CODAMOL
tabs, dispersible 8/500
Amount: 100 Issue code: I
TAKE 2 FOUR TIMES A DAY
AS DIRECTED
Auth GP: JY DR.JEAN YOUNG

05/10/97 CO-PROXAMOL
tabs
Amount: 50 Issue code: I
TAKE 2 FOUR TIMES A DAY
AS REQUIRED
Auth GP: JY DR.JEAN YOUNG

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NHS Confidential: Personal data about a patient

Patient Record — Operator: USE1 Page: 1
THE LANARK DOCTORS — Date: 08/12/99 at 14.28

REGISTRATION DETAILS — Patient Identification number: 16279

Surname : YOUNG — Address: 6 NURSERY BUILDINGS
Forenames: SHIRLEY — NEW LANARK
LANARKSHIRE
Other Name: SHIRLEY — [redacted] 9DF
Previous
Surname:

Title: MISS Sex: F NHS No: 387.74.038 Tel No: 07974401298

D.o.B: 25/09/1974 Age: 25 years 2 months

F.H.S.A: LANARKSHIRE HEALTH BOARD
Registered GP: DR.ALLYSON MATTHEWS
Usual GP: DR.ALLYSON MATTHEWS
At Branch: THE LANARK DOCTORS
Mileage:

REGISTRATION STATUS — Patient Identification number: 16279

06/12/94: PTO: Pat't taken on
08/02/95: REG: Reg'n confirmed
21/11/99: CAN: Reg'n cancelled
Cancellation reason: Registration cancelled

CURRENT REPEAT MEDICATION — Patient Identification number: 16279

Item A: LORSTRIN 20
tabs
Amount: 3 OP — Issue code:
TAKE ONE ONCE A DAY
Auth GP: JG DR.J.COPLAND
Days between repeats: 0 Authorised: 0 Left: 0

Item B: DIAZEPAM
tabs 2 mg
Amount: 30 — Issue code:
B.D.
Auth GP: RM DR.RAUL MASCARENHAS
Days between repeats: 0 Authorised: 0 Left: 0

MEDICATION HISTORY — Patient Identification number: 16279

14/02/95 RANITIDINE
tabs 150 mg
Amount: 56 — Issue code:
TAKE ONE TWICE A DAY
AS NEEDED
Auth GP: JG DR.J.COPLAND
Dates last printed : 17/04/95 12/06/95 24/07/95 08/09/95

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NHS Confidential: Personal data about a patient

DR. W.S. [redacted]
DR. I.M. [redacted]
DR. R.J. FLOWERDEW
DR. A.E. LANG

Please reply to:

☐ 69 Ayr Road,
[redacted]
Lanark, ML11 0PX
Tel: 01555 851226
Fax: 01555 851817

☐ 41-43 Coalburn Road,
Coalburn
Lanark ML11 0LH
Tel: 01555 820646
Fax: 01555 820368

☐ Ferndale,
Ayr Road,
Rigside,
Lanark ML11 9NP
Tel: 01555 880204
Fax: 01555 880716

Our Ref: /NB

Date as postmark.

Dear

This letter invites you as a newly registered patient to have a health check. This involves answering some questions and carrying out a simple examination. This service is offered to all our newly registered patients over the age of 5 years.

It would be helpful to your doctor if you could complete this form before you are seen.

Surname: YOUNG Forename: SHIRLEY

Title: MISS

Date of Birth: 25/9/74

Address: 2 ELMBANK DRIVE DOUGLAS

Postcode: ML11 0QR

Telephone number: SISTERS Contact No. 851 901

Status: Single/~~Married/Separated/Divorced/Widowed/Other~~

Occupation: NURSING ASSISTANT

Housing: ~~House/Flat/Mobile Home/Other~~

Who [redacted] you? NO ONE

What serious illnesses have you had? N/A

Do you have any medical problems at the moment? not that I know of.

Please list any allergies you have:

Please list any tablets, medicines or other treatments you are taking (including those bought from a chemist):

Over/..

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Are there any serious diseases that affect members of your family? CANCER

(Women only) When did you last have a cervical smear? AROUND 1 YEAR AGO

Was it taken by your previous GP or one of the GP's staff? GP.

Which immunisations have you had, and when? MOST

(Please also tick which immunisations were given by your previous GP's or one of their staff)

Diphtheria ✓	Measles ✓
Tetanus	Measles/Mumps/Rubella
Pertussis (whooping cough)	Rubella (German measles) ✓
Polio ✓	Other

Do you smoke? ✓
If so, how much do you smoke each day? 10 A DAY

Do you drink alcohol?
If so, how much do you drink each week? NO

What sort of exercise do you take? CYCLING, WALKING.

Please describe any special diet you are on:

Your physical examination will include having your height, weight and blood pressure measured, and a specimen of your urine tested. It would be helpful if you could bring a specimen of urine with you when you come to the surgery.

If you are able to come to the surgery and wish to accept the offer of a physical examination, please make an appointment and return this form at that time or when you are to be examined.

If you are unable to come to the surgery because of ill health but wish to accept the offer of a health check, I will be pleased to arrange a home visit.

If you do not wish to accept the offer of a physical examination, please return this form to the surgery as soon as possible.

Thank you for completing this form.

Yours sincerely,

Drs. [redacted] Kane, Flowerdew and Lang

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Filename: igprda202606020759510_3.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

PS-

Name Shirley Young Date 25/8/2008.

Clinicians are aware that emotions play an important part in most illnesses. If your clinician knows about these feelings she or he will be able to help you more.

This questionnaire is designed to help your clinician to know how you feel. [redacted] each item and **underline** the reply which comes closest to how you have been feeling in the past week.

Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.

NHS Greater Glasgow

A **I feel tense or 'wound up':**
Most of the time
2 A lot of the time
From time to time, occasionally
Not at all

D **I still enjoy the things I used to enjoy:**
Definitely as much
Not quite so much
3 Only a little
Hardly at all

A **I get a sort of frightened feeling as if something awful is about to happen:**
Very definitely and quite badly
2 Yes, but not too badly
A little, but it doesn't worry me
Not at all

D **I can laugh and see the funny side of things:**
As much as I always could
Not quite so much now
2 Definitely not so much now
Not at all

A **Worrying thoughts go through my mind:**
A great deal of the time
A lot of the time
1 From time to time but not too often
Only occasionally

D **I feel cheerful:**
Not at all
Not often
1 Sometimes
Most of the time

A **I can sit at ease and feel relaxed:**
Definitely
Usually
Not often
3 Not at all

D **I feel as if I am slowed down:**
Nearly all the time
2 Very often
Sometimes
Not at all

A **I get a sort of frightened feeling like 'butterflies' in the stomach:**
Not at all
1 Occasionally
Quite often
Very often

D **I have lost interest in my appearance:**
3 Definitely
I don't take as much care as I should
I may not take quite as much care
I take just as much care as ever

A **I feel restless as if I have to be on the move:**
Very much indeed
2 Quite a lot
Not very much
Not at [redacted]

D **I look forward with enjoyment to things:**
As much as ever I did
2 Rather less than I used to
Definitely less than I used to
Hardly at all

A **I get sudden feelings of panic:**
Very often indeed
1 Quite often
Not very often
Not at all

D **I can enjoy a good book or radio or TV programme:**
Often
Sometimes
2 Not often
Very seldom

Now check that you have answered all the questions

A 12. D 15.

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Pages:

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT — **NHS GREATER GLASGOW & CLYDE**

Name: SHIRLEY YOUNG
Address:

Sex: F Age: 25.09.74
Cons: DR HARKINS

Hosp: General practitioner
Practice Number: 40121
Ward: Dr Whitty & Partners
41 Broomhill Drive

Hosp No.: ZM06355801
CHI No: 2509745263

Specimen: Mid-stream specimen of urine
Investigation: Urine C & S

Taken: 10.09.08
Reported: 12.09.08

Small number of organisms seen
Moderate number of pus cells seen
No red cells seen

65/4059

Connelly

1. Heavy growth of Escherichia coli
2.
3.
4.

Antibiotic	Organism 1. 2. 3. 4.
Augmentin	R
Cephalexin	S
Nitrofurantoin	S
Trimethoprim	S

Microbiologists: Dr S. Samavedam

[redacted] specimen of urine

End of Report B,08.0838870.H

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NHS Confidential: Personal data about a patient

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow

Dr [redacted]
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow

G15 7TS

28 September, 2008

Dear Dr [redacted]

Re. SHIRLEY YOUNG, 0/2 45 LEDMORE DRIVE, GLASGOW, G15 7AB
Date of Birth 25.09.74 Hospital Number: 30245100W CHI Number: 2509745263

Your patient attended Western Infirmary on the 27 SEP 2008 at 04:43 am.

The presenting complaint was:	**APPEARS INTOXICATED**
Triage Information:	**Has Head Injury, States That [redacted] Assaulted Her. Very Difficult Triage Due To Pts Abusive And Drunken Behaviour. Wound To R Forehead. • Altered Loc Solely Due To Ingestion Of Intoxicant**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**** Injury ** - Laceration - Head And Face - Scalp**
The following treatment was given:	**Sutures X 8**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**Nil**

Yours sincerely,

Gareth Logue
Emergency Department Doctor

Consultants

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NHS Confidential: Personal data about a patient

Treatment Room Records
Dr Connelly & Dr Harkins (40544)
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS
0141 211 6080

Details required on label; Patient's Name, Address DOB/CHI

Tel Number

KNOWN ALLERGIES

CHI: 2509745263
YOUNG Shirley 25/09/1974 F
180 Kinfauns Dr G15 7TX
07960 681 620
Dr J Connelly GMC 3172257
Drumchapel H.C. Practice: 40544

Treatment Requested

Diagnosis ROS **Date:** 6/10/08 **Doctor Signature:**

BIOCHEMISTRY	HAEMATOLOGY	VIROLOGY	IMMUNOLOGY	TAKEN BY	DATE
U & E's	FCB	VIRAL	RF		
LFT's	ESR	HEP A/B/C	RA		
LIPIDs	INR		ANF		
TFTs	B12				
RGB	FOLATE				
FBG	SE FERRITIN				
HBA1C					
PSA					
FSH					
LH					
E2					
URATES					

OTHER

DATE REQUESTED	TREATMENT REQUESTED	CARRIED OUT BY	DATE
6/10/08	ROS. - sutures removed		
	healing well	Banks	7.10.08

PRACTICE STAFF INFORMATION ONLY **No. of tests to be returned**

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NHS [redacted] Personal data about a patient

SANDYFORD

caring about sexual, reproductive and emotional health

Thursday, January 15, 2009

Dr [redacted] A Connelly
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Connelly

SHIRLEY YOUNG
FLAT 0/2
45 LEDMORE DRIVE
GLASGOW
G15 7AB

D.O.B. 25/09/1974
CHI Number: 2509745263

I understand you are the above patient's GP. She has been previoulsy attending the sandyford where she has had prior diagnosis of genital warts which were successfully treated and secondly of genital herpes simplex type 2, which was diagnosed and confirmed by a PCR swab in 2006. Initially she was having frequent recurrences of these and have now dropped to 2 to 3 episodes per year.

I understand she has attended your practice in the past when symptomatic to obtain further packs of Aciclovir treatment. We have provided her with 2 packs to cover future recurrences here today, but I feel it may be useful for the patient and at time even for you to place **Aciclovir 200mgs 5 times daily x 5 days** on a repeat prescription for her so that she can access this medicine should she ever run out of her current treatment packs. She is aware that the frequency and severty of episodes should decrease over time. Should she be having any difficulties in the future regarding this, we would be more than happy to see her.

Yours sincerely

Dr Gerry Gorman
Staff Grade

Secretary: 0141 211 8610/08

C.C Patient.

NHS Greater Glasgow and Clyde

2/6 Sandyford Place, Glasgow, G3 7NB, t.0141 211 8130, www.sandyford.org

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NHS Confidential: Personal data about a patient

12/12/2008 13:53 01412751748 MERCAT2 PAGE 02/02

NHS Greater Glasgow and Clyde

West Glasgow
Community Health & Care Partnership

Criminal Justice
Mercat House
31 Helca Square
Glasgow
G15 8NH

If phoning or visiting, please ask for: [redacted] **McPeak**
Direct Phone 0141 276 4320 Fax 0141 276 4331

Our Ref: WEST/ Criminal Justice
Date: 12 December 2008

12/12/08

Dear Dr [redacted]

Re: Consent for the Release of Medical History

At the present time, Melanie McPeak, [redacted] West CHCP, is preparing a report in relation to my pending Court appearance.

To assist this process, I hereby give permission for you to discuss any information included in my medical records, with the report writer.

NAME Stuart Young
DATE OF BIRTH 25/09/74
ADDRESS 0/2, 45 Ledmore Drive Drumchapel
SIGNED S. Young
DATE 10/12/08

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visit www.glasgow2014.com

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F:\Mandate (Medical Records).doc

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NHS Confidential: Personal data about a patient

12/12/2008 13:53 01412761748 MERCAT2 PAGE 01/02

NHS Greater Glasgow and Clyde

West Glasgow Community Health & Care Partnership

Fax Message

To Dr [redacted]
Drumchapel Health Centre

Phone 0141 211 6080
Fax: 0141 211 6115

From: [redacted] McPeak
Mercat House
31 Helca Square
Glasgow
G15 8NH
Phone 0141 276 4320
Fax 0141 276 4331

Date 12/12/2008

No of Pages 2 including this one

Reference Shirley Young D.O.B. 25-09-1974

Message

PS 12/12/08

I have been asked to prepare a Social Enquiry Report, in respect of the above person.

It is necessary to confirm relevant medical details with yourself, in order that an accurate assessment can be compiled for Court purposes. Please find to follow, a mandate signed by your patient, which authorises our discussion.

Your assistance in this matter is greatly appreciated.

Yours sincerely

[redacted] McPeak
West Criminal Justice Team

This message is sent in confidence to the addressee only. It may contain confidential and/or sensitive information. The contents are not to be disclosed to any other person. If you have received this fax in error, you must preserve this confidentiality and advise the sender immediately of the error, by contacting the sender's telephone or fax number

PLEASE TELEPHONE IMMEDIATELY IF THERE ARE ANY PROBLEMS WITH THIS FAX.

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Pages:

NHS Confidential: [redacted] data about a patient

SURNAME YOUNG
FORENAME SHEILA
Hosp No 30245100W
CHI No 2509745263
D.O.B 25.09.74 SEX Female
ADDRESS
CONSULTANT/GP CONNELLY
HOSP/PRACTICE DRUMCHAPEL HC
WARD/TOWN 50-60 KINFAUNS DR

Collected	Received	Report Issued
23.06.09 @ 09:10	23.06.09 @ 12:10	23.06.09 @ 14:25

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

139	Sodium	135–145	mmol/L
3.8	Potassium	3.5–5.0	mmol/L
107	Chloride	98–108	mmol/L
	Bicarbonate	21–28	mmol/L
3.6	Urea	2.5–7.5	mmol/L
71	Creatinine	55–98 §	µmol/L
>60	eGFR (est. Glomerular Filtration Rate)		
	Glucose	3.5–5.5	mmol/L
2.1	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate	§	mmol/L
	Troponin I	<0.04	µg/L
	CK	<210	U/L
4	Bilirubin	3–22	µmol/L
15	AST	<40	U/L
14	ALT	<50	U/L
13	Gamma-GT	<55 §	U/L
74	Alk.Phos.	40–150 §	U/L
66	Protein	60–80	g/L
41	Albumin	32–45	g/L
25	Globulins	23–38	g/L
	Calcium		mmol/L
	Adjusted Calcium	2.10–2.60	mmol/L
	Phosphate	0.70–1.40 §	mmol/L
	Magnesium	0.70–1.00	mmol/L
	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
0.79	TSH	0.35–5.00	mU/L
14	Free T4	9–21	pmol/L
	T3		nmol/L
	IgA	0.8 –4.0 §	g/L
	IgG	6 –16 §	g/L
	IgM	0.5 –2.0 §	g/L

Lab No N.09.7243/99 Run No 581

Euthyroid TFT results

§Significant sex/age differences – See handbook

Authorised by
Asta Check
Date Reported 23.06.09

[redacted]
Accredited Medical Laboratory
Reference No 2335

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Pages:

NHS Confidential: Personal data about a patient

CHI 2509745263
YOUNG Shirley 25/09/1974 F
[redacted] 880 820

Name ..... Dr J Connelly Drumchapel H C. GMC 317257 Practice 40544 Date 30/4/09

Clinicians are aware that emotions play an important part in most illnesses. If your clinician knows about these feelings she or he will be able to help you more.

This questionnaire is designed to help your clinician to know how you feel. [redacted] each item and **underline** the reply which comes closest to how you have been feeling in the past week.

Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.

NHS Greater Glasgow

A
I feel tense or 'wound up':
3 Most of the time ✓
A lot of the time
From time to time, occasionally
Not at all

D
I still enjoy the things I used to enjoy:
Definitely as much
1 Not quite so much ✓
Only a little
Hardly at all

A
I get a sort of frightened feeling as if something awful is about to happen:
3 Very definitely and quite badly ✓
Yes, but not too badly
A little, but it doesn't worry me
Not at all

D
I can laugh and see the funny side of things:
As much as I always could
2 Not quite so much now
Definitely not so much now ✓
Not at all

A
Worrying thoughts go through my mind:
3 A great deal of the time ✓
A lot of the time
From time to time but not too often
Only occasionally

D
I feel cheerful: ✓
3 Not at all
Not often
Sometimes
Most of the time

A
I can sit at ease and feel relaxed:
3 Definitely
Usually
Not often
Not at all ✓

D
I feel as if I am slowed down:
Nearly all the time
2 Very often ✓
Sometimes
Not at all

A
I get a sort of frightened feeling like 'butterflies' in the stomach:
Not at all
2 Occasionally
Quite often ✓
Very often

D
I have lost interest in my appearance:
Definitely ✓
3 I don't take as much care as I should
I may not take quite as much care
I take just as much care as ever

A
I feel restless as if I have to be on the move:
Very much indeed ✓
3 Quite a lot
Not very much
Not at [redacted]

D
I look forward with enjoyment to things:
As much as ever I did
1 Rather less than I used to ✓
Definitely less than I used to
Hardly at all

A
I get sudden feelings of panic:
2 Very often indeed ✓
Quite often ✓
Not very often
Not at all

D
I can enjoy a good book or radio or TV programme:
Often
Sometimes
2 Not often ✓
Very seldom

Now check that you have answered all the questions

A 19 D 14

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NHS Confidential: Personal data about a patient

Treatment Room Records
Dr Connelly & Dr Harkins (40544)
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS
0141 211 6080

Details required on label; Patient's Name, Address DOB/CHI

CHI: 2509745263
YOUNG, Shirley 25/09/1974 F
180 Kinfauns Dr G15 7TX
07960 881 828
Dr J Connelly GMC 347257
Drumchapel H.C. Practice: 40544

Tel Number

KNOWN ALLERGIES

Treatment Requested

Diagnosis **Date:** 19/6/09 **Doctor Signature:**

BIOCHEMISTRY	HAEMATOLOGY	VIROLOGY	IMMUNOLOGY	TAKEN BY	DATE
U & Es ✓CB	FCB ✓CB	VIRAL	RF	CBanks	23.6.09
LFT's ✓CB	ESR	HEP A/B/C	RA		
LIPIDs	INR		ANF		
TFTs ✓CB	B12				
RGB	FOLATE				
FBG	SR FERRITIN				
HBA1C					
PSA					
FSH					
LH					
E2					
URATES					
CRP ✓CB					

OTHER

DATE REQUESTED	TREATMENT REQUESTED	CARRIED OUT BY	DATE

PRACTICE STAFF INFORMATION ONLY **No. of tests to be returned**

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NHS Confidential: Personal data about a patient

DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY

NHS Greater Glasgow and Clyde
Gartnavel General Hospital ☎(0141)-301-7737
Glasgow Western Infirmary ☎(0141)-211-2336

Surname	Forename	Date of Birth	Hospital Number	CHI Number
YOUNG	SHIRLEY	25.09.1974	ZWH0811291	2509745263

Patient Address	Patient Sex	Laboratory Number	Report Delivery Address
	Female	H.09.1615074.A	DRUMCHAPEL HEALTH CENTRE
	Consultant / GP		KINFAUNS DR
	DR.CONNELLY DRUM HC		

	21.02.06	23.06.09	
WBC	9.25	6.49	(4.00–11.00)
RBC	4.06	4.38	(3.80–5.80)
Hb	13.0	13.6	(11.5–16.5)
Hct	0.382	0.412	(0.370–0.470)
MCV	94.1	94.1	(80.0–100.0)
MCH	32.0	31.1	(27.0–32.0)
Plts	252	197	(150–400)
Neuts	6.19	3.84	(2.00–7.50)
Lympha	2.21	1.67	(1.50–4.00)
Monos	0.58	0.66	(0.20–0.80)
Eos	0.26	0.30	(0.04–0.40)
ESR			(0–10)
GFST			
Retics			(25.0–85.0)

Page 1 of 1

Sample Collected	Received in Laboratory	Report Issued	Run No	Authorised By
23.06.09	23.06.09 13:09	23.06.09 14:11	714	*Computer validation*

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NHS Confidential: Personal data about a patient

Name Shirley Yang DoB 25/9/74 Date 19/10/9

Clinicians are aware that emotions play an important part in most illnesses. If your clinician knows about these feelings she or he will be able to help you more.

NHS Greater Glasgow

This questionnaire is designed to help your clinician to know how you feel. [redacted] each item and **underline** the reply which comes closest to how you have been feeling in the past week.

Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.

I feel tense or 'wound up':
Most of the time
A lot of the time
From time to time, occasionally
Not at all
A1

I feel as if I am slowed down:
Nearly all the time
Very often
Sometimes
Not at all
D1

I still enjoy the things I used to enjoy:
Definitely as much
Not quite so much
Only a little
Hardly at all
D0

I get a sort of frightened feeling like 'butterflies' in the stomach:
Not at all
Occasionally
Quite often
Very often
A0

I get a sort of frightened feeling as if something awful is about to happen:
Very definitely and quite badly
Yes, but not too badly
A little, but it doesn't worry me
Not at all
A2

I have lost interest in my appearance:
Definitely
I don't take as much care as I should
I may not take quite as much care
I take just as much care as ever
D2

I can laugh and see the funny side of things:
As much as I always could
Not quite so much now
Definitely not so much now
Not at all
D0

I feel restless as if I have to be on the move:
Very much indeed
Quite a lot
Not very much
Not at all
A2

Worrying thoughts go through my mind:
A great deal of the time
A lot of the time
From time to time but not too often
Only occasionally
A1

I look forward with enjoyment to things:
As much as ever I did
Rather less than I used to
Definitely less than I used to
[redacted] at all
D0

I feel cheerful:
Not at all
Not often
Sometimes
Most of the time
D0

I get sudden feelings of panic:
Very often indeed
Quite often
Not very often
Not at all
A1

I can sit at ease and feel relaxed:
Definitely
Usually
Not often
Not at all
A2

I can enjoy a good book or radio or TV programme:
Often
Sometimes
Not often
Very seldom
D0

Now check that you have answered all the questions

A 9 D 3

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NEW PATIENT QUESTIONNAIRE

Name Shirley [redacted] Date 15/02/10
Address 2/2 [redacted]EMPDE GARDENS Glasgow
Postcode 913 1JJ
Home Phone No. 07967734971
Previous Address 0/2, 45 Ledmove Drive Glasgow
Postcode G [redacted] 915 7AB

Date of Birth 25/09/74 Occupation unemployed

Ethnic Origin
Are you a British Citizen? (Yes) ~~No~~ How long have you [redacted] in the UK 35 yes
Do you live permanently in the UK? (Yes) ~~No~~
If YES, how long have you been in the UK? 35 yrs
If NO, please give date of entry into the country
Do you have [redacted] who has been in the UK for more than 12 months?
~~Yes~~ (No)
Main Language if not English
Do you need an interpreter? ~~Yes~~ (No)

Next of [redacted] Dicne Swords
Address Bonnieview 2nd flr Road Glespin Lanarkshire
Phone Number 07966066145
Last Doctor Connolly & Hankins
Address Drumchapel Health Centre
Last Dr's Phone No 0141 211 6080

PLEASE CIRCLE ANSWERS AND GIVE RELEVANT DETAILS

Smoking Habit: Never smoked / (Ex-smoker) Stopped in September 8th 2009 / Smoker – How many per day
Regular exercise: (Yes) ~~No~~ How often? 5 times a week
Alcohol Consumption: Number of drinks per week None

Family History of			
	Diabetes	~~Yes~~	No
	Heart Attack	Yes	~~No~~
	High Blood Pressure	Yes	~~No~~
	Stroke	Yes	No

Date of last tetanus vaccination 10 yrs ago - maybe 1999
Date of last cer[redacted]al smear(if appropriate) Last Year Was it normal? Yes
Height 5ft [redacted]in ish Weight not sure / bst 9st
Are you a carer? No If yes, for whom?
Please list any medication you take on a regular basis.
Fluoxetine 20mg - one a day

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Pages:

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Young, Shirley
DoB: 25/09/1974 **Report Valid On 11/03/10 13:27**

Drumchapel Health Centre
Page number 1

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Interval Review
Fluoxetine CAPS 20MG	30 1 Cap Daily	19/10/2009	27/01/2010	28	26

Adverse Reactions

[redacted] Code	Description
SN52.	Drug hypersensitivity NOS
ADR Description	Citalopram - felt spaced out with suicidal thoughts - stopped & felt better

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier

Screening

31/10/2007	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 36 Months		Send recall when due	Do not send result letter
28/07/2004	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 36 Months		Send recall when due	Do not send result letter
02/02/2001	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 36 Months		Send recall when due	Do not send result letter
28/01/1998	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 36 Months		Send recall when due	Do not send result letter
03/04/1996	**Cervical Screening$$**	Cerv smear: borderline changes	
Repeat after an Interval - 6 Months		Send recall when due	Do not send result letter
04/07/1995	**Cervical Screening$$**	Cerv [redacted] borderline changes	
Repeat after an Interval - 6 Months		Send recall when due	Do not send result letter

Priority Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
11/12/2007	None	High	Adverse drug reaction NOS	
Freetext:	Citalopram - felt spaced out with suicidal thoughts - stopped & felt better			
19/10/2007	None	High	[X]Depressive episode	
05/08/2003	01/01/2002	High	Alcohol problem drinking	
29/09/2002	None	High	[X]Depressive disorder NOS	
23/08/1999	None	High	Chronic anxiety	
01/01/1992	None	High	Anxiety with depression	

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		**Reason For Referral**	**Referred By**	**Attendance Type**	

Summary Sheet: Practice summary

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Young, Shirley
DoB: 25/09/1974

Report Valid On 11/03/10 13:27

Drumchapel Health Centre
Page number 2

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date
Lidocaine OINT 5%	15 Apply sparingly As directed	30/10/2009
Lactulose Oral SOLN 3.35G/5ML	150 5-10ml Twice [redacted]	30/10/2009
Anusol CREAM	23 Apply Twice daily	19/10/2009
Fluoxetine CAPS 20MG	30 1 Cap Daily	16/10/2009
Fluoxetine CAPS 20MG	30 1 Cap [redacted]	08/09/2009
Fluoxetine CAPS 20MG	30 1 Cap Daily	30/07/2009
Loperamide Hydrochloride CAPS 2MG	12 1 or 2 Caps As directed	01/07/2009
Cetirizine Hydrochloride TABS 10MG	30 1 Tab [redacted]	01/07/2009
Hydrocortisone CREAM 0.5%	15 Apply sparingly Twice [redacted]	01/07/2009
Fluoxetine CAPS 20MG	30 1 Cap Daily	01/07/2009
Loperamide Hydrochloride CAPS 2MG	12 1 or 2 Caps As directed	19/06/2009
Fluoxetine CAPS 20MG	30 1 Cap Daily	29/05/2009
Lansoprazole Gastro Resistant CAPS 30MG	28 1 Cap Daily	27/05/2009
Aciclovir TABS 200MG	25 1 Tab 5 times daily	24/12/2008
Aciclovir TABS 200MG	25 1 Tab 5 times daily	17/09/2008
Trimethoprim TABS 200MG	6 1 Tab morning and night	10/09/2008
Fluoxetine CAPS 20MG	30 1 Cap Daily	25/08/2008
Lansoprazole Gastro Resistant CAPS 30MG	28 1 Cap Daily	21/02/2008
Clotrimazole Vaginal TABS 500MG	1 to be inserted vaginally	21/02/2008
Levonelle 1500 TABS 1.5MG	1 1 Tab today	19/02/2008

Inactive Repeat Drugs

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Intervals Pres.	Intervals Review
Fluoxetine CAPS 20MG	30 1 Cap Daily	01/07/2009	01/07/2009	28	52
Aciclovir TABS 200MG	25 1 Tab 5 times daily	19/01/2009	19/01/2009	28	52

Last Encounter

Dr M Harkins Date: 16/11/2009

moods ok, rpt fluoxetine, lump at umbilicus, reflux recently but settled now, previous diarrhoea, settled, can get bloating, o/e abd nad, no hernia or lumps, feels anal fissure not healing, wants female doc, see dr. lim for examn +/- referral to sopd onc

e seen.

Last 4 Clinical Notes

Summary Sheet: Practice summary

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Young, Shirley
DoB: 25/09/1974

Report Valid On 11/03/10 13:27

Date	Clinical Notes
16/11/2009	moods ok, rpt fluoxetine, lump at umbilicus, reflux recently but settled now, previous diarrhoea, settled, can get bloating, o/e abd nad, no hernia or lumps, feels anal fissure not healing, wants female doc, see dr. lim for examn +/- referral to sopd onc e seen.
30/10/2009	anusol causing pain - not happy with it. would like second look. describes pain on BO severe stingy and making her avoid BO. last BO yday no bleeding o/e pr haemorrhoids also fissure at 2-3oclock deeper into anus, was not visualised on last exam. plan:try lidocaine cream/emla for before BO. lactulose to soften stools. advice not for long term emla and to always keep stools on softer side. leaflet patientcouk on anal fissure given.
19/10/2009	contd - when ready should try gradual reduction - everyother day for 2 wks, every 3 days etc. adviced for rv within 10days if doing that, put on to repeat.
19/10/2009	diarrhoea fr SSRI settled. now PR pain on BO fresh blood in pan&paper. still Bo everyday no malaena/dark blood. no further COB/wt loss. infact wt gain due to stopping smoking. worried cancer as family has it. o/e haemorrhoids 6olock one looks raw/red. an usol. reassured unlikely cancer. HADS as below. tried to stop it with every other day few months ago - mood went low. feels should come off it but not confident to [redacted] just now. stopped alcohol. attending counselling at church. adviced when feels contd

Clinical Values

Date	Value Type	Value
23/06/2009	4237.	13.6 g/dl
23/06/2009	42H1.	6.49 10*9/l
23/06/2009	42P1.	197 10*9/l
23/06/2009	Creat	71 Unknown
23/06/2009	Creatinine date	23 Jun 2009 00:00
23/06/2009	eGFR	>60 Unknown
23/06/2009	eGFR date	23 Jun 2009 00:00
23/06/2009	TSH	14 pmol/l
23/06/2009	TSH	0.79 mIU/l
23/06/2009	TSH date	23 Jun 2009 00:00
23/06/2009	TSH date	23 Jun 2009 00:00
21/02/2008	4237.	13.0 g/dl
21/02/2008	42H1.	9.28 10*9/l

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Young, Shirley
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Drumchapel Health Centre
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21/02/2008	42P1.	252 10*9/l
21/02/2008	Creat	71 Unknown
21/02/2008	Creatinine date	21 Feb 2008 00:00
21/02/2008	eGFR	>60 Unknown
21/02/2008	eGFR date	21 Feb 2008 00:00

F3 Clinical Notes

Date	F3 Clinical Notes
16/11/2009	moods ok, rpt fluoxetine, lump at umbilicus, reflux recently but settled now, previous diarrhoea, settled, can get bloating, o/e abd nad, no [redacted] or lumps, feels anal fissure not healing, wants female doc, see dr. lin for examn +/- referral to sopd once seen.
30/10/2009	anusol causing pain - not happy with it. would like second look. describes pain on BO severe stingy and making her avoid BO. last BO yday no bleeding o/e pr haemorrhoids also fissure at 2-3oclock deeper into anus, was not visualised on last exam. plan:try lidocaine cream/emla for before BO. lactulose to soften stools. advice not for long term emla and to always keep stools on softer side. leaflet patientcouk on anal fissure given.
19/10/2009	contd - when ready should try gradual reduction - everyother day for 2 wks, every 3 days etc. adviced for rv within 10days if doing that. put on to repeat.
19/10/2009	diarrhoea fr SSRI settled. now PR pain on BO fresh blood in pan&paper. still Bo everyday no malaena/dark blood. no further COBH/wt loss. infact wt gain due to stopping smoking. worried cancer as family has it. o/e haemorrhoids 6olock one looks raw/red. anusol. reassured unlikely cancer. HADS as below. tried to stop it with every other day few months ago - mood went low. feels should come off it but not confident to try just now. stopped alcohol. attending counselling at church. adviced when feels contd
16/10/2009	req fluoxetine - adviced see dr for rv. see prev entry ?GI upset
30/07/2009	Didn't get my letter re stopping fluoxetine in case it is causing the gi upset. Discussed today. Timing not good. Will try and stop after holidays to see if settles symptoms. Removed from rpts, review as req.
01/07/2009	Loperamide helpful but still loose. No red flags. In view of weightloss and persistant symptoms refer for Ix. Likely IBS. Rash along belt line - looks allergic. has nickel allergy. Try mild steroid.
19/06/2009	Diarrhoea for 1 month. Daily 3-4 times. Loose brown no blood. Urgency and associated cramps. On lansoprazole and fluoxetine. Started after commencing lansop - small print s/e colitis? Anxiety ++ previous similar ?IBS. Aunt and grandmother Bowel Ca - patient concern. Abdo scaphoid, SNT, no masses, PR NAD. Weight loss 4Kg over past [redacted]. Appetite poor. Bloods, loperamide and review with results, may req 2ndry care r/v.
29/05/2009	Taking fluox reg for 4 weeks now. Overall feels benefit. Symptoms mainly anxiety. Keen to continue. Review 3-4/52
27/05/2009	E/A epigastric pain awakening her at night since weekend admits recent excess alcohol and smoker. some relief from food but little from Rennies. O/E tender epigastrium Imp gastritis try PPI.
30/04/2009	Low mood. Tearful, ahedonistic. previously discussed Aug 08. Lives with [redacted]. Alcohol XS, attends CAT. HAs counsellor. Didn't take fluoxetine last time. Started taking then 2 [redacted] ago. Discussed. Keen to try antidepressants. Aware of duration of course. HADs. A= 19 D=14
19/01/2009	see letter from Sandyford add to rpt
24/12/2008	Seeking aciclovir or genital herpes, not preg. Script given.
12/12/2008	Phone call from Melanie McPeak re fitness for community service. Have consent for release of medical details signed by Shirley. Phone conversation to disclose PMHx of alcohol xs and depressive episodes. No medical reason why community service would not be suitable.
17/09/2008	looking for Aciivicor tablets, flare up of genital herpes not pregnant script left

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Young, Shirley Drumchapel Health Centre
DoB: 25/09/1974 **Report Valid On 11/03/10 13:27** Page number 5

10/09/2008	Urine handed in as dysuria and frequency. Leu- Nit+ Pro+blood+. Treat as UTi, 3 days trim. rpt urine to be handed in 2/52.
05/09/2008	urti. cough. clear phlegm. o/e apyrexial, ent clear, chest clear, reassured. rv prn
25/08/2008	Previous alcohol dependance, recent relationship split with rehousing. Attends alcohol counselling. Unemployed. Low mood, tearful, poor sleep, episodes of hyperactivity followed by [redacted] - unable to get out of bed. Tearful during consultation. Doing well with alcohol, still not abstinent. Smoking - keen for champix. HADs A12D15. Aim to tackle mood problems first. Discuss smoking at r/v. Plan COPE, Fluoxetine r/v 1/12.
14/04/2008	DNA
20/03/2008	came looking for ?acamprosate attends alc counsellor Jean at Kinfauns weekly, she has told her to see GP, off alcohol for 2/7 looking for a 2/52 course of medication to reduce cravings advised acamprosate is for longer recommended a year. also needs to be supported by counsellor advised to liase with counsellor and if sheis supportive and prepared to counsel her for next year then I am prepared to prescribe. recent U&Es and LFTs are noraml. not happy and left swearing.
10/03/2008	spoke to pt, pt not sure if just panicking, feels chest num, some numbness down both arms but also abd pain most of day which is not consistent with panic, given emergency appt, will come down now.
10/03/2008	Tingling feeling in chest today and [redacted] tightness in muscles abdo discomfort had similar thing a week ago concerned about her heart or bld clots. Lots of stress at moment violent partner just released from prison and been made homeless, also drinking quite heavily recently had 1 1/2 bottles wine last night and been drinking quite heavily for 3 weeks now. Has alcohol worker still in touch with them. O/E P 96 reg HS I+II+0 chest clear. Imp anxiety and alcohol withdrawal. Reassured advised to see alc work
21/02/2008	upper abdn pain for a week was drinking heavily ~2 bottles wine / day but has reduced recently now ~3 bottles/week. O/E epigastric tenderness Imp alcohol induced gastritis lifestyle advice check bloods incl amylase and try PPI for a month. rev if symptoms persist.
19/02/2008	wishes PCC LMP ~19/1/08 had unprotected intercourse on Sat night/ Sun morning prev used condoms [redacted] levonelle 1
08/02/2008	Automatically generated by transaction
08/02/2008	Automatically generated by transaction
06/02/2008	Automatically generated by transaction
06/02/2008	New patient medical - PMH - #nose, DH - nil, no known allergies, GH - para 1+2, not on any contraception, not required at present as recently split with partner, discussed options as ocp gives her migraines, considering depo, written info given, smear done Nov 2007, SH - smoker, advice, attends alcohol counseller at present and is drinking 9 - 12 units. FH -nil.

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SIB EMY
16/2/16

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: Shirley Young DATE: 16/02/10

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. 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	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
add columns:	2	+ 8	+ 6	
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) TOTAL:	16			

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	
	Not difficult at all
	Somewhat difficult
	Very difficult
	Extremely difficult

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, [redacted] B.W. Williams, Kurt Kroenke, and colleagues, with an educational [redacted] from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at *http://www.pfizer.com*. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

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Drumchapel Health Centre
Page number 1

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Interval Review
Fluoxetine CAPS 20MG	30 1 Cap Daily	19/10/2009	27/01/2010	28	26

Adverse Reactions

[redacted] Code	Description
SN52.	Drug hypersensitivity NOS
ADR Description	Citalopram - felt spaced out with suicidal thoughts - stopped & felt better

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier

Screening

31/10/2007	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 36 Months		Send recall when due	Do not send result letter
28/07/2004	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 36 Months		Send recall when due	Do not send result letter
02/02/2001	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 36 Months		Send recall when due	Do not send result letter
28/01/1998	**Cervical Screening$$**	Cervical smear: negative	
Repeat after an Interval - 36 Months		Send recall when due	Do not send result letter
03/04/1996	**Cervical Screening$$**	Cerv smear: borderline changes	
Repeat after an Interval - 6 Months		Send recall when due	Do not send result letter
04/07/1995	**Cervical Screening$$**	Cerv [redacted] borderline changes	
Repeat after an Interval - 6 Months		Send recall when due	Do not send result letter

Priority Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
11/12/2007	None	High	Adverse drug reaction NOS	
Freetext:	Citalopram - felt spaced out with suicidal thoughts - stopped & felt better			
19/10/2007	None	High	[X]Depressive episode	
05/08/2003	01/01/2002	High	Alcohol problem drinking	
29/09/2002	None	High	[X]Depressive disorder NOS	
23/08/1999	None	High	Chronic anxiety	
01/01/1992	None	High	Anxiety with depression	

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		**Reason For Referral**	**Referred By**	**Attendance Type**	

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Drumchapel Health Centre
Page number 2

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date
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Aciclovir TABS 200MG	25 1 Tab 5 times [redacted]	17/09/2008
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Clotrimazole Vaginal TABS 500MG	1 to be inserted vaginally	21/02/2008
Levonelle 1500 TABS 1.5MG	1 1 Tab today	19/02/2008

Inactive Repeat Drugs

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Intervals Pres.	Intervals Review
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Aciclovir TABS 200MG	25 1 Tab 5 times daily	19/01/2009	19/01/2009	28	52

Last Encounter

Dr M Harkins Date: 16/11/2009

moods ok, rpt fluoxetine, lump at umbilicus, reflux recently but settled now, previous diarrhoea, settled, can get bloating, o/e abd nad, no [redacted] lumps, feels anal fissure not healing, wants female doc, see dr. lim for examn +/- referral to sopd onc

e seen.

Last 4 Clinical Notes

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Young, Shirley
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Drumchapel Health Centre
Page number 3

Date	Clinical Notes
16/11/2009	moods ok, rpt fluoxetine, lump at umbilicus, reflux recently but settled now, previous diarrhoea, settled, can get bloating, o/e abd nad, no hernia or lumps, feels anal fissure not healing, wants female doc, see dr. lim for examn +/- referral to sopd onc e seen.
30/10/2009	anusol causing pain - not happy with it. would like second look. describes pain on BO severe stingy and making her avoid BO. last BO yday no bleeding o/e pr haemorrhoids also fissure at 2-3oclock deeper into anus, was not visualised on last exam. plan:try lidocaine cream/emla for before BO. lactulose to soften stools. advice not for long term emla and to always keep stools on softer side. leaflet patientcouk on anal fissure given.
19/10/2009	contd - when ready should try gradual reduction - everyother day for 2 wks, every 3 days etc. adviced for rv within 10days if doing that. put on to repeat.
19/10/2009	diarrhoea fr SSRI settled. now PR pain on BO fresh blood in pan&paper. still Bo everyday no melaena/dark blood. no further COBH/wt loss. infact wt gain due to stopping smoking. worried cancer as family has it. o/e haemorrhoids 6olock one looks raw/red. an usol. reassured unlikely cancer. HADS as below. tried to stop it with every other day few months ago - mood went low. feels should come off it but not confident to [redacted] just now. stopped alcohol. attending counselling at church. adviced when feels contd

Clinical Values

Date	Value Type	Value
23/06/2009	4237.	13.6 g/dl
23/06/2009	42H1.	6.49 10*9/l
23/06/2009	42P1.	197 10*9/l
23/06/2009	Creat	71 Unknown
23/06/2009	Creatinine date	23 Jun 2009 00:00
23/06/2009	eGFR	>60 Unknown
23/06/2009	eGFR date	23 Jun 2009 00:00
23/06/2009	TSH	14 pmol/l
23/06/2009	TSH	0.79 mIU/l
23/06/2009	TSH date	23 Jun 2009 00:00
23/06/2009	TSH date	23 Jun 2009 00:00
21/02/2008	4237.	13.0 g/dl
21/02/2008	42H1.	9.28 10*9/l

Summary Sheet: data protection

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Drumchapel Health Centre
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21/02/2008	42P1.	252 10*9/l
21/02/2008	Creat	71 Unknown
21/02/2008	Creatinine date	21 Feb 2008 00:00
21/02/2008	eGFR	>60 Unknown
21/02/2008	eGFR date	21 Feb 2008 00:00

F3 Clinical Notes

Date	F3 Clinical Notes
16/11/2009	moods ok, rpt fluoxetine, lump at umbilicus, reflux recently but settled now, previous diarrhoea, settled, can get bloating, o/e abd nad, no [redacted] or lumps, feels anal fissure not healing, wants female doc, see dr. lin for examn +/- referral to sopd once seen.
30/10/2009	anusol causing pain - not happy with it. would like second look. describes pain on BO severe stingy and making her avoid BO. last BO yday no bleeding o/e pr haemorrhoids also fissure at 2-3oclock deeper into anus, was not visualised on last exam. plan:try lidocaine cream/emla for before BO. lactulose to soften stools. advice not for long term emla and to always keep stools on softer side. leaflet patientcouk on anal fissure given.
19/10/2009	contd - when ready should try gradual reduction - everyother day for 2 wks, every 3 days etc. adviced for rv within 10days if doing that. put on to repeat.
19/10/2009	diarrhoea fr SSRI settled. now PR pain on BO fresh blood in pan&paper. still Bo everyday no malaena/dark blood. no further COBH/wt loss. infact wt gain due to stopping smoking. worried cancer as family has it. o/e haemorrhoids 6olock one looks raw/red. anusol. reassured unlikely cancer. HADS as below. tried to stop it with every other day few months ago - mood went low. feels should come off it but not confident to try just now. stopped alcohol. attending counselling at church. adviced when feels contd
16/10/2009	req fluoxetine - adviced see dr for rv. see prev entry ?GI upset
30/07/2009	Didn't get my letter re stopping fluoxetine in case it is causing the gi upset. Discussed today. Timing not good. Will try and stop after holidays to see if settles symptoms. Removed from rpts, review as req.
01/07/2009	Loperamide helpful but still loose. No red flags. In view of weightloss and persistant symptoms refer for Ix. Likely IBS. Rash along belt line - looks allergic. has nickel allergy. Try mild steroid.
19/06/2009	Diarrhoea for 1 month. Daily 3-4 times. Loose brown no blood. Urgency and associated cramps. On lansoprazole and fluoxetine. Started after commencing lansop - small print s/e [redacted] Anxiety ++ previous similar ?IBS. Aunt and grandmother Bowel Ca - patient concern. Abdo scaphoid, SNT, no masses, PR NAD. Weight loss 4Kg over past month. Appetite poor. Bloods, loperamide and review with results, may req 2ndry care r/v.
29/05/2009	Taking fluox reg for 4 weeks now. Overall feels benefit. Symptoms mainly anxiety. Keen to continue. Review 3-4/52
27/05/2009	E/A epigastric pain awakening her at night since weekend admits recent excess alcohol and smoker. some relief from food but little from Rennies. O/E tender epigastrium Imp gastritis try PPI.
30/04/2009	Low mood. Tearful, ahedonistic. previously discussed Aug 08 [redacted] son. Alcohol XS, attends CAT. HAs counsellor. Didn't take fluoxetine last time. Started taking then 2 days ago. Discussed. Keen to try antidepressants. Aware of duration of course. HADs. A= 19 D=14
19/01/2009	see letter from Sandyford add to rpt
24/12/2008	Seeking aciclovir or genital herpes, not preg. Script given.
12/12/2008	Phone call from Melanie McPeak re fitness for community service. Have consent for release of medical details signed by Shirley. Phone conversation to disclose PMHx of alcohol xs and depressive episodes. No medical reason why community service would not be suitable.
17/09/2008	looking for Aciviror tablets, flare up of genital herpes not pregnant script left

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Young, Shirley
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Drumchapel Health Centre
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10/09/2008	Urine handed in as dysuria and frequency. Leu- Nit+ Pro+blood+. Treat as UTi, 3 days trim. rpt urine to be handed in 2/52.
05/09/2008	urti. cough. clear phlegm. o/e apyrexial, ent clear, chest clear, reassured. rv prn
25/08/2008	Previous alcohol dependance, recent relationship split with rehousing. Attends alcohol counselling. Unemployed. Low mood, tearful, poor sleep, episodes of hyperactivity followed by [redacted] - unable to get out of bed. Tearful during consultation. Doing well with alcohol, still not abstinent. Smoking - keen for champix. HADs A12D15. Aim to tackle mood problems first. Discuss smoking at r/v. Plan COPE, Fluoxetine r/v 1/12.
14/04/2008	DNA
20/03/2008	came looking for ?acamprosate attends alc counsellor Jean at Kinfauns weekly, she has told her to see GP, off alcohol for 2/7 looking for a 2/52 course of medication to reduce cravings advised acamprosate is for longer recommended a year. also needs to be supported by counsellor advised to liase with counsellor and if she/s supportive and prepared to counsel her for next year then I am prepared to prescribe. recent U&Es and LFTs are noraml. not happy and left swearing.
10/03/2008	spoke to pt, pt not sure if just panicking, feels chest num, some numbness down both arms but also abd pain most of day which is not consistent with panic, given emergency appt, will come down now.
10/03/2008	Tingling feeling in chest today and arms tightness in muscles abdo discomfort had similar thing a week ago concerned about her heart or bld clots. Lots of stress at moment violent partner just released from prison and been made homeless, also drinking quite heavily recently had 1 1/2 bottles wine last night and been drinking quite heavily for 3 weeks now. Has alcohol worker still in touch with them. O/E P 96 reg HS I+II+0 chest clear. [redacted] anxiety and alcohol withdrawal. Reassured advised to see alc work
21/02/2008	upper abdn pain for a week was drinking heavily ~2 bottles wine / day but has reduced recently now ~3 bottles/week. O/E epigastric tenderness Imp alcohol induced gastritis lifestyle advice check bloods incl amylase and try PPI for a month. rev if symptoms persist.
19/02/2008	wishes PCC LMP ~19/1/08 had unprotected intercourse on Sat night/ Sun morning prev used condoms treat levonelle 1
08/02/2008	Automatically generated by transaction
08/02/2008	Automatically generated by transaction
06/02/2008	Automatically generated by transaction
06/02/2008	New patient medical - PMH - #nose, DH - nil, no known allergies, GH - para 1+2, not on any contraception, not required at present as recently split with partner, discussed options as ocp gives her migraines, considering depo, written info given, smear done Nov 2007, SH - smoker, advice, attends alcohol counseller at present and is drinking 9 - 12 units. FH -nil.

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Patient Information

Miss Shirley Young
25/09/1974
Phone No : ***07967 734 971***

45 Ledmore Drive
Flat 0-2
G15 7HB

Seen By GP ***Dr JA Connelly***
Registered GP ***Dr JA Connelly***

10/03/2010 Data Entry

16/11/2009 Encounter **Dr M Harkins** moods ok, rpt fluoxetine, lump at umbilicus, reflux recently but settled now, previous diarrhoea, settled, can get bloating, o/e abd nad, no hernia or lumps, feels anal fissure not healing, wants female doc, see dr. lim for examn +/- referral to sopd once seen.

30/10/2009 Encounter **Registrar 2** anusol causing pain - not happy with it. would like second look. describes pain on BO severe stingy and making her avoid BO. last BO yday no bleeding o/e pr haemorrhoids also fissure at 2-3oclock deeper into anus, was not visualised on last exam. plan:try lidocaine cream/emla for before BO. lactulose to soften stools. advice not for long term emla and to always keep stools on softer side. leaflet patientcouk on anal fissure given.

Acute Rx Lactulose Oral SOLN 3.35G/5ML x 5-10ml Twice [redacted] x 150

Acute Rx Lidocaine OINT 5% x Apply sparingly As directed x 15

19/10/2009 Encounter **Registrar 2** contd - when ready should try gradual reduction - everyother day for 2 wks, every 3 days etc. adviced for rv within 10days if doing that. put on to repeat.

Repeat Rx Fluoxetine CAPS 20MG x 1 Cap Daily x 30

19/10/2009 Encounter **Registrar 2** diarrhoea fr SSRI settled. now PR pain on BO fresh blood in pan&paper. still Bo everyday no malaena/dark blood. no further COBH/wt loss. infact wt gain due to stopping smoking. worried cancer as family has it. o/e haemorrhoids 6olock one looks raw/red. anusol. reassured unlikely cancer.
HADS as below. tried to stop it with every other day few months ago - mood went low. feels should come off it but not confident to try just now. stopped alcohol. attending counselling at church. adviced when feels contd

Screening Smoker$$ Status Ex smoker No Action Required

Acute Rx Anusol CREAM x Apply Twice [redacted] x 23

[redacted] Code 388N. HAD scale: anxiety score 9

[redacted] Code 388P. HAD scale: depression score 3

16/10/2009 Data Entry **Registrar 2** req fluoxetine - adviced see dr for rv. see prev entry ?GI upset

16/10/2009 Data Entry

Acute Rx Fluoxetine CAPS 20MG x 1 Cap Daily x 30

08/09/2009 Data Entry

08/09/2009 Data Entry

Acute Rx Fluoxetine CAPS 20MG x 1 Cap Daily x 30

30/07/2009 Encounter **GPRegistrar** Didn't get my letter re stopping fluoxetine in case it is causing the gi upset.

Date Printed : 11/03/2010 (C) [redacted] Software Solutions 2003-2005 Page : 1

Miss Shirley Young 25/09/1974

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Patient Information

Discussed today. Timing not good. Will try and stop after holidays to see if settles symptoms. Removed from rpts, review as req.

Acute Rx — Fluoxetine CAPS 20MG x 1 Cap Daily x 30

01/07/2009 Encounter **GPRegistrar** Loperamide helpful but still loose. No red flags. In view of weightloss and persistant symptoms refer for Ix. Likely IBS. Rash along belt line - looks allergic. has nickel allergy. Try mild steroid.

Acute Rx — Hydrocortisone CREAM 0.5% x Apply sparingly Twice daily x 15

Acute Rx — Fluoxetine CAPS 20MG x 1 Cap Daily x 30

Acute Rx — Cetirizine Hydrochloride TABS 10MG x 1 Tab Daily x 30

Repeat Rx — Fluoxetine CAPS 20MG x 1 Cap Daily x 30

Acute Rx — Loperamide Hydrochloride CAPS 2MG x 1 or 2 Caps As directed x 12

29/06/2009 Data Entry

[redacted] Code — 4237. Haemoglobin normal 13.6:g/dl

[redacted] Code — 42H1. White cell count normal 6.49:10*9/l

[redacted] Code — 42P1. Platelet count normal 197:10*9/l

25/06/2009 Data Entry

Screening — Thyroid Review$$ Thyroid hormone tests normal No Action Required

[redacted] Code — 4427. Free T4 level @306.00 14:pmol/l

Read Code — 451F. Glomerular filtration rate >60:

[redacted] Code — 44J3. Serum creatinine 71:

[redacted] Code — 442W. Serum TSH level 0.79:mU/l

19/06/2009 Encounter **GPRegistrar** Diarrhoea for 1 month. Daily 3-4 times. Loose brown no blood. Urgency and associated cramps. On lansoprazole and fluoxetine. Started after commencing lansop - small print s/e colitis? Anxiety ++ previous similar ?IBS [redacted] and [redacted] Bowel Ca - patient concern. Abdo scaphoid, SNT, no masses, PR NAD. Weight loss 4Kg over past month. Appetite poor. Bloods, loperamide and review with results, may req 2ndry care r/v.

Acute Rx — Loperamide Hydrochloride CAPS 2MG x 1 or 2 Caps As directed x 12

29/05/2009 Encounter **GPRegistrar** Taking fluox reg for 4 weeks now. Overall feels benefit. Symptoms mainly anxiety. Keen to continue. Review 3-4/52

Acute Rx — Fluoxetine CAPS 20MG x 1 Cap Daily x 30

27/05/2009 Encounter **Dr JA Connelly** E/A epigastric pain awakening her at night since weekend admits recent excess [redacted] and smoker. some relief from food but little from Rennies. O/E tender epigastrium imp gastritis try PPI.

Screening — Smoker$$ Status Smoking cessation advice Repeat after an interval

Screening — Smoker$$ Status Current smoker Repeat after an interval

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Patient Information

Acute Rx		Lansoprazole Gastro Resistant CAPS 30MG x 1 Cap Daily x 28
30/04/2009	**Encounter**	**GPRegistrar** Low mood. Tearful, ahedonistic. previously discussed Aug 08. [redacted] Alcohol XS, attends CAT. HAs counsellor. Didn't take fluoxetine last time. Started taking then 2 days ago. Discussed. Keen to try antidepressants. Aware of duration of course. HADs. A= 19 D=14
[redacted] Code		388P. HAD scale: depression score 14
Read Code		388N. HAD scale: anxiety score 19
19/01/2009	**Data Entry**	see letter from Sandyford add to rpt
Repeat Rx		Aciclovir TABS 200MG x 1 Tab 5 times daily x 25
[redacted] Code		A541. Genital herpes simplex Recurrent
24/12/2008	**Data Entry**	**GPRegistrar** Seeking aciclovir or genital herpes, not preg. Script given.
24/12/2008	**Data Entry**	
Acute Rx		Aciclovir TABS 200MG x 1 Tab 5 times daily x 25
12/12/2008	**Phone**	**GPRegistrar** Phone call from Melanie McPeak re fitness for community service. Have consent for release of medical details signed by Shirley. Phone conversation to disclose PMHx of alcohol xs and depressive episodes. No medical reason why community service would not be suitable.
12/12/2008	**Data Entry**	
06/10/2008	**Data Entry**	
06/10/2008	**Data Entry**	
17/09/2008	**Phone**	**Dr JA Connelly** looking for Activicor tablets, flare up of genital herpes not pregnant script left
Acute Rx		Aciclovir TABS 200MG x 1 Tab 5 times daily x 25
10/09/2008	**Data Entry**	**GPRegistrar** Urine handed in as dysuria and frequency. Leu- Nit+ Pro+blood+. Treat as UTI, 3 days [redacted] rpt urine to be handed in 2/52.
Acute Rx		Trimethoprim TABS 200MG x 1 Tab morning and night x 6
05/09/2008	**Encounter**	**Dr M Harkins** urti. cough. clear phlegm. o/e apyrexial, ent clear, chest clear, reassured. rv prn
25/08/2008	**Encounter**	**GPRegistrar** Previous alcohol dependance, recent relationship split with rehousing. Attends alcohol counselling. Unemployed. Low mood, tearful, poor sleep, episodes of hyperactivity followed by slumps - unable to get out of bed. Tearful during consultation. Doing well with alcohol, still not abstinent. Smoking - keen for champix. HADs A12D15. Aim to tackle mood problems first. Discuss smoking at r/v. Plan COPE, Fluoxetine r/v 1/12.
Screening		Smoker$$ Status Smoking cessation advice No Action Required
Screening		Smoker$$ Status Current smoker No Action Required
Acute Rx		Fluoxetine CAPS 20MG x 1 Cap Daily x 30
[redacted] Code		388N. HAD scale: anxiety score 12
[redacted] Code		388P. HAD scale: depression score 15

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16/05/2008 Data Entry

14/04/2008 Data Entry **Administration** DNA

20/03/2008 Encounter **Dr JA Connelly** came looking for ?acamprosate attends alc counsellor Jean at Kinfauns weekly, she has told her to see GP. off alcohol for 2/7 looking for a 2/52 course of medication to reduce cravings advised acamprosate is for longer recommended a year. also needs to be supported by counsellor advised to liase with counsellor and if sheis supportive and prepared to counsel her for next year then I am prepared to prescribe. recent U&Es and LFTs are [redacted] not happy and left swearing.

10/03/2008 Phone **Dr M Harkins** spoke to pt, pt not sure if just panicking, feels chest num, some numbness down both arms but also abd pain most of day which is not consistent with panic, given emergency appt, will come down now.

10/03/2008 Encounter **GPRegistrar** Tingling feeling in chest today and arms tightness in muscles abdo discomfort had similar thing a week ago concerned about her heart or bld clots. Lots of stress at moment violent [redacted]er just released from prison and been made homeless, also drinking quite heavily recently had 1 1/2 bottles wine last night and been drinking quite heavily for 3 weeks now. Has alcohol worker still in touch with them. O/E P 88 reg HS I+II+O chest clear. imp anxiety and alcohol withdrawal. Reassured advised to see alc work

28/02/2008 Data Entry

[redacted] Code — 9344. Notes summary on computer This patient has a habit of using other peoples addresses without their knowledge or consent of occupier of these addresses.

[redacted] Code — 42H1. White cell count normal 9.28:10*9/l

[redacted] Code — 42P1. Platelet count normal 252:10*9/l

[redacted] Code — 4237. Haemoglobin normal 13.8:g/dl

Screening — Cervical Screening$$ Cervical smear: negative Repeat after an interval

[redacted] Code — 8H78. Refer to counsellor

[redacted] Code — 124D. FH: neoplasm of cervix [redacted] age 45 yrs.,

28/02/2008 Data Entry

[redacted] Code — 451F. Glomerular filtration rate >60:

[redacted] Code — 44J3. Serum creatinine 71:

26/02/2008 Data Entry

21/02/2008 Encounter **Dr JA Connelly** upper abdo pain for a week was drinking heavily ~2 bottles wine / day but has reduced recently now ~3 bottles/week. O/E epigastric tenderness imp alcohol induced gastritis lifestyle advice check bloods incl amylase and try PPI for a month. rev if symptoms persist.

Screening — Alcohol Intake$$ Moderate drinker - 3-6u/day Repeat after an interval

Acute Rx — Clotrimazole Vaginal TABS 500MG x to be inserted vaginally x 1

Acute Rx — Lansoprazole Gastro Resistant CAPS 30MG x 1 Cap Daily x 28

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Screening	Cervical Screening$$ Cervical smear: negative Repeat after an interval
Screening	Cervical Screening$$ Cervical smear: negative Repeat after an interval
Screening	Cervical Screening$$ Cerv.smear: borderline changes Repeat after an interval
[redacted] Code	S8z.. Laceration NOS above outer aspect of right eye
Screening	Tetanus Immunisation Booster tetanus vaccination Repeat after an interval
Screening	Cervical Screening$$ Cerv.smear: borderline changes Repeat after an interval
Screening	Rubella Screening$$ Rubella vaccination Repeat Immediately
Screening	Preschool Immunis.$$ Booster DT(double)+polio vacc. No Action Required
19/02/2008 Encounter	**Dr JA Connelly**wishes PCC LMP ~19/1/08 had unprotectied intercourse on Sat night/ Sun morning prev used condoms treat levonelle 1
Acute Rx	Levonelle 1500 TABS 1.5MG x 1 Tab today x 1
08/02/2008 Data Entry	Automatically generated by transaction
[redacted] Code	9124. Pat. GP7B/GP8B card from HB
[redacted] Code	E2003 Anxiety with depression
08/02/2008 Data Entry	Automatically generated by transaction
[redacted] Code	9125. Patient MRE received from HB
06/02/2008 Data Entry	Automatically generated by transaction
Read Code	9346. Total notes on computer
[redacted] Code	9123. Patient reg. form sent to HB
Screening	Smoker$$ Status Current smoker No Action Required
Read Code	SN52. Adverse drug reaction NOS Citalopram - felt spaced out with suicidal thoughts - stopped & felt better
[redacted] Code	Eu32. [X]Depressive episode
[redacted] Code	A541. Genital herpes simplex
[redacted] Code	F26.. Migraine type headaches
[redacted] Code	65F1. 1st hepatitis B vaccination
Read Code	74007 Septorhinoplasty NEC
[redacted] Code	585B. Renal ultrasound NAD
[redacted] Code	1A46. Haematuria - symptom
[redacted] Code	E23.. Alcohol problem drinking
[redacted] Code	Eu32z [X]Depressive disorder NOS
[redacted] Code	7G2G3 Removal of tattoo of skin [redacted] laser
Screening	Cervical Screening$$ Cervical smear: negative Repeat after an interval
[redacted] Code	A7812 Genital warts Recurrence
Read Code	L395. Forceps delivery boy
[redacted] Code	E2004 Chronic anxiety

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Read Code	E25z. Misuse of drugs NOS
Read Code	S020. Closed fracture nose Hosp. Admitted manipulated
Read Code	SJ14. Facial (7th) nerve injury
[redacted] Code	7D033 Cauterisation of vulval warts
[redacted] Code	ZV40. [V]Psychological problems
[redacted] Code	S020. Closed fracture nose manipulation 14/12/94'
[redacted] Code	L05.. Termination of pregnancy
Read Code	E25z. Misuse of drugs NOS
[redacted] Code	J521. Irritable bowel syndrome
Read Code	L05.. Termination of pregnancy
[redacted] Code	A55.. Measles
06/02/2008 Encounter	[redacted] New patient medical - PMH - #nose, DH - nil, no known allergies, GH - para 1+2, not on any contraception, not required at present as recently split with [redacted] discussed options as ocp gives her migraines, considering depo, written info given, smear done Nov 2007, SH - smoker, advice, attends alcohol counseller at present and is drinking 9 - 12 units. FH -nil.
Screening	B P Screening$$ O/E - BP reading normal No Action Required 102/66
Screening	Weight$$ O/E - weight Repeat after an interval Wt 54Kg Ht 1.6m
Screening	Smoker$$ Status Smoking cessation advice No Action Required
Screening	Smoker$$ Status Current smoker No Action Required
Read Code	9S13. White Scottish :

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SURNAME YOUNG	UNIT No. 30245100W	CONSGP	H M IRVINE
FORENAME SHIRLEY	CHI No. 2509745263	DESTINATION	ANNIESLAND MC
D.O.B 25.09.74 SEX F	ADDRESS 5 TEMPLE GARDENS		46 MUNRO PLACE

HP Serology : Negative

ACTION RECOMMENDED IN GGHB DYSPEPSIA GUIDELINES
Treat symptomatically ± trial (re-trial) of full dose PPI.
(See step-down guidance on GGNHS dyspepsia guidelines)

Helicobacter Pylori Serology

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
3276135

Collected
DATE 06.09.10
TIME 14:31

Received
DATE 07.09.10
TIME 16:20

Report issued
DATE 08.09.10
TIME 09:10

Authorised by
Auto Check

Accredited Medical Laboratory
Reference No:2335

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CHI: 2509745263
YOUNG, Shirley 25/09/1974 F
2-2 5 Temple Gardens G13 1JJ
07997734971

Dr Helen Irvine GMC :3503877
36 Munro Place, Glasgow, G13 2UP
02/09/2015 17:10 Practice:40051

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DAT

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. 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	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
add columns:		3	4	3
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) **TOTAL:**		10		

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	
	Not difficult at all _____
	Somewhat difficult _____
	Very difficult _____
	Extremely difficult _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at *http://www.pfizer.com*. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

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NHS Greater Glasgow & Clyde OOH Services

Call No: **3093945** Date: **08 Apr 2011** Time of Call: **20:25**

Patient's Name: **Shirley Young** DOB: **25/09/1974** Age: **36** **Y**

Address Today: **2/2 5 Temple Gardens** Home Address If different: **2/2 5 Temple Gardens**

Glasgow **Glasgow**

Post Code: **G13 1JJ** Post Code: **G13 1JJ**

Phone Number Today: **(07967) 734 971** - Home Phone If different: **() -**

NHS24 Call ID : 10053776

Callers Name: Relationship to patient:

Name of GP: [redacted] **JL** Practice No: **006**

Surgery: **006Anniesland Medical Centre** Cipher No: **G0392 1**

Address: **Dr DL [redacted] & [redacted] Anniesland Medical Practice 46 Munro Place Glasgow G13 1LU** Fax No: **0141 954 0870**

Speed Dial: **211**

Call Type: **PCEC Within 4 Hrs** **Priority 3 Within 90** NHS24 Time Passed:

Receptionist's Name:**IIF** Time Arrived: **08/04/2011** Time Complete: **08/04/2011 21:10:34**

Patient's Complaint: **Patient's Complaint:**

PAIN STARTED LASTNIGHT - WORSTENED TODAY - FEELING NAUSIA ((Non-Clinical User) (Cardonald))

CB UPPER ABDO PAIN/BACK PAIN 1/7 SEE AV

Clinical summary created by: (Nurse Advisor) (Lanarkshire) [08/04/2011 20:27:51]
RIGHT SIDED BACK/UPPER ABDOMINAL PAIN FOR 1 DAY AND INTERMITTENT. STARTED LAST NIGHT AFTER TAKING MIGRALEVE TABLETS FOR HEADACHE?MIGRAINE. PAIN RESOLVED OVERNIGHT BUT RETURNED AT 5PM TONIGHT AFTER TAKING 2X PARACETAMOL. PAIN WORSE ON TAKING DEEP BREATH/ MOVING. FEELING SHIVERY. NAUSEATED. PREVIOUS STOMACH PROBLEMS TREATED WITH LOSEC. ADVISED DRUMCHAPEL PCEC 4HRS.

This call should be directed via triage telephony route.
WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.
TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within one hour.
The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at least within 4 hours).
WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **D318** Follow Up: No Follow Up

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Consultation(s):

By: Thorburn Pamala **Start:** 08/04/2011 20:59:44 **Finish** 08/04/2011 21:10:19

Clinical Assessment Details
Started-08/04/2011 20:59:44
Finished-08/04/2011 21:10:19
Initial Assessment
GP has had upper abdo pain for 24 hrs, no N,V, off food, no change in the bowels, pain radiates around to the back, a constant pain, feels an emptiness in the stomach, no increased wind, no burning sensation. Non smoker/drinker, no Hx of NSAI use, has been tested for H pylori -ve. feels no change on posture or on eating, kept her awake last night. PMH depression, gastritis DH fluoxetine NKDA
History
Upper abdominal/back pain and nausea since last night.LMP-2/52.PMH-Gastritis 2/12 ago.DH-Paracetamol,Fluoxetine,Migraleve.(ACannon)
Examination
afebrile, hydrated, abdomen is soft, tender in the epigastrium and Rt hypogastrium, -ve [redacted] sign, no palpable masses or organomegaly, BS are N
Diagnosis
? gastritis,
Treatment
dietary aadvice, add PPI and buscopan, has appoint for GP nxt wk
Clinical Coding
Clinical code: J16y4 (Dyspepsia)
Prescription Details
Drug Name-hyoscine butylbromide tablets 10mg
Preparation-tablet(s)
Dosage-2 tabs four times a day
Quantity-20
Drug Name-omeprazole gastro-resistant capsules 20mg
Preparation-capsule(s)
Dosage-1tab once daily
Quantity-14

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REGIONAL VIRUS LABORATORY
GARTNAVEL GENERAL HOSPITAL, P.O. BOX 16766, GLASGOW G12 0ZA
Tel: 0141-211 0080 Fax: 0141-211 0082

SURNAME	FORENAME	UNIT NO.	SEX DOB
YOUNG	SHIRLEY		F 25.09.74
SOURCE	CONSULTANT	GP	
46 Munro Place		CHI:2509745263 Dr H Irvine	
SPECIMEN	LAB NO.	REPORT STATUS	YOUR REF. NO.
cervical swab	V,11.0337877.R	Final	

N. gonorrhoeae NOT detected by PCR

C.trachomatis NOT detected by PCR.
Results are available via the NHS GG and C SCI store/portal.

Clinical details:

VIROLOGY	DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY
	29.08.11	30.08.11	02.09.11	Ms J M Stewar

Copy for :46 Munro Place

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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Ophthalmology - Request for Information
GGC Ophthalmology

Ophthalmology - Request for Information (GG&C)
NHS GG&C

Consultant / receiving practitionerand/or**specialty clinic**

Hospitaland **hospital address**

Hospital location code.
G039G

Email address
-

Urgency of referral Not applicable
Date of referral 06-Dec-2011 **Date sent** 06-Dec-2011

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

2-2 5 Temple Gardens
GLASGOW
G13 1JJ

Contact number(s)

Voice:07967734971
Voice:07966 066 145 [redacted] Swords)

101002900049Z Unique Care Pathway Number: 101002900049Z

REGISTERED GP DETAILS

Name	Dr [redacted] Campbell		
GMC code	2548292	GP code	03921
Practice name	Anniesland Medical Practice (18807)		
Practice code	40051		

Practice address

Anniesland Medical Practice
46 Munro Place
GLASGOW
G13 2UP

Contact number(s)

Voice:0141 954 8860

REFERRING GP DETAILS

Name	Dr. [redacted]		
GMC code	2548292	GP code	03921
Practice name	Anniesland Medical Practice (40051)		
Practice code	40051		

Practice address

46 Munro Place
Glasgow
G13 2UP

Contact number(s)

Voice:0141 954 8860

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CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Ophthalmology - Request for additional information
Date of onset: 06-Dec-2011
Comment: GARTNAVEL GENERAL

MEDICAL INFORMATION AS REQUESTED

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
[X]Depressive disorder NOS	16-Feb-2010	16-Feb-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	[redacted]d	Date last issued
Fluoxetine Hydrochloride Capsules 20 mg	28	28 CAPS	1 Cap Daily	-	02-Sep-2010	08-Feb-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Metronidazole Tablets 400 mg	21	21 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	28-Oct-2011	28-Oct-2011
Metronidazole Tablets 400 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY AFTER FOOD	-	06-Sep-2011	06-Sep-2011
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	01-Aug-2011	01-Aug-2011

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Non-smoker:	c/o " chill down below"- sl irritation at end of micturition but no dysuria as such, no urgency. sl frequency, nocturia x 1-2- no offensive discharge , no itch, no abdo pain, .	25-Nov-2011
Ex smoker:	Smoker$$ Status.clm - No Action Required	02-Sep-2010
Ex smoker:	Smoker$$ Status.clm - No Action Required	02-Mar-2010
Non-drinker alcohol :	, not SA at present- mod high caffeine intake	25-Nov-2011
Teetotaller:	Alcohol Intake$$.clm - No Action Required	02-Mar-2010
Enjoys moderate exercise:	: priority=2	02-Mar-2010

Clinical warnings

Additional relevant information
Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:No

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Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

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MICROBIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
UNIVERSITY NHS TRUST

Name: YOUNG SHIRLEY sex D.o.B: 25.09.74 94 Fulton St. 40000
Address: 2/2 Consultant: Dr.S.A.Irvine Hosp. No: GGH1114760S
GLASGOW CHI No. : 2509745263 Taken: 29.08.11 17:03
Investigation: Urine analysis Received: 30.09.11 14:56
Specimen: Mid stream specimen

94 40005 Dr S L Campbell

MICROSCOPY: White blood cells : NIL
Red blood cells : NIL
Squamous cells : MODERATE NUMBERS

CULTURE: No growth.

Interpretation: no significant findings.

Final Report

Entered by: L.McNairney

Authorised on behalf of:

COPY FOR : 94 Fulton St. 40000

Microbiologists: Dr.S.Irvine
Reported: 31.08.11 1148 hrs
Lab No: M,11.0096749.H

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MICROBIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
UNIVERSITY NHS TRUST

Name: KOUNG SHIRLEY [redacted] sex: F D.o.B: 25.09.74
Address: 42 5 TEMPLE GDNS
GLASGOW
Investigation: GU CULTURE
Specimen: High vaginal [redacted]

Consultant: Dr.H.Irvine
Hosp. No: ZGH1147684
Annlesland Med. Practice
Taken: 29.08.11 17:03
Received: 30.08.11 14:56

GRAM FILM: ***SUGGESTS BACTERIAL VAGINOSIS***

CULTURE: NEISSERIA GONORRHOEAE NOT ISOLATED
TRICHOMONAS VAGINALIS NOT ISOLATED
YEASTS NOT ISOLATED

Final report

Entered by: Ca[redacted] Cameron

Authorised on behalf of:

Copy for : Annlesland Med. Practice

Microbiologists
Dr.B.Thakker

Reported: 01.09.11 1217 hrs

Lab No.
M,11.0428658.B

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NHS Greater Glasgow & Clyde OOH Services

Call No: **3261251** Date: **29 Oct 2011** Time of Call: **11:10**

Patient's Name: **Shirley Young** DOB: **25/09/1974** Age: **37** **Y**

Address Today: **2/2 5 Temple Gardens**
Anniesland
Glasgow
Intercom/Buzzer Entry
Post Code: **G13 1JJ**

Home Address If different: **2/2 5 Temple Gardens**
Anniesland
Glasgow
Intercom/Buzzer Entry
Post Code: **G13 1JJ**

Phone Number Today: **(07967) 734 971** -
Home Phone If different: **()** -
NHS24 Call ID : 10823227

Callers Name: Relationship to patient:

Name of GP: [redacted] **JL** Practice No: **006**

Surgery: **006Anniesland Medical Centre** Cipher No: **G0392 1**

Address: **Dr DL Blair &** [redacted] **Anniesland Medical Practice 46 Munro Place Glasgow G13 1LU** Fax No: **0141 954 0870**
Speed Dial: **211**

Call Type: **Dr to phone patient within NOT GIVEN** NHS24 Time Passed:

Receptionist's Name:**IIF** Time Arrived: Time Complete: **29/10/2011 11:41:20**

Patient's Complaint:

Patient's Complaint:

PT WAS ON A/B AT THE END OF SEPTEMBER, PT HAS A BACTERIAL INFECTION THAT PREVIOUS A/B DID NOT CLEAR , PT MISSED GP PRACTICE YESTERDAY TO GET PRESCRIPTION ((Non-Clinical User) (Cardonald))
BACTERIAL INFECTION IN VAGINAL AREA ((Non-Clinical User) (Cardonald))
CALL D/W T/L C.EWART ADVISED STREAM ON VAGINAL ((Non-Clinical User) (Cardonald))

CB VAGINAL INFECTION 2WEEKS SEE AV

Clinical summary created by: (Other Clinical User) (Cardonald) [29/10/2011 11:11:21]
X FOR X AND UNTRIAGED CALL PASSED TOP ARTNER TO ACTION

TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within three hours.
WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **584** Follow Up: No Follow Up

Consultation(s):

By: [redacted] Chris **Start:** 29/10/2011 11:34:43 **Finish** 29/10/2011 11:40:49

Clinical Assessment Details
Started-29/10/2011 11:34:43
Finished-29/10/2011 11:40:49
History
Missed own GP last night when was supposed to pick up script for Metronidazole for ? BV. Script rearranged, knows

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not to drink alcohol
Examination

Diagnosis

Treatment

Clinical Coding
Clinical code: 8B3H. (Medication requested)
Prescription Details
Drug Name-metronidazole tablets 400mg
Preparation-tablet(s)
Dosage-Take 1 tablet three times daily
Quantity-21

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OPTOMETRIST GENERAL OPHTHALMIC REFERRAL FORM

PLEASE SEND TO

NHS Greater Glasgow and Clyde

- [ ] Inverclyde Royal Hospital
- [x] Garnavel General Hospital
- [ ] Royal Hospital for Sick Children
- [ ] Royal Alexandra Hospital
- [ ] Glasgow [redacted] Infirmary
- [ ] Southern General Hospital
- [ ] Vale of Leven Hospital
- [ ] Stobhill Hospital
- [ ] [redacted] Hospital

Patient Details	General Practitioner Details	Optometry Practice Details
Name: SHIRLEY YOUNG	Practice: ANNIESLAND	Practice: BLACK + LIZARS
Address: 212, STEMPLE GRNS, GLASGOW	Address: MEDICAL CENTRE, 46 MUNRO PL, GLASGOW	Address: 1579 GREAT WESTERN ROAD, GLASGOW
Postcode: G13 1JJ	Postcode: G13 2UP	Postcode: G13 1HQ
CHI: 2509745262	Practice Code:	Optometrist Name: ANNE MCLEAN
DOB: 25/09/74		Optometrist Signature:
Ethnic Background: A[illegible]		Date of Referral:
Telephone No: 07967734071	Telephone No: 954 8860	Telephone No: 959 3175

TYPE OF REFERRAL

- [ ] ARMD
- [ ] Corneal
- [ ] Paediatric
- [ ] Acute Red Eye
- [redacted]
- [ ] Neurological
- [ ] Other please, specify
- [ ] Cyst / Infection
- [ ] Glaucoma
- [x] Oculoplastic (Lids/Lacrimal)
- [ ] Sudden Vision Loss
- [ ] Retinal
- [ ] Squint

	Unaided V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R	6/38+	+0.75ds (bal)					6/30+ ph→6/12		N12
L	6/5+	+0.50	+0.25	5			6/5+		N5

Primary Patient Complaint: VA noticeably ↓ RE, for a few years

Duration of Signs / Symptoms:

Primary / Provisional Diagnosis: TRAUMATIC CATARACT

Secondary Diagnosis / Other Conditions: none

Past Ocular History: none

Additional Information / Clinical Findings: PX NEW TO PRACTISE, SO NO PREVIOUS RECORDS WHILST RE WAS ALWAYS POORER SHE FEELS SINCE A HEAD INJURY FOLLOWING A FALL APPROX 3YRS AGO, IT HAS SIGNIFICANTLY DETERIORATED. PLEASE REVIEW ROUTINELY WITH A POSSIBLE VIEW TO CATARACT EXTRACTION

Repeat fields Y/N **Dilated Fundoscopy Y/N**

IOP Applanation mmHg

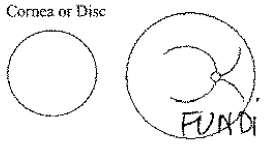
	R	L
1 time	10	16
2 time	@ 9.45am	

Pachymetry R L

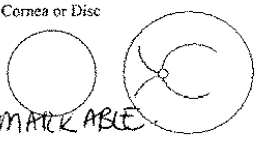
Attached Files

- [ ] Fields
- [ ] Photograph
- [ ] OCT
- [ ] Medical Info
- [ ] Other

Cornea or Disc



Cornea or Disc



FUNDI UNREMARKABLE

- [x] **FOR ACTION**
- [ ] **FOR INFORMATION ONLY**

FOR ATTENTION OF GENERAL PRACTITIONER

Referral to Ophthalmology completed by Optometrist. Please send past medical history and drug history via SCI Gateway to the Hospital indicated above.

No action required. Patient referred as emergency to Eye Casualty by Optometrist.

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REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Neurology - Headache
GGC General Referral

Consultant / receiving practitionerand/or**specialty clinic**

Southern General Hospital
1345 Govan [redacted]
Glasgow
G51 4TF

Hospitaland **hospital address**

Hospital location code.
G405H

Email address
-

Urgency of referral ROUTINE
Date of referral 18-Sep-2013 **Date sent** 18-Sep-2013

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

2-2 5 Temple Gardens
GLASGOW
G13 1JJ

Contact number(s)

Voice:07967734971
Voice:07966 066 145 [redacted] Swords)

1010059848277

Unique Care Pathway Number: 1010059848277

REGISTERED GP DETAILS

Name	Dr [redacted] Campbell		
GMC code	2548292	GP code	03921
Practice name	Anniesland Medical Practice (18807)		
Practice code	40051		

Practice address

Anniesland Medical Practice
46 Munro Place
GLASGOW
G13 2UP

Contact number(s)

Voice:0141 954 8860

REFERRING GP DETAILS

Name	Dr. [redacted]		
GMC code	6055912	GP code	01139
Practice name	Anniesland Medical Practice (40051)		
Practice code	40051		

Practice address

46 Munro Place
Glasgow
G13 2UP

Contact number(s)

Voice:0141 954 8860

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CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: REVIEW

Comment: CLINIC OF DR TYAGI

I WOULD BE GRATEFUL IF YOU WOULD SEE THIS 30 YEAR OLD WOMAN WHO US SUFFERING WITH MIGRAINE. SHE FIRST PRESENTED ON 10TH OF OCTOBER 2012 WITH A HISTORY OF LIFE-LONG MIGRAINES BUT FELT THEY WERE WORSE IN THE PREVIOUS FEW MONTHS. AT THAT POINT SHE WAS USING MIGRALEVE TO TERMINATE THEM. WHEN SHE GETS MIGRAINES THE SEVERE ONES TEND TO COME IN A BIPHASIC PATTERN WHERE SHE GETS INITIALLY A HEADACHE AND THEN 24HRS LATER A SUBSEQUENT HEADACHE. AT THE FIRST CONSULTATION WE DISCUSSED CAFFEINE, LIFESTYLE ADVICE AND AT THAT POINT COMMENCED HER ON PROPRANOL TABLETS WITH SUMATRIPTAN AS AN ABORTIVE TREATMENT.

WHEN I REVIEWED HER AT THE END OF OCTOBER SHE HAD REDUCED HER CAFFEINE AND HER HEADACHES HAD SLIGHTLY IMPROVED HOWEVER SHE FELT VERY DIZZY ON THE PROPRANOLOL. INSTEAD WE TRIED TOPIRAMATE, AT THAT POINT SHE WAS NOT REQUIRING CONTRACEPTION AND WE TITRATED THE TOPIRAMATE UP. SHE WAS REVIEWED AT THE END OF NOVEMBER WHERE HER MIGRAINES WERE MUCH BETTER AND WE HAD AIMED TO WEAN HER OFF THE TOPIRAMATE OVER THE NEXT FEW WEEKS.

UNFORTUNATELY SHE WAS SEEN AGAIN IN JUNE 2013 WITH A RECURRENCE OF SEVERE MIGRAINES HAVING THREE IN THE LAST WEEK. SHE FELT THE SUMATRIPTAN WAS WEARING OFF QUICKLY AND WE TRIED CHANGING THE ABORTIVE THERAPY TO ZOLMATRIPTAN. I ALSO INCREASED THE TOPIRAMATE AT THAT POINT TO 50MG. TWICE A DAY, THIS WAS AT THE START OF JULY.

HAPPILY SHE HAD NO FURTHER MIGRAINES FOR THE NEXT EIGHT WEEKS AND THEN UNFORTUNATELY HAD ONE MIGRAINE ON THE 31ST OF AUGUST AND ANOTHER TWO WEEKS LATER. BOTH OF THESE REQUIRED DOUBLE DOSES OF ZOMIG TO TERMINATE THEM.

UNFORTUNATELY THE HIGHER DOSE TOPIRAMATE HAS LEFT HER FEELING PROFOUNDLY FATIGUED AND SHE FEELS SHE IS NOT COPING WITH THE DEGREE OF FATIGUE WITH THIS TABLET. SHE HAS HAD SOME RECENT STRESS WITH HER BENEFITS AND DOES ADMIT THAT THE RECENT HEADACHES MAY BE RELATED TO THIS. EVEN IF THEY WERE, THE BENEFITS OF THE TOPIRAMATE IN MIGRAINE PREVENTION SEEM TO OUTWEIGHED SLIGHTLY BY HER SEVERE FATIGUE. TODAY I SUGGESTED THAT WE SWITCH TO DULOXETINE AS AN ALTERNATIVE PROPHYLACTIC. SHE HAS REQUESTED REVIEW AT THE MIGRAINE CLINIC AS SHE IS HAVING ONGOING ISSUES WITH HER MIGRAINES. AS WE HAVE TRIED THREE PROPHYLACTICS AND SHE IS HAVING ONGOING ISSUES I WOULD BE GRATEFUL IF SHE COULD BE CONSIDERED FOR REVIEW.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
[X]Depressive disorder NOS	16-Feb-2010	16-Feb-2010

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duloxetine Gastro-resistant Capsules 30 mg	14	14 capsule	ONE DAILY	-	13-Sep-2013	13-Sep-2013
Zolmitriptan Tablets 2.5 mg	6	6 tablet	1 TAB AS DIRECTED	-	13-Sep-2013	13-Sep-2013
Zolmitriptan Tablets 2.5 mg	12	12 tablet	ONE TAB AS REQUIRED REPEAT AFTER 2 HOURS IF MIGRAINE PERSISTS ONE TO BE TAKEN AT ONSET OF	-	15-Aug-2013	01-Jul-2013

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Sumatriptan Succinate Tablets 50 mg	6	6 TABLET	MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	15-Aug-2013	15-Aug-2013
Tramadol Hydrochloride Capsules 50 mg	30	30 capsule	1 or 2 Caps 4 Times daily	-	15-Aug-2013	[redacted]
Zolmitriptan Tablets 2.5 mg	12	12 tablet	ONE TAB AS REQUIRED REPEAT AFTER 2 HOURS IF MIGRAINE PERSISTS	-	01-Jul-2013	01-Jul-2013
Tramadol Hydrochloride Capsules 50 mg	30	30 capsule	1 or 2 Caps 4 Times daily	-	03-Jun-2013	03-Jun-2013
Sumatriptan Succinate Tablets 50 mg	6	6 TABLET	ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	28-May-2013	28-May-2013
Topiramate Tablets 25 mg	112	112 tablet	ONE TO BE TAKEN TWICE A DAY	-	16-Jan-2013	14-Aug-2013

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Non-smoker:	gen malaise 4 dys, altho improving today, sore throat, neck stiff, feverish, red appetite, drinking well, no v, no rash, min cough, no SOB,,	07-Aug-2012
Ex-moderate smoker (10-19/day):	stopped 2 yrs ago	01-May-2012
Non-smoker:	c/o " chill down below"- sl irritation at end of micturition but no dysuria as such, no urgency. sl frequency, nocturia x 1-2- no offensive discharge , no itch, no abdo pain, .	25-Nov-2011
Ex smoker:	Smoker$$ Status.clm - No Action Required	02-Sep-2010
Ex smoker:	Smoker$$ Status.clm - No Action Required	02-Mar-2010
Non-drinker alcohol :	, not SA at present- mod high caffeine intake	25-Nov-2011
Teetotaller:	Alcohol Intake$$.clm - No Action Required	02-Mar-2010
Enjoys moderate exercise:	: priority=2	02-Mar-2010

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:No
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

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Acute Services Division

Surgery and Anaesthetics Directorate
DEPARTMENT OF OPHTHALMOLOGY

Surgical Services
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

NHS
Greater Glasgow and Clyde

Dr B H [redacted]
Dr V [redacted]
Dr K Crofts
Dr M Gavin
Dr S Mantry
Dr D M I [redacted]
Dr J R Murdoch
Dr S Ramamurthi

Switchboard 0141-201-3000

Dr [redacted] Ophthalmology Clinic - 27/02/2012

MR/ES/30245100W
Dict: 27/02/2012
Typed: 29/02/2012
Enquiries: 0141-355-1587
E-Mail: [redacted].scot.nhs.uk

Dr [redacted] Campbell
Anniesland Medical Practice
46 Munro Place
G13 2UP

Dear Dr Campbell

Shirley Young - 25/09/1974 - CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, Lanarkshire, G13 1JJ

Diagnosis: Significant right cataract

This lady is complaining of decreased visual acuity in the right eye. I understand that she fell and damaged the skin above the right eyebrow a few years ago but did not have any direct blow to the eye. Otherwise she has no past ocular history. She had a significant cataract on the right eye with no other obvious ophthalmic problems. We discussed the risks and benefits of surgery. She was keen to proceed and has therefore been listed to have right cataract surgery under GA. She is extremely anxious and was very clear that she did not want to be operated on under LA. We shall be in touch with a date for surgery and pre-assessment in the future.

Yours sincerely,

Dr M [redacted]
Consultant Ophthalmologist

Delivering better health

www.nhsggc.org.uk 40369

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EMERGENCY DEPARTMENT
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

NHS
Greater Glasgow and Clyde

Dr [redacted]
46 MUNRO PLACE
GLASGOW
G13 2UP

Date: 21 Jun 2012

Dear Dr [redacted]

Re: SHIRLEY YOUNG, 2/2 5 TEMPLE GARDENS, GLASGOW, LANARKSHIRE, G13 1JJ
Date of Birth: 25/09/1974 CHI number: 2509745263

Your patient attended Western Infirmary on the 21 Jun 2012.

The presenting complaint was:	**CHEST PAIN**
Triage information:	**INTERMITTENT CHEST PAIN SINCE THIS MORNING. FEELS IT IS RADIATING INTO SHOULDER AND NECK. TEMP 37.2.**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**MUSCULO-SKELETAL (NON TRAUMA) - CHEST PAIN**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**DISCHARGED**
Follow-up:	**DISCHARGED**
Additional information:	**Px presented with sudden onset L sided chest pain from 1100 this morning whilst cycling to work. Numb in character and radiating to shoulder. Denies assoc. dyspnoea/palpitations/N+V/sweating or recent cough/wheeze/fever/coryzal symptoms. Pain worse on deep inspiration and localised pressure. 2/10 severity. Examination unremarkable and observations all within normal limits. I have reassured her today and discharged her from the ED. Kind regards.**

Yours sincerely,

MINA AL-MURANI
EMERGENCY DEPARTMENT DOCTOR

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Emergency Department
Western Infirmary
Dumbarton Road
Glasgow G11 6NT

Dr J [redacted]
46 Munro Place
Glasgow

G13 2UP

22 June 2012

Dear Dr [redacted]

Re: SHIRLEY YOUNG, 2/2 5 TEMPLE GARDENS, GLASGOW, LANARKSHIRE, G13 1JJ
Date of Birth: 25.09.74 Hospital Number: 30245100W CHI Number: 2509745263

Your patient attended Western Infirmary on the 21 JUN 2012 at 17:41 pm.

The presenting complaint was:	**Chest Pain**
Triage Information:	**Intermittent Chest Pain Since This Morning. Feels It is Radiating Into Shoulder And Neck. Temp 37.2.**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Musculo-Skeletal (Non Trauma) - Chest Pain**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**Px presented with sudden onset L sided chest pain from 1100 this morning whilst cycling to work. Numb in character and radiating to shoulder. Denies assoc. dyspnoea/ palpitations/N+V/sweating or recent cough/wheeze/fever/ coryzal symptoms. Pain worse on deep inspiration and localised pressure. 2/10 severity. Examination unremarkable and observations all within normal limits. I have reassured her today and discharged her from the ED. Kind regards.**

Yours sincerely,

Mina Al-Murani
Emergency Department Doctor

Consultants

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REGIONAL VIRUS LABORATORY
GARTNAVEL GENERAL HOSPITAL, P.O. BOX 16766, GLASGOW G12 0ZA
Tel: 0141-211 0080 Fax: 0141-211 0082

SURNAME	FORENAME	UNIT NO.	SEX DOB
YOUNG	SHIRLEY		F 25.09.74
SOURCE	CONSULTANT	GP CHI:2509745263	
46 Munro Place		DR CAMPBELL	
SPECIMEN	LAB NO.	REPORT STATUS	YOUR REF. NO.
swab	V,12.0335492.L	Final	

N. gonorrhoeae :NOT detected by PCR

C.trachomatis NOT detected by PCR.
Results are available via the NHS GG and C SCI store/portal.

Clinical details

VIROLOGY	DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY
	14.08.12	17.08.12	20.08.12 11:01	Ms J M [redacted]

Copy for :46 Munro Place

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STOBHILL/GRI DISCHARGE SUMMARY FOR CONSULTANT OPHTHALMOLOGIST

DEAR DOCTOR

:245100W
:GNO F
:ERLEY 25/09/1974
'2 3 TEMPLE GARDENS
:ASGOW
:NARKSHIRE G13 1JJ
tl-2609745263

YOUR PATIENT

r. J CAMPBELL
SNIESLAND MEDICAL PRACTICE
6 MUNRO PLACE
LASGOW
13 2UP

UNDERWENT THE OPERATION OE:

LEFT	☐	E.C.C.E. + IOL (CATARACT EXTRACTION)	☐
RIGHT	☑	PHACO + IOL (CATARACT EXTRACTION)	☑
BILATERAL	☐	TRABECULECTOMY	☐
		SQUINT SURGERY	☐

OTHER OPERATION (DETAILS) .....

UNDER L/A ☐ G/A ☑ TOPICAL ☐ ON: 20/12/12

AS A: DAY CASE ☑ INPATIENT ☐

THEIR TREATMENT ON DISCHARGE TO THE OPERATED EYE IS:

MAXITROL
GUTTAE BETNESOL N QID ☑

OTHER: (INCLUDING ANY TREATMENT TO THE UNOPERATED EYE)

A FOLLOW UP APPOINTMENT HAS BEEN ARRANGED FOR:

STOBHILL ☑ GRI ☐ 3-4 WEEKS POST-OP

ADDITIONAL COMMENTS:

+ refraction

YOURS SINCERELY: DOCTOR Ian Paul DATE 20/12/12

04-102

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Acute Services Division

Surgery and Anaesthetics Directorate
DEPARTMENT OF OPHTHALMOLOGY

Surgical Services
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

NHS
Greater Glasgow and Clyde

Dr B H [redacted]
Dr V [redacted]
Dr K Crofts
Dr M Gavin
Dr S Mantry
Dr D M I [redacted]
Dr J R Murdoch
Dr S Ramamurthi

Switchboard 0141-201-3000

Dr Mantry's Ophthalmology Clinic - 07/02/2013

DA/ES/30245100W
Dict: 07/02/2013
Typed: 11/02/2013
Enquiries: Secretary [redacted]587
E-Mail: elaine.[redacted]@ggc.scot.nhs.uk

Dr [redacted]
Anniesland Medical Practice
46 Munro Place
G13 2UP

Dear Dr Campbell

Shirley Young - 25/09/1974 - CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, Lanarkshire, G13 1JJ

Diagnosis: Right recent pseudophakia

Visual acuity: 6/5 unaided right eye, 6/5 unaided left eye

Mrs Young's right eye has settled well after cataract surgery. She does notice difficulty with near vision. I have explained to her that after cataract surgery and artificial lens implantation her natural ability to accommodate is restricted. We have prescribed her near vision glasses if she needs them. I am discharging her from the eye clinic. We would be happy to see her in future if required.

Yours sincerely,

Deepa Anijeet
Locum Consultant Ophthalmologist

Delivering better health
www.nhsggc.org.uk

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GLASGOW MICROBIOLOGY SERVICES NHS GREATER GLASGOW & CLYDE Enquiries 0141 354 9132
SOUTH SECTOR LABORATORY

Patient / Specimen details

YOUNG SHIRLEY	CHI No.	2509745263	Cons/GP	Dr [redacted]
FLAT 2-2	Hosp.no		Loc.	Anniesland MP Glasgow
5 TEMPLE GDNS	D.O.B	25.09.1974	Coll'd	Not known
G13 1JJ	Sex	F	Rec'd	28.11.2013 16:03
				Senders ref. no.
Enteric Pathogens	HISS No:			
Faeces				Copy to:
				Anniesland MP Glasgow

Appearance:-Non diarrhoeal

Microscopy:-
Cryptosporidium: NO OOCYSTS OF CRYPTOSPORIDIUM SEEN

Culture for: Salmonella NEGATIVE Shigella NEGATIVE
Campylobacter NEGATIVE E.coli 0 157 NEGATIVE

Clostridium difficile toxin testing is
inappropriate on Non Diarrhoeal samples

Authorised by Lesley McGarvey
Reported 30.11.2013 09:16

* FINAL REPORT *
Lab No. M,13.5412867.J

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinic Letter

NHS
Greater Glasgow and Clyde

Dr. JL [redacted]
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard: 0141 201 1100
Email inquiries to:
Contact Tel Details: 0141 201 2493

Dictated Date: 26/11/2013
By: Dr. George Gorrie
Transcribed Date: 27/11/2013
By: [redacted]

Dear Dr. JL [redacted]

Patient

Name:	Young Shirley
CHI:	2509745263
DOB:	25 Sep 1974
Address:	2/2 5 TEMPLE GARDENS Glasgow G13 1JJ

Attendance

Attended:	26/11/2013 10:00
New/Return:	S N HEADACHE
Referral Source:	General Practitioner
Consultant:	Dr George Gorrie
Specialty:	Neurology
Clinic:	SGGGNE7-DR GORRIE HEADACHE TUESDAY AM

Clinical Comments:

I reviewed Shirley in the clinic today. She has a diagnosis of migraine with aura. Her current treatment is Duloxetine 30 mg and Zomig p.r.n. She gives a history of headache dating back to childhood and the headaches that she is having currently are similar to those that she has experienced in her younger days. Currently she has not had a headache for seven weeks. Prior to this she was having headaches up to twice per week. She would typically in the days prior to her headache have hypersensitivity to smell, then she would typically have numb fingers on the right and left and then visual disturbance primarily affecting one eye where she would have abnormalities seeing in the centre of her vision which would then spread out in zigzag lines over a period of about forty minutes and resolve. She would then develop pain typically on the left hand side of her head which

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would evolve over half and hour and last all day. She would vomit and be nauseated with it and be light and smell sensitive. She has identified triggers with caffeine and dehydration. She is currently taking Duloxetine 30 mg per day which has had a good effect, she has not had headache for seven weeks. There are issues with depression and anxiety in the past and dependency issues with alcohol and the latter is not a significant factor presently. She is training to be a counsellor and she is finding this quite useful in terms of dealing with her own problems. She has no progressive neurological symptoms. She wanted to know more about migraine and the therapeutic approaches to it.

Examination:

On examination she looked very well. She had normal vision at 6/6 -3 on the right and 6/6 -2 on the left. Pupils were equal and reactive directly and indirectly and consensually. She had normal extraocular movements and visual fields to confrontation were full. Fundi demonstrated no evidence of disc swelling. She had normal facial power and sensation, normal tongue and pharynx on external inspection. Normal neck movements. She had normal gait, she was Romberg's negative and there was no evidence of midline ataxia. There was no pronator drift, normal power in her upper and lower limbs. Her reflexes were symmetrical with no evidence of any clonus that was sustained. Both plantars were flexor. There was no sensory loss to vibration or temperature in her upper and lower limbs.

Opinion:

This lady has currently migraine with aura. It is well treated with Duloxetine. I have suggested that she continues for four to six months and have given her information leaflets on the drug and migraine. She does notice that Zomig is effective but needs to be repeated and wears off early in the course of her migraine. An alternative triptan that could be tried would be Frovatriptan 2.5 mg. I have not organised any further investigations or follow-up. For significant nausea and vomiting Domperidone 10 mg could be used in association with her Zomig.

Yours sincerely,

Dr. George Gorrie

Consultant Neurologist

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Young Shirley CHI: 2509745263 OPCL 26/11/2013 v1

Electronically Signed: Dr George Gorrie, Consultant

cc.

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Young Shirley CHI: 2509745263

Clinical letter - GP: Discharge Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: MSK Physiotherapy
Contact Tel: 0141 211 3021
Enquiries to:

Dr. JL Campbell
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Letter Date: 30/10/2014
Reference:
Dictated Date: 30/10/2014
Transcribed Date:

Dear Dr [redacted]

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
2/2 5 TEMPLE GARDENS, Glasgow, Lanarkshire, G13 1JJ

This patient was referred to Physiotherapy on: 16/06/14

Presenting Condition: Right Shoulder Impingement, possibly secondary to reduced rotator cuff recruitment

She received assessment on 18/09/14

Discharge Outcome:

- Failed to attend or cancelled review appointment on 23/10/14
- Has an exercise programme to continue with self management

Additional Physiotherapy Comments:

Ms Young attended her initial assessment only. She presented with mild impingement symptoms and was advised on exercises to aid cuff recruitment. She cancelled appointments on 9th October and 13th October, then failed to attend a further appointment on 23rd October. As she has not contacted the department since failing to attend she has now been discharged from my caseload.

This patient has now been discharged from our care.

Yours sincerely

[redacted] Forsythe

Band 6 Physiotherapist

Electronically Signed: Physiotherapist [redacted] Forsythe, Physiotherapist

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cc.

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Request for Colorectal Investigations - Glasgow (Glasgow, v15.0)

REFERRAL TO

General Surgery - Colorectal
GGC Colorectal

Consultant / receiving practitioner and/or specialty clinic

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

Hospital and hospital address

Hospital location code.: G516H

Email address: -

Urgency of referral Routine
Date of referral 16-Nov-2016 **Date sent** 16-Nov-2016

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

2-2 5 Temple Gardens
GLASGOW
G13 1JJ

Contact number(s)

Voice:07967734971

101012521463Z Unique Care Pathway Number: 101012521463Z

REGISTERED GP DETAILS

Name	Dr [redacted] Campbell		
GMC code	2548292	GP code	03921
Practice name	Anniesland Medical Practice (18807)		
Practice code	40051		

Practice address

Anniesland Medical Practice
46 Munro Place
GLASGOW
G13 2UP

Contact number(s)

Voice:0141 954 8860

REFERRING GP DETAILS

Name	Dr. [redacted] Irvine		
GMC code	3603877	GP code	09245
Practice name	Anniesland Medical Practice (40051)		
Practice code	40051		

Practice address

46 Munro Place
Glasgow
G13 2UP

Contact number(s)

Voice:0141 954 8860

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CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Rectal bleeding

Comment: This 42 year old lady has had intermittent bright red rectal bleeding for some months now. She did have diarrhoea at the beginning of the year, but this has settled. Recently she had some constipation and does feel that this made the bleeding worse. She describes it as being so significant that it drips in to the pan. It has never been mixed in with the stool, but she is aware of a lot of what she thinks is mucus. She has not lost any weight and she is very concerned as her [redacted] had bowel cancer at a young age. Thank you for seeing her. Kind regards.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
Rectal bleeding	15-Nov-2016	15-Nov-2016
[X]Depressive disorder NOS	16-Feb-2010	16-Feb-2010

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Bowel cancer [redacted]	fh in 80's	23-Feb-2016
No FH: Hypertension	: priority=2	26-Apr-2010
FH: Diabetes mellitus	: priority=2	02-Mar-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duloxetine Gastro-resistant Capsules 60 mg	56	56 CAPSULE	ONE DAILY	-	09-Nov-2015	21-Jul-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sumatriptan Succinate Tablets 100 mg	6	6 TABLET	ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	21-Jul-2016	21-Jul-2016
Cetirizine Hydrochloride Tablets 10 mg	30	30 tablet	ONE TO BE TAKEN EACH DAY	-	21-Jul-2016	[redacted]

Blood Pressure

Date Recorded	Systolic	Diastolic
09-Nov-2015	110	70
28-Apr-2015	120	52
27-Nov-2013	100	60
18-Dec-2012	118	63
29-Oct-2012	100	80

Body Measurements

Date Recorded	Height	Weight	BMI
26-Apr-2010	162.5	57	21.58

Lifestyle Risks and Alerts / Examinations and Investigations

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Description/Question	Result/Comment	Date
Never smoked tobacco :	has had feeling of lump in throat for past 2 months, started after had episode of choking, has become worse in past 4-5 days, has ass coryzal symptoms at moment, no weight loss, , swallowing ok,	20-Oct-2015
Never smoked tobacco :	4 days cough seems worse am when she brings up spit - greeny. eating. no temp. stopped 5 years ago	28-May-2015
Never smoked tobacco :		28-Apr-2015
Non-smoker :	gen malaise 4 dys, altho improving today, sore throat, neck stiff, feverish, red appetite, drinking well, no v, no rash, min cough, no SOB,,	07-Aug-2012
Ex-moderate smoker (10-19/day) :	stopped 2 yrs ago	01-May-2012
Non-drinker alcohol :	, not SA at present- mod high caffeine intake	25-Nov-2011
Teetotaller:	Alcohol Intake$$.clm - No Action Required	02-Mar-2010
Enjoys moderate exercise:	: priority=2	02-Mar-2010

Investigations

Description/Question	Result/Comment	Date
Previous similar problems?:	No	-
Family history of colorectal cancer?:	Yes	-
Duration of current symptoms (weeks):	>8	-
Rectal bleeding:	Yes	-
Rectal bleeding bright red:	Yes	-
Rectal bleeding dark red:	No	-
Rectal bleeding separate from stool:	true	-
Change in bowel habit:	Yes	-
Bowel habit - constipation:	true	-
Pain:	No	-
Abdominal pain:	No	-
Weight loss:	No	-
Weight loss :	No weight loss	-
Abdominal Examination:	No	-
Rectal Examination:	No	-
Haematology:	No	-

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

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Western Infirmary: Diagnostic Imaging Report Page 1 of 1

YOUNG, SHIRLEY	DoB : **25/09/1974**
5 TEMPLE GARDENS, FLAT 2/2, GLASGOW, LANARKSHIRE, G13 1JJ	CHI. No. : **2509745263**
Ref. Locn. : **GP PRACTICE**	CRIS No. : **6253286**
Referrer : **Dr** [redacted]	Curr Ward: **GP**

VERIFIED Verified By: [redacted] Steenson (Sonographer) 28/07/15 1541.

Clinical History :
Colicky right upper quadrant pain after eating some slight gallstones the image liver and biliary tree please

US Abdomen :
There is no evidence of gallstones within a thin-walled gallbladder. There is a solid echogenic area within the gallbladder neck, this did not appear to change throughout the scan. There is no evidence of perfusion within this area and it may simply represent inspissated bile. A repeat ultrasound in 3-4 weeks is advised for clarification.
The common bile duct is not dilated.

Normal appearances within the liver, pancreas, both kidneys, spleen and aorta.

Event Number : E-29672089 Examination Date : **28/07/15**
Ref. Source : Dr [redacted] Campbell, 46 Munro Place, Glasgow, G13 2UP
Examinations : **US Abdomen**

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NHS Greater Glasgow and Clyde

Call No: 4513903 **Date** 02/08/2015 **External Case**
Patient's Name: Shirley Young **DOB:** 25/09/1974 **Age:** 40 years

Address Today
2/2 5 Temple Gardens Anniesland

Glasgow
Postcode: G13 1JJ
Current Phone 0141 239 0348

CHI Number 2509745263

Callers Name:

Name of GP: Campbell,JL(006)

Surgery: 006 Anniesland Medical Centre

Call Type: PCEC Within 4 Hrs

Priority

Home Address (If Different)

Postcode:
Home Phone (If Different)

Relationship to patient:

Time Call Received NHS24 02/08/2015 17:46:03
Time Received OOH
Time Patient Arrived 02/08/2015 19:28:25
Consultation Start 02/08/2015 19:40:40
Consultation End 02/08/2015 19:53:42

Receptionist: **Time Arrived:** 02/08/2015 19:28 **Time Complete:** 02/08/2015 18:53

STOPPED TAKING THE MINI PILL 4 DAYS AGO. HAD BEEN ON THIS FOR APPROX 3MNTHS. BLEEDING GOT HEAVIER IN LAST 20MINS AND PT FEELING DIZZY . FEELING NAUSEOUS ((User) (Glasgow))

VAGINAL BLEEDING 2 DAYS SEE AV

PCC4 PCEC within 4 Hrs

Clinical summary created by: (Other Clinical User) (Lanarkshire) [02/08/2015 19:06:47]
HEAVY VAGINAL BLEEDING FOR FEW HOURS AND BLED FOR 2 DAYS & NOW SOAKED THROUGHT PAD & CLOTHING . PASSING LARGE LIVER LIKE MATERIAL WITH CLOTS . FELT SWEATY & CLAMMY EARLIER . SLIGHT PERIOD LIKE PAINS IN ABDOMEN . STOPPED MINI PILL 4 DAYS AGO . VERY ANXIOUS . ADVISED(GP4HRS) WILL ATTEND DRUMCHAPEL PCEC . ? INTERCOURSE 3 WEEKS AGO .

NHS24 Summary

Remarks:

BP: **PR:** **Temp:**

Doctor/Nurse: Young, [redacted] **Follow Up:** No Follow Up -

Consultation(s):

By: Young, [redacted] **Start** 02/08/2015 19:40 **Finish** 02/08/2015 19:53

Clinical Assessment Details:
Started- 02/08/2015 19:40:40
Finished- 02/08/2015 19:53:42
Initial Assessment

History

Stopped progesterone only pill 4 days ago. Very heavy bleeding since.

Report Statistics: Report produced by Adastra Version 3 - 02/08/2015 20:56:22

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Dr V Young
Stopped POP 4/7 ago - heavy bleeding since. Passed big clot earlier today. Had flooding + clots, felt dizzy. Low abdo cramping now. Feeling better in self, not dizzy. Had been on POP for 3/12 + had irreg PV bleeding throughout. Smear UTD. Denies risk of STI. No missed pills.

Usually fit and well
PMHx migraines
DHx duloxetine, NKDA

Examination
T 36.4 P66 BP 105/60 Urinalysis ++ blood ++ protein HCG negative.

Obs as charted + neg hcg.
Abdo soft. Generalised lower abdo discomfort

Diagnosis
Menstrual bleed after stopping hormonal contraception

Treatment
Reassured.
Trial tranexamic acid.
GP review if not settling

Clinical Coding
K59.. Menstruation disorders

Prescription Details
tranexamic acid tablets 500mg TAKE 2 TABS THREE TIMES A DAY FOR UP TO 4 DAYS 30.00

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Report Statistics: Report produced by Adastra Version 3 - 02/08/2015 20:56:22

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West of Scotland Specialist Virology Centre.

Glasgow Royal Infirmary, 10-16 [redacted] Parade, G31 2ER

Tel: 0141 201 8722 Fax: 0141 201 8723 CPA:0406

Surname	Forename	CHI	DOB/Age	Sex
YOUNG	SHIRLEY	2509745263	25.09.74	F

Source	Consultant		
Anniesland MP Glasgo	Dr [redacted]		
Specimen			
Vulvovaginal swab	WoSSVC Lab No. V,15.0361843.T	Source no.	Report Status Authorised

C. trachomatis : Not detected by PCR
N. gonorrhoeae : Not detected by PCR

CT/GC: This is a VULVOLVAGINAL SWAB sample.

Date collected	Date received	Date authorised
24.11.15	26.11.15	27.11.15
		Authorised by
Report for: P1 Clydebank HC		Automatic release by system

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**4847896**	Receive Date:	**13-Nov-2016 13:43**
Patient's Name:	**Shirley Young**		
Date of birth:	**25-Sep-1974 (42 years)**	Gender:	**F**
Address:	**2/2 5 Temple Gardens**	Current Address:	**Premier Inn**
	Anniesland		**10 Elmbank Gardens**
	Glasgow G13 1JJ		**Glasgow G2 4PP**
Return Contact No:			
Tel No:	**0141 239 0348**		**0141 239 0348**
Mobile No:			
Priority:	**Pr No Action Reqd**	Call Origin:	
Received:	**13-Nov-2016 13:43**	Calltype:	**No Action Required By Co-op**
Advised:	**17:41**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**JL Campbell**

CHI Number:
2509745263

NHSD details:

Triage NHSD -	**TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within one hour. WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.**
NHSD Comments -	**RECTAL BLEEDING ON AND OFF FOR 4 DAYS. INSERTED WIPE WITH FINGER AND HAD CLOTS OF BLOOD CAME OUT. ALSO HAD DIARRHOEA 20 MINS AGO, PREVIOUSLY HAD CONSTIPATION FOR ABOUT 3 DAYS. TOOK 2 X SENAKOT 2 DAYS AGO. ABDO PAIN. ((User) (Glasgow))**

Receptionist:
#RECTAL BLEEDING - 4 DAYS -SEE A/V
NOA8 Pt advised to contact practice within 36 Hrs - For Information Only
Clinical summary created by: (Nurse Advisor) (Dumfries And Galloway)

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[13/11/2016 17:41:17] RECTAL BLEEDING FOR INTERMITTENT OVER 4 DAYS AND BRIGHT RED BLEEDING ONLY WHEN HAS BOWELS OPENED. WAS CONSTIPATED EARLIER IN THE WEEK. GP 36.

Followups:
None

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GLASGOW MICROBIOLOGY SERVICES NHS GREATER GLASGOW & CLYDE Enquiries 0141 354 9132
SOUTH SECTOR LABORATORY

Patient / Specimen details

YOUNG SHIRLEY	CHI No.	2509745263	Cons/GP	Dr [redacted] McLeod
2-2 5 Temple Gardens	Hosp.no	2509745263	Loc.	Anniesland MP Glasgow
GLASGOW	D.O.B	25.09.1974	Coll'd	26.01.2016 16:15
G13 1JJ	Sex	F	Rec'd	27.01.2016 16:53
				Senders ref. no.
Enteric Pathogens	Order No.	IS2674076		
Faeces				Copy to: Anniesland MP Glasgow

* FINAL REPORT *
Appearance:-Non diarrhoeal

Microscopy:-
Cryptosporidium: OOCYSTS OF CRYPTOSPORIDIUM NOT SEEN

Culture for: Salmonella NEGATIVE Shigella NEGATIVE
Campylobacter NEGATIVE E.coli 0 157 NEGATIVE

[redacted] Authorised by [redacted] Farrelly
Reported 29.01.2016 11:12 Lab No. M,16,5401087.H

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Young Shirley CHI: 2509745263

Clinical letter - Others: other

NHS
Greater Glasgow and Clyde

Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
0114 211 9600

Mr P Trevisan
Dental Surgeon
Ciao Paolo Dental
454 Crow Road
Glasgow
G11 7DR

Main Switchboard:
Department: Oral Medicine
Contact Tel: Appts 0141 211 9759/9769/9734
Enquiries to: Secretary 0141 211 9654
Letter Date: 23/02/2017
Reference: JG/MM
Dictated Date: 17/02/2017
Transcribed Date: 20/02/2017

Dear Mr Trevisan,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
5 Temple Gardens, FLAT 2/2, Glasgow, Lanarkshire, G13 1JJ

Further to previous correspondence regarding Ms Young, I had made arrangements for her to undergo biopsy of the oral mucosa on 14 February 2017. I had a telephone discussion with Ms Young, at her request, on 27 January 2017 regarding the options of local anaesthesia and/or sedation. Ms Young subsequently failed to attend for her biopsy appointment on 14 February 2017 and I am grateful to you for keeping her oral mucosa under regular review. Please do not hesitate to be in contact with me if you would like Ms Young to be seen again.

Kindest regards.

Yours sincerely

Professor [redacted]

Department of Oral Medicine

Electronically Signed: Prof [redacted] Consultant

cc. Dr J L Campbell
General Medical Practitioner
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Printed on 23/02/2017 11:08 by Janette Healy Page 1 of 2

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REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

General Surgery - Breast
GGC General Referral

Consultant / receiving practitioner and/or **specialty clinic**

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

Hospital and **hospital address**

Hospital location code.
G516H

Email address
-

Urgency of referral Urgent - Suspected Cancer
Date of referral 04-Apr-2018 **Date sent** 04-Apr-2018

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

2-2 5 Temple Gardens
GLASGOW
G13 1JJ

Contact number(s)
Voice:07967734971

1010158111802 Unique Care Pathway Number: 1010158111802

REGISTERED GP DETAILS

Name	Dr [redacted]		
GMC code	2548292	GP code	03921
Practice name	Anniesland Medical Practice (18807)		
Practice code	40051		

Practice address

Anniesland Medical Practice
46 Munro Place
GLASGOW
G13 2UP

Contact number(s)
Voice:0141 954 8860

REFERRING GP DETAILS

Name	Dr A Llewelyn		
GMC code	6151137	GP code	00035
Practice name	-		
Practice code	40012		

Practice address

Contact number(s)
-

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CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Lump in left breast

Comment: This 43 year old lady has a family history of breast cysts. She recently noted a lumpy area in the left breast which can be a bit tender at times. She has no family history of breast cancer. On examination, she has a rather nodular area on the upper outer quadrant of her left breast with no skin changes or any palpable axiliary nodes. This may represent cystic or hormonal changes but as the lump is new, and has persisted over the last few weeks, I would be grateful if she can be seen urgently to excluded the possibility of malignancy. Many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
Piles - haemorrhoids	02-Mar-2017	02-Mar-2017
[X]Depressive disorder NOS	16-Feb-2010	16-Feb-2010

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Bowel cancer [redacted]	fh in 80's	23-Feb-2016
No FH: Hypertension	: priority=2	26-Apr-2010
FH: Diabetes mellitus	: priority=2	02-Mar-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	ONE DAILY	-	17-Nov-2017	12-Mar-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sumatriptan Succinate Tablets 100 mg	6	6 TABLET	ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	12-Mar-2018	12-Mar-2018
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	21-Dec-2017	21-Dec-2017

Blood Pressure

Date Recorded	Systolic	Diastolic
09-Nov-2015	110	70
28-Apr-2015	120	52
27-Nov-2013	100	60
18-Dec-2012	118	63
29-Oct-2012	100	80

Body Measurements

Date Recorded	Height	Weight	BMI
26-Apr-2010	162.5	57	21.58

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date

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Never smoked tobacco :	has had feeling of lump in throat for past 2 months, started after had episode of choking, has become worse in past 4-5 days, has ass coryzal symptoms at moment, no weight loss, , swallowing ok,	20-Oct-2015
Never smoked tobacco :	4 days cough seems worse am when she brings up spit - greeny. eating. no temp. stopped 5 years ago	28-May-2015
Never smoked tobacco :		28-Apr-2015
Non-smoker :	gen malaise 4 dys, altho improving today, sore throat, neck stiff, feverish, red appetite, drinking well, no v, no rash, min cough, no SOB,,	07-Aug-2012
Ex-moderate smoker (10-19/day) :	stopped 2 yrs ago	01-May-2012
Non-drinker alcohol :	, not SA at present- mod high caffeine intake	25-Nov-2011
Teetotaller:	Alcohol Intake$$.clm - No Action Required	02-Mar-2010
Enjoys moderate exercise:	: priority=2	02-Mar-2010

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

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Acute Services Division

Diagnostics Directorate

Ultrasound Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS
Greater Glasgow and Clyde

Dr [redacted]
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Tel: 0141 347 8379
Date: 07/07/17
CHI No: 2509745263
Hosp Ref: G504H

Dear Doctor,

We would like to inform you that the patient below has failed to arrive for a radiology appointment.

Patient: Ms Shirley Young
Date of birth: 25/09/1974
CHI No: 2509745263
Referrer: Dr [redacted] Source: Anniesland Medical Practice

For: **an Ultrasound abdominal Scan**
On: **Thursday, 06 July, 2017 at 4:15 pm**
At: **Gartnavel General Hospital, Ultrasound Department**

We are concerned that your patient still requires their examination. If this is the case, could you please confirm this and re-request in the normal manner?

A copy of this letter has been sent to your patient.

Yours sincerely
Appointments Officer

Diagnostic Imaging PATDNA Event E-31554311

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REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Neurology - Headache
GGC General Referral

Consultant / receiving practitioner and/or **specialty clinic**

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF

Hospital and **hospital address**

Hospital location code.
G405H

Email address
-

Urgency of referral	Routine		
Date of referral	05-Apr-2018	**Date sent**	05-Apr-2018

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

2-2 5 Temple Gardens
GLASGOW
G13 1JJ

Contact number(s)
Voice:07967734971

101015822682L Unique Care Pathway Number: 101015822682L

REGISTERED GP DETAILS

Name	Dr [redacted] Campbell		
GMC code	2548292	GP code	03921
Practice name	Anniesland Medical Practice (18807)		
Practice code	40051		

Practice address

Anniesland Medical Practice
46 Munro Place
GLASGOW
G13 2UP

Contact number(s)
Voice:0141 954 8860

REFERRING GP DETAILS

Name	Dr A Llewelyn		
GMC code	6151137	GP code	00035
Practice name	-		
Practice code	40012		

Practice address

Contact number(s)
-

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CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Migraines

Comment: This 43 year old lady has been on Duloxetine 60 mg for sometime as well as Sumatriptan as required for her migraines. She was started on Duloxetine by the headache clinic as other treatments have been ineffective. Her migraines have been well controlled for sometime but she is now having migraines before her periods. She is keen to be seen at your clinic again to discuss options for management. Many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
Piles - haemorrhoids	02-Mar-2017	02-Mar-2017
[X]Depressive disorder NOS	16-Feb-2010	16-Feb-2010

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Bowel cancer [redacted]	fh in 80's	23-Feb-2016
No FH: Hypertension	: priority=2	26-Apr-2010
FH: Diabetes mellitus	: priority=2	02-Mar-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	ONE DAILY	-	17-Nov-2017	12-Mar-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sumatriptan Succinate Tablets 100 mg	6	6 TABLET	ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	12-Mar-2018	12-Mar-2018
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	21-Dec-2017	21-Dec-2017

Blood Pressure

Date Recorded	Systolic	Diastolic
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18-Dec-2012	118	63
29-Oct-2012	100	80

Body Measurements

Date Recorded	Height	Weight	BMI
26-Apr-2010	162.5	57	21.58

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco :	has had feeling of lump in throat for past 2 months, started after had episode of	20-Oct-

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	choking, has become worse in past 4-5 days, has ass coryzal symptoms at moment, no weight loss, , swallowing ok,	2015
Never smoked tobacco :	4 days cough seems worse am when she brings up spit - greeny. eating. no temp. stopped 5 years ago	28-May-2015
Never smoked tobacco :		28-Apr-2015
Non-smoker :	gen malaise 4 dys, altho improving today, sore throat, neck stiff, feverish, red appetite, drinking well, no v, no rash, min cough, no SOB,,	07-Aug-2012
Ex-moderate smoker (10-19/day) :	stopped 2 yrs ago	01-May-2012
Non-drinker alcohol :	, not SA at present- mod high caffeine intake	25-Nov-2011
Teetotaller:	Alcohol Intake$$.clm - No Action Required	02-Mar-2010
Enjoys moderate exercise:	: priority=2	02-Mar-2010

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

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NHS Greater Glasgow and Clyde

COLONOSCOPY REPORT

Name: **Shirley YOUNG, 25/09/1974 (F)**
CHI No: **2509745263**
Case note no.: **30245100W**

Address: 5 Temple Gardens
Flat 2/2
Glasgow
Lanarkshire
G13 1JJ

GP: [redacted]
Anniesland Medical Practice
46 Munro Place
Glasgow

G13 2UP

Procedure date
25th February 2017

Priority: Urgent
Status: Day patient/NHS
Hospital: GGH
Ward: (none)
Referring Cons: GP (Direct Access)

Indications
Clinically important comments: Change in bowel habit and pr bleeding.

Consultant/Endoscopist
Dr [redacted] Lassman
Nurses: [redacted] Gillian [redacted]
SCN [redacted]

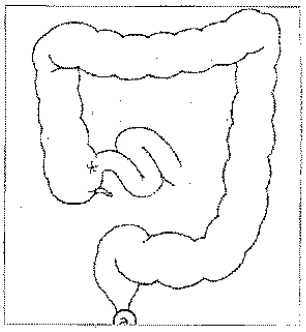
Report
Bowel preparation with 4 klean prep was satisfactory.
A digital rectal examination was performed.
The colonoscope was inserted via the anus to the caecum, which was identified positively by the ileocecal valve, the appendicular orifice and the tri-radiate caecal fold. The scope was retroflexed in the rectum.
Perianal lesions: haemorrhoids within (a).
The rest of the examination to the limit of insertion was normal.
There were no peri-operative complications.

Instrument
SCANTRACK

Premedication
Midazolam (IV) 4 mg
Pethidine (IV) 25 mg

Diagnosis
Haemorrhoids.

Follow up
Return to the referring GP.



a: *Anal margin*

Dr [redacted] Lassman
Consultant Gastroenterologist
c.c. GP (Direct Access)
Young, Shirley

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Young Shirley CHI: 2509745263

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000
Breast - General Surgery
0141 301 9858
Shirley.Greig@ggc.scot.nhs.uk

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 12/04/2018
Reference: JCD/SG
Dictated Date: 12/04/2018
Transcribed Date: 16/04/2018

Dear Dr. LC Steel,

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
5 TEMPLE GARDENS, FLAT 2/2, Glasgow, Lanarkshire, G13 1JJ

Attendance: Specialty - General Surgery; Clinic - GGJDGS7-MISS DOUGHTY BREAST THURS AM
Date and Time of Appointment - 12/04/2018 09:50

Clinical Comments:
Thank you for referring this 43 year old lady whose complaint is of a lump in her left breast which she has noticed for 3 weeks.

There is no past or family history of note. Shirley is fit and well. She has one child and her periods are regular with no recent change.

On examination today there was no abnormality in the right breast. In the left breast there was a 2 to 3 cm lump superior to the left nipple which felt very different to the corresponding area in the right breast.

Bilateral mammography today showed no abnormality on the right but a R3 lesion in the left at 12 o'clock. An ultrasound scan showed a 2 cm, U3 lesion.

I have explained to Shirley today that I think this is probably a fibroadenoma but it does have a slightly odd appearance so she will return to the Clinic next week for the result of the core biopsy.

Kind regards,

Yours sincerely

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Young Shirley CHI: 2509745263 OPCL 12/04/2018 v1

Julie Doughty

Consultant Surgeon

Electronically Signed: Miss Julie Doughty, Consultant

cc.

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MDT Patient Summary

West Breast MDT

NHS Greater Glasgow and Clyde

CHI: 2509745263 **Patient: Shirley Young** **DOB: 25/09/1974**

Definitive Diagnosis:

Date of Definitive Diagnosis:

Preliminary Diagnosis:

Date of Preliminary Diagnosis:

Type:

WHO/ECOG:

Grade At Diagnosis

Grading Date:	Grade Type:	Grade:

TNM

Staging Date	T	N	M	Comments

Clinical Notes

12/04/2018 - CORE BIOPSY LEFT BREAST
Ductal carcinoma NST, B5b ER7 PR8 HER2 Negative

MDT Details	Referral Notes	Meeting Notes
18/04/2018 West Breast MDT Doughty [redacted] Biopsy - oncology	12/04/2018	Pathology: CORE BIOPSY LEFT BREAST Ductal carcinoma NST, B5b ER7 PR8 HER2 Negative Outcome: For MRI and reassess.

Date Printed: 18/04/2018 11:43:57 Page 1 of 1

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NHS Greater Glasgow & Clyde
Acute Services Division

Date Printed: 18/04/2018

Private & Confidential

Dr [redacted] Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Sue McLaren

www.nhsgg.org.uk

Dear Dr Steel,

The case described herein was discussed at the MDT meeting. Please find details below:

Name: Shirley Young **CHI:** 2509745263 **CRN:** 30245100W
Address: 5 Temple Gardens, Flat 2/2, Lanarkshire, G13 1JJ

Consultant: Doughty [redacted]

MDT Meeting: West Breast MDT

Date of MDT Review: 18/04/2018
Reason for Referral: Biopsy - oncology
Outcome of MDT Review:

Pathology: CORE BIOPSY LEFT BREAST
Ductal carcinoma NST, B5b ER7 PR8 HER2 Negative

Outcome: For MRI and reassess.

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For further information please contact Sue McLaren.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

NHS Greater Glasgow & Clyde
Acute Services Division

Date Printed: 18/04/2018

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For further information please contact Sue McLaren.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

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NHS Greater Glasgow & Clyde
Acute Services Division

Date Printed: 09/05/2018

Private & Confidential

Dr [redacted] Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Gillianne Wales

0141 211 1678

gillianne.wales@ggc.scot.nhs.uk

www.nhsggc.org.uk

Dear Dr Steel,

The case described herein was discussed at the MDT meeting. Please find details below:

Name: Shirley Young **CHI:** 2509745263 **CRN:** 30245100W

Address: 5 Temple Gardens, Flat 2/2, Lanarkshire, G13 1JJ

Consultant: Doughty [redacted]

MDT Meeting: West Breast MDT

Date of MDT Review: 09/05/2018

Reason for Referral: MRI

Outcome of MDT Review:

Radiology: Report not finalised.
Outcome: For clinical review.

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For further information please contact Gillianne Wales.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the [redacted] as to the best management for this patient based on the information available.

NHS Greater Glasgow & Clyde
Acute Services Division

Date Printed: 09/05/2018

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For further information please contact Gillianne Wales.

Please [redacted] that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

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MDT Patient Summary

West Breast MDT

NHS Greater Glasgow and Clyde

CHI: 2509745263 **Patient: Shirley Young** **DOB: 25/09/1974**

Definitive Diagnosis: C50.X Malignant neoplasm of breast
Date of Definitive Diagnosis: 12/04/2018
Preliminary Diagnosis:
Date of Preliminary Diagnosis:
Type: Invasive Ductal Carcinoma
WHO/ECOG:

Grade At Diagnosis

Grading Date:	Grade Type:	Grade:

TNM

Staging Date	T	N	M	Comments

Clinical Notes

12/04/2018 - CORE BIOPSY LEFT BREAST
Ductal carcinoma NST, B5b ER7 PR8 HER2 Negative

03/05/2018 - MRI -
No report @ 06:37 09/05/2018

MDT Details	Referral Notes	Meeting Notes
18/04/2018 West Breast MDT Doughty Julie Biopsy - oncology	12/04/2018	Pathology: CORE BIOPSY LEFT BREAST Ductal carcinoma NST, B5b ER7 PR8 HER2 Negative Outcome: For MRI and reassess.
09/05/2018 West Breast MDT Doughty [redacted] MRI	MRI	Radiology: Report not finalised. Outcome: For clinical review.

Date Printed: 09/05/2018 11:15:15 Page 1 of 1

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:	0141 211 3000
Department:	Breast - General Surgery
Contact Tel:	0141 301 9858
Enquiries to:	Shirley.Greig@ggc.scot.nhs.uk
Letter Date:	19/04/2018
Reference:	JCD/SG
Dictated Date:	19/04/2018
Transcribed Date:	19/04/2018

Dear Dr. LC Steel,

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
5 TEMPLE GARDENS, FLAT 2/2, Glasgow, Lanarkshire, G13 1JJ

Attendance: Specialty - General Surgery; Clinic - GGJDGS7-MISS DOUGHTY BREAST THURS AM
Date and Time of Appointment - 19/04/2018 11:10

Clinical Comments:
I reviewed Mrs Young back in the Out-patient Clinic today.

Mrs Young presented last week with quite a diffuse lump in her left breast which we had thought was probably a fibroadenoma.

Core biopsy however has revealed that this is an invasive cancer. It looks like it is provisionally grade 1 and it is strongly ER positive. This has clearly come has a shock to her today.

In the first instance we need to arrange for her to have an MRI scan as this cancer has not shown up well on imaging and providing this shows just one lesion I think we probably are always going to need to do a mastectomy as she has a small B cup breast.

I have explained this to her today. I am arranging for her to see the Plastic Surgeon regarding immediate breast reconstruction and I will see her back in the Clinic once she has had her MRI scan.

Kind regards.

Yours sincerely

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Young Shirley CHI: 2509745263 OPCL 19/04/2018 v1

[redacted] Doughty

Consultant Surgeon

Electronically Signed: Miss [redacted] Doughty, Consultant

cc.

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Young Shirley CHI: 2509745263

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:	0141 211 3000
Department:	Breast - General Surgery
Contact Tel:	0141 301 9858
Enquiries to:	Shirley.Greig@ggc.scot.nhs.uk
Letter Date:	10/05/2018
Reference:	JCD/AM
Dictated Date:	24/05/2018
Transcribed Date:	04/06/2018

Dear Dr. LC Steel,

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
5 TEMPLE GARDENS, FLAT 2/2, Glasgow, Lanarkshire, G13 1JJ

Attendance: Specialty - General Surgery; Clinic - GGJDGS8-MISS DOUGHTY BREAST THURS PM - ONLY PATIENTS APPOINTED BY MISS DOUGHTY OR CNS JAN [redacted] TO GO ON|
Date and Time of Appointment - 10/05/2018 13:15

Follow Up: Patient listed for left mastectomy and immediate breast reconstruction with DIEP flap on 30th May.

Clinical Comments:
I reviewed Shirley back in the clinic today.
She has now seen Miss Tay regarding immediate breast reconstruction and has decided that she wants to go down the route of mastectomy and immediate breast reconstruction with a DIEP flap.
Mrs Young has a provisional, grade 1 cancer which is strongly ER positive so unless she is node positive then I think its very unlikely she will require either adjuvant chemotherapy or radiotherapy.
You have given her a date for the 30th May. I am on study leave at this time and therefore Miss Yip has agreed to come over and do the mastectomy and sentinel node in conjunction with you.

Kind Regards

Miss [redacted] Doughty

Consultant Surgeon

Electronically Signed: Miss [redacted] Doughty, Consultant

cc.

Printed on 20/06/2018 09:38 by [redacted] Page 1 of 1

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinic Letter

NHS
Greater Glasgow and Clyde

Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF
0141 211 4000

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:	0141 211 4000
Department:	
Contact Tel:	0141 211 5163
Enquiries to:	angela[redacted]scot.nhs.uk
Letter Date:	18/05/2018
Reference:	ST/MB
Dictated Date:	18/05/2018
Transcribed Date:	24/05/2018

Dear Dr. LC Steel,

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
5 TEMPLE GARDENS, FLAT 2/2, Glasgow, Lanarkshire, G13 1JJ

Attendance: Specialty - Plastic Surgery; Clinic - CASTPS9-DR S TAY BREAST RECON PLASTICS FRI AM
Date and Time of Appointment - 18/05/2018 09:10

Clinical Comments:
Letter to Miss J Doughty, Breast Surgeon, Gartnavel General Hospital, Glasgow

Dear [redacted]

I reviewed Shirley today in clinic. She is a little concerned about he magnitude of surgery and returned to my clinic for some reassurance. I have explained again the operation in some detail outlining the minor differences between the muscle sparing TRAM and a DIEP. At this point I do not have an MRA to say for certain that this will be a DIEP but I have explained that the differences are minimal and she is unlikely to notice a difference. I have gone through the risks again today and the likely time of surgery, stay in hospital and recovery and she left feeling a little more reassured. She is going to see our psychologists today and we will arrange to have her pre-assessed in due course. I understand that she is meeting with [redacted] who will be performing her operation on the day.

Kind regards
Yours sincerely

Sherilyn Tay

Consultant Plastic Surgeon

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Electronically Signed: Ms Sherilyn Tay, Consultant

cc. Miss J Doughty
Breast Surgeon
Gartnavel General Hospital
Level 5
Great Western Road
Glasgow

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MDT Patient Summary

West Breast MDT

NHS Greater Glasgow and Clyde

CHI: 2509745263 **Patient:** Shirley Young **DOB:** 25/09/1974

Definitive Diagnosis: C50.X Malignant neoplasm of breast
Date of Definitive Diagnosis: 12/04/2018
Preliminary Diagnosis:
Date of Preliminary Diagnosis:
Type: Invasive Ductal Carcinoma
WHO/ECOG:

Grade At Diagnosis

Grading Date:	Grade Type:	Grade:

TNM

Staging Date	T	N	M	Comments

Clinical Notes

12/04/2018 - CORE BIOPSY LEFT BREAST
Ductal carcinoma NST, B5b ER7 PR8 HER2 Negative

03/05/2018 - MRI -
No report @ 06:37 09/05/2018

MDT Details	Referral Notes	Meeting Notes
18/04/2018 West Breast MDT Doughty Julie Biopsy - oncology	12/04/2018	Pathology: CORE BIOPSY LEFT BREAST Ductal carcinoma NST, B5b ER7 PR8 HER2 Negative Outcome: For MRI and reassess.
09/05/2018 West Breast MDT Doughty [redacted] MRI	MRI	Radiology: Report not finalised. Outcome: For clinical review.

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06/06/2018 West Breast MDT Doughty [redacted] Post-Op	Post op plastics	Pathology - Left mastectomy & SNB - 30/05/18 - Intraduct and infiltrating ductal carcinoma (grade 2 - 21mm). LVI present, 1/1 node positive (macrometastatic sentinel). Extranodal spread. ER7, PR8, HER2 negative. Outcome: Chemo: Discuss OPTIMA RT: Yes Discuss POSNOC Endocrine: Yes ONC OPA: MED ONC Wednesday

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

[redacted]STEELAnniesland Medical Practice,46 Munro Place,Glasgow, G13 2UP

Canniesburn Hospital,Alexandra Parade G31 2ER
Main Switchboard: 0141 2115600
Date of Completion: 02-Jun-2018

Dear [redacted] STEEL,

Name	CHI	DoB	Address
[redacted] Young	2509745263	25-Sep-1974	5 Temple Gardens, FLAT 2/2, Glasgow, Lanarkshire, G13 1JJ

Admitted	Type	Discharged	Destination
29-May-2018 13:00	IP	01-Jun-2018	

Specialty	Consultant	Ward	Telephone
Plastic Surgery	Tay	GRI/CAN Ward 48 - Plastic Surgery	0141 2115600

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures
as above

Last Discharge Review: Nigel Yong Boon Ng (Nigel Yong Ng - ST1) on 02 Jun 2018 09:12

Discharge Medication:

Page 1 of 3

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Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Dihydrocodeine 30mg tablets	oral	1 tablet every four hours when required , Fixed Period 7 Day(s) from 01 Jun 2018	Yes		**Dispensing Details:** from pharmacy		Modified
Duloxetine 60mg gastro-resistant capsules	oral	ONE [redacted]	No	Patient's own drugs at home	**Dispensing Details:** patient states she has enough at home		
Ibuprofen 400mg tablets	oral	1 tablet three times daily , Fixed Period 7 Day(s) from 02 Jun 2018	Yes		**Dispensing Details:** from ward		Modified
Paracetamol 500mg tablets	oral	2 tablets four times daily , Fixed Period 7 Day(s) from 01 Jun 2018	Yes		**Dispensing Details:** from pharmacy		Modified
Zolmitriptan 2.5mg tablets	oral	when required 1 TAB AS DIRECTED.	Yes		**Dispensing Details:** from pharmacy		

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments:
Added on ibuprofen by pain team. Dispensed from the ward, other medications arrived from pharmacy.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments: This lady attended for left mastectomy and sentinel lymph node biopsy and immediate DIEP reconstruction.

Page 2 of 3

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Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Follow Up:	Yes BRCNS clinic 1 week. Miss Tay OPD 4 weeks
Results Awaited:	Yes Pathology sent
Pharmacist Comments:	
Final Discharge Letter to Follow:	No

Yours sincerely,

Nigel Yong Boon Ng

Prescription [redacted]w
Checked by: [redacted] Wylie (Staff Nurse (Bank))
Nurse discharging patient: Taylor Wylie (Staff Nurse (Bank))

Page 3 of 3

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NHS Greater Glasgow & Clyde
Acute Services Division

Date Printed: 06/06/2018

Private & Confidential

Dr Lucy Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Gillianne Wales

0141 211 1678

gillianne.wales@ggc.scot.nhs.uk

www.nhsggc.org.uk

Dear Dr Steel,

The case described herein was discussed at the MDT meeting. Please find details below:

Name: Shirley Young **CHI:** 2509745263 **CRN:** 30245100W

Address: 5 Temple Gardens, Flat 2/2, Lanarkshire, G13 1JJ

Consultant: Doughty [redacted]

MDT Meeting: West Breast MDT

Date of MDT Review: 06/06/2018

Reason for Referral: Post-Op

Outcome of MDT Review:

Pathology - Left mastectomy & SNB - 30/05/18 - Intraduct and infiltrating ductal carcinoma (grade 2 - 21mm). LVI present, 1/1 node positive (macrometastatic sentinel). Extranodal spread.
ER7, PR8, HER2 negative.
Outcome:
Chemo: Discuss OPTIMA
RT: Yes Discuss POSNOC
Endocrine: Yes
ONC OPA: MED ONC Wednesday

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For further information please contact Gillianne Wales.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

NHS Greater Glasgow & Clyde
Acute Services Division

Date Printed: 06/06/2018

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For further information please contact Gillianne Wales.

Please [redacted] that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Dietetics Protocol (Glasgow, vR13.0)

REFERRAL TO

Drumchapel Health Centre Dietetic Service
GGC Dietetics

Consultant / receiving practitioner and/or **specialty clinic**

Dietetic Service GG&C
NHS Greater Glasgow & Clyde

Hospital and **hospital address**

Hospital location code.
G033G

Email address
-

Urgency of referral Routine
Date of referral 12-Jul-2018 **Date sent** 12-Jul-2018

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

2-2 5 Temple Gardens
GLASGOW
G13 1JJ

Contact number(s)
Voice:07967734971

101016536510T Unique Care Pathway Number: 101016536510T

REGISTERED GP DETAILS

Name	Dr [redacted] Steel		
GMC code	6128726	GP code	03336
Practice name	Anniesland Medical Practice (18807)		
Practice code	40051		

Practice address

Anniesland Medical Practice
46 Munro Place
GLASGOW

Contact number(s)
Voice:0141 954 8860

REFERRING GP DETAILS

Name	Dr. [redacted] Steel		
GMC code	6128726	GP code	03336
Practice name	Anniesland Medical Practice (40051)		
Practice code	40051		

Practice address

46 Munro Place
Glasgow
G13 2UP

Contact number(s)
Voice:0141 954 8860

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CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Dietetic support, new diagnosis of breast cancer

Comment: Many thanks for seeing this 43 year old lady who recently underwent a left total mastectomy for breast cancer. She is due to start chemotherapy. She is currently receiving support from the Macmillan nurses, who have suggested a referral to your team for dietetic support. I am grateful to you for seeing her. Her most recent recorded weight is 57 kg, height 162.5 cm, BMI 21. It may be that this has changed since her recent operation. Many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
Piles - haemorrhoids	02-Mar-2017	02-Mar-2017
[X]Depressive disorder NOS	16-Feb-2010	16-Feb-2010

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Total mastectomy NOS (Left)	+ SLNB + reconstruction	29-May-2018	29-May-2018

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Bowel cancer [redacted]	fh in 80's	23-Feb-2016
No FH: Hypertension	: priority=2	26-Apr-2010
FH: Diabetes mellitus	: priority=2	02-Mar-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	ONE [redacted]	-	17-Nov-2017	04-Jul-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Trimethoprim Tablets 200 mg	6	6 TABLET	ONE TO BE TAKEN TWICE A DAY	-	06-Jun-2018	06-Jun-2018
Zolmitriptan Tablets 2.5 mg	6	6 tablet	1 TAB AS DIRECTED	-	29-May-2018	29-May-2018
Clotrimazole Cream and Pessary 2 % + 500 mg	1	1*1 pack	TO BE USED AS DIRECTED	-	23-Apr-2018	23-Apr-2018
Naproxen Tablets 500 mg	28	28 tablet	ONE TO BE TAKEN TWICE A DAY	-	13-Apr-2018	13-Apr-2018
Amoxicillin Capsules 500 mg	15	15 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	13-Apr-2018	13-Apr-2018
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 dose	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	13-Apr-2018	13-Apr-2018
Sumatriptan Succinate Tablets 100 mg	6	6 TABLET	ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	12-Mar-2018	12-Mar-2018

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Blood Pressure

Date Recorded	Systolic	Diastolic
09-Nov-2015	110	70
28-Apr-2015	120	52
27-Nov-2013	100	60
18-Dec-2012	118	63
29-Oct-2012	100	80

Body Measurements

Date Recorded	Height	Weight	BMI
26-Apr-2010	162.5	57	21.58

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Height (m):	162.5	-
Weight (kg):	57	-
BMI (Weight / Height):	21.58	-
MUST Screening Tool Score (If Available):	NOT AVAILABLE	-
Never smoked tobacco :	has had feeling of lump in throat for past 2 months, started after had episode of choking, has become worse in past 4-5 days, has ass coryzal symptoms at moment, no weight loss, , swallowing ok,	20-Oct-2015
Never smoked tobacco :	4 days cough seems worse am when she brings up spit - greeny. eating. no temp. stopped 5 years ago	28-May-2015
Never smoked tobacco :		28-Apr-2015
Non-smoker :	gen malaise 4 dys, altho improving today, sore throat, neck stiff, feverish, red appetite, drinking well, no v, no rash, min cough, no SOB,,	07-Aug-2012
Ex-moderate smoker (10-19/day) :	stopped 2 yrs ago	01-May-2012
Non-drinker alcohol :	, not SA at present- mod high caffeine intake	25-Nov-2011
Teetotaller:	Alcohol Intake$$.dm - No Action Required	02-Mar-2010
Enjoys moderate exercise:	: priority=2	02-Mar-2010

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

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

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NHS Confidential; Personal data about a patient

Young Shirley CHI: 2509745263

Letter to Patient:

Highly Sensitive: Yes

Shirley Young
5 TEMPLE GARDENS
FLAT 2/2
Glasgow
Lanarkshire
G13 1JJ

NHS
Greater Glasgow and Clyde

Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF

Main Switchboard: 0141 211 4000
Department: Clinical Psychology
Contact Tel: 0141 211 5639
Enquiries to:
Letter Date: 13/06/2018
Reference: IB/MG
Dictated Date: 08/06/2018
Transcribed Date: 11/06/2018

Dear Shirley,

I hope you are well. Following our last appointment on the 25th May we agreed that it could be useful to meet for a post-surgery review, and I see you are due to see Ms Tay on the 29th June at 11:50am. I can offer you an appointment on the same day at 11:00, if you would like check in with regards to how your recovery is progressing and whether any further sessions would be useful. If you would like to have a review at 11:00 on 29/06/18, please confirm with my secretary and this will be arranged. Alternatively, if you feel things are going well and no further Clinical Psychology contact is required, please also contact my secretary to let her know this is the case. If you do not contact this service by 25th June I will assume no further input is needed/wanted at the current time, and you will be automatically discharged.

Yours sincerely

Dr Ishbel Howatson-Begg

Principal Clinical Psychologist

Electronically Signed:

cc. Dr L.C. Steel
Anniesland Medical Practice
46 Munro Place
GLASGOW
G13 2UP

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Young Shirley CHI: 2509745263

Clinic Letter

NHS
Greater Glasgow and Clyde
Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF
Main Switchboard: 0141 211 4000
Department:
Contact Tel: 0141 211 5163
Enquiries to: angela[redacted].scot.nhs.uk
Letter Date: 29/06/2018
Reference: ST/MB
Dictated Date: 29/06/2018
Transcribed Date: 03/07/2018

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Dear Dr. LC Steel,

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
5 TEMPLE GARDENS, FLAT 2/2, Glasgow, Lanarkshire, G13 1JJ

Attendance: Specialty - Plastic Surgery; Clinic - CASTPS9-DR S TAY BREAST RECON PLASTICS FRI AM
Date and Time of Appointment - 29/06/2018 11:50

Procedures:
30/05/2018 RECONSTR OF BREAST USING FREE DEEP INFERIOR EPIGASTRIC PERFORATOR FLAP
30/05/2018 LEFT SIDED OPERATION
30/05/2018 SKIN SPARING MASTECTOMY
30/05/2018 EXCISION OR BIOPSY OF AXILLARY LYMPH NODE

Clinical Comments:
Letter to Miss J Doughty, Consultant Breast Surgeon, Gartnavel General Hospital, Glasgow

Dear [redacted]

I reviewed Shirley Young four weeks following her left mastectomy and DIEP reconstruction. She is healing very well and looks very well in herself. She has two little dog ears in her abdomen and her left breast remain slightly larger than the right but given that she is due to start her chemo and radiotherapy I think this appropriate. The flap itself is soft and well settled although she complains of some pulling in the upper inner quadrant which is were I would have put my hitching stiches. I have reassured her about this and asked to continue to massage this.

I will see her again at the end of chemo and radiotherapy although I would be happy to see her again in he interim if she has any problems.

Kind regards

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NHS Confidential: Personal data about a patient

Yours sincerely

Miss Sherilyn Tay

Consultant Plastic Surgeon

Electronically Signed: Ms Sherilyn Tay, Consultant

cc. Miss J Doughty
Breast Surgeon
Gartnavel General Hospital
Level 5
Great Western Road
Glasgow
.
.
.
Miss C Yip
Research Breast Fellow
Canniesburn Plastic Surgery Unit
84 Castle Street
Glasgow

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 301 7000
Department: Oncology
Contact Tel: 0141 301 7128
Enquiries to: [redacted]

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Letter Date: 05/07/2018
Reference: IMacP/ama
Dictated Date: 04/07/2018
Transcribed Date: 04/07/2018

Dear Dr Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
5 TEMPLE GARDENS, FLAT 2/2, Glasgow, Lanarkshire, G13 1JJ

Shirley returned to my clinic accompanied by her [redacted]. She has had a week to consider chemotherapy further and is prepared to proceed with this treatment. However, she has an ultrasound scan planned for later this week to evaluate contra lateral supraclavicular lymph node. I have suggested that we wait for the results of this scan. Should this confirm metastatic breast cancer then hormonal therapy would be more appropriate than chemotherapy and I have explained this to Shirley today. I have also explained that it is unlikely that this will show metastatic cancer but that the result of the investigation is required first to exclude this. Shirley has met with specialist nurse McIlroy today who will be an additional source of information and support and will return to commence chemotherapy next week provided the ultrasound scan of her neck has not raised any concern.

Yours sincerely

Dr Iain Macpherson

Senior Lecturer / Honorary Consultant in Medical Oncology

Appt: 11 7 18

Electronically Signed: Dr Iain MacPherson, Consultant

cc.

Printed on 05/07/2018 09:45 by [redacted] Page 1 of 1

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NHS Confidential: Personal data about a patient



TOGETHER WE'RE IMPROVING YOUR CANCER JOURNEY

Improving the Cancer Journey
Fourth Floor
220 High Street
Glasgow
G4 0QW

Telephone: 0141 287 7077

E-mail: ICJ@glasgow.gov.uk

Our Ref: J211381
Date: 10/07/2018

Dr [redacted]
Anniesland Medical Centre,
46 Munro Place,
Glasgow,
G13 2UP

Dear Dr [redacted]

RE: SHIRLEY YOUNG - FLAT 2/2, 5 TEMPLE GARDENS, GLASGOW G13 1JJ – CHI 2509745263

The Improving Cancer Journey (ICJ) Service is in partnership with NHS Greater Glasgow and Clyde, Glasgow City Council, Wheatley Group, Glasgow Life, Cordia and MacMillan Cancer Support.

ICJ offer newly diagnosed cancer patients in Glasgow a Holistic Needs Assessment (HNA). Every client is allocated a named Link Officer who conducts a HNA and devises a Care Plan to meet the patient needs. I met with this client, conducted a HNA and created a Care Plan.

Please see attached document for details of concerns raised, appropriate referrals and interventions made on the patients behalf.

If you require further assistance or support please do not hesitate to get in contact.

Yours sincerely

Cheryl Montgomery
Holistic Needs Assessment Officer

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Improving Cancer Journey - Care Plan

Start Date:	**06/07/2018**	**Birth Date:**	**25/09/1974**
Client Name:	**Shirley Young**		
CHI Number:	**2509745263**	**Carefirst Reference:**	**J211381**
Link Worker:	**Cheryl** [redacted]		
Contact Details:	**Collegelands, 220 High Street, Glasgow, G4 0QW**		

Level 1: Score 0-3 Mild Concerns
Discuss sources of concerns with the patient, include information, contact details and monitor

Level 2: Score 4-6 Moderate Concerns
As above for Level 1 and provide information and discuss with a colleague if necessary and signpost to support. Use second level tool if appropriate e.g. HADs.

Level 3: Score 7-10 Significant Concerns
As above in Level 1 and 2 and use second level assessment tool if appropriate e.g. HADs and refer to specialist services if required.

Client had questions about their diagnosis/treatment that they would like to discuss:

Concern	Score	Description	Action
Practical Concern – Work	8	Writer provided client with The Beatson's Specialist Health and Work Service information to contact for support / advice	The Beatson's Specialist Health and Work Service
Family Concern – Children	8	Writer has ordered MacMillan Booklets for information and support in relation understanding diagnosis and treatment / carer role. Client can contact writer if not received within 7-10 days	Self-Management MacMillan Booklets
Emotional Concern – Anger / Frustration Worry / Fear / Anxiety	8	Ongoing support from Psychologist within Glasgow Royal Infirmary (GRI); Query support while Psychologist out of office (?) long-term. Writer will discuss supports with GRI to establish if covering support available / update client on outcome	NHS GRI
Lifestyle / Information Needs – Complimentary Therapies	5	Writer provided client with information of complimentary therapies available for client (plus one) within the local community. [redacted] information sought by client; both discussed Look Good, Feel Good class (client booked to attend class).	Cancer Support Scotland / [redacted]
Lifestyle / Information Needs – Diet & Nutrition	8	Writer has made a referral to GP Surgery for support via Dietician. Client will receive direct contact in relation to referral request	NHS GP

[redacted]

TOGETHER WE'RE IMPROVING YOUR CANCER JOURNEY

WE ARE MACMILLAN. CANCER SUPPORT

Glasgowlife

NHS Greater Glasgow and Clyde

cordia

Glasgow City Council

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Improving Cancer Journey - Care Plan

Lifestyle / Information Needs – Exercise & Activity	8	Writer has posted client Glasgow Life information on supports available with exercise while receiving treatment / recovering from surgery - ongoing	Glasgow Life – Live Active & Move More

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[redacted]

TOGETHER WE'RE IMPROVING YOUR CANCER JOURNEY

WE ARE MACMILLAN. CANCER SUPPORT

Glasgowlife

NHS Greater Glasgow and Clyde

cordia

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Young Shirley CHI: 2509745263

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:	0141 201 1100
Department:	Neurology
Contact Tel:	0141 232 7939
Enquiries to:	anissa.benchiheub@ggc.scot.nhs.uk
Letter Date:	05/07/2018
Reference:	AB/CC
Dictated Date:	05/07/2018
Transcribed Date:	10/07/2018

Dear Dr. LC Steel,

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
5 TEMPLE GARDENS, FLAT 2/2, Glasgow, Lanarkshire, G13 1JJ

Attendance: Specialty - Neurology; Clinic - SUABNE7-NURSE A BENCHIHEUB NEURO HEADACHE THUR AM
Date and Time of Appointment - 05/07/2018 09:30

Clinical Comments:
This patient did not attend her appointment at the headache nurse review clinic today. I have therefore not requested any further appointments however please feel free to re-refer in the future if required.

Yours sincerely

Anissa Benchiheub

Headache Nurse Specialist

Electronically Signed: Nurse Anissa Benchiheub , Nurse Practitioner

cc.

Printed on 13/07/2018 09:57 by Charlene [redacted] Page 1 of 1

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Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 301 7000
Department: Oncology
Contact Tel: 0141 301 7128
Enquiries to: [redacted]

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Letter Date: 12/07/2018
Reference: IMacP/ama
Dictated Date: 11/07/2018
Transcribed Date: 12/07/2018

Dear Dr Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
5 TEMPLE GARDENS, FLAT 2/2, Glasgow, Lanarkshire, G13 1JJ

Shirley returned to the clinic today. She has now had an ultrasound scan of her neck and reassuringly this showed no suspicious features. We are therefore now going to commence adjuvant chemotherapy.

Follow up - 3 weeks.

Yours sincerely

Dr Iain Macpherson

Senior Lecturer / Honorary Consultant in Medical Oncology

Appt: 2 8 18

Electronically Signed: Dr [redacted] MacPherson, Consultant

cc.

Printed on 12/07/2018 16:22 by [redacted] Page 1 of 1

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Beatson cancer [redacted]

Private and Confidential

Dr Steel
Anniesland Medical Practice
46 Munro Place
Anniesland
Glasgow
G13 2UP

Date 17/07/2018
Our ref. KT
Enquiries to Kat [redacted]
Tel 0141 212 0505
Ext 59863

Dear Dr Steel

Re: Shirley Young, DOB: 25/09/1974

I am writing to advise that Shirley has been referred to our service.

The Beatson Cancer [redacted] Specialist Health & Work Service ensures people accessing acute services are effectively supported to access employment, return to employment or sustain employment. Patients accessing the service will have an identified case manager who will provide one-to-one support throughout.

If you have any concerns or objections concerning this referral, or if you can provide us with any further information you feel may be relevant, please do not hesitate to contact us on the above number.

If we do not hear from you, we shall assume you are agreeable to us proceeding with this referral.

Yours sincerely

pp KC

Kat [redacted]
Health and Work Practitioner

We're with you

Beatson Cancer [redacted]
Beatson West of Scotland
Cancer Centre
1053 Great Western Road
Glasgow, G12 0YN

Office: 0141 212 0505
Email: info@beatsoncancercharity.org
Online: www.beatsoncancercharity.org
Twitter: @beatson[redacted]
Facebook.com/beatsoncancercharity

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Scottish Charity Number SC044642.
Registered Office – Capella Building, 10th Floor, 60 York Street, Glasgow, G2 8JX.

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Young Shirley CHI: 2509745263

Clinical letter - GP: Nurse McIlroy Clinic

NHS Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:	0141 301 7000
Department:	Oncology
Contact Tel:	0141 301 7690
Enquiries to:	[redacted] McIlroy
Letter Date:	17/09/2018
Reference:	PMcI/AD
Dictated Date:	01/08/2018
Transcribed Date:	10/08/2018

Dear Dr. Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, G13 1JJ

DIAGNOSIS
Early breast cancer

CURRENT TREATMENT
Cycle 2 FEC out of a planned 6 cycles FEC/Docetaxel

I met with Shirley and her [redacted] in the oncology clinic today for pre-assessment of her ongoing FEC chemotherapy. I'm pleased to say she's fairly well but has had some problems with dyspepsia and also grittiness of her eyes. She also tells me that she had anxiety and problems with her Metoclopramide that she put this down to so I've changed this to Cyclizine and hopefully this agitation and sleeplessness won't happen with this drug. She was also asking me if she did have to take all the steroids and the other medication and I said it would be advisable and also we do have to give her higher dose steroids with the second half of her chemotherapy and Docetaxel. She understands [redacted] of this today and is willing to keep going with all of these drugs at the moment. She was also anxious about risks of recurrence and whether she should have a full hysterectomy and also other breast surgery, she asked about genetic tests and I tried to reassure her about all of this today. Her bloods are satisfactory and her treatments been prescribed and we'll see her back in 3 weeks time. Kind regards.

Yours sincerely
[redacted] McIlroy

Breast Clinical Nurse Specialist

Follow up 22/08/18

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Young Shirley CHI: 2509745263 GCL 01/08/2018 v1

Electronically Signed: Dr Iain MacPherson, Consultant

cc.

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Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 301 7000
Department: Oncology
Contact Tel: 0141 301 7128
Enquiries to: [redacted]

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Letter Date: 11/09/2018
Reference: CC/GH
Dictated Date: 22/08/2018
Transcribed Date: 31/08/2018

Dear Dr Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
5 TEMPLE GARDENS, FLAT 2/2, Glasgow, Lanarkshire, G13 1JJ

Shirley returned to the oncology clinic today for pre assessment of her 3rd cycle of FEC D chemotherapy. She is generally tolerating her treatment very well her main issue this time around was a few mouth ulcers for which I have prescribed some GelClair should these recur. Her only other concern of note is anxiety associated with her mild needle phobia and she has revered to nail picking and some other symptoms so we discussed the benefit of some low dose Lorazepam the night before and the morning of her chemotherapy and I have prescribed this for her today.

Shirley's neutrophil count is slightly low at present and so this will be repeated prior to her treatment tomorrow and assuming a satisfactory recovery her chemotherapy will go ahead tomorrow as planned.

We had a brief discussion today regarding her change to Docetaxel chemotherapy after this cycle and the changes to supportive meds this would require specifically an increase in steroids and an addition of GCSF. We will discuss this in more detail when she returns to the pre assessment clinic for consideration of her 4th cycle in 3 weeks time.

Yours sincerely
[redacted]

Pharmacist in Oncology

Electronically Signed: Pharmacist [redacted] Pharmacist

cc.

Printed on 11/09/2018 14:52 by Gillian [redacted] Page 1 of 1

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

[redacted]STEEL,Anniesland Medical Practice,46 Munro Place,Glasgow, G13 2UP

Queen Elizabeth Hospital,1345 Govan Road,Glasgow G51 4TF
Main Switchboard: 0141 2011100
Date of Completion: 25-Sep-2018

Dear [redacted]STEEL,

Name	CHI	DoB	Address
Shirley Young	2509745263	25-Sep-1974	2/2 5 Temple Gardens, Glasgow, G13 1JJ

Admitted	Type	Discharged	Destination
19-Sep-2018 21:20	IP	25-Sep-2018	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Medicine	Boulton-Jones	QEUH Ward 8B	0141 2011100

Primary Diagnosis
Febrile neutropenia

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: [redacted]Young (Douglas Young - FY1 Aug 18) on 25 Sep 2018 14:56

Discharge Medication:

Page 1 of 4

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Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Aciclovir 400mg dispersible tablets	oral	1 tablet three times daily , Fixed Period 7 Day(s) from 19 Sep 2018	Yes				Added
caphosol mouthwash	oral	1 mouthwash three times [redacted]	No	Patient's own drug returned on discharge			Added
Chlorphenamine 4mg tablets	oral	1 tablet four times [redacted] when required , every 4-[redacted]rs PRN	Yes		**Drug Details:** every 4-6 hours PRN		Added Modified
Dihydrocodeine 30mg tablets	oral	1 tablet every four hours when required	Yes				Modified
Duloxetine 60mg gastro-resistant capsules	oral	ONE DAILY.	Yes			Y	
gelclair	oral	15 mL three times daily	No	Patient's own drug returned on discharge	**Drug Details:** GEL [redacted] ORAL GEL		Added Modified
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once [redacted]	Yes				Added Modified
Paracetamol 500mg tablets	oral	2 tablets four times [redacted] Fixed Period 7 Day(s) from [redacted]un 2018	Yes				
Sodium chloride compound mouthwash	oral	1 mouthwash four times daily	No	Out of stock			Added
Zolmitriptan 2.5mg tablets	oral	when required 1 TAB AS DIRECTED.	Yes			Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments

Dispensed by: L.Muir25/9/18.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Page 2 of 4

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2018-09-25	Ibuprofen 400mg tablets	oral	1 tablet three times daily , Fixed Period 7 Day(s) from 02 Jun 2018		Course Completed course completed

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:

Dear Doctor,

Thank you for your continuing care of this patient.

PC: Pyrexia
Diagnosis: Febrile Neutropenia
PMHx: Breast Cancer (Grade 2 invasive ductal carcinoma)
Investigations:
Blood cultures -ve
Sputum cultures - candida albicans - likely contaminent
CXR - nil acute
Outstanding results: Viral throat swab and Urine culture
Follow Up: Follow up at Beatson 26/9/18
Medication changes: Discharged with 1 days left of 7 day course of Aciclovir

Summary:
Ms Young was admitted to Ward 8B of the QEUH after becoming pyrexic 6 days post chemotherapy (which was 13/9/18). She had a 4 day history of lethargy and back pain. She was treated for neutropenic sepsis with 5 days of IV Tazocin, and a weeks course of oral Aciclovir. No clear source was identified for the infection, with negative blood cultures obtained. She received 2 doses of Filgrastim (GCSF), which improved her White Cell and Neutrophil count respectively. Ms Young was keen to get home, and following discussion with Microbiology, 48hrs of apyrexia, and 24 hours off antibiotics, she was discharged with follow up at the Beatson on the 26th of September.

Kind regards,

Page 3 of 4

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Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

	Douglas Young FY1 Ward 8B
Follow Up:	No Follow up at Beatson - 26th September
Results Awaited:	Yes Urine culture and viral throat swab
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Douglas Young

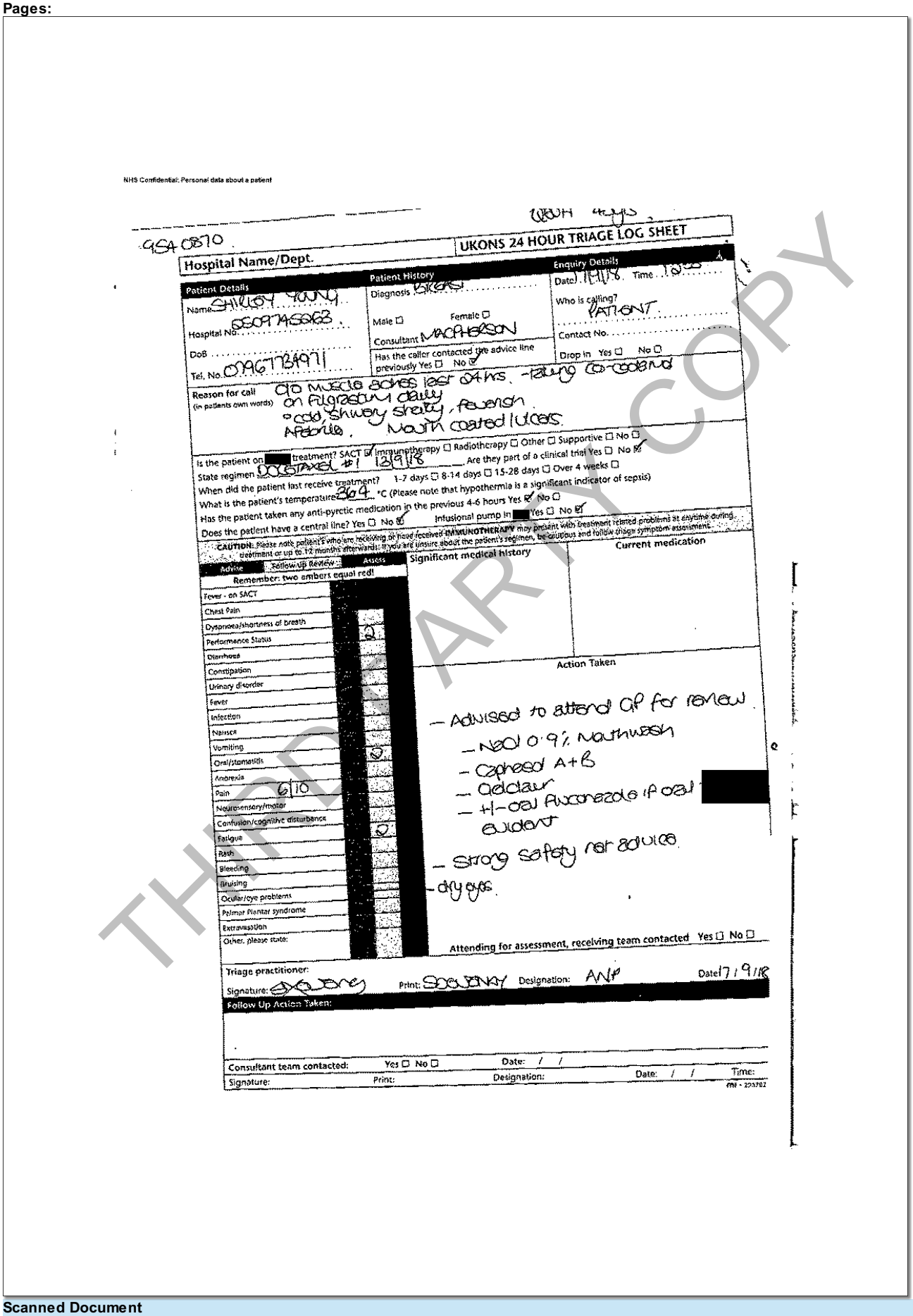
Prescription Review
Medications reviewed by pharmacist: Eilidh Milliken2 (pharmacist)
Checked by: Chris McConnell (Technician)
Nurse discharging patient: [redacted] Young (FY1 Aug 18)

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9SA 0870

UKONS 24 HOUR TRIAGE LOG SHEET

Hospital Name/Dept.

Patient Details
Name: SHIRLEY YOUNG
Hospital No: 5509745963
DoB
Tel. No: 07967734971

Patient History
Diagnosis: BREAST
Male ☐ Female ☐
Consultant: MACPHERSON
Has the caller contacted the advice line previously Yes ☐ No ☑

Enquiry Details
Date: 19/1/18 Time: 1205
Who is calling? PATIENT
Contact No.
Drop in Yes ☐ No ☐

Reason for call (in patients own words): C/O MUSCLE ACHES last 24 hrs. - taking co-codamol on filgrastim daily. ? cold, shivery shaky, feverish. Afterwards. Mouth coated/ulcers.

Is the patient on [redacted] treatment? SACT ☑ Immunotherapy ☐ Radiotherapy ☐ Other ☐ Supportive ☐ No ☐
State regimen DOCETAXEL #1 12/9/18 Are they part of a clinical trial Yes ☐ No ☑
When did the patient last receive treatment? 1-7 days ☐ 8-14 days ☐ 15-28 days ☐ Over 4 weeks ☐
What is the patient's temperature? 36.4 °C (Please note that hypothermia is a significant indicator of sepsis)
Has the patient taken any anti-pyrectic medication in the previous 4-6 hours Yes ☑ No ☐
Does the patient have a central line? Yes ☐ No ☑ Infusional pump in [redacted] Yes ☐ No ☑

CAUTION: Please note patient's who are receiving or have received **IMMUNOTHERAPY** may present with treatment related problems at anytime during treatment or up to 12 months afterwards. If you are unsure about the patient's regimen, be cautious and follow triage symptom assessment.

Advise	Follow Up Review	Assess	Remember: two ambers equal red!
			Fever - on SACT
			Chest Pain
			Dyspnoea/shortness of breath
		2	Performance Status
			Diarrhoea
			Constipation
			Urinary disorder
			Fever
			Infection
			Nausea
			Vomiting
		2	Oral/stomatitis
			Anorexia
		6/10	Pain
			Neurosensory/motor
			Confusion/cognitive disturbance
		2	Fatigue
			Rash
			Bleeding
			Bruising
			Ocular/eye problems
			Palmar Plantar syndrome
			Extravasation
			Other, please state:

Significant medical history

Current medication

Action Taken

- Advised to attend GP for review
- NaCl 0.9% Mouthwash
- Caphosol A+B
- Oddlau
- +/- oral Fluconazole if oral [redacted] evident
- Strong safety net advice
- dry eyes

Attending for assessment, receiving team contacted Yes ☐ No ☐

Triage practitioner:
Signature: Print: SOUTHERN Designation: ANP Date: 17/9/18

Follow Up Action Taken:

Consultant team contacted: Yes ☐ No ☐ Date: / /
Signature: Print: Designation: Date: / / Time:

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Young Shirley CHI: 2509745263

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:	0141 201 1100
Department:	Gastroenterology
Contact Tel:	0141 451 6190
Enquiries to:	[redacted]hannigan2@ggc.scot.nhs.uk
Letter Date:	29/10/2018
Reference:	RBJ/ASH
Dictated Date:	17/10/2018
Transcribed Date:	26/10/2018

Dear Dr. LC Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, G13 1JJ

Admission: Specialty - General Medicine; Ward - QEUH Ward 8B General Medicine
Consultant - Dr [redacted] Date of Admission - 19/09/2018
Date of Discharge - 25/09/2018; Discharged to - Private Residence - no additional detail added

Clinical Comments:
Diagnosis:
Presumed neutropenic sepsis

Drugs on Discharge:
As per immediate discharge document

Follow Up:
With Oncology as previously arranged

I trust you will have a copy of this lady's IDL, which I think fully summarises her hospital stay. She is known to have breast cancer and had her last chemotherapy 10 days prior to admission. She presented with fevers and bone pain. When she came in her neutrophil count was only 0.5. She was treated with IV antibiotics and her symptoms gradually settled. She was also given GCSF, which did cause a big rise in her white cell count.

She was felt fit for discharge on the above date when she had been apyrexial for 48 hours off antibiotics. We will leave follow up in the hands of the Acute Oncology Services

Yours sincerely

Dr R [redacted]

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Young Shirley CHI: 2509745263 FDL 25/09/2018 v1

Consultant Physician and Gastroenterologist

Electronically Signed: Dr [redacted] Consultant

cc.

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Young Shirley CHI: 2509745263

Clinic Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: Yes

Centre for Integrative Care
1053 Great Western Road
[redacted]
Main Switchboard: 0141 211 1600
Department: CIC
Contact Tel: 0141 211 1688
Enquiries to: CIC.admin@ggc.scot.nhs.uk

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Letter Date: 27/09/2018
Reference: SC/KM
Dictated Date: 27/09/2018
Transcribed Date: 02/10/2018

Dear Dr. LC Steel,

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, G13 1JJ

Attendance: Specialty - IC Mistletoe Therapy; Clinic - ICSCIC78-DR S CAULFIELD MISTLETOE THUR ALL DAY
Date and Time of Appointment - 27/09/2018 13:30

Clinical Comments:
Letter to: Dr Iain MacPherson, Consultant, Beatson West of Scotland Cancer Centre, 1053 Great Western Road, Glasgow, G12 0YN

DIAGNOSIS - Left breast cancer

Thank you for referring Shirley a 44 year old woman who I saw as a new patient at the NHS Centre for Integrative Care on the 27th September 2018. Thank you for your helpful referral letter and giving me [redacted] the details regarding her type of breast cancer and her current and planned treatment. She is due to start her 5th cycle of 6 of her chemotherapy regime on the 4rth of October. She was admitted to hospital last week with a fever and at her next cycle the doses of her chemotherapy agents are to be adjusted.

She says she has had some side effects following her cycles of chemotherapy but they settle after 1 to 2 weeks. She has been troubled recently with bone pain but this has currently settled. She said she feels generally quite short of breath and her energy is low at present. She said she has had trouble with discomfort in her mouth. She has lost her hair but is coping with this. She is sleeping well and her mood is reasonable. She has been to the [redacted] Centre and did a course on [redacted] stress there. She has also been to the Calman Centre and is currently attending a counsellor there. She has also had some massage therapy there. She is normally very active and likes walking and cycling.

She stays with her [redacted] who is aged 18 and she says he is in denial regarding her cancer which was diagnosed in April of this year. She is single and they have a [redacted] Russell dog that gives her a

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NHS Confidential: Personal data about a patient

lot of comfort. She works as a [redacted] for young adults with mental health difficulties and she is currently on sick leave. She smokes occasionally and drinks alcohol also occasionally.

She takes some supplements of Vitamin C, Vitamin B & D and Magnesium. She also takes herbal Milk Thistle as a liver support. She has no known medication allergies.

We discussed cannabis based oil but she has decided to leave this at present. She was interested in Mistletoe treatment and she said she would also consider homeopathy. I discussed Mistletoe treatment especially at length. She said she would like to think about this before she would commit to this treatment. I gave her some literature to take home and I will phone her on Friday the 5th of October to discuss this further. I will let you know her decision.

Yours sincerely,

Dr [redacted] Caulfield

Speciality Doctor in Integrative Care

Electronically Signed: Dr [redacted] Caulfield, Consultant

cc. Dr Iain McPherson
Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN

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Young Shirley CHI: 2509745263

Clinical letter - GP: New/Discharge

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

[redacted]
Switchboard:
Department: Dietetic Service Clydebank Health Centre
Contact Tel: 0141 531 6480
Enquiries to: Gilan Muir
Letter Date: 02/10/2018
Reference: GM/AK
Dictated Date: 11/09/2018
Transcribed Date: 20/09/2018

Dear Dr Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, G13 1JJ

Thank you for referring this patient for dietary advice.

She attended the clinic as arranged on 11th September 2018.

Height: 1.63m Weight: 57kg BMI: 21.5kg/m²

Shirley was seeking information regarding cancer and diet, and reassurance as to the adequacy of her diet. Although she has been tired, she has had no issues with nausea.

She has always maintained a healthy weight and been physically active. We discussed the principles of healthy eating and food groups.

I reassured her that her diet is good and we discussed maximising the nutritional adequacy of her diet

The following goals were agreed:

1. To include a protein source at both lunch and evening meal.
2. Ensure adequate calcium and iron intake.

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I have not arranged any further appointments, but please re-refer in the future if you feel it is appropriate.

Yours sincerely

Gilan Muir

Community Dietitian

Electronically Signed: ,

cc.

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Pages:

NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 301 7000
Department: Oncology
Contact Tel: 0141 301 7128
Enquiries to: [redacted]

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Letter Date: 05/10/2018
Reference: IMacP/ama
Dictated Date: 26/09/2018
Transcribed Date: 02/10/2018

Dear Dr Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, G13 1JJ

I met with Shirley in the clinic today following her admission to the Queen [redacted] with neutropenic sepsis. She had quite significant problems with her first cycle of Docetaxel with generalised arthralgia and myalgia, stomatitis and fatigue. She then became febrile and was admitted and treated for neutropenic sepsis. She has recovered now and we had a discussion about further chemotherapy. We have opted to continue with chemotherapy but will reduce the dose of her Docetaxel to 80 mg/m^2. In addition, I have provided her with a reducing course of Dexamethasone. Finally she will take Filgrastim for 5 days rather than 7 days. Shirley feels that a lot of her musculoskeletal symptoms were related to Filgrastim and the episode of neutropenia occurred early and she responded rapidly to Filgrastim and therefore I think 5 days is an acceptable compromise.

She will return next week to receive this modified chemotherapy.

Yours sincerely

Dr Iain Macpherson

Senior Lecturer / Honorary Consultant in Medical Oncology

Appt: 3 10 18

Electronically Signed: Dr Iain MacPherson, Consultant

cc.

Printed on 05/10/2018 15:07 by [redacted] Page 1 of 1

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:	0141 301 7000
Department:	
Contact Tel:	0141 301 7127
Enquiries to:	secretary
Letter Date:	12/10/2018
Reference:	RS.EH
Dictated Date:	03/10/2018
Transcribed Date:	04/10/2018

Dear Dr. Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, G13 1JJ

Diagnosis: 21mm, grade 2 invasive ductal carcinoma of the left breast 1/1 nodes positive with extra nodal spread, ER 7, PR 8, HER 2 negative (pre menopausal).
Treatment: Left mastectomy and DIEP reconstruction plus sentinel lymph node biopsy 30.5.18
Adjuvant FEC D chemotherapy started June 2018
Proposed treatment: radiotherapy to chest wall, axilla and SCF and endocrine therapy (ovarian suppression and Exemestane).
I saw this lady in outpatients . She is currently receiving adjuvant chemotherapy and we discussed adjuvant radiotherapy. She initially saw our specialist radiographer but it would seem that she had not fully understood the radiotherapy plan and that the toxicity was greater than she expected so she came to see me to discuss this further.
She is aware that she had node positive disease and that further axillary treatment was required. She had believed that she was only going to have radiotherapy to the axilla and had not understood she required chest wall irradiation and the inclusion of some heart and lung within this radiotherapy [redacted] We have discussed the risks and benefits of both radiotherapy and surgical treatment. I have explained that as she is node positive and pre menopausal we would recommend radiotherapy to her chest wall even if she went back and had a full axillary node clearance so the issue of cardiac and lung toxicity are no different between the two treatment options. I have explained that there is a lower risk of lymphoedema in the arm if she has radiotherapy rather than surgery although both treatments carry a risk of lymphoedema. I have explained that the risk of late cardiac toxicity is actually low and related to her baseline cardiac risk. I note that she is an ex smoker but otherwise leads a healthy life style with no history of hypertension or hypercholesterolaemia and she is of normal weight. I have emphasised that keeping her cardiac risk factors low and in particular not restarting smoking can be helpful in terms of managing her late toxicity risks.
We have discussed the use of breath hold radiotherapy to lower her cardiac dose and I am happy for her to be included in the breath hold pilot. We have also talked about the risk of

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late damage to her brachial plexus and second malignancy. She understands that the risk of malignancy in the future is low with radiotherapy even though there are a small number of radiotherapy induced cancers seen.
Based on all of this she is happy to go ahead with radiotherapy planning but I have arranged to see her again in three weeks time so that if she has any further questions she can ask them then. Hopefully we will also have some more information about her cardiac doses at that point so we can explain the absolute cardiac risk in more detail.
Yours sincerely,

Dr. R. [redacted]
Consultant in Clinical Oncology
24.10.18

Electronically Signed: Dr Rosemary [redacted] Consultant

cc.

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Young Shirley CHI: 2509745263

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen [redacted] University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2338 (82338)
Fax: Patient Attended
Email: QEUH Assessment Unit

Date Completed: 14/10/2018

Consultant: Dr [redacted]

LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
Glasgow
G13 2UP

Dear LC Steel

Re: **Young Shirley** DOB: **25/09/1974** CHI: **2509745263**
2/2 5 Temple Gardens
Glasgow G13 1JJ

Attended on: **13/10/2018 at 23:01 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
BOC HELPLINE...PAIN IN LEFT SIDE. SCORING RED....TEMP 36. BREAST CA CHEM O 1/7 AGO

Nursing Assessment:
BOC HELP LINE. KNOWN BREAST CA LEFT MASTECTOMY CHEMO 1/7 AGO. HAS BEEN SHIVERY AT HOME AND CO PAIN IN LEFT SIDE OF CHEST PAIN SOCRE 7/10

Investigations in ED:

1. Coagulation screen	**2. Urea and Electrolytes**	**3. Glucose**
4. LFT	**5. CRP**	**6. Chol / Triglyceride**
7. Full Blood Count	**8. Troponin I hs**	**9. D - Dimer**
10. Sample in Blood Culture Bottles	**11. Troponin I hs**	**12. Amylase**
13. Troponin I hs	**14. Amylase**	**15. Troponin I hs**
16. Amylase	**17. Urine culture**	

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Diagnosis:

Diagnosis	Side	Site
Gastritis, unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Dear Doctor, Ms Young attended IAU with LUQ pain radiating to the back. Her bloods were unremarkable and pain had improved the next day. Pain likely due to gastritis secondary to chemotherapy. Has been apyrexial with no signs of infection during this admission. No need for further investigation at the moment. Medically fit for home with the advice that she can come straight back to IAU if she feels a flare-up/more unwell later on during the day. We have provided her with some peptac to be taken PRN and discharged her to home. Many thanks, Amro Hafez FY1 IAU

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Amro Hafez
Doctor

Copies to:
1. LC Steel (GP)
School Address:

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[redacted]

Triage Appt Dr Coleman
Notes only

North Glasgow University Hospitals Division

Cancer Treatment Helpline
The Beatson West of Scotland Cancer Centre
Glasgow
Tel No. 0141 301 7990
Fax No. 0141 301 7992

NHS Greater Glasgow and Clyde

fax

To ANNESLAND MP
From CTH BEATSON
Re SY DSC9745062

Fax No. 01419420870
Date 15/10/18
Pages 2

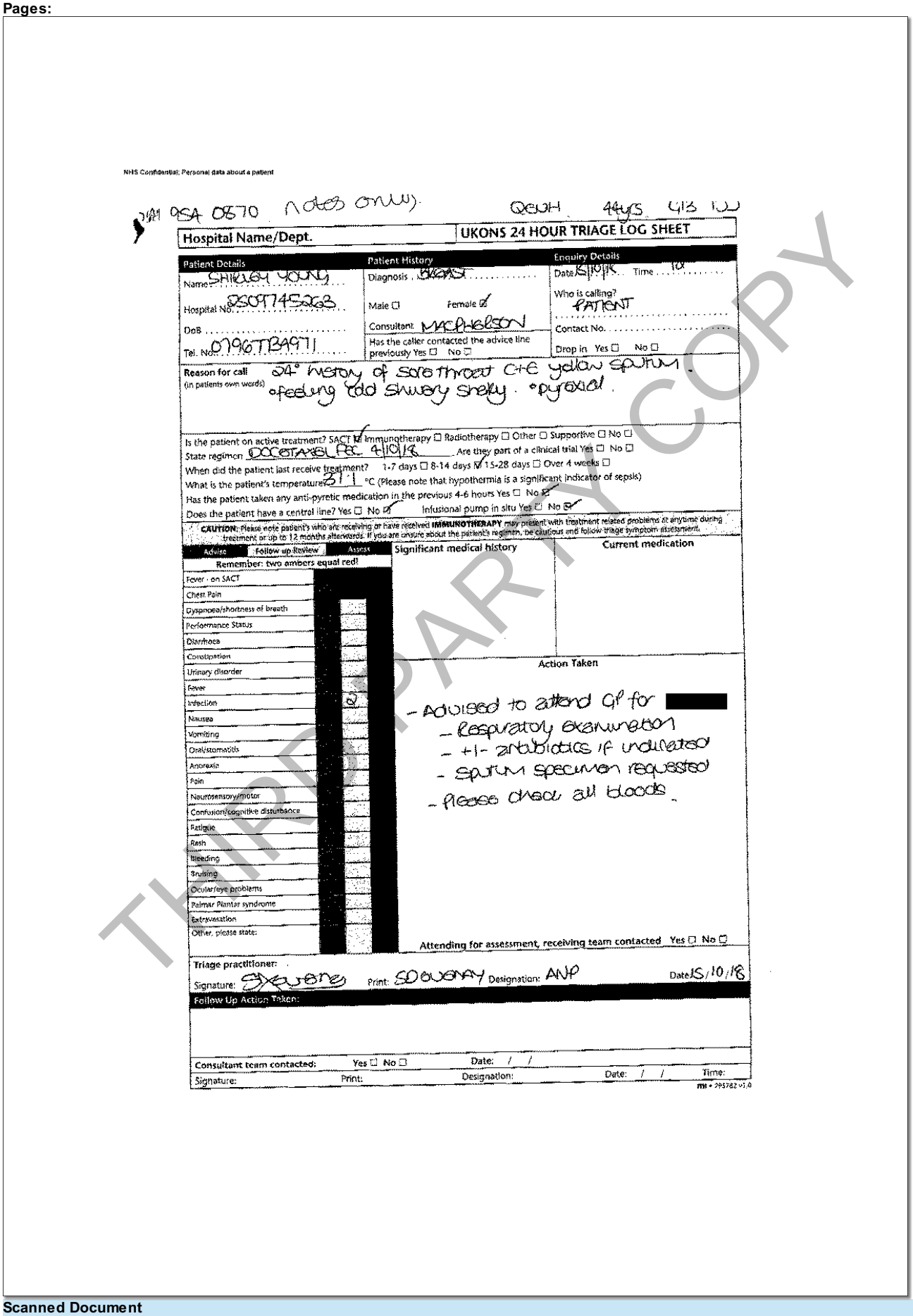
☐ urgent
☐ for information
☐ please comment

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9SA 0870 (Notes only) QEUH 44yrs GIS IV

Hospital Name/Dept. | **UKONS 24 HOUR TRIAGE LOG SHEET**

Patient Details
Name: SHIRLEY YOUNG
Hospital No: 2509745268
DoB:
Tel. No: 07967139471

Patient History
Diagnosis: BREAST
Male ☐ Female ☑
Consultant: MACPHERSON
Has the caller contacted the advice line previously Yes ☐ No ☐

Enquiry Details
Date: 15/10/18 Time: 10
Who is calling? PATIENT
Contact No.:
Drop in Yes ☐ No ☐

Reason for call (in patients own words): 24° history of sore throat c/o yellow sputum. •feeling cold shivery shaky. •pyrexial.

Is the patient on active treatment? SACT ☑ Immunotherapy ☐ Radiotherapy ☐ Other ☐ Supportive ☐ No ☐
State regimen: DOCETAXEL PBC 4/10/18. Are they part of a clinical trial Yes ☐ No ☐
When did the patient last receive treatment? 1-7 days ☐ 8-14 days ☑ 15-28 days ☐ Over 4 weeks ☐
What is the patient's temperature? 37.1 °C (Please note that hypothermia is a significant indicator of sepsis)
Has the patient taken any anti-pyretic medication in the previous 4-6 hours Yes ☐ No ☑
Does the patient have a central line? Yes ☐ No ☑ Infusional pump in situ Yes ☐ No ☑

CAUTION: Please note patient's who are receiving or have received **IMMUNOTHERAPY** may present with treatment related problems at anytime during treatment or up to 12 months afterwards. If you are unsure about the patient's regimen, be cautious and follow triage symptom assessment.

Advise | Follow up/Review | Assess
Remember: two ambers equal red!

Fever - on SACT	
Chest Pain	
Dyspnoea/shortness of breath	
Performance Status	
Diarrhoea	
Constipation	
Urinary disorder	
Fever	
Infection	2
Nausea	
Vomiting	
Oral/stomatitis	
Anorexia	
Pain	
Neurosensory/motor	
Confusion/cognitive disturbance	
Fatigue	
Rash	
Bleeding	
Bruising	
Ocular/eye problems	
Palmar Plantar syndrome	
Extravasation	
Other, please state:	

Significant medical history

Current medication

Action Taken
- Advised to attend GP for [redacted]
- Respiratory examination
- +/- antibiotics if indicated
- Sputum specimen requested
- Please check all bloods.

Attending for assessment, receiving team contacted Yes ☐ No ☐

Triage practitioner:
Signature: Print: SOWERBY Designation: ANP Date: 15/10/18

Follow Up Action Taken:

Consultant team contacted: Yes ☐ No ☐ Date: / /
Signature: Print: Designation: Date: / / Time:

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Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard: 0141 301 7000
Department:
Contact Tel: 0141 301 7127
Enquiries to: Dr [redacted] Secretary
Letter Date: 12/11/2018
Reference: CC.MBB
Dictated Date: 24/10/2018
Transcribed Date: 09/11/2018

Dear Dr Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, G13 1JJ

Diagnosis: 21mm, grade 2 invasive ductal carcinoma of the left breast 1/1 nodes positive with extra nodal spread, ER 7, PR 8, HER 2 negative (pre menopausal).

Treatment: Left mastectomy and DIEP reconstruction plus sentinel lymph node biopsy 30.5.18

Adjuvant FEC D chemotherapy started June 2018

Proposed treatment: radiotherapy to chest wall, axilla and SCF and endocrine therapy (ovarian suppression and Exemestane).

Shirley attended the oncology clinic today for pre-assessment of her sixth and final cycle of adjuvant chemotherapy. She has generally tolerated this cycle much better with the reduced course of steroids and 80% dose of Docetaxel and to this end we have continues this on for her final cycle. She did have an attendance at Queen [redacted] hospital with some pain below ribs and round back which was put down to gastritis so I have given her some additional Omeprazole to reduce this risk whilst she is on the Dexamethasone. Over and above this she has lost most of her eyelashes and is experiencing some discomfort with her eye so I have added in some Hypromellose and I have also given her another course of Lorazapam to take tonight and tomorrow morning as she was particular anxious prior to her previous cycle of treatment again.

She has an appointment back in clinic in three weeks time to see Mr MacPherson to discuss her ongoing adjuvant care.

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 GCL 24/10/2018 v1

[redacted]

Cancer Care Pharmacist

Appt 21/11/18

Electronically Signed: Pharmacist [redacted] Pharmacist

cc.

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(LS)

NHS
Greater Glasgow and Clyde

Patient Label
2509745263
YOUNG F
Shirley 25/09/1974
2/2 5 Temple Gardens
Glasgow
G13 1

The patient attended ONCOLOGY Clinic at BWOSCC

Hospital on 14/11/18 and I would advise a change to drug therapy from

to

or additional therapy of

as detailed below. Full letter to follow. ✓

Additional Comments: FOR ADJUVANT TREATMENT OF EARLY BREAST CANCER

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
EXEMESTANE	25mg	ONCE DAILY	FIVE YEARS
GOSERELIN	3.6mg	S.C. INJECTION MONTHLY	FIVE YEARS (OR UNTIL POSTMENOPAUSAL)

Yours Sincerely

Signature:

Name (print) MACARTHUR COATS

Grade:

Ext. No: 0141 301 7128

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00545 GGC0004

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NHS Confidential: [redacted]

(LS)

NHS
Greater Glasgow and Clyde

Patient Label
2509745263
YOUNG F
Shirley 25/09/1974
2/2 5 Temple Gardens
Glasgow
G13 1J

DONE

The patient attended ONCOLOGY Clinic at RUHOSCC

Hospital on 14/11/18 and I would advise a change to drug therapy from

to

or additional therapy of

as detailed below. Full letter to follow. ✓

Additional Comments: FOR ADJUVANT TREATMENT OF EARLY BREAST CANCER

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
EXEMESTANE	25mg	ONCE DAILY	FIVE YEARS
GOSERELIN	3.6mg	S.C. INJECTION MONTHLY	FIVE YEARS (OR UNTIL OOPHORECTOMY)

Yours Sin [redacted]

Signature [redacted]

Name (print) MACMASTER Grade: CONS Ext. No: 0141 301 7128

White copy to - *G.P.* Pink copy - *File this copy in Case Records*

00545 GGC0004

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Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:	0141 301 7000
Department:	Oncology
Contact Tel:	0141 301 7128
Enquiries to:	[redacted]
Letter Date:	23/11/2018
Reference:	IMacP/ama
Dictated Date:	14/11/2018
Transcribed Date:	15/11/2018

Dear Dr Steel ,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, G13 1JJ

Shirley returned to my clinic having completed 6 cycles of adjuvant FEC Docetaxel. She will shortly commence radiotherapy.

Today we discussed the role of adjuvant endocrine therapy. In particular we discussed the evidence for greater benefit with a combination of ovarian suppression and Exemestane, in comparison to Tamoxifen. We discussed potential toxicities of this including menopausal symptoms, arthralgia, sexual problems and vaginal dryness. In addition we also discussed potential implications for bone health. Shirley is prepared to receive this treatment as she wishes to minimise her risk of recurrence. I am therefore grateful to her general practitioner for prescribing Exemestane 25 mg once daily for 5 years, as well as monthly Goserelin injections (3.6 mg) for 5 years. We discussed the role of laparoscopic oophorectomy which would allow Goserelin to be discontinued and Shirley is keen to explore this and I will therefore refer her to gynaecology.

As this treatment will render Shirley post menopausal, she will also benefit from adjuvant bisphosphonates. This will protect her one health but also further reduces the risk of breast cancer recurrence. We discussed options of either daily oral Ibandronic acid for 3 years or alternatively Zoledronic acid administered intravenously once every 6 months. I have provided her with written information and she is going to have a think about which she would prefer. In the meantime I have also given her a letter to take to her dentist for dental review, given the small risk of osteonecrosis of the jaw.

Yours sincerely

Dr Iain Macpherson

Senior Lecturer / Honorary Consultant in Medical Oncology

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Young Shirley CHI: 2509745263 GCL 14/11/2018 v1

Appt: 16 1 19

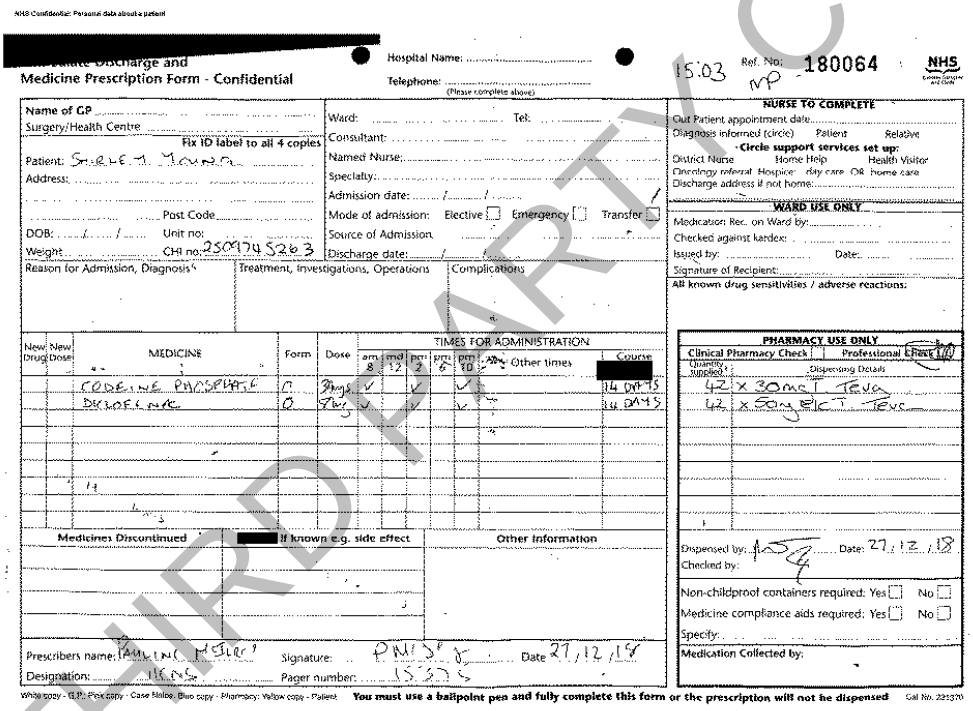
Electronically Signed: Dr Iain MacPherson, Consultant

cc.

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NHS Confidential: Personal data about a patient

[redacted] Discharge and
Medicine Prescription Form - Confidential

Hospital Name: .....
Telephone: .....
(Please complete above)

15.03 MP Ref. No: 180064

NHS

Name of GP .....
Surgery/Health Centre .....
Fix ID label to all 4 copies
Patient: SHEENA MOUNSEY
Address: .....
Post Code .....
DOB: ... / ... / ... Unit no: .....
Weight ..... CHI no: 2509745263

Ward: ..... Tel: .....
Consultant: .....
Named Nurse: .....
Specialty: .....
Admission date: ... / ... / ...
Mode of admission: Elective ☐ Emergency ☐ Transfer ☐
Source of Admission .....
Discharge date: ... / ... / ...

NURSE TO COMPLETE
Out Patient appointment date: .....
Diagnosis informed (circle) Patient Relative
Circle support services set up:
District Nurse Home Help Health Visitor
Oncology referral Hospice day care OR home care
Discharge address if not home: .....

WARD USE ONLY
Medication: Rec. on Ward by: .....
Checked against kardex: .....
Issued by: ..... Date: .....
Signature of Recipient: .....
All known drug sensitivities / adverse reactions:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION: am 8	mid 12	pm 2	pm 6	pm 10	Other times	Course
		CODEINE PHOSPHATE	O	30mg	✓		✓		✓		14 DAYS
		DIAZEPAM	O	5mg	✓		✓		✓		14 DAYS

Medicines Discontinued [redacted] If known e.g. side effect

Other Information

PHARMACY USE ONLY
Clinical Pharmacy Check | Professional Check
Quantity supplied | Dispensing Details
42 x 30mg BD TEVA
42 x 5mg BD TEVA
Dispensed by: [redacted] Date: 27/12/18
Checked by:
Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify: .....
Medication Collected by:

Prescribers name: [redacted] Signature: [redacted] Date 27/12/18
Designation: [redacted] Pager number: 15373

White copy - GP's Pen copy - Case Notes, Blue copy - Pharmacy, Yellow copy - Patient. **You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed** Cat No. 221370

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 301 7000
Department: Oncology - End of Treatment
Contact Tel: 0141 301 7127
Enquiries to: [redacted] Hardie

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Letter Date: 15/01/2019
Reference: RS/GH
Dictated Date: 08/01/2019
Transcribed Date: 09/01/2019

Dear Dr Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, G13 1JJ

Diagnosis: 21mm, grade 2 invasive ductal carcinoma of the left breast 1/1 nodes positive with

extra nodal spread, ER 7, PR 8, HER 2 negative (pre menopausal).

Treatment: Left mastectomy and DIEP reconstruction plus sentinel lymph node biopsy

30.5.18

Adjuvant FEC D chemotherapy x 6 completed November 2018

Adjuvant radiotherapy to left chest wall, axilla and SCF 4005cGy in 15 fractions completed 17/12/18

Zoladex and Exemestane started November 2018

Proposed Treatment: Discussion of adjuvant bisphosphonates

This lady has now completed her adjuvant radiotherapy. She will be followed up in due course when further discussion will be had around adjuvant bisphosphonates.

Yours sincerely

Dr R [redacted]

Consultant Clinical Oncologist

Follow up: 16/01/2019

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 GCL 08/01/2019 v1

Electronically Signed: Dr Rosemary [redacted] Consultant

cc.

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Pages:

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Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN
0141 301 7000

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:
Department: Oncology
Contact Tel: 0141 301 7128
Enquiries to: [redacted]

Letter Date: 21/01/2019
Reference: IMacP/ama
Dictated Date: 16/01/2019
Transcribed Date: 17/01/2019

Dear Dr Steel ,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, G13 1JJ

I met with Shirley in my clinic today, prior to her first dose of adjuvant Zoledronic acid. She has had a dental check up which is satisfactory and will therefore receive her first dose next week. She will receive this 6 monthly for 3 years.

Today we also had a discussion about Shirley's endocrine therapy. Approximately 2 weeks after her first dose of Goserelin and shortly after starting Exemestane, she began to develop significant arthralgia and also diarrhoea. This has persisted since then and has not been alleviated by a switch to an alternative make of Exemestane. I think this is likely Exemestane toxicity and I do not think this is going to be tolerable. I have therefore asked her to stop Exemestane altogether today. I have suggested she remain off oral endocrine treatment for the next month. I have arranged for her to return to our clinic in 4 weeks time so we can see how she is getting on and at that point suspect we will introduce Tamoxifen. I did discuss the possibility of a re-trial with Exemestane but suspect we will move directly to Tamoxifen.

Follow up - 4 weeks.

Yours sincerely

Dr Iain Macpherson

Senior Lecturer / Honorary Consultant in Medical Oncology

Appt: 13 2 19

Electronically Signed: Dr Iain MacPherson, Consultant

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 GCL 16/01/2019 v1

cc.

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 301 7000
Department: Oncology
Contact Tel: 0141 301 7690
Enquiries to: [redacted] Doig
Letter Date: 28/01/2019
Reference: PMcI/ama
Dictated Date: 27/12/2018
Transcribed Date: 10/01/2019

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Dear Dr Steel ,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, G13 1JJ

Diagnosis: Early breast cancer, (ER positive HER2 negative) now on Zoladex and Exemestane endocrine therapy following adjuvant chemotherapy

I met with Shirley in the oncology clinic today to discuss pending adjuvant bisphosphonates once she has been settled on her adjuvant endocrine treatment with Zoladex and Exemestane. She does have an appointment with gynaecology in January to discuss oophorectomy to save her having to have the Zoladex every 4 weeks and I have gone over today with her potential side effects of the adjuvant bisphosphonates with Zometa. I did give her a letter for her dentist which she did not bring with her today but will bring back to her appointment when we see her on 16th of January. She does still have some residual toxicities from her chemotherapy, mainly myalgia, small joint arthralgia which also could be related to this endocrine treatment. I have given her some anti-inflammatories of Diclofenac 50 mg, 3 times a day for the next 14 days and I have also given her some Codeine Phosphate as she still seems to have some looseness of the bowel. I have assured her that it is probably nothing to do with her breast cancer but if the bowel does not settle down with the Codeine Phosphate and she has already tried Imodium, then we may need to refer her for a colonoscopy. We are due to see her back in January.

Kind regards

Yours sincerely

[redacted] McIlroy

Breast Clinical Nurse Specialist

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 GCL 27/12/2018 v1

Appt: 16 1 19

Electronically Signed: Nurse [redacted] McIlroy, Nurse Practitioner

cc.

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

[redacted]
Switchboard:
Department: Obstetrics & Gynaecology
Contact Tel: 0141 201 1959
Enquiries to: june[redacted].nhs.scot.uk
Letter Date: 28/01/2019
Reference: SP/LMcP
Dictated Date: 28/01/2019
Transcribed Date: 06/02/2019

Dear Dr. LC Steel,

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, G13 1JJ

Attendance: Specialty - Gynaecology; Clinic - SGSPGY2-DR PRINGLE GYN MONDAY PM
Date and Time of Appointment - 28/01/2019 14:30

Clinical Comments:
As you know Shirley is attending the oncologist because of breast cancer and she really doesn't like her current medication regime. Her oncologist has suggested she has a laparoscopic removal of tubes and ovaries which is usually a reasonably straightforward procedure.

I have described the operation to her and explained while it is possible to damage intra-abdominal structures such as the bowel and the urinary tract on most occasions surgery is straightforward and the ovaries are removed through the umbilicus.

She has pointed out to me, however, that she has had a DIEP reconstruction and has a big lower abdominal scar and repositioned umbilicus. This should be largely primarily above the level of the muscle so I am hoping there won't be intra-abdominal problems but I might have to reposition my first port to avoid any issues.

I have received advice from Miss Tay who did the surgery and with good luck all will go well and she can switch to a more satisfactory endocrine regime thereafter.

Yours sincerely

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 OPCL 28/01/2019 v1

Dr [redacted] Pringle

Consultant Obstetrician & Gynaecologist

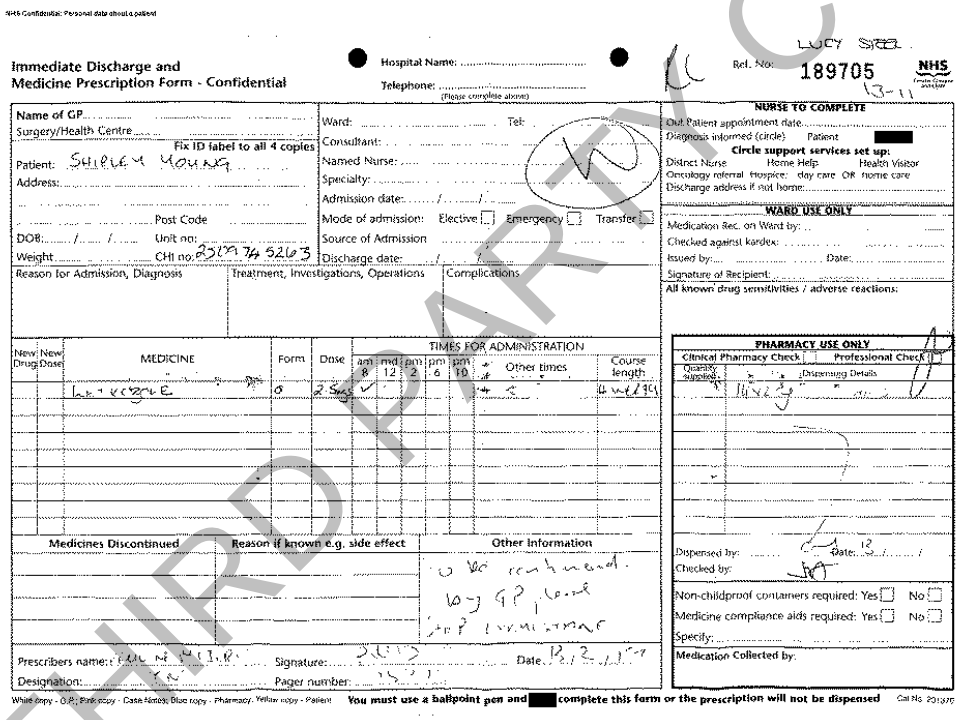
Electronically Signed: Dr [redacted] Pringle, Consultant

cc.

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NHS Confidential: Personal data about a patient

Immediate Discharge and Medicine Prescription Form - Confidential

Hospital Name: .....
Telephone: .....
(Please complete above)

LUCY SHEA
Ref. No: 189705
NHS

Name of GP.....
Surgery/Health Centre.....
Fix ID label to all 4 copies
Patient: SHIRLEY YOUNG
Address:.....
Post Code .....
DOB:...../...../..... Unit no:
Weight ..... CHI no: 2107745263

Ward: ..... Tel: .....
Consultant: .....
Named Nurse: .....
Specialty: .....
Admission date: ...../...../.....
Mode of admission: Elective ☐ Emergency ☐ Transfer ☐
Source of Admission .....
Discharge date: ...../...../.....

NURSE TO COMPLETE
Out Patient appointment date: .....
Diagnosis informed (circle) Patient [redacted]
Circle support services set up:
District Nurse Home Help Health Visitor
Oncology referral Hospice: day care OR home care
Discharge address if not home: .....

WARD USE ONLY
Medication Rec. on Ward by: .....
Checked against kardex: ..... Date: .....
Issued by: ..... Date: .....
Signature of Recipient: .....
All known drug sensitivities / adverse reactions:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION: am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
		LEVEMIR	PEN	2 SUS	✓						4 WEEKS

PHARMACY USE ONLY
Clinical Pharmacy Check ☐ Professional Check ☐
Quantity supplied: Dispensing Details: 1 INJ

Medicines Discontinued	Reason if known e.g. side effect	Other Information
		TO BE reviewed by GP, home TRT INSTRUCTIONS

Dispensed by: ..... Date: 12/3/...
Checked by: JG

Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify: .....
Medication Collected by:

Prescribers name: [redacted] Signature: ..... Date: 12-3-...
Designation: ..... Pager number: .....

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient **You must use a ballpoint pen and [redacted] complete this form or the prescription will not be dispensed** Cat No. 201370

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Pages:

NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:	0141 301 7000
Department:	Oncology
Contact Tel:	0141 301 7128
Enquiries to:	[redacted]
Letter Date:	18/02/2019
Reference:	PMcI/LR
Dictated Date:	13/02/2019
Transcribed Date:	14/02/2019

Dear Dr Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, G13 1JJ

Diagnosis:

Early breast cancer (node positive, ER positive HER 2 negative

Current treatment:

Zoladex and Exemestane endocrine treatment

I met with Shirley in the oncology clinic today to see how she is getting on with her hormone treatment. She had quite severe marked arthralgia with her Exemestane medication and also real problems with diarrhoea on this treatment. I asked her to stop it for a month and on coming back to clinic today, she says that quite a lot of the diarrhoea has resolved since coming off the treatment. I did discuss with her commencing other endocrine treatment today and I have given her a trial of Letrozole alongside the Zoladex injections. I know that she is also being seen by our gynaecology colleagues in terms of having oopherectomy done and if she goes with this March we may well just keep her on Letrozole after that if this suits her or there is the option of having Tamoxifen instead, again if this does not suit her. We will see her routinely back in four weeks.

Kind regards

Yours sincerely

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

[redacted] McIlroy

Breast Clinical Nurse Specialist

Follow-up: 10/04/19

Electronically Signed: Nurse [redacted] McIlroy, Nurse Practitioner

cc.

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 301 7000
Department:
Contact Tel: 0141 301 7690
Enquiries to: secretary

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Letter Date: 19/02/2019
Reference: PMCILROY.EH
Dictated Date: 30/01/2019
Transcribed Date: 04/02/2019

Dear Dr. Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, G13 1JJ

Diagnosis: Early breast cancer
Current treatment: Zolendronic Acid sub cut intravenously six monthly adjuvant bisphosphonates.
Zoladex four weekly and Exemestane endocrine therapy continuously
I met with Shirley in the oncology clinic a few weeks ago with regards to side effects she was experiencing with her Exemestane and at the time I told her to stop this. She remains off it for the minute and she also came to the clinic today anxious about a perceived lump in her upper arm and some neuropathic pain related to her previous breast surgery sites and in her axilla and upper arm on the same side. On clinical examination there is nothing sinister and I tried to allay her anxieties. She still suffers from some peripheral neuropathy related to her previous treatments and I have given her a small dose of Amitriptyline to take at night time to see if this ameliorates this. I am due to see her back in two weeks time to see how she is managing and will make a further decision with regards to her endocrine treatment at that time.
Kind regards.
Yours sincerely,

[redacted] McIlroy
Breast Clinical Nurse Specialist

13.2.19

Electronically Signed: Nurse [redacted] McIlroy, Nurse Practitioner

cc.

Printed on 19/02/2019 13:10 by [redacted] Doig Page 1 of 1

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinic Letter

NHS
Greater Glasgow and Clyde

Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:	0141 211 4000
Department:	
Contact Tel:	0141 211 5163
Enquiries to:	angela.o'neill@ggc.scot.nhs.uk
Letter Date:	22/02/2019
Reference:	TR/MB
Dictated Date:	22/02/2019
Transcribed Date:	05/03/2019

Dear Dr. LC Steel,

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, G13 1JJ

Attendance: Specialty - Plastic Surgery; Clinic - CASTPS9-DR S TAY BREAST RECON PLASTICS FRI AM
Date and Time of Appointment - 22/02/2019 10:50

Clinical Comments:
Diagnosis:
Left mastectomy and sentinel node biopsy + immediate DIP reconstruction 30.5.18 with adjuvant chemo/radiotherapy.

Outcome:
Physiotherapy review in one months time.

I met Miss Young on behalf of Miss Tay in Clinic today. She continues to be happy with her reconstructive outcome though she has some stiffness in her left shoulder which is bothering her somewhat. She came through her chemo/radiotherapy really quite well she tells me with this having finished in October although she is unsure she thinks her radiotherapy might have finished over a month ago. On examination she doesn't have much stigmata from the radiotherapy, but even in clinic today her shoulder was relatively sore. I have arranged Physiotherapy for this today and we will see her again in one month's time to ensure that it is getting better and to assess her appearance following her radiotherapy. She had clinical photography today by way of comparison.

Kind regards

[redacted] Reekie

Printed on 04/04/2019 11:06 by [redacted] Glen Page 1 of 2

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Young Shirley CHI: 2509745263 OPCL 22/02/2019 v1

ST6 in Plastic Surgery

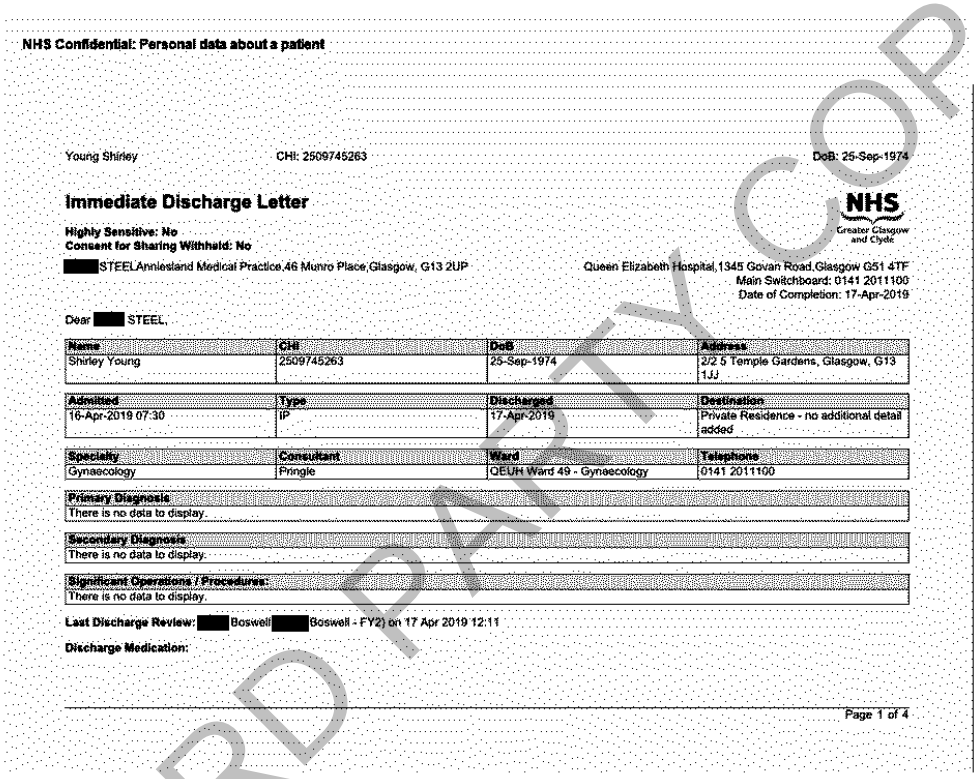
Electronically Signed: Dr [redacted] Reekie, Doctor

cc.

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

[redacted] STEEL Anniesland Medical Practice,46 Munro Place,Glasgow, G13 2UP

Queen Elizabeth Hospital,1345 Govan Road,Glasgow G51 4TF
Main Switchboard: 0141 2011100
Date of Completion: 17-Apr-2019

Dear [redacted] STEEL,

Name	CHI	DoB	Address
Shirley Young	2509745263	25-Sep-1974	2/2 5 Temple Gardens, Glasgow, G13 1JJ

Admitted	Type	Discharged	Destination
16-Apr-2019 07:30	IP	17-Apr-2019	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Gynaecology	Pringle	QEUH Ward 49 - Gynaecology	0141 2011100

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: [redacted] Boswell [redacted] Boswell - FY2) on 17 Apr 2019 12:11

Discharge Medication:

Page 1 of 4

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Chlorphenamine 4mg tablets	oral	1 tablet four times [redacted] when required , every 4 [redacted]rs PRN	No	Patient's own drug returned on discharge	**Drug Details:** every 4-6 hours PRN		
Duloxetine 60mg gastro-resistant capsules	oral	ONE [redacted]	No	Patient's own drug returned on discharge		Y	
Ibuprofen 400mg tablets	oral	1 tablet three times [redacted]	No	Patient's own drug returned on discharge			Added
Letrozole 2.5mg tablets	oral	1 tablet once daily	No	Patient's own drug returned on discharge			Added
Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	1 sachet twice daily	No	Patient's own drug returned on discharge			Added Modified
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily	No	Patient's own drug returned on dis[redacted]ge			
Paracetamol 500mg tablets	oral	2 tablets four times [redacted], Fixed Period 7 Day(s) fro[redacted]Jun 2018	No	Patient's own [redacted] returned on di[redacted]ge			
Tramadol 50mg capsules	oral	2 capsules four times [redacted] Please supply 56 (FIFTY SIX) capsules.	Yes				Added Modified
[redacted]	oral	1 tablet four times [redacted] when required	No	Patient's own drug returned on discharge			Added

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
Dispensed by Kimberley Swift 17/04/19. check by k montgomery

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Page 2 of 4

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Stopped Medication:

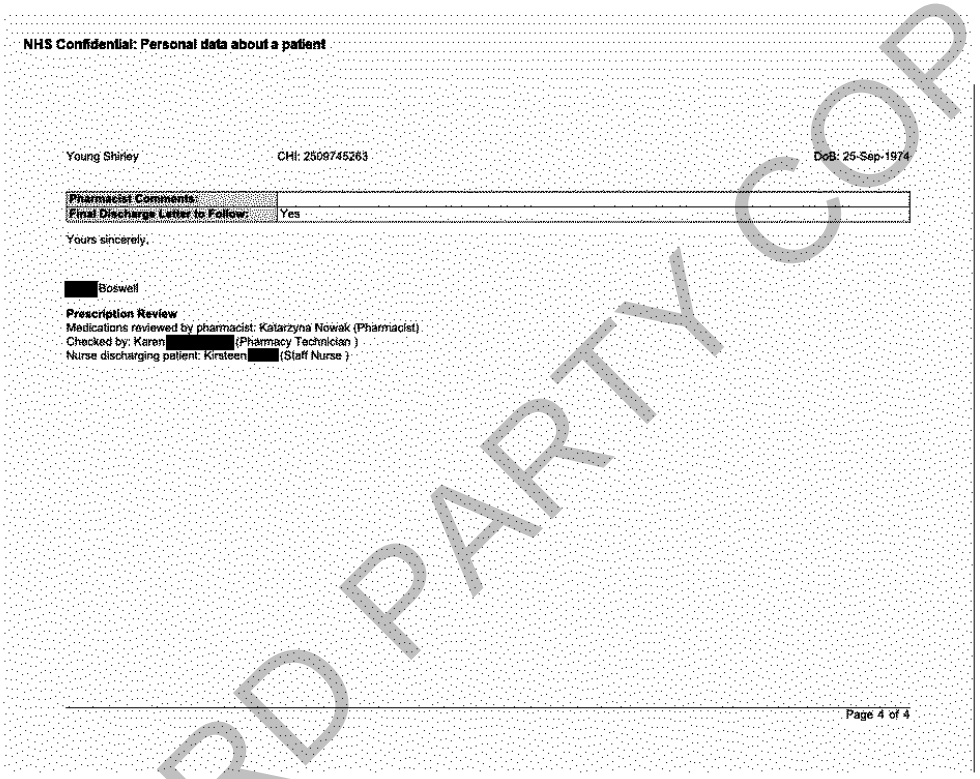
Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2019-04-17	Aciclovir 400mg dispersible tablets	oral	1 tablet three times [redacted] Fixed Period 7 Day(s) from 19 Sep 2018		Stopped Before Admission
2019-04-17	caphosol mouthwash	oral	1 mouthwash three [redacted]		Stopped Before Admission
2019-04-17	Dihydrocodeine 30mg tablets	oral	[redacted] four [redacted] required		Stopped Before Admission
2019-04-17	gelclair	oral	15 mL three times daily	GEL [redacted] ORAL GEL	not taking
2019-04-17	Sodium chloride compound mouthwash	oral	1 mouthwash four times daily		Stopped Before Admission
2019-04-17	Zolmitriptan 2.5mg tablets	oral	when required 1 TAB AS DIRECTED.		Stopped Before Admission

Reason for Admission and Presenting Complaints:	Admission Category:
No data available	No data available

Clinical Comments:	Dear Doctor, This patient was admitted for an elective laparoscopic bilateral salpingo-oophorectomy on 16/4/19. This was completed without complication. Patient recovered well on ward. Post-op Hb 118. Fit for discharge. Will be contacted with pathology results. Yours sincerely,
Follow Up:	No pending pathology results
Results Awaited:	Yes pathology results

Page 3 of 4

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

[redacted] Boswell

Prescription Review
Medications reviewed by pharmacist: Katarzyna Nowak (Pharmacist)
Checked by: Karen [redacted] (Pharmacy Technician)
Nurse discharging patient: Kirsteen [redacted] (Staff Nurse)

Page 4 of 4

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinical letter - GP: Nurse [redacted] McIlroy

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 301 7000
Department: Oncology
Contact Tel: 0141 301 7690
Enquiries to: [redacted] Doig
Letter Date: 01/05/2019
Reference: PM/LC
Dictated Date: 03/05/2019
Transcribed Date: 27/04/2019

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Dear Dr Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
2/2 5 Temple Gardens, Glasgow, G13 1JJ

Diagnosis: Early breast cancer

Completed six cycles of adjuvant chemotherapy

Completed adjuvant radiotherapy

Currently on Tamoxifen endocrine therapy and Zometa bisphosphonates six monthly

I met with Shirley in the oncology clinic today for a review of her endocrine treatment as we had stopped her Exemestane and she moved to Tamoxifen over the last month. I am pleased to say that some of her arthralgia has been resolving since she went on to Tamoxifen and she has also had some physiotherapy to her shoulder and neck area with regards to other aches and pains that she has. She seems in a much better frame of mind at the moment. I have asked her to carry on with her Tamoxifen and I would be grateful if you would continue prescribing this and she has a review in three months time when she is due her next Zometa.
I gather she is also going for oophorectomy which will mean that she will just stay on her Tamoxifen after that.

We will see her back in a few months time.

Kind regards.

Yours sincerely

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 GCL 03/05/2019 v1

[redacted] McIlroy

Breast Clinical Nurse Specialist

Follow up: 17.07.19

Electronically Signed: Nurse [redacted] McIlroy, Nurse Practitioner

cc.

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinic Letter

NHS
Greater Glasgow and Clyde

Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF
0141 211 4000

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:	
Department:	
Contact Tel:	0141 211 5163
Enquiries to:	angela.o'neil@ggc.scot.nhs.uk
Letter Date:	07/06/2019
Reference:	ST/MB
Dictated Date:	07/06/2019
Transcribed Date:	12/06/2019

Dear Dr. LC Steel,

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
2/2 5 TEMPLE GARDENS, Glasgow, Lanarkshire, G13 1JJ

Attendance: Specialty - Plastic Surgery; Clinic - CASTPS9-DR S TAY BREAST RECON PLASTICS FRI AM
Date and Time of Appointment - 07/06/2019 11:15

Clinical Comments:
I reviewed this lady following her DIEP reconstruction. She prefers her slightly larger left reconstructed breast and would like the right increased to match. I have therefore listed her for lipofilling of right breast and left inner lower quadrant, left nipple reconstruction and left dog ear correction. We will decide whether she needs a skin only mastopexy to try and improve the position of her nipple.

She pointed out some firmness within the breast but I think this is her mastectomy flap oedema following the radiotherapy and I have explained this to her.

Yours sincerely

Miss Sherilyn Tay

Consultant Plastic Surgeon

Electronically Signed: Ms Sherilyn Tay, Consultant

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NHS Confidential: Personal data about a patient

cc.

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Pages:

NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Shirley Young
2/2 5 TEMPLE GARDENS
Glasgow
Lanarkshire
G13 1JJ

Main Switchboard: 0141 211 3000
Department: Breast
Contact Tel: 0141 301 9858
Enquiries to: Shirley.Greig@ggc.scot.nhs.uk
Letter Date: 25/06/2019
Reference: CRW/SG
Dictated Date: 18/06/2019
Transcribed Date: 18/06/2019

Dear Ms Young,

This is just a note to let you know that your recent mammogram was satisfactory.

Kind regards.

Yours sincerely

[redacted]

Consultant Surgeon

Electronically Signed: Mr [redacted] Consultant

cc. Dr Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Printed on 25/06/2019 08:37 by [redacted] Mclean

Page 1 of 1

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:	0141 211 3000
Department:	Breast - General Surgery
Contact Tel:	0141 301 9858
Enquiries to:	Shirley.Greig@ggc.scot.nhs.uk
Letter Date:	11/06/2019
Reference:	GR/MB
Dictated Date:	11/06/2019
Transcribed Date:	17/06/2019

Dear Dr. LC Steel,

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
2/2 5 TEMPLE GARDENS, Glasgow, Lanarkshire, G13 1JJ

Attendance: Specialty - General Surgery; Clinic - GGJDGS4-MISS DOUGHTY BREAST RETURNS TUE PM
Date and Time of Appointment - 11/06/2019 15:00

Clinical Comments:
Diagnosis: Left sided breast cancer, May 2018. 21 mm grade 2 ductal cancer, 1 of 1 node positive, ER7, PR8, HER2 negative. Treatment left mastectomy and sentinel node biopsy with DIEP reconstruction May 2018, adjuvant chemotherapy, adjuvant radiotherapy, initial adjuvant Zoladex and Exemestane. Exemestane changed to Letrozole, no longer on Zoladex as had oophorectomies in April of this year. IV bisphosphonates six monthly for three years

I reviewed Miss Young in Miss Doughty's Breast Clinic this afternoon. Breast wise she has no problems and examination today was satisfactory. She has had a good result from her DIEP reconstruction, however, Miss Tay is arranging to see he rre possibly removing a small dog ear from the lateral side of her donor site and possibly doing some lipofilling in the lower aspect of her left reconstruction. She is due mammography on the right which I have organised. .

She is asking today regarding her genetic risk, as a maternal [redacted] had ovarian cancer in her 80s. A maternal [redacted] had breast cancer in her late 30s, however, the [redacted] also had breast cancer so that is probably coming from that [redacted] line and not from Miss Young's own genetics. Another [redacted] had bowel cancer and her [redacted] has cervical cancer. She is very keen to speak to the Geneticist regarding her general risk of cancer so I will refer her there. We will see her back for routine review in a years time.

Yours sincerely

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 OPCL 11/06/2019 v1

Dr Gillian [redacted]

Speciality Doctor in General Surgery

Electronically Signed: Dr Gillian [redacted] Doctor

cc.

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02-Jun-2026 JANICE
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Filename: igprda202606020758170.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Beatson cancer [redacted]

Private and Confidential

Dr Steel
Anniesland Medical Practice
46 Munro Place
Anniesland
Glasgow
G13 2UP

Date 05/07/2019
Our ref. KT
Enquiries to Kat [redacted]
Tel 0141 212 0505
Ext 59863

Dear Dr Steel

Re: Shirley Young ~ 25/09/1974 ~

I am writing to advise that Shirley has now been discharged from our service.

I have advised Shirley that she can be referred again to the service if she requires it.

I have supported Shirley by signposting her to: counselling at Cancer Support Scotland; the Live Active scheme; Look Good; Feel Better; occupational health; psychology at [redacted] complementary therapy at Cancer Support Scotland; wig advice; and welfare rights at [redacted] I have also raised Shirley's awareness on the following relevant topics: the Equality Act; reasonable adjustments; disclosure; problem solving; phased return; [redacted] adaptations; time off; accrued leave; benefits; altered hours; and amended duties. I have also assisted Shirley to support themselves in the areas of: confidence building; fatigue management; sleep management; pain management; stress management; and motivational support. I have also supported Shirley in her consideration on returning to [redacted] the following topics: goal setting; prioritising key issues; work readiness activity; decision making; raising employer's awareness; and negotiation.

Should you have any queries, please do not hesitate to contact us on the above telephone number.

Yours sincerely

Kaylor.

Kat [redacted]
Health and Work Practitioner

We're with you

Beatson Cancer [redacted]
Beatson West of Scotland
Cancer Centre
1053 Great Western Road
Glasgow, G12 0YN

Office: 0141 212 0505
Email: info@beatsoncancercharity.org
Online: www.beatsoncancercharity.org
Twitter: @beatson_[redacted]
Facebook.com/beatsoncancercharity

Registered in Scotland as a Charitable Company Limited by Guarantee.
Company Number SC461242.
Scottish Charity Number SC044442.
Registered Office – Capella Building
10th Floor, 60 York Street, Glasgow, G2 8JX.

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NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN

26/07/2019

Dr LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Dear Dr LC Steel

Re: **Shirley Young**
Address: **2/2 5 TEMPLE GARDENS**
Glasgow
G13 1JJ

CHI Number: **2509745263**

Speciality: **PHYSIO-MSK**

It would appear from our records that:

(✓) Your patient has not responded to our recent letters inviting them to arrange an appointment.

( ) Your patient has indicated that they no longer require an appointment.

( ) Your patient has refused two reasonable offers of appointment.

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with NHS Greater Glasgow and Clyde's Did Not Attend Policy.

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

User ID Leanne [redacted]

SCGC Opwl Removal to GP V1

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 301 7000
Department: Oncology
Contact Tel: 0141 301 7690
Enquiries to: [redacted] Doig
Letter Date: 09/08/2019
Reference: PMcI/LR
Dictated Date: 17/07/2019
Transcribed Date: 06/08/2019

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Dear Dr LC Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
2/2 5 TEMPLE GARDENS, Glasgow, Lanarkshire, G13 1JJ

Diagnosis:

Early breast cancer

Treatment:

Letrozole endocrine therapy

On Zometa bisphosphonates six monthly

I met with Shirley in the oncology clinic today for pre-assessment of cycle 2 of a planned 6 cycles of Zometa bisphosphonate infusions over three years. I am pleased to say she is fairly well and has no new complaints. Her bloods are satisfactory and her treatment has been prescribed today and we will see her routinely back in six months time for her next Zometa.

Kind regards.

Yours sincerely,

[redacted] McIlory

Breast Clinical Nurse Specialist

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 GCL 17/07/2019 v1

Follow-up: 15/01/2020

Electronically Signed: Nurse [redacted] McIlroy, Nurse Practitioner

cc.

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Pages:

NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

LUCY STEELAnniesland Medical Practice,46 Munro Place,Glasgow, G13 2UP

Queen Elizabeth Hospital,1345 Govan Road, [redacted] G51 4TF
Main Switchboard [redacted] 2011100
Date of Completion: 10-Nov-2019

Dear [redacted] STEEL,

Name	CHI	DoB	Address
Shirley Young	2509745263	25-Sep-1974	8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

Admitted	Type	Discharged	Destination
11-Oct-2019 22:49	IP	12-Oct-2019	

Specialty	Consultant	Ward	Telephone
General Surgery	McArthur	QEUH ARU5 General Surgery	0141 2011100

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: [redacted] Heng [redacted] PY1) on 10 Nov 2019 14:43

Discharge Medication:

Page 1 of 3

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Chlorphenamine 4mg tablets	oral	1 tablet four times daily when required , every 4-6 hours PRN			**Drug Details:** every 4-6 hours PRN		
Duloxetine 60mg gastro-resistant capsules	oral	ONE DAILY.				Y	
Ibuprofen 400mg tablets	oral	1 tablet three times [redacted]					
Letrozole 2.5mg tablets	oral	1 tablet once daily					
Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	1 sachet twice daily					
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily					
Paracetamol 500mg tablets	oral	2 tablets four times [redacted], Fixed Period 7 Day(s) from [redacted] Jun 2018					
Tramadol 50mg capsules	[redacted]	2 capsules four times [redacted], Please supply 56 (FIFTY SIX) capsules.					
Zolmitriptan 2.5mg tablets	oral	1 tablet four times daily when required					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments

There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Page 2 of 3

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

[redacted] Comments:	Dear doctor, Mrs Young presented to us with a 2/7 history of RUQ pain with associated nausea. This was worse with movement, and referred to her flank and shoulder blade, but no changes in bowel movements and urinary symptoms. She does mention darker urine than usual. On examination, her abdomen was soft with some tenderness along her RUQ. Her bloods were normal, and her pain was settled during admission. As such, the plan was for home with worsening advice given, with an appointment for the HOT clinic USS next Monday. Thank you for your continued care of this patient. Kind regards, Nicholas Heng FY1 ARU5 82144
Follow Up:	No Nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

[redacted] Heng

Prescription Review
Checked by: [redacted] Heng (FY1)
Discharged by: [redacted] Heng (FY1)

Page 3 of 3

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NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5843921**	Receive Date:	**11-Oct-2019 19:25**
Patient's Name:	**Shirley Young**		
Date of birth:	**25-Sep-1974 (45 years)**	Gender:	**F**
Address:	**2/2** **5 Temple Gardens** **Glasgow** **G13 1JJ**	Current Address:	**8 Munlochy Road** **Glasgow** **G51 4NW**
Return Contact No:			
Tel No:	**07967 734971**		**07967 734971**
Mobile No:			
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	
Received:	**11-Oct-2019 19:25**	Calltype:	**PCEC Within 4 Hrs**
Advised:	**19:38**	Arrived PCC:	**11-Oct-2019 20:22**
Cons start:	**11-Oct-2019 20:52**	Cons End:	**11-Oct-2019 20:55**
Consulting Doctor:	[redacted] **Cullen**	Own doctor:	**JL** [redacted]

CHI Number:
2509745263

NHSD details:

Receptionist:
R/SIDED AND CENTRAL ABDOMINAL PAIN - 27 HOURS
PCC4 PCEC within 4 Hrs
Clinical summary created by: [redacted] **Nisbet (Usc Call Taker) () [11/10/2019 19:38:54] Reason for call: R/SIDED AND CENTRAL ABDOMINAL PAIN - 27 HOURS PAIN WORSENING. ABDO TENDER TO TOUCH. LOSS OF APPETITE. NAUSEA. FOUL TASTE IN MOUTH. MOVING ROUND TO BACK. DUE TO ATTEND GP APPOINTMENT ON WEDNESDAY. FINISHED CHEMOTHERAPY AND RADIOTHERAPY LAST YEAR AFTER HAVING BREAST CANCER. Confirmed Symptom(s): Pain above the belly button and over 25 years old Pain moving through to the back Changes in normal skin colour Feeling nauseated or vomiting 11:10:2019 19:26:24 NISBETM.. PT DRIVING HOME TO 8 MUNLOCHY ROADG51 4NW... PALE AND COLD... D/W SUPPORT LINE - SEE NOTES. PCEC 4HRS. ATTENDING QUEEN** [redacted] **Support Line Note: CORBETTD2 CHOKING FEELING. NO BREATHING PROBLEM. FEELS WARM. TOLEARTING FLUIDS AND FOOD. ADVISED FURTHER TRAMADOL & PARACETAMOL. PCEC 4 HOURS.**
Outcome: PCEC within 4 Hrs

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NHS Confidential: Personal data about a patient

Consultation details:

History - **History as per NHS24.**
1 day history of right sided pain and central abdo pains.
Poor appetite and nauseated.
Foul mouth taste over the past week.
Tramadol and Gaviscon taking with little effect.
Tolerating fluids well.
Passing urine and bowels inactive today.
History of Breast cancer.(K Reilly0

History as above - pain has been ^ since ydy

Examination - **Temp 36.8, Sats 98% on air, pulse 74, BM 5.2mmol, Blood Pressure 138/74.Urinalysis-PH+(K Reilly)**

Looks distressed but moving well, temp and RR N, well-hyd and perf, no pall/cl/j, abd - tender R hypochondrium, no masses, BSP, no ev peritonism

Diagnosis - [redacted] **colic**

Treatment - **Refer rec surg IAU - many thanks**

Followups:
Hospital Referral

Clinical Codes:
R090. [D]Abdominal pain

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Pages:

NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard: 0141 201 1100
Department: General Surgery
Contact Tel: 0141 451 6045
Enquiries to: [redacted]scot.nhs.uk
Letter Date: 05/12/2019
Reference: DMcA/AC
Dictated Date: 22/11/2019
Transcribed Date: 04/12/2019

Dear Dr. LC Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

Admission: Specialty - General Surgery; Ward - QEUH ARU5 General Surgery
Consultant - Mr [redacted]McArthur; Date of Admission - 11/10/2019
Date of Discharge - 12/10/2019; Discharged to - Private Residence - no additional detail added

Clinical Comments:
Dear Doctor

This 45 year old lady attended the hospital with right upper quadrant pain in October. Her bloods were reassuring and her pain has settled.

She was discharged home with a plan to return for abdominal ultrasound and review at the Hot Clinic.

We can find no record in the medical portal that Miss Young returned for this appointment and indeed she did not undergo an ultrasound scan which was subsequently cancelled.

I note with interest two previous ultrasounds of the abdomen over the last few years neither of which demonstrated gallstones.

No further surgical follow up has been arranged.

Kind regards

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 FDL 12/10/2019 v1

Yours sincerely

Mr [redacted] McArthur

Consultant Surgeon

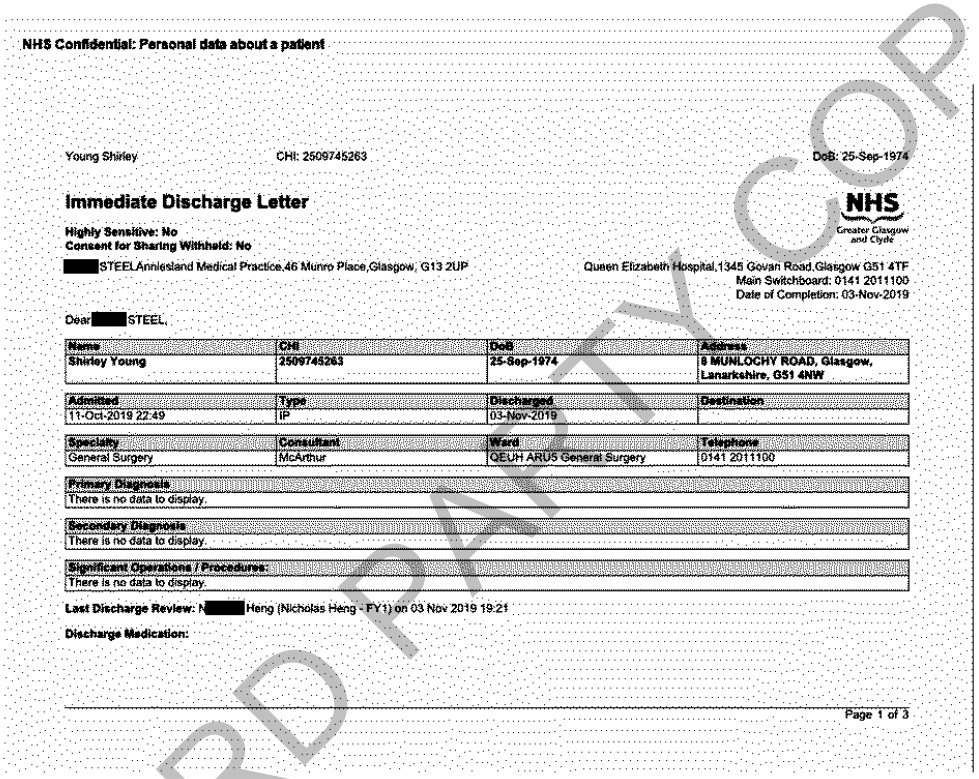
Electronically Signed: Mr [redacted] McArthur, Consultant

cc.

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

[redacted]STEEL,Anniesland Medical Practice,46 Munro Place,Glasgow, G13 2UP

Queen Elizabeth Hospital,1345 Govan Road,Glasgow G51 4TF
Main Switchboard: 0141 2011100
Date of Completion: 03-Nov-2019

Dear [redacted]STEEL,

Name	CHI	DoB	Address
Shirley Young	2509745263	25-Sep-1974	8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

Admitted	Type	Discharged	Destination
11-Oct-2019 22:49	IP	03-Nov-2019	

Specialty	Consultant	Ward	Telephone
General Surgery	McArthur	QEUH ARU5 General Surgery	0141 2011100

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: N[redacted]Heng (Nicholas Heng - FY1) on 03 Nov 2019 19:21

Discharge Medication:

Page 1 of 3

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Chlorphenamine 4mg tablets	oral	1 tablet four times daily when required , every 4-6 hours PRN			Drug Details: every 4-6 hours PRN		
Duloxetine 60mg gastro-resistant capsules	oral	ONE [redacted]				Y	
Ibuprofen 400mg tablets	oral	1 tablet three times [redacted]					
Letrozole 2.5mg tablets	oral	1 tablet once daily					
Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	1 sachet twice daily					
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once [redacted]					
Paracetamol 500mg tablets	oral	2 tablets four times [redacted] Fixed Period 7 Day(s) from 01 Jun 2018					
Tramadol 50mg capsules	oral	2 capsules four times [redacted] Please supply 56 (FIF[redacted]X) capsules.					
Zolmitriptan 2.5mg tablets	oral	1 tablet four times daily when required					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments:

There is no data to display.

Withheld Medication:

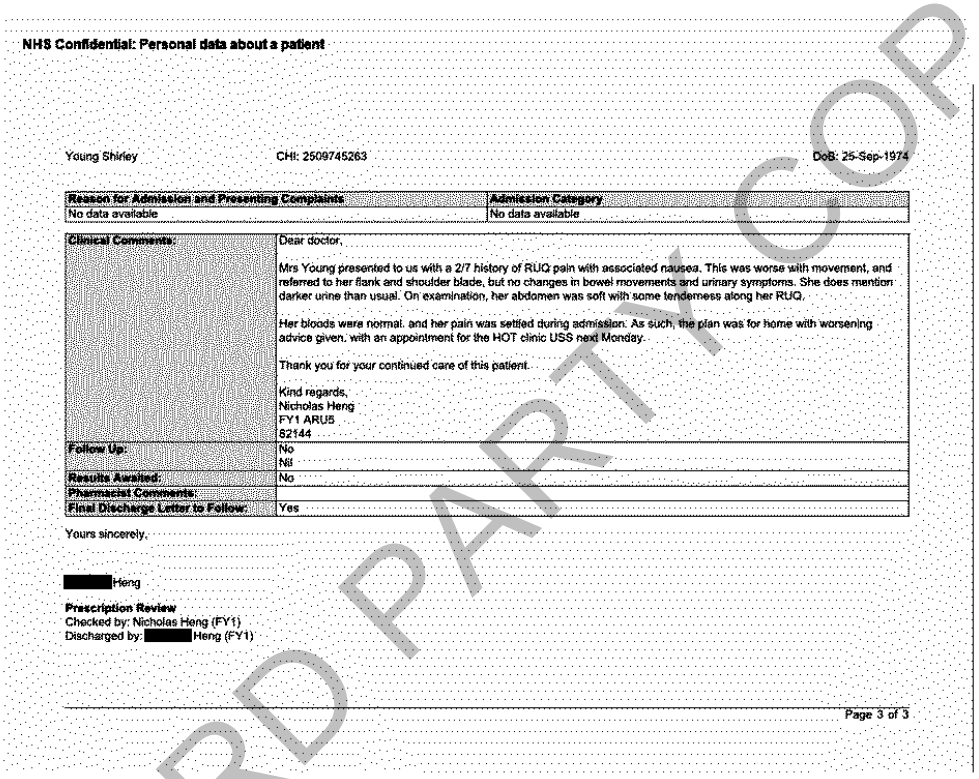
Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Page 2 of 3

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear doctor, Mrs Young presented to us with a 2/7 history of RUQ pain with associated nausea. This was worse with movement, and referred to her flank and shoulder blade, but no changes in bowel movements and urinary symptoms. She does mention darker urine than usual. On examination, her abdomen was soft with some tenderness along her RUQ. Her bloods were normal, and her pain was settled during admission. As such, the plan was for home with worsening advice given, with an appointment for the HOT clinic USS next Monday. Thank you for your continued care of this patient. Kind regards, Nicholas Heng FY1 ARU5 82144
Follow Up:	No Nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

[redacted] Heng

Prescription Review
Checked by: Nicholas Heng (FY1)
Discharged by: [redacted] Heng (FY1)

Page 3 of 3

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Nicholas Heng, 10-Nov-2019 14:42
Discharged date is 12/10/2019

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

LUCY STEELAnniesland Medical Practice,46 Munro Place,Glasgow, G13 2UP

Queen Elizabeth Hospital,1345 Govan Road, [redacted] G51 4TF
Main Switchboard [redacted] 2011100
Date of Completion: 03-Nov-2019

Dear [redacted] STEEL,

Name	CHI	DoB	Address
Shirley Young	2509745263	25-Sep-1974	8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

Admitted	Type	Discharged	Destination
11-Oct-2019 22:49	IP	03-Nov-2019	

Specialty	Consultant	Ward	Telephone
General Surgery	McArthur	QEUH ARU5 General Surgery	0141 2011100

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Nicholas Heng [redacted] Heng - FY1) on 03 Nov 2019 19:21

Discharge Medication:

Page 2 of 4

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Chlorphenamine 4mg tablets	oral	1 tablet four times daily when required , every 4-6 hours PRN			**Drug Details:** every 4-6 hours PRN		
Duloxetine 60mg gastro-resistant capsules	oral	ONE DAILY.				Y	
Ibuprofen 400mg tablets	oral	1 tablet three times [redacted]					
Letrozole 2.5mg tablets	oral	1 tablet once daily					
Macrogol compound oral powder sachets NPF sugar free (Laxido)	oral	1 sachet twice daily					
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily					
Paracetamol 500mg tablets	oral	2 tablets four times [redacted], Fixed Period 7 Day(s) from [redacted] Jun 2018					
Tramadol 50mg capsules	[redacted]	2 capsules four times [redacted], Please supply 56 (FIF[redacted]IX) capsules.					
Zolmitriptan 2.5mg tablets	oral	1 tablet four times daily when required					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments

There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Page 3 of 4

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 DoB: 25-Sep-1974

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

[redacted] Comments:	Dear doctor, Mrs Young presented to us with a 2/7 history of RUQ pain with associated nausea. This was worse with movement, and referred to her flank and shoulder blade, but no changes in bowel movements and urinary symptoms. She does mention darker urine than usual. On examination, her abdomen was soft with some tenderness along her RUQ. Her bloods were normal, and her pain was settled during admission. As such, the plan was for home with worsening advice given, with an appointment for the HOT clinic USS next Monday. Thank you for your continued care of this patient. Kind regards, Nicholas Heng FY1 ARU5 82144
Follow Up:	No Nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

[redacted] Heng

Prescription Review
Checked by: [redacted] Heng (FY1)
Discharged by: [redacted] Heng (FY1)

Page 4 of 4

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 301 7000
Department: Oncology
Contact Tel: 0141 301 7690
Enquiries to: [redacted]Doig@ggc.scot.nhs.uk
Letter Date: 13/02/2020
Reference: PM/RA
Dictated Date: 22/01/2020
Transcribed Date: 31/01/2020

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Dear Dr Steel ,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

Diagnosis : early breast cancer (ER PR positive and HER2 negative)

Treatment : treated with mastectomy and immediate reconstruction and sentinel node biopsy

Treated with adjuvant chemotherapy FEC Docetaxel

Completed adjuvant radiotherapy

Currently on Letrozole

I met with Shirley in the oncology clinic today for pre-assessment of her ongoing adjuvant Bisphosphonates. This will be cycle 3 out of a planned 6 cycles. Today she was telling me she is still experiencing peripheral neuropathy especially in her hands and feet although slightly better than it was post her chemotherapy. It does limit her ability in terms of managing certain things around the house and also she is now moved house to a house on the one level to make life easier for herself. She has particular problems with her wrist and hands and it may well be that some of this is due to her endocrine so I have suggested to her to try changing her from Letrozole to Tamoxifen. We did talk about Tamoxifen before and I did put that in a letter but she herself decided not to have Tamoxifen as she had been reading on some of the websites that Letrozole was a better choice of Endocrine treatment. I have tried to reassure her today that they are all equal in terms of overall effectiveness although some studies have shown slightly better disease free survival with certain endocrine treatments but overall survival is no different. It may well be better for her in terms of her side effects. I have asked her to go back on her Omeprazole as well as she is having nausea in the morning and it may well be due to the Voltarol anti inflammatories that she is taking so I have said to her that she should probably stay on her Omeprazole while she is on all of these drugs. We will see her routinely back in six months time for her next Zometa but she knows she can contact me inbetween if there is a need.

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 GCL 22/01/2020 v1

Yours sincerely

[redacted] McIlroy

Breast Clinic Nurse Specialist

Follow up : 22.7.20

Electronically Signed: Nurse [redacted] McIlroy, Nurse Practitioner

cc.

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Printed on 13/02/2020 09:57 by [redacted] Page 2 of 2

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:	0141 211 3000
Department:	General Surgery - Breast
Contact Tel:	0141 301 9858
Enquiries to:	shirley.greig@ggc.scot.nhs.uk
Letter Date:	09/06/2020
Reference:	GR/BB
Dictated Date:	15/06/2020
Transcribed Date:	16/06/2020

Dear Dr. LC Steel,

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

Attendance: Specialty - General Surgery; Clinic - GGJDGSI-MISS DOUGHTY BREAST TELEPHONE EXTRA CLINIC
Date and Time of Appointment - 09/06/2020 14:00

Clinical Comments:
Diagnosis: Left sided breast cancer diagnosed April 2018

Treatment: Left mastectomy and sentinel lymph node biopsy with DIEP reconstruction

May 2018, adjuvant chemotherapy, adjuvant radiotherapy, Zoladex and

Exemestane, Zoladex discontinued following bilateral salpingo oophorectomy

in April 2019 currently on Letrozole, numerous side effects with adjuvant

endocrine treatment, IV six monthly bisphosphonates, third injection February 2020

Pathology: 21 mm, grade 2 ductal cancer, LVI positive, DCIS, 1/1 node positive with

extra nodal spread, ER7, PR8, Her2 negative

I spoke with Ms Young on the telephone on 9 and 10 June 2020. She had been due to attend Ms Doughty's routine return Breast Clinic on 9 June 2020 but that had been cancelled due to the COVID situation.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

She was at work when I had initially telephoned her on 9 June 2020 and, therefore, I telephoned her back for a longer consultation the following day.

Breast-wise she has had no significant new problems. She feels that her reconstructed breast feels slightly heavier and she gets the odd twinge in her axilla.

I have gone over the side effects of both surgery and radiotherapy with her this morning and explained these effects to her and how this affects her breast etc and what she describes [redacted] sounds consistent with her surgery and radiotherapy.

She has had various issues since her diagnosis and treatment and is obviously very anxious regarding both. Her [redacted] also died at the age of 45 which is Ms Young's age at the present time although she had cervical cancer which I told her is completely unrelated to her own cancer.

Since her treatment, she has had problems with what sounds probably like mild peripheral neuropathy with some tingling in her fingers and toes and she was given Amitriptyline I think by the Oncology nurses away back at the beginning. I have explained to her that this can still linger post her treatment and this is the most likely explanation. I have, however, said that if this is continued, she should probably have her baseline bloods done to check that there is no underlying cause for this and I do not think she has had them done. She should probably have her thyroid, her sugar, iron and B12 etc done to exclude other causes for peripheral neuropathy if not already done. These can be done when she is having her bloods done in the surgery the same time as she is having her pre-bisphosphonate bloods done.

She has also had intermittent bowel problems again, which she has had since away back at the beginning of her treatment. She did have problems with diarrhoea and arthralgia which seemed to be related to her endocrine treatment and this did remit when she had taken breaks from this. I note that she was admitted in October/November-time 2019 with right upper quadrant pain. This settled and nothing worrying was found although she did not attend the Clinic for her ultrasound you presumably organised an ultrasound of her abdomen which did not show anything worrying.

I know that she has just attended your surgery or spoken with you again just recently with I think what sounds more like centralised abdominal pain which has now settled and probably sounds more like colicky pain which you are monitoring and plan to review her regarding this.

If her abdominal symptoms continue, she possibly needs endoscopy or colonoscopy which are obviously on hold at the minute and I trust that you will treat her symptomatically just now and refer her on if you think that is the appropriate step.

I also note that you must have sent a letter to Ms Doughty in January 2020 as there is a reply regarding this lady's one episode of "haemoptysis" during a chest infection. This [redacted] settled down, her chest x-ray was normal and she has had no further chest symptoms so I do not think that needs any further investigation at the present time. She does smoke intermittently and obviously if there was any other symptoms then a Respiratory referral would be appropriate.

I hope I have reassured her regarding her breast issues and she is awaiting more input from Miss Tay regarding her breast surgery.

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I have explained that we will organise a routine mammogram and this will be done once the COVID situation settles. From the breast point of view if she has no further concerns and her mammogram is satisfactory, we would see her back next year for her routine follow-up, however if there are any concerns in the interim either from yourself or from Ms Young, then we would be happy to see her back prior to that.

She does have our Breast Care Nurses' number to telephone us directly if she has any concerns and we would give her advice and arrange to see her.

Kind regards.

Yours sincerely

Gillian [redacted]

Specialty Doctor - Breast

Electronically Signed: Dr Gillian [redacted] Doctor

cc.

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Arndale - CMHT Adult
GGC Mental Health

Community Mental Health Team - Adult
SCI Gateway Virtual Location code

Consultant / receiving practitioner and/or **specialty clinic**

Hospital and **hospital address**

Hospital location code.
G002G

Email address
-

Urgency of referral	Routine		
Date of referral	08-Jan-2021	**Date sent**	08-Jan-2021

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

2-2 5 Temple Gardens
GLASGOW
G13 1JJ

Contact number(s)

Voice:07967734971

101022401286Z Unique Care Pathway Number: 101022401286Z

REGISTERED GP DETAILS

Name	Dr [redacted] Steel		
GMC code	6128726	GP code	03336
Practice name	Anniesland Medical Practice (18807)		
Practice code	40051		

Practice address

Anniesland Medical Practice
46 Munro Place
GLASGOW
G13 2UP

Contact number(s)

Voice:0141 954 8860
E-mail:GG-UHB.GP40051clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. Atul Mishra		
GMC code	7419236	GP code	99999
Practice name	Anniesland Medical Practice (40051)		
Practice code	40051		

Practice address

46 Munro Place
[redacted]

Contact number(s)

Voice:0141 954 8860

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CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Low mood and anxiety

Comment: Dear Doctor

I would be very grateful for your review of this pleasant 46 year old lady who works as a [redacted] in Mental Health for the Richmond Trust. She lives with her 20 year old [redacted] who she has quite a few concerns about.

The main reason for her referral is that she has ongoing issues with low mood and anxiety for the last few months. Previously she helped this by doing regular exercise and going for hill walks, however with the recent lock down, she has struggled to do these activities.

She does have new suicidal ideation and thoughts, but has no active plans to harm herself or anyone else.

Unfortunately last year she was diagnosed with breast cancer and thankfully has had treatment for this, including a mastectomy and is now cancer free with regular follow up. However she admits to catastrophising any ache or pain may potentially be cancer.

She feels quite socially isolated and admits that she usually has no one to talk to.

The main reason for this referral is that she is currently on Duloxetine 60 mg once daily for migraine prophylaxis. I feel she may benefit from another SSRI for example Sertraline or Citalopram, but I do not feel comfortable prescribing this in addition to Duloxetine and I am looking for advice on your thoughts of prescribing two SSRI's.

I also feel that this lady would benefit from cognitive behavioural therapy. I have signposted her to LIFELINK, but I am not sure whether she is benefiting much from this.

I would be grateful for your input.

Kind regards.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Anxiety with depression	-	08-Jan-2021	08-Jan-2021
Gastritis unspecified	2ry chemotherapy	15-Oct-2018	15-Oct-2018
Malignant neoplasm of female breast (Left)	-	23-Apr-2018	23-Apr-2018
Piles - haemorrhoids	-	02-Mar-2017	02-Mar-2017
[X]Depressive disorder NOS	-	16-Feb-2010	16-Feb-2010

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Bilateral salpingoophorectomy	-	24-Apr-2019	24-Apr-2019
Neutropenia	-	26-Sep-2018	26-Sep-2018
Total mastectomy NOS (Left)	+ SLNB + reconstruction	29-May-2018	29-May-2018

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Bowel cancer [redacted] grandmother)	fh in 80's	23-Feb-2016
No FH: Hypertension	: priority=2	26-Apr-2010
FH: Diabetes mellitus	: priority=2	02-Mar-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued

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Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	ONE DAILY	-	02-Aug-2019	09-Dec-2020
Letrozole Tablets 2.5 mg	56	56 tablet	1 Tab Daily	-	26-Feb-2019	30-Nov-2020
Tramadol Hydrochloride Capsules 50 mg	60	60 capsule	1 or 2 Caps 4 Times daily	-	05-Feb-2019	05-Jan-2021
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	1 TAB [redacted]	-	26-Sep-2018	30-Nov-2020

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Propranolol Hydrochloride Tablets 10 mg	21	21 Tablet (s)	ONE TO BE TAKEN THREE TIMES A DAY IF REQUIRED	-	08-Jan-2021	08-Jan-2021
Naproxen Tablets 500 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	24-Nov-2020	24-Nov-2020
Aciclovir Tablets 400 mg	25	25 TABLET	ONE TO BE TAKEN FIVE TIMES A DAY FOR FIVE DAYS	-	24-Nov-2020	24-Nov-2020
Naproxen Tablets 500 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	28-Oct-2020	28-Oct-2020
Flucloxacillin Capsules 500 mg	20	20 CAPSULE	ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS	-	22-Sep-2020	22-Sep-2020

Blood Pressure

Date Recorded	Systolic	Diastolic
17-Jul-2018	119	73
09-Nov-2015	110	70
28-Apr-2015	120	52
27-Nov-2013	100	60
18-Dec-2012	118	63

Body Measurements

Date Recorded	Height	Weight	BMI
26-Apr-2010	162.5	57	21.58

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco :	has had feeling of lump in throat for past 2 months, started after had episode of choking, has become worse in past 4-5 days, has ass coryzal symptoms at moment, no weight loss, , swallowing ok,	20-Oct-2015
Never smoked tobacco :	4 days cough seems worse am when she brings up spit - greeny. eating. no temp. stopped 5 years ago	28-May-2015
Never smoked tobacco :		28-Apr-2015
Non-smoker :	gen malaise 4 dys, altho improving today, sore throat, neck stiff, feverish, red appetite, drinking well, no v, no rash, min cough, no SOB,,	07-Aug-2012
Ex-moderate smoker (10-19/day) :	stopped 2 yrs ago	01-May-2012
Non-drinker alcohol :	, not SA at present- mod high caffeine intake	25-Nov-2011
Teetotaller:	Alcohol Intake$$.clm - No Action Required	02-Mar-2010
Enjoys moderate exercise:	: priority=2	02-Mar-2010

Clinical warnings

Additional Support Needs

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No known ASN requirements

Additional relevant information

Risk of Suicide:Don't Know
Past history of suicide attempt:Don't Know
Risk of deliberate self harm:Don't Know
Is patient responsible for children?:Don't Know
Risk to others including children/dependents/clinicians/other:Don't Know
Risk from others:Don't Know
Risk of Self Neglect:Don't Know
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinical letter - GP: Nurse Led Clinic 12/02/20

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 301 7000
Department: Oncology
Contact Tel: 0141 301 7690
Enquiries to: [redacted]Doig@ggc.scot.nhs.uk
Letter Date: 11/03/2020
Reference: NB/LD/30245100
Dictated Date: 12/02/2020
Transcribed Date: 20/02/2020

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Dear Dr Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

I assessed Shirley today at the Nurse Led Clinic prior to cycle 3 Zoledronic Acid. She has had no issues with the treatment and her bloods were satisfactory and it was authorised. I have moved her onto [redacted] Phone Assessment Clinic for six months' time.

Yours sincerely

[redacted] Boag

Senior Staff Nurse

Appointment: 12/08/20

Electronically Signed: Nurse [redacted] Boag, Nurse

cc.

Printed on 11/03/2020 11:45 by [redacted] Mochan Page 1 of 1

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Pages:

NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Highly Sensitive: Yes

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF

Main Switchboard:	0141 211 4000
Department:	Plastic Surgery
Contact Tel:	0141 414 6568
Enquiries to:	
Letter Date:	14/09/2020
Reference:	ST/HM
Dictated Date:	14/09/2020
Transcribed Date:	14/09/2020

Dear Dr Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

Your patient is on our waiting list for surgery and we recently wrote to them asking them to make contact with us to confirm whether they wished to remain on the waiting list or be removed.

They have failed to make contact, therefore we assume that your patient no longer wishes to proceed with surgery and therefore their name has been removed from our waiting list.

If they wish to proceed with surgery in the future a new referral to the Service would be required.

Yours sincerely

Waiting list manager

Electronically Signed: ,

cc.

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Young Shirley CHI: 2509745263

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: General Surgery - Breast
Contact Tel: 0141 301 9858
Enquiries to: shirley.greig@ggc.scot.nhs.uk
Letter Date: 19/06/2020
Reference: GW/BB
Dictated Date: 15/06/2020
Transcribed Date: 16/06/2020

Shirley Young
8 MUNLOCHY ROAD
Glasgow
Lanarkshire
G51 4NW

Dear Ms Young,

The number of the Breast Care Nurses at Gartnavel General Hospital is 0141 301 9856.

As discussed on the telephone, your mammogram has been booked.

If you have any problems or concerns, please contact the Breast Care Nurses who can give you advice and arrange for you to be seen in the Clinic if necessary.

Kind regards.

Yours sincerely

Gillian [redacted]

Specialty Doctor - Breast

Electronically Signed: Dr Gillian [redacted] Doctor

cc. Dr L C Steel
Anniesland Medical Practice
46 Munro Place
GLASGOW
G13 2UP

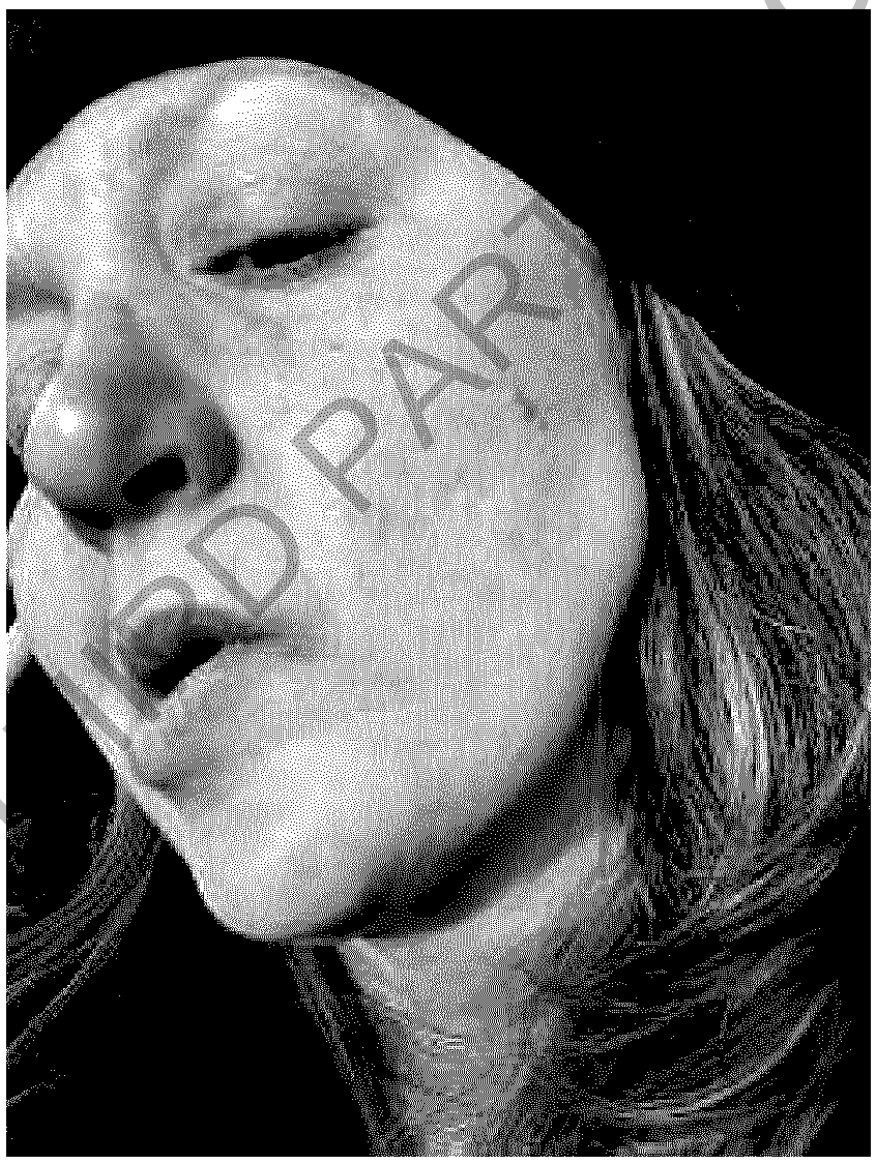
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[redacted]ng Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Highly Sensitive: Yes

Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:	0141 211 4000
Department:	Plastic Surgery
Contact Tel:	0141 414 6568
Enquiries to:	
Letter Date:	14/09/2020
Reference:	ST/HM
Dictated Date:	14/09/2020
Transcribed Date:	14/09/2020

Dear Dr Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

Your patient is on our waiting list for surgery and we recently wrote to them asking them to make contact with us to confirm whether they wished to remain on the waiting list or be removed.

They have failed to make contact, therefore we assume that your patient no longer wishes to proceed with surgery and therefore their name has been removed from our waiting list.

If they wish to proceed with surgery in the future a new referral to the Service would be required.

Yours sincerely

Waiting list manager

Electronically Signed: ,

cc.

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Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 301 7000
Department: Oncology
Contact Tel: 0141 301 7690
Enquiries to: [redacted] Doig
Letter Date: 27/10/2020
Reference: NB/jem
Dictated Date: 12/08/2020
Transcribed Date: 26/08/2020

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Dear Dr Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

I assessed Shirley today at the nurse-led clinic, prior to cycle four of her Zoledonic Acid.

She has had no issues with treatment this cycle, and her treatment has been authorised.

We will see Shirley back at clinic in six months' time.

Yours sincerely,

[redacted] Boag

Senior Staff Nurse

Follow-up: 10/02/2021

Electronically Signed: Nurse [redacted] Boag, Nurse

cc.

Printed on 27/10/2020 10:57 by [redacted]

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Glasgow City HSCP
Health and Social Care Partnership

Glasgow City Health and Social Care Partnership
North West Community Mental Health Team
Arndale Resource Centre
80-90 Kinfauns Drive
GLASGOW
G15 7TS

Tel: 0141 211 6184

PRIVATE & CONFIDENTIAL
Dr Mishra
Anniesland Medical Practice
46 Munro Place
GLASGOW
G13 2UP

Date Dictated: 12 January 2021
Date Typed: 13 January 2021

Our Ref: CS/CD
CHI: 2509745263

Dear Dr Mishra

Re: Shirley Young DOB 25-Sep-1974 (46y)
2-2, 5 Temple Gardens, Glasgow G15 7TX

Thank you for your referral of the above named lady which we discussed at our multidisciplinary allocations meeting on 12 January 2021. We would not recommend adding in any other antidepressant but to increase the duloxetine to a maximum dose of 90mgs daily.

She should complete the work she is doing with Lifelink and may benefit from a number of online resources such as Living Life to the Full.

We have not made any arrangements to see your patient and have discharged her from Arndale resource centre

Yours sincerely

Electronically approved by [redacted] *13.01.21*

[redacted]
Nurse Team Lead
on behalf of the MDT allocations meeting, Arndale Resource Centre

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Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 301 7000
Department: Oncology
Contact Tel: 0141 301 7072
Enquiries to: Secretaries
Letter Date: 18/02/2021
Reference: NB/CH
Dictated Date: 10/02/2021
Transcribed Date: 16/02/2021

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Dear Dr Steel ,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

I phone assessed Shirley today at the nurse led clinic prior to her 5th cycle of zoledronic acid.

She complained of minimal toxicities from her last treatment and her bloods were satisfactory. We will see her back at clinic in 6 months time.

Yours sincerely

[redacted] Boag

Senior staff nurse

Appt: 11th August 2021

Electronically Signed: Nurse [redacted] Boag, Nurse

cc.

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Shirley Young CHI: 2509745263

Acute Services Division
Diagnostics Directorate

WEST OF SCOTLAND CENTRE FOR GENOMIC MEDICINE | Clinical Genetics

Level 2A Laboratory Medicine
Queen Elizabeth University Hospital
1345 Govan Road Glasgow G51 4TF
www.nhsggc.org.uk/medicalgenetics

NHS Greater Glasgow and Clyde

Cancer Genetic Service
Dr Rosemarie [redacted] (cancer clinical lead)
Medical secretary 0141 354 9230

Please quote this reference in all correspondence

Our ref: JG/JG/93105 CHI: 2509745263

20 May 2021 (Dictated: 20/04/21)

Mrs Shirley Young
Flat 2-2
5 Temple Gardens
Glasgow
G13 1JJ

Dear Mrs Young

Re: Missed attend anywhere appointment at the genetics clinic

Our records indicate that you did not attend for your attend anywhere appointment at the Genetics Clinic on 29th April 2021.

If you still wish to be seen in clinic, please contact us on 0141 354 9221/9264, and we will be happy to arrange another appointment for you. If we do not hear from you we will assume that you no longer wish to be seen and your name will be removed from the waiting list.

Yours sincerely

[redacted] Gorrie
Registered Genetic Counsellor
GCRB no. 408
Electronically verified by [redacted] Gorrie on 21/05/2021

Cc Dr Gillian [redacted] Speciality Doctor, Dept of Breast Surgery, Gartnavel General Hospital, 1053 Great Western Road, Glasgow, G12 0YN
Dr [redacted] Steel, Anniesland Medical Practice, 46 Munro Place, Glasgow, G13 2UP

Page **1** of **1**

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Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:	0141 301 7000
Department:	Oncology
Contact Tel:	0141-301-7128
Enquiries to:	Secretary
Letter Date:	03/09/2021
Reference:	PK/NS
Dictated Date:	18/08/2021
Transcribed Date:	31/08/2021

Dear Dr Steel,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

Your patient was assessed by telephone at the nurse led clinic on 11th August 2021. Shirley is generally well and has had no side effects from previous Zoledronic Acid six months ago. Bloods were within normal parameters and Shirley will attend the Beatson on 16th August 2021 for her sixth and final pulse of Zoledronic Acid. Her course of treatment is now complete.

Thank you.

Yours sincerely,

[redacted]

Senior Staff Nurse

Electronically Signed: Nurse [redacted] Nurse

cc.

Printed on 03/09/2021 09:00 by [redacted] Saxton Page 1 of 1

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NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	22-09-2021 23:44
Test Start Date	22-09-2021 10:00
Test End Date	
GP Practice	40051
Specimen Number	21A21992692
Administration Method	

End of Report

Report Date: 30/09/2021

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NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	06-10-2021 21:24
Test Start Date	06-10-2021 07:30
Test End Date	--
GP Practice	40051
Specimen Number	21A21992142
Administration Method	

End of Report

Report Date: 09/10/2021

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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	12-11-2021 23:28
Test Start Date	11-11-2021 16:30
Test End Date	--
GP Practice	40051
Specimen Number	21A21992548
Administration Method	

End of Report

Report Date: 16/11/2021

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Young Shirley CHI: 2509745263

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Shirley Young
8 MUNLOCHY ROAD
Glasgow
Lanarkshire
G51 4NW

Main Switchboard:	0141 211 3000
Department:	Breast
Contact Tel:	0141 301 9858
Enquiries to:	Shirley.Greig@ggc.scot.nhs.uk
Letter Date:	19/07/2021
Reference:	JCD/SG
Dictated Date:	16/07/2021
Transcribed Date:	16/07/2021

Dear Ms Young,

This is just a note to say your recent mammogram has shown no worrying abnormality.

Kind regards.

Yours sincerely

[redacted] Doughty

Consultant Surgeon

Electronically Signed: Miss [redacted] Doughty, Consultant

cc. Dr Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Printed on 19/07/2021 09:16 by Jacqueline Young3 Page 1 of 1

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Young Shirley CHI: 2509745263

Clinic Letter

NHS Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. LC Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:	0141 211 3000
Department:	General Surgery - Breast
Contact Tel:	0141 301 9858
Enquiries to:	shirley.greig@ggc.scot.nhs.uk
Letter Date:	22/06/2021
Reference:	RL/JY
Dictated Date:	22/06/2021
Transcribed Date:	01/07/2021

Dear Dr. LC Steel,

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

Attendance: Specialty - General Surgery; Clinic - GGJDGS4-MISS DOUGHTY BREAST RETURNS TUE PM
Date and Time of Appointment - 22/06/2021 15:00

Clinical Comments:
Diagnosis: 2018, left, 21mm, grade 2 invasive ductal breast carcinoma, 1/1 node, ER7, PR8, HER2 negative

Treatment: Left mastectomy, sentinel lymph node biopsy and immediate DIEP reconstruction, adjuvant chemotherapy and radiotherapy, initially on Zoladex with Exemestane, Zoladex stopped after oophorectomy April 2019, Exemestane switched to Letrozole, six monthly intravenous bisphosphonates

Shirley attended the Breast Clinic today for routine review. She has had quite a stressful time since her breast cancer treatment but is coping a little bit better now moving forward and, although she has some intermittent symptoms of pain and abdominal symptoms, she feels that she is much better this year than she has been previously.

On examination, there is no evidence of recurrent disease in the reconstructed left breast. The right breast and axilla were normal.

I will request surveillance mammography on the right and be in touch with the result when available.

We will stop seeing Shirley now for routine clinical review and will pursue annual mammography for her, which will continue until she reaches 50 and becomes eligible for National Breast Screening. We will touch base at the five year [redacted] after her surgery (2023) to review her ongoing endocrine treatment, but with a node positive tumour, she is likely to be someone who extends her treatment

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beyond the five year point. Shirley knows that from now on she can contact us directly through the Breast Care Nurse Team if she has any breast concerns and we will arrange a clinic appointment for her if required.

Kind regards

[redacted]

Specialty Doctor

Electronically Signed: Dr [redacted] Doctor

cc.

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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	09-09-2021 00:40
Test Start Date	07-09-2021 16:30
Test End Date	
GP Practice	40051
Specimen Number	21A21992715
Administration Method	

End of Report

Report Date: 13/09/2021

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Filename: igprda202606020757550_3.pdf
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Pages:

NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	14-10-2021 22:34
Test Start Date	13-10-2021 10:00
Test End Date	--
GP Practice	40051
Specimen Number	21A21992173
Administration Method	

End of Report

Report Date: 15/10/2021

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NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	28-10-2021 00:58
Test Start Date	27-10-2021 08:00
Test End Date	--
GP Practice	40051
Specimen Number	21A21992326
Administration Method	

End of Report

Report Date: 28/10/2021

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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	15-09-2021 22:14
Test Start Date	14-09-2021 16:00
Test End Date	
GP Practice	40051
Specimen Number	21A21992739
Administration Method	

End of Report

Report Date: 29/09/2021

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Pages:

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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	18-11-2021 01:26
Test Start Date	16-11-2021 12:00
Test End Date	--
GP Practice	40051
Specimen Number	21A21992593
Administration Method	

End of Report

Report Date: 18/11/2021

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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	20-10-2021 21:56
Test Start Date	20-10-2021 08:40
Test End Date	--
GP Practice	40051
Specimen Number	21A21992203
Administration Method	

End of Report

Report Date: 20/10/2021

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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	01-12-2021 20:54
Test Start Date	30-11-2021 17:00
Test End Date	--
GP Practice	40051
Specimen Number	21A27004931
Administration Method	

End of Report

Report Date: 02/12/2021

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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	15-12-2021 21:24
Test Start Date	15-12-2021 11:45
Test End Date	--
GP Practice	40051
Specimen Number	21A27005570
Administration Method	

End of Report

Report Date: 20/12/2021

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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	24-11-2021 20:01
Test Start Date	23-11-2021 17:50
Test End Date	--
GP Practice	40051
Specimen Number	21A21992555
Administration Method	

End of Report

Report Date: 24/11/2021

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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	08-12-2021 22:51
Test Start Date	07-12-2021 17:00
Test End Date	--
GP Practice	40051
Specimen Number	21A27004849
Administration Method	

End of Report

Report Date: 12/12/2021

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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	05-01-2022 22:58
Test Start Date	05-01-2022 12:00
Test End Date	--
GP Practice	40051
Specimen Number	21A27005334
Administration Method	

End of Report

Report Date: 19/01/2022

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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	12-01-2022 23:28
Test Start Date	11-01-2022 19:00
Test End Date	--
GP Practice	40051
Specimen Number	21A27005389
Administration Method	

End of Report

Report Date: 21/01/2022

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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	23-12-2021 02:23
Test Start Date	22-12-2021 10:00
Test End Date	--
GP Practice	40051
Specimen Number	21A27005600
Administration Method	

End of Report

Report Date: 02/01/2022

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NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**6569761**	Receive Date:	**9-Jan-2022 13:30**
Patient's Name:	**Shirley Young**		
Date of birth:	**25-Sep-1974 (47 years)**	Gender:	**F**
Address:	**2/2** **5 Temple Gardens** **Glasgow** **G13 1JJ**	Current Address:	**0/3** **14 Raploch Avenue** **Glasgow** **G14 9FF**
Return Contact No:			
Tel No:	**07738 040759**		**07738 040759**
Mobile No:			
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	
Received:	**9-Jan-2022 13:30**	Calltype:	**Further Assessment**
Advised:	**13:57**	Arrived PCC:	
Cons start:	**9-Jan-2022 19:20**	Cons End:	**9-Jan-2022 19:29**
Consulting Doctor:	[redacted] **Memillan**	Own doctor:	**JL Campbell**

CHI Number:
2509745263

NHSD details:

Receptionist:
UNDER LEFT BREAST PAIN 4.5 HRS
PCC4 PCEC within 4 Hrs
Clinical summary created by: [redacted] Biggart (Call Taker Si) () [09/01/2022 13:57:39] Reason for call: UNDER LEFT BREAST PAIN 4.5 HRSConfirmed Symptom(s): Localised breast pain and tenderness Endpoint Management Selected (CCT) Symptom(s) not found: No fever Call Detail(s): Clinical supervisor (First Triage): [redacted] 09:01:2022 13:58:16 BIGGARTM. NP C.NOBLE. BREAST FEELS NUMB. RIBS TENDER UNDERNEATH BREAST. CONSTANT PAIN, WORSE ON MOVEMENT. IMPROVES WHEN BENDING FORWARD. LITTLE EFFECT FROM CODEINE 4 HRS AGO. PMH LEFT MASECTOMY & RECONSTRUCTION. PCEC 4 HRS HUB TO ARRANGE... Outcome: PCEC within 4 Hrs

Consultation details:
History**07754 564923 Phoned her. Mastectomy and breast reconstruction 2 years**

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- **ago. Today - onset of breast pain, no redness, heat, swelling or trauma, currently 1930 hours sunday night. I've given her [redacted] Doughty's secretary phone number from portal and suggest she directly phones her in the morning to see if they will see directly. Happy with this plan**

Followups:
No Follow Up

Clinical Codes:
K3... Disorders of breast

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Chief Officer
Susanne Millar
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
Gorbals Health & Care Centre
South ADRS
Ground Floor
2 Sandiefield Road
Gorbals
G5 9AB

www.glasgow.gov.uk
www.nhsggc.org.uk

Dr Steel
Anniesland Medical Practice
41 Munro Place
Glasgow
G13 2UP

Dear Dr Steel

RE: Shirley Young CHI: 2509745263

I am writing to advise you Ms Young complete home supported alcohol detoxification on 24/1/22. Ms Youngs alcohol withdrawal symptoms were well controlled with Chlordiazepoxide. Observations including blood pressure and pulse were maintained within normal parameters. Ms Young reported cravings problematic and has been commenced on Acamprosate 333mg 2 tabs 3 times per day. I will continue to engage with Ms Young and will provide relapse prevention focused work. Please feel free to contact me if you have any queries.

Yours Sincerely

[redacted] **McGivney**
Senior Alcohol Nurse
South Alcohol and Drug Recovery Service

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NHS
Greater Glasgow and Clyde

Glasgow City Council

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NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	FLAT 2-2 5 TEMPLE GDNS GLASGOW G13 1JJ

Specimen Details

Specimen Processed Date	06-02-2022 08:18
Test Start [redacted]	05-02-2022 14:58
Test End Date	05-02-2022 14:59
GP Practice	40051
Specimen Number	AAM90127444
Administration Method	self

End of Report

Report Date: 06/02/2022

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NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	02-03-2022 22:28
Test Start Date	02-03-2022 10:15
Test End Date	--
GP Practice	40051
Specimen Number	22A01826099
Administration Method	

End of Report

Report Date: 02/03/2022

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Filename: igprda202606020757440.pdf
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Pages:

NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	02-02-2022 21:48
Test Start Date	01-02-2022 17:35
Test End Date	--
GP Practice	40051
Specimen Number	22A01826228
Administration Method	

End of Report

Report Date: 02/02/2022

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Filename: igprda202606020757440_2.pdf
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NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	

Specimen Details

Specimen Processed Date	26-01-2022 22:00
Test Start Date	22-01-2022 10:00
Test End Date	--
GP Practice	40051
Specimen Number	22A01826303
Administration Method	

End of Report

Report Date: 27/01/2022

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GP Links Microbiology Report

Patient Details	
Surname	YOUNG
Forename	SHIRLEY
CHI	2509745263
Date of birth	25.09.1974
Address	2-2 5 Temple Gardens GLASGOW G13 1JJ

Specimen Details	
Specimen Number	M.22.5404476.J
Specimen Type	Faeces
Date/Time Collected	18.03.22 / 12:15
Date/Time Received	21.03.22 / 15:41
Requested By	Dr Denula Suthaharan
GP Practice	40051
Date/Time Reported	23.03.22 / 11:42

Results

```
Report issued by NHS GG&C Microbiology South Sector
                        Enquiries 0141 354 9132
** FINAL REPORT **

INVESTIGATION: Enteric Pathogens
SPECIMEN TYPE: Faeces

CONS/GP: Dr Denula Suthaharan Order No:IS17116769
LOCATION: Anniesland MP Glasgow
-------------------------------------------------------------
Appearance:      Diarrhoeal

Cryptosporidium: OOCYSTS OF CRYPTOSPORIDIUM NOT SEEN
.
Salmonella:      NEGATIVE
Shigella:        NEGATIVE
Campylobacter:   NEGATIVE
E.coli O157:     NEGATIVE

C. difficile screening test negative.
Tests included in UKAS Accreditation (8078) Scope.

-------------------------------------------------------------
Senders ref. no.

Authorised by: Margaret Murray QEUH MIC
Date/Time authorised: 23.03.2022  11:39
** END OF REPORT **
```

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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **positive**

Patient Details

Surname	Young
Forename	Shirley
CHI	2509745263
Date of birth	1974-09-25
Sex	Female
Address	FLAT 2-2 5 TEMPLE GDNS GLASGOW G13 1JJ

Specimen Details

Specimen Processed Date	15-03-2022 20:27
Test Start Date	15-03-2022 11:20
Test End Date	15-03-2022 11:21
GP Practice	40051
Specimen Number	AAO43626336
Administration Method	self

End of Report

Report Date: 15/03/2022

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Filename: igprda202606020757400_2.pdf
Extension:.tif
Pages:

GP Links Microbiology Report

Patient Details	
Surname	YOUNG
Forename	SHIRLEY
CHI	2509745263
Date of birth	25.09.1974
Address	2-2 5 Temple Gardens GLASGOW G13 1JJ

Specimen Details	
Specimen Number	M.22.5404476.J
Specimen Type	Faeces
Date/Time Collected	18.03.22 / 12:15
Date/Time Received	21.03.22 / 15:41
Requested By	Dr Denula Suthaharan
GP Practice	40051
Date/Time Reported	22.03.22 / 11:17

Results

Report issued by NHS GG&C Microbiology South Sector
Enquiries 0141 354 9132
** INTERIM REPORT - Further report to Follow **

INVESTIGATION: Enteric Pathogens
SPECIMEN TYPE: Faeces

CONS/GP: Dr Denula Suthaharan Order No:IG17116769
LOCATION: Anniesland MP Glasgow

.

C. difficile screening test negative.
Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Automatic release by system
Date/Time Authorised: 22.03.2022 11:14
** END OF REPORT **

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Colorectal Protocol (Glasgow, v20.5)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Colorectal
GGC Colorectal

Consultant / receiving practitioner and/or **specialty clinic**

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

Hospital and **hospital address**

Hospital location code.
G516H

Email address
-

Urgency of referral Urgent - Suspected Cancer
Date of referral 28-Mar-2022 **Date sent** 28-Mar-2022

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

8 Munlochy Road
GLASGOW
G51 4NW

Contact number(s)
Voice:07967734971

101025928872A Unique Care Pathway Number: 101025928872A

REGISTERED GP DETAILS

Name	Dr [redacted] Steel		
GMC code	6128726	GP code	03336
Practice name	Anniesland Medical Practice (18807)		
Practice code	40051		

Practice address

Anniesland Medical Practice
46 Munro Place
GLASGOW
G13 2UP

Contact number(s)
Voice:0141 954 8860
E-mail:GG-UHB.GP40051clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. [redacted]		
GMC code	6055912	GP code	01139
Practice name	Anniesland Medical Practice (40051)		
Practice code	40051		

Practice address

46 Munro Place
Glasgow
G13 2UP

Contact number(s)
Voice:0141 954 8860

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CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Loose Stools

Comment: I would be grateful if you would see this 47 year old lady who has had a 8 week history of loose stools. Her investigations so far have all come back clear, including stool samples and blood counts. Her abdominal examination was also normal as was her pr. Her Qfit is currently pendng.

I have advised her on an IBs diet to reduce diarrhoea, however given her age and change in bowel habit towards the persistent loose stools, I feel she merits urgent colorectal investigation.

She has recently moved to the G51 postcode and will register with a GP locally.

Many Thanks

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Loose stools	-	23-Mar-2022	23-Mar-2022
Gastritis unspecified	2ry chemotherapy	15-Oct-2018	15-Oct-2018
Malignant neoplasm of female breast (Left)	-	23-Apr-2018	23-Apr-2018
Piles - haemorrhoids	-	02-Mar-2017	02-Mar-2017
[X]Depressive disorder NOS	-	16-Feb-2010	16-Feb-2010

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Alcohol detoxification	home detox	24-Jan-2022	24-Jan-2022
Bilateral salpingoophorectomy	-	24-Apr-2019	24-Apr-2019
Neutropenia	-	26-Sep-2018	26-Sep-2018
Total mastectomy NOS (Left)	+ SLNB + reconstruction	29-May-2018	29-May-2018

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Bowel cancer [redacted]	fh in 80's	23-Feb-2016
No FH: Hypertension	: priority=2	26-Apr-2010
FH: Diabetes mellitus	: priority=2	02-Mar-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Acamprosate Calcium E/c tablets 333 mg	1	1 tablet	2 Tabs 3 times daily	-	26-Jan-2022	26-Jan-2022
Duloxetine Gastro-resistant Capsules 30 mg	56	56 capsule	ONE DAILY	-	26-Feb-2021	24-Jan-2022
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	ONE DAILY	-	02-Aug-2019	24-Jan-2022
Letrozole Tablets 2.5 mg	56	56 tablet	1 Tab Daily	-	26-Feb-2019	24-Jan-2022
Tramadol Hydrochloride Capsules 50 mg	60	60 capsule	1 or 2 Caps 4 Times daily	-	05-Feb-2019	16-Mar-2022
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	1 TAB DAILY	-	26-Sep-2018	24-Jan-2022

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date	Date last

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					started	issued
Dioralyte Oral powder (blackcurrant)	6	6 sachet	DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED MAX TDS	-	18-Mar-2022	18-Mar-2022

Blood Pressure

Date Recorded	Systolic	Diastolic
17-Jul-2018	119	73
09-Nov-2015	110	70
28-Apr-2015	120	52
27-Nov-2013	100	60
18-Dec-2012	118	63

Body Measurements

Date Recorded	Height	Weight	BMI
26-Apr-2010	162.5	57	21.58

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco :	has had feeling of lump in throat for past 2 months, started after had episode of choking, has become worse in past 4-5 days, has ass coryzal symptoms at moment, no weight loss, , swallowing ok,	20-Oct-2015
Never smoked tobacco :	4 days cough seems worse am when she brings up spit - greeny. eating. no temp. stopped 5 years ago	28-May-2015
Never smoked tobacco :		28-Apr-2015
Non-smoker :	gen malaise 4 dys, altho improving today, sore throat, neck stiff, feverish, red appetite, drinking well, no v, no rash, min cough, no SOB,,	07-Aug-2012
Ex-moderate smoker (10-19/day) :	stopped 2 yrs ago	01-May-2012
Non-drinker alcohol :	, not SA at present- mod high caffeine intake	25-Nov-2011
Teetotaller:	Alcohol Intake$$.clm - No Action Required	02-Mar-2010
Enjoys moderate exercise:	: priority=2	02-Mar-2010

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

QFIT requested?:Result pending
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

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23066

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 [redacted] 3 months?* Yes ☑ No ☐
(If 'No', please ask for form GMSTRF001)

Date of Birth* 25 09 1974 Address* 8 MONLOCHY ROAD, GLASGOW

Title* miss

Surname* ~~SHIRLEY~~ YOUNG

Forenames* SHIRLEY Postcode* G51 4NW

Previous Surname* — Telephone #

email address # shirley.y1974@gmail.com Mobile # 07967734971

The following information can be found on your current medical card:

Community Health Index (CHI) Number* 2509745268 NHS Number*

The following information can be found on your birth certificate:

Town of Birth* LANARK Country of Birth* SCOTLAND

Registered district of birth (Scotland only) LANARKSHIRE [redacted] maiden name SANDILANDS

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*

5 TEMPLE GARDENS
FLAT 2/2
ANNIESLAND
GLASGOW

Postcode* G13 1JJ

Name and address of previous GP Practice in UK*

ANNIESLAND MEDICAL PRACTICE
46 MUNRO PLACE
GLASGOW

[redacted] G13 2UP

If you are from abroad:

Date you first came to live in the UK* ☐☐/☐☐/☐☐☐☐ If previously resident in the UK, date of leaving* ☐☐/☐☐/☐☐☐☐

Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date* ☐☐/☐☐/☐☐☐☐ Service Number

Are you a Reservist?* ☐ Yes ☐ No If yes, please provide your address before enlisting*

Leaving date* ☐☐/☐☐/☐☐☐☐

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No 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 ☐ Or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Patient signature _____ Date ☐☐/☐☐/☐☐☐☐

GMSGPR001 v1 (05-2013)

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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 [redacted] 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 [signature] Date [ ][ ]-[ ][ ]-[ ][ ]

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number [ ][ ][ ][ ][ ][ ][ ] GP name

Practice code [ ][ ][ ][ ] 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 [UMCa]

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 [signature] Date [13]-[04]-[22]

7. OFFICIAL USE ONLY

Input by

Checked by

Date [ ][ ]-[ ][ ]-[ ][ ]

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New Patient Registration Form

Date of Registration	

Name		Shirley Young
Address		8 MUNROCHY ROAD GLASGOW 951 4NW
[redacted] of Birth		25-09-1974
Telephone	Home	
	Work	
	Mobile	07967734971

[redacted] (Emergency Contact)	[redacted] SWORDS.

Previous Medical Problems	Breast Cancer
Previous Operations	Left mastectomy & lymph node removal + breast reconstruction (~~FREA~~ TRAM flap). Oophorectomy.

Do you suffer from any of the following conditions?

Heart Disease		Other Mental Health Problems	
Stroke or TIA		Alcohol/Drug Problems	
COPD		Diabetes	
Asthma		Epilepsy	
Anxiety or Depression		High Blood Pressure	

Do you take any regular medicines? (if YES, please list medicines and doses) YES / NO

Duloxetine 90mg. TRAMADOL
Leterazde
Omeprazole

Are you registered with a pharmacy for your regular prescriptions? (YES) / NO

Do you smoke? (YES) / NO / Ex-smoker (date stopped - _____)
Would you like advice on giving up? (YES) / NO

Do you drink alcohol? YES / (NO) If YES, how much in an average week? _____ Units

Are you an unpaid [redacted] YES / (NO)



Who lives at home with you? (please give names and ages of any children)

[redacted] - Josh Young - 21 years old.

Do you have any other form of [redacted] CPN, addiction worker, etc) ? YES / (NO)

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DR K G HARDIE & [redacted]
PATIENT QUESTIONNAIRE

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care. More information about it is on the back of this form but please ask a member of staff if you need more explanation.
We should be grateful if you could complete one for each family member within/joining the practice.

Name ..... **DOB** __/__/__

Do you need an interpreter or sign language support? ☐Yes ☐No

If you do need an interpreter what language do you speak?

Please state .....

What is your ethnic group?
Choose **ONE** section from A to E then tick **ONE** box which best describes your ethnic group or background

A White
- ☐ Scottish
- ☐ English
- ☐ Welsh
- ☐ Northern Irish
- ☐ British
- ☐ Irish
- ☐ Gypsy/Traveller
- ☐ Polish
- ☐ Any other white ethnic group, please write in .....

B Mixed or multiple ethnic groups
- ☐ Any mixed or multiple ethnic groups

C Asian, Asian Scottish or Asian British
- ☐ Pakistani, Pakistani Scottish or Pakistani British
- ☐ Indian, Indian Scottish or Indian British
- ☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- ☐ Chinese, Chinese Scottish or Chinese British
- ☐ Other, please write in.....

D African, Caribbean or Black
- ☐ African, African Scottish or African British
- ☐ Caribbean, Caribbean Scottish or Caribbean British
- ☐ Black, Black Scottish or Black British
- ☐ Other, please write in.....

E Other ethnic group
- ☐ Arab
- ☐ Other, please write in.....

If you do not wish to give this information, please tick here ☐

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Registration Details - Patient No: 21554

Personal details...		Address details...	
Date of birth	25/09/1974	Post Code	G51 4NW
Sex	F	House Name Flat No	
Surname	Young	No and Street	8 Munlochy Road
Previous Surname		Village	
Forenames	Shirley	Town	GLASGOW
Calling Name	Shirley	County	
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) British		
NHS Number	587/74/038		

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	
Registered GP	Dr Lucy Steel	Work Tel No	
Usual GP	Dr Lucy Steel	Mobile Tel No	07967734971
Residential Inst		E Mail Address	
Branch Surgery		Next Of Kin	07966 066 145 (Diana Swords)
CHI Number	2509745263		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	Anniesland [redacted] Practice	Walking Quarters	

Further information		Upload Consent	
Long/Short stay or Dead		SCI-GC Consent	Implied Consent (default)
Date of registration	28/03/2022		

AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details	Boots UK Ltd-1630 Great Western Road,Glasgow,Lanarkshire,(G13 1HH) - (3141954477(Org Id - 1344)		
Item Collected Check	Yes		
MCR Suitability Status	-1		
MCR Registration Status	2		

Medical Record

Problems

Active Problems		Authorised By	Code
23/03/2022	Loose stools	Dr Denula	19F-2
24/01/2022	Alcohol detoxification home detox	Dr Steel	8BA8
24/04/2019	Bilateral salpingoophorectomy	Dr Boyd	7E100
15/10/2018	Gastritis unspecified 2ry chemotherapy	Dr Steel	J155
26/09/2018	Neutropenia	Mrs Ruda	42J2
29/05/2018	Total mastectomy NOS (Left) + SLNB + reconstruction	Dr Steel	7130z
23/04/2018	Malignant neoplasm of female breast (Left)	Dr Steel	B34
02/03/2017	Piles - haemorrhoids	Dr Campbell	G84-1
16/02/2010	[X]Depressive disorder NOS	Dr Irvine	Eu32z

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Past Problems		Authorised By	Code
26/09/2018	Neutropenia	Mrs Ruda	42J2

Alerts		Authorised By	Code
12/09/2012	Alert Faints with blood taking - please ensure always lying down	Dr Irvine	EMISALERT

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Health Status	
12/02/2019	Cervical smear result Cervical smear: negative
26/04/2010	Height 162.5 cm
26/04/2010	Weight 57 Kg
26/04/2010	Body Mass Index 21.58 kg/m2
17/07/2018	Blood pressure reading 119/73 mm Hg
09/11/2015	Blood pressure reading O/E - BP reading
20/10/2015	Smoking Status Never smoked tobacco

Consultations	
28/03/2022 11:51	Dr David Taylor at Annesland Medical Practice
Problem (REVIEW)	Loose stools
History	stool samples negative, [redacted] negative. i will refer colorectal. gft pending. now living in GOvan - explained will be deducted and have to reister in GOvan under south cat already

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
18/03/2022	**Dioralyte Oral powder (blackcurrant)** DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED MAX TDS 6 sachet	18/03/2022P	Dr Lucy Steel	ACUTE
26/09/2018	**Chlorphenamine Tablets 4 mg** ONE TO BE TAKEN EVERY FOUR TO SIX HOURS (MAX 6 TABLETS PER 24 HOURS) 28 TABLET	Not Issued	Dr Lucy [redacted]	ACUTE
26/09/2018	**Dihydrocodeine Tablets 30 mg** ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY 28 TABLET	Not Issued	Dr Lucy Steel	ACUTE
26/01/2022	**Acamprosate Calcium E/c tablets 333 mg** 2 Tabs 3 times daily 1 tablet	26/01/2022O	Dr Lucy Steel	REPEAT
26/02/2021	**Duloxetine Gastro-resistant Capsules 30 mg** ONE DAILY 56 capsule	28/03/2022P	Dr [redacted] McLeod	REPEAT
02/08/2019	**Duloxetine Gastro-resistant Capsules 60 mg** ONE DAILY 56 capsule	28/03/2022P	Dr Esther McLeod	REPEAT
26/02/2019	**Letrozole Tablets 2.5 mg** 1 Tab Daily 56 tablet	28/03/2022P	Dr Esther McLeod	REPEAT
05/02/2019	**Tramadol Hydrochloride Capsules 50 mg** 1 or 2 Caps 4 Times daily 60 capsule	04/04/2022P	Dr Lucy Steel	REPEAT
26/09/2018	**Omeprazole Capsules (Gastro-Resistant) 20 mg** 1 TAB DAILY 56 CAPSULE	28/03/2022P	Dr [redacted] McLeod	REPEAT

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Registration Details

Personal details...		Address details...	
Date of birth	25/09/1974	Post Code	G51 4NW
Sex	F	House Name Flat No	
Surname	Young	No and Street	8 Munlochy Road
Previous Surname		Village	
Forenames	Shirley	Town	GLASGOW
Calling Name	Shirley	County	
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) British		
NHS Number	587 774 9038		

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	
Registered GP	Dr Lucy Steel	Work Tel No	
Usual GP	Dr Lucy Steel	Mobile Tel No	07967734971
Residential Inst		E Mail Address	
Branch Surgery		Next Of Kin	07966 066 145 [redacted] Swords)
CHI Number	2509745263		

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Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
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MCR Registration Status	2		

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Problems

Active Problems		Authorised By	Code
23/03/2022	Loose stools	Dr Denula	19F-2
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23/04/2018	Malignant neoplasm of female breast (Left)	Dr Steel	B34
02/03/2017	Piles - haemorrhoids	Dr Campbell	G84-1
16/02/2010	[X]Depressive disorder NOS	Dr Irvine	Eu32z

Past Problems		Authorised By	Code
20/08/2021	[D]Lump in head or neck	Dr Yap	R0422
20/08/2021	Failed encounter - message left on answer machine at 14.18	Dr Yap	9N4F
06/08/2021	Infected insect bite	[redacted]	M07z-1
10/06/2021	Failed encounter	Dr [redacted]	9N4
08/04/2021	Failed encounter	Dr Armstrong	[redacted]
26/02/2021	Migraine	Dr McLeod	F26
13/01/2021	Angular cheilitis	Dr Leitch	J0B54-1
08/01/2021	Anxiety with depression	Dr Mishra	E2003
28/10/2020	Backache	Dr Steel	16C2
22/09/2020	Nose symptoms	Dr Steel	1C8-2
29/06/2020	Sinusitis	Dr Gibson [redacted]	H01-1
09/06/2020	Gastroenteritis	Dr Denula	J43-1
19/05/2020	[D]Groin pain	Dr Steel	R090B
14/02/2020	Neuropathic pain	Dr Receveaux	N2423
20/01/2020	Chest infection	Dr Armstrong	H06z0-1
22/10/2019	Blepharitis	Dr Steel	F4D0
11/06/2019	Achilles tendinitis (Right)	Dr Steel	N2174
12/03/2019	Sinusitis	Dr Steel	H01-1
17/12/2018	Gastroenteritis	Dr Coleman	J43-1
30/11/2018	Itch	Dr McAvoy	M18z-2
29/10/2018	[M]Duct carcinoma NOS	Dr [redacted]	BB91-1
15/10/2018	Sore throat symptom	Dr Coleman	1C9
26/09/2018	Neutropenia	Mrs Ruda	42J2
17/09/2018	Chemotherapy	Dr [redacted]	8BAD
27/07/2018	[M]Duct carcinoma NOS	Dr Mishra	BB91-1
27/07/2018	Other open wounds NOS	Dr Mishra	S89z
24/07/2018	Failed encounter	Dr Simpson	9N4
17/07/2018	Genital herpes simplex	Dr Simpson	A541
17/07/2018	Throat soreness	Dr [redacted]	1C9-1
04/07/2018	[M]Paget's disease and infiltrating breast duct carcinoma	Dr [redacted]	BB9K
06/06/2018	Suspected UTI	Dr Mishra	1J4
29/05/2018	Migraine	Dr Coleman	F26
29/05/2018	[M]Paget's disease and infiltrating breast duct carcinoma	Dr Coleman	BB9K
23/04/2018	[M]Paget's disease and infiltrating breast duct carcinoma	Dr [redacted]	BB9K
13/04/2018	Sinusitis	Dr Steel	H01-1
21/12/2017	Cough	Dr Irvine	171
17/11/2017	Migraine	Dr Taylor	F26
13/04/2017	Hip pain	Dr Buckley	N094K-2
23/02/2017	Allergic rhinitis	Dr Buckley	H17
23/02/2017	Stress at work	Dr Buckley	13JM-3
11/01/2017	Stress at work	Dr Buckley	13JM-3
08/12/2016	Rhinitis - acute	Dr McKechnie	H00-6
15/11/2016	Rectal bleeding	Dr Irvine	J5730-1
23/02/2016	Diarrhoea	Dr Steel	19F-1
26/01/2016	Diarrhoea symptoms	Dr McLeod	19F
05/11/2015	Migraine	Dr Steel	F26
09/07/2015	Contraception	Dr Buckley	61
09/07/2015	Abdominal pain	Dr Buckley	1B69

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28/05/2015	**Cough**	Dr Irvine	171
28/04/2015	**Contraception**	Dr Campbell	61
21/04/2015	**Migraine**	Dr Leitch	F26
20/11/2014	**Abdominal discomfort**	Dr Forrest	1968
29/08/2014	**Shoulder pain**	Dr Foster	N245-7
12/06/2014	**Knee joint pain**	Dr [redacted]	N0946-1
27/11/2013	**Diarrhoea**	Dr [redacted]	19F-1
18/09/2013	**[D]Lymphadenopathy**	Dr Morrison	R0560
06/09/2013	**Migraine**	[redacted]	F26
03/06/2013	**Abdominal pain**	Dr Irvine	1969
27/11/2012	**Migraine**	Dr Tej	F26
10/10/2012	**Migraine**	Dr Taylor	F26
11/09/2012	**Low back pain**	Dr Tej	N142-1
07/08/2012	**Viral infection NOS**	Dr McLeod	A79z
23/07/2012	**Achilles tendinitis (Right)**	Dr Gibson-Smith	N2174
21/06/2012	**Chest pain**	Dr [redacted]-Smith	182
01/05/2012	**Viral upper respiratory tract infection NOS**	Dr Foster	H05z-2
29/08/2011	**Frequency of micturition**	Dr Irvine	1A1-1
01/08/2011	**Epigastric pain**	Dr Campbell	1972
12/04/2011	**Abdominal pain**	Dr Gibson-Smith	1969
30/03/2011	**Ear symptoms**	Dr Leitch	1C-2

Health Admin Problems		Authorised By	Code
29/04/2010	Patient health questionnaire (PHQ-9) score	Dr Campbell	388f
16/02/2010	Patient health questionnaire (PHQ-9) score	Dr Campbell	388f

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Investigations

Investigations		Authorised By	Code
23/03/2022	**(Non Coded Event - HbA1C (IFCC))** (Source: LAB) Satisfactory (DS).		
23/03/2022	**(Non Coded Event - H.pylori serology)** (Source: LAB) Satisfactory (DS). For advice regarding Helicobater pylori please contact|your local microbiology department|This is a SERUM sample.|		
23/03/2022	**(Non Coded Event - t Coeliac Serol (Dx))** (Source: LAB) Satisfactory (DS). IgA TTG Ab = IgA Tissue Transglutaminase Ab.|Normal = <7.0, equivocal = 7.0-10.0, positive = >10.0.|If screening for coeliac disease, this result is [redacted] valid if the|person was eating gluten at least twice a day for previous 6 weeks|		
23/03/2022	**Serum amylase level** (Source: LAB) Satisfactory (DS).		44CN.
23/03/2022	**(Non Coded Event - Urea & Electrolytes)** (Source: LAB) Satisfactory (DS).		
23/03/2022	**Liver function test** (Source: LAB) Satisfactory (DS).		44D6.
23/03/2022	**(Non Coded Event - Thyroid funct test)** (Source: LAB) Satisfactory (DS).		
23/03/2022	**Full blood count - FBC** (Source: LAB) Satisfactory (DS).		424..
23/03/2022	**(Non Coded Event - QFIT)** (Source: LAB) Satisfactory (DS). Negative qFIT result.|Refer to NHS GG&C guidelines for symptom based triage.|		
15/03/2022	**2019-nCoV (novel coronavirus) detected** (Source: LAB) .		^ESCT1299074
02/03/2022	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
05/02/2022	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
01/02/2022	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
22/01/2022	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
11/01/2022	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
05/01/2022	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
22/12/2021	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
15/12/2021	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
07/12/2021	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
30/11/2021	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
23/11/2021	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
16/11/2021	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
11/11/2021	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
27/10/2021	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
20/10/2021	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
13/10/2021	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
06/10/2021	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
22/09/2021	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
14/09/2021	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
07/09/2021	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
25/08/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after 48 hours.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|		
18/08/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after 48 hours.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|		
11/08/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after 48 hours.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|		
04/08/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after 48 hours.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|		
28/07/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after 48 hours.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|		
21/07/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after 48 hours.|Tests NOT included in [redacted] Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|		
07/07/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after 48 hours.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|		

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23/06/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after 48 hours.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
16/06/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after 48 hours.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
03/06/2021	**Bone profile** (Source: LAB) Satisfactory (CROS).	44Z2.
03/06/2021	**(Non Coded Event - Urea & Electrolytes)** (Source: LAB) Satisfactory (CROS).	
03/06/2021	**Liver function test** (Source: LAB) Satisfactory (CROS).	44D6.
03/06/2021	**Test request : Coagulation Screen** (Source: LAB) Satisfactory (CROS). Note change to APTT reference range from 9/11/20|	EMISREQJ42Q..
03/06/2021	**Full blood count - FBC** (Source: LAB) Satisfactory (CROS).	424..
02/06/2021	[redacted] **Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after one week.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
25/05/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after one week.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
19/05/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after one week.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
10/05/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after one week.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
21/04/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after one week.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
13/04/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after one week.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
07/04/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after one week.|Tests NOT included in UKAS Accreditation (9319) Scope.|This[redacted] THROAT and NOSE SWAB sample.|
31/03/2021	[redacted] **Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after one week.|Tests NOT included in UKAS Accreditation (9319) Scope.|This[redacted] THROAT and NOSE SWAB sample.|
16/03/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after one week.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
10/03/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after one week.|Tests NOT included in UKAS Accreditation (9319) Scope.|This[redacted] THROAT and NOSE SWAB sample.|
03/03/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after one week.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
23/02/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after one week.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
19/02/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after one week.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
11/02/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after one week.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
02/02/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB) . The laboratory will discard negative SARS-CoV-2 PCR|specimens after one week.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|

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27/01/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB). The laboratory will discard negative SARS-CoV-2 PCR|specimens after one week.|Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
19/01/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB). Tests NOT included in [redacted] Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
11/01/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
05/01/2021	**(Non Coded Event - 2019 NCoV)** (Source: LAB). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
29/12/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
21/12/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB). Tests NOT included in [redacted] Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
16/12/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
09/12/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
01/12/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
25/11/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
16/11/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB). Tests NOT included in [redacted] Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
11/11/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
10/11/2020	**(Non Coded Event - XR Chest)** (Source: LAB) satisfactory - letter sent to patient (LS).
28/10/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
20/10/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
13/10/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
06/10/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
15/09/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB) satisfactory (LS). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
09/09/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB) satisfactory (LS). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
02/09/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB) satisfactory (LS). Tests NOT included in UKAS Accreditation (9319) Scope.|This[redacted] THROAT and NOSE SWAB sample.|
26/08/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB) satisfactory (LS). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
19/08/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB) negative (LS). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
12/08/2020	[redacted] **Coded Event - 2019 NCoV)** (Source: LAB) negative (LS). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
05/08/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB) satisfactory (ATM). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
29/07/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB) Satisfactory (JLL). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
23/07/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB) negative (LS). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
16/07/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB) Satisfactory (EM). Tests NOT included in UKAS Accreditation (9319) Scope.|This[redacted] THROAT and NOSE SWAB sample.|
07/07/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB) negative (LS). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
01/07/2020	**(Non Coded Event - 2019 NCoV)** (Source: LAB) negative (LS). Tests NOT included in UKAS Accreditation (9319) Scope.|This is a THROAT and NOSE SWAB sample.|
22/01/2020	**(Non Coded Event - XR Chest)** (Source: LAB) Satisfactory (JARM).
11/12/2019	**(Non Coded Event - US Abdomen)** (Source: LAB) satisfactory (LS).

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12/02/2019	**Cervical Cytology** (Source: Manually filed) . Routine Recall -	4K22.
24/02/2016	**Full blood count - FBC** (Source: LAB) normal (LS).	424..
24/02/2016	**Erythrocyte sedimentation rate** (Source: LAB) normal (LS).	42B6.
24/02/2016	**Plasma C reactive protein** (Source: LAB) normal (LS).	44CC.
24/02/2016	**(Non Coded Event - Urea & Electrolytes)** (Source: LAB) normal (LS).	
24/02/2016	**Liver function test** (Source: LAB) normal (LS). Alkaline Phosphatase results IFCC aligned from 03/08/15.)	44D6.
24/11/2015	**(Non Coded Event - C.trachomatis/GC PCR)** (Source: LAB) Normal (JC). This is a VULVOLVAGINAL SWAB sample.)	
24/11/2015	**Cervical Cytology** (Source: Manually filed) . Routine Recall -	4K22.
20/10/2015	**(Non Coded Event - Thyroid funct test)** (Source: LAB) Normal (RD).	
24/08/2015	**(Non Coded Event - US Abdomen)** (Source: LAB) Normal (JC).	
28/07/2015	**(Non Coded Event - US Abdomen)** (Source: LAB) repeat test - letter to pt (CB).	
12/09/2012	**(Non Coded Event - Urea & Electrolytes)** (Source: LAB) Normal - no action (SH).	
12/09/2012	**(Non Coded Event - LFTs)** (Source: LAB) Normal - no action (SH).	
14/08/2012	**Cervical Cytology** (Source: Manually filed) . Routine Recall -	4K22.
11/01/2011	**Cervical Cytology** (Source: Manually filed) . Routine Recall -	4K22.

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Values

Values

Date	Last Entry	Normal Range Indicator	Normal Range
23/03/2022	Haemoglobin A1c level - IFCC standardised 38 mmol/mol	.....|..	20-41
23/03/2022	Helicobacter pylori antibody level Not detected		
23/03/2022	Tissue transglutaminase IgA level 0.7 U/mL	.|.....	0-7
23/03/2022	Serum amylase level 54 U/L		
23/03/2022	Serum sodium 139 mmol/L	. . ..|.....	133-146
23/03/2022	Serum potassium 4.3 mmol/L	. . |.....	3.5-5.3
23/03/2022	Serum chloride 101 mmol/L	....|.....	95-108
23/03/2022	Serum urea level 4.8 mmol/L	.. |.....	2.5-7.8
23/03/2022	Serum creatinine 59 umol/L	. |.....	40-130
23/03/2022	GFR calculated abbreviated MDRD > 60		
23/03/2022	Serum total bilirubin level 7 umol/L		
23/03/2022	ALT/SGPT serum level 21 U/L	. . ..|.....	5-40
23/03/2022	AST serum level 22 U/L		
23/03/2022	Serum alkaline phosphatase 105 U/L	. . . .|..	30-130
23/03/2022	Serum albumin 40 g/L	...|.....	35-50
23/03/2022	Serum TSH level 0.8 mU/L	.|.....	0.35-5
23/03/2022	Serum free T4 level 11.4 pmol/L	.|.....	9-21
23/03/2022	Serum total T3 level		
23/03/2022	Total white cell count 8.7 x10^9/l	.....|..	4-10
23/03/2022	Red blood cell (RBC) count 3.93 x10^12/l	.|.....	3.8-5.8
23/03/2022	Haemoglobin estimation 125 g/l	. .|.....	115-165
23/03/2022	Haematocrit 0.376 l/l	.|.....	0.37-0.47
23/03/2022	Mean corpuscular volume (MCV) 95.7 fl	. . .|..	83-101
23/03/2022	Mean corpusc. haemoglobin(MCH) 31.8 pg	.....|	27-32
23/03/2022	Platelet count 313 x10^9/l	. . .|...	150-410
23/03/2022	Neutrophil count 6.4 x10^9/l	. . . .|.	2-7
23/03/2022	Lymphocyte count 1.6 x10^9/l	.|.....	1.1-5
23/03/2022	Monocyte count 0.5 x10^9/l	.. |.....	0.2-1
23/03/2022	Eosinophil count 0.17 x10^9/l	. |.....	0.02-0.5
23/03/2022	Basophil count 0 x10^9/l	|.....	0-0.1
23/03/2022	Nucleated red blood cell count 0 x10^9/l		
23/03/2022	(Non Coded Event - qFIT) < 9		
15/03/2022	2019-nCoV (novel coronavirus) detected		
02/03/2022	2019-nCoV (novel coronavirus) not detected		
25/08/2021	[redacted] Coded Event - 2019 NCoV) Not detected		
03/06/2021	Serum calcium 2.22 mmol/L	.|.....	2.2-2.6
03/06/2021	Corrected serum calcium level 2.28 mmol/L	. |.....	2.2-2.6
03/06/2021	Serum inorganic phosphate 0.91 mmol/L	|.....	0.8-1.5
03/06/2021	Prothrombin time 10 s	..|.....	9-13
03/06/2021	0.9 [redacted] Coded Event - PT Ratio)		
03/06/2021	APTT 30 s	..|.....	27-36
03/06/2021	Activated partial thromboplastin time ratio 1	.....|....	0.9-1.1
03/06/2021	14 s (Non Coded Event - Thrombin time)	. . .. |..	11-15
03/06/2021	1.1 (Non Coded Event - TCT ratio)		
10/11/2020	(Non Coded Event - XR Chest)		
20/01/2020	SpO2 - Oxygen saturation at periphery 98 %		
20/01/2020	O/E - pulse rate 72 beats/minute		
20/01/2020	O/E - respiratory rate 14 /min	.|.....	12-20
20/01/2020	O/E - tympanic temperature 36.8 C		
11/12/2019	(Non Coded Event - US Abdomen)		
12/02/2019	Cervical smear: negative Routine Recall -		
26/09/2018	Neutropenia		
17/07/2018	Blood pressure reading 119/73 mm Hg		
24/02/2016	Erythrocyte sedimentation rate 5 mm/hr	...|.....	1-12
24/02/2016	Serum C reactive protein level 1 mg/L	.|.....	0-10
24/11/2015	Chlamydia trachomatis nucleic acid detection		
24/11/2015	Neisseria gonorrhoeae nucleic acid detection		
09/11/2015	O/E - BP reading PERLA CN II-XII intact. Fundi NAD, Power, tone reflexes coordination L=R=N. No pronator drift, Plantars downgoing.		
12/09/2012	Serum gamma-glutamyl transferase level 10 U/L	. |.....	0-40
07/08/2012	Alcohol screen - fast alcohol screening test completed		
01/05/2012	O/E - temperature normal 36.6C		

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30/08/2011	Chlamydia test negative		
30/08/2011	Gonorrhoea test negative		
29/08/2011	Urinalysis = no abnormality no warts or herpes seen no discharge sl discomfort on touching cervix.		
29/04/2010	Patient health questionnaire (PHQ-9) score	.....	0-27
26/04/2010	Body Mass Index 21.58	.....	20-25
26/04/2010	O/E - weight 57		
26/04/2010	O/E - height 162.5	.....	10-250
26/04/2010	Urine protein test negative Urinalysis$$.clm - Repeat after an interval		
26/04/2010	Urine glucose test negative Urinalysis$$.clm - Repeat after an interval		
26/04/2010	O/E - BP reading normal B P Screening$$.clm - Repeat after an interval		

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Attachments

Attachments			Authorised By	Code
01/04/2022	**Attachment** out of area	out of area.doc	Ms McLaughlin	EMISATTACHMENT
13/11/2020	**Attachment** cxr	cxr.doc	Dr Steel	EMISATTACHMENT
31/01/2020	**Attachment** Letter to consultant Ms Doughty Breast Clinic re recent illness	Letter to consultant Ms Doughty Breast Clinic re recent illness.doc	Ms Donaldson	EMISATTACHMENT
11/10/2019	**Letter from outside agency** Out of Hours Care Report NHS Greater Glasgow and Clyde Out of Hours	D7_00888524.XXX	Mr Docman	EMISATTACHMENT
28/01/2019	**Letter encounter** Hospital Clinic Letter Queen Elizabeth University Hospital Obstetrics / Gynaecology Dr [redacted] Pringle	D7_00846553.XXX	Mr Docman	EMISATTACHMENT
21/01/2019	**Letter encounter** GP Letter Beatson West of Scotland Cancer Centre Oncology	D7_00843627.XXX	Mr Docman	EMISATTACHMENT
15/01/2019	**Letter encounter** GP Letter Beatson West of Scotland Cancer Centre Oncology	D7_00842427.XXX	Mr Docman	EMISATTACHMENT
30/11/2018	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Ductal Carcinoma and associated treatment; Duration: 30/11/2018 - 03/02/2019)	FitNote_3d465bd9-c8c8-4ecc-9fc2-33642201a33b.pdf	Dr McAvoy	9D15
29/10/2018	**eMED3 (2010) new statement issued, may be fit for work** FitNote.pdf, (Diagnosis: Ductal carcinoma and associated treatment; Duration: 29/10/2018 - 07/01/2019)	FitNote_7ef5beb6-f636-41a6-a39d-62e382dceacf.pdf	Dr [redacted]	9D16
27/07/2018	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Breast Cancer and treatment - Chemotherapy and Radiotherapy; Duration: 27/07/2018 - 28/10/2018)	FitNote_6de1acd7-1fb3-49a0-b767-1a0a802d35ba.pdf	Dr Mishra	9D15
29/05/2018	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Mastectomy; Duration: 28/05/2018 - 06/06/2018)	FitNote_f073a21c-da5-4fbd-8086-221f4a462dc8.pdf	Dr Coleman	9D15
13/07/2017	**Attachment** Make appt JC	Make appt JC.doc	Ms Buchanan	EMISATTACHMENT
19/05/2017	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: bowel issues, stress and anxiety; Duration: 19/05/2017 - 04/06/2017)	FitNote_868c2895-4f2f-4e35-ae1f-135cb8eca83.pdf	Dr Buckley	9D15
02/05/2017	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: bowel issues, stress and anxiety; Duration: 02/05/2017 - 21/05/2017)	FitNote_5b787e4e-1ea6-4d56-a6c8-b90786bb424a.pdf	Dr Buckley	9D15
21/04/2017	**Attachment** Document1.doc Document1	Document1.doc	Dr [redacted]	EMISATTACHMENT
21/04/2017	**Attachment** Document1	Document1.doc	Dr Buckley	EMISATTACHMENT
13/04/2017	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: bowel issues, stress and anxiety; Duration: 13/04/2017 - 04/05/2017)	FitNote_9b4bdf0f-1565-4044-ab6f-61ececc4453a0.pdf	Dr Buckley	9D15
[redacted]	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: bowel issues, stress and anxiety; Duration: 27/03/2017 - 17/04/2017)	FitNote_6e0adaa1-2db5-43c0-b96e-c355bdea66c5.pdf	Dr Buckley	9D15
17/03/2017	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: bowel issues, Stress and anxiety; Duration: 17/03/2017 - 31/03/2017)	FitNote_28fb8291-0ff4-4b4c-8698-b2be0523980e.pdf	Dr Buckley	9D15
23/02/2017	**eMED3 (2010) new statement issued, not fit for work** (Diagnosis: Stress at work; Duration: 23/02/2017 - 23/03/2017)	FitNote_2d88991-71c1-4b57-beee-d6bab64b1e68.pdf	Dr [redacted]	9D15
23/02/2017	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Bowel issues, Stress and anxiety; Duration: 23/02/2017 - 23/03/2017)	FitNote_9bfe31c6-acf5-467c-a99a-2ea23ed33955.pdf	Dr Buckley	9D15
26/01/2017	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Bowel issues, Stress and anxiety; Duration: 26/01/2017 - 25/02/2017)	FitNote_59733368-95ed-4cc0-80f9-5ce1ab89c3ae.pdf	Dr Buckley	9D15
16/01/2017	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Bowel issues, stress and anxiety; Duration: 15/01/2017 - 30/01/2017)	FitNote_973a1cd7-24d7-49e5-8ee5-1a6e8412b697.pdf	Dr Buckley	9D15

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04/08/2015	**Attachment** letter re repaet USS.doc letter re repaet USS	letter re repaet USS.doc	Dr [redacted]	EMISATTACHMENT
04/08/2015	**Attachment** letter re repaet USS	letter re repaet USS.doc	Dr Buckley	EMISATTACHMENT
02/08/2015	**OOH attendance note** Glasgow Emergency Medical Services	D7_00627917.XXX	Mr Docman	EMISATTACHMENT
04/12/2013	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf. (Diagnosis: migraine; Duration: 04/12/2013 - 15/01/2014)	FitNote_d0ecb820-e950-4ebf-8435-2ae9625d4369.pdf	Dr Taylor	9D15
04/11/2013	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf. (Diagnosis: Migraine; Duration: 04/11/2013 - 04/12/2013)	FitNote_912d0b7-6d7a-4b33-9947-04743e614f29.pdf	Dr Campbell	9D15
08/10/2013	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf. (Diagnosis: Migraine; Duration: 08/10/2013 - 06/11/2013)	FitNote_8c80e8aa-6dd3-4e37-8332-59a619b5b63d.pdf	Dr Campbell	9D15
29/10/2011	**OOH attendance** [redacted] Glasgow Emergency Medical Services	D7_00401923.XXX	Mr Docman	EMISATTACHMENT
08/04/2011	**OOH attendance note** Glasgow Emergency Medical Services	D7_00372450.XXX	Mr Docman	EMISATTACHMENT

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Due Diary Entries

Due Diary Entries		Authorised By	Code
12/08/2022	Cervical smear due SCCRS Recall	Mrs Naim	685F.

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Overdue Diary Entires

Overdue Diary Entries		Authorised By	Code
26/06/2021	Medication review OVERDUE	Dr [redacted]-Smith	8B314
28/04/2020	O/E - blood pressure reading OVERDUE	Dr Campbell	246
26/09/2018	Neutropenia OVERDUE	Mrs Ruda	42J2.
15/10/2013	eMED3 (2010) new statement issued, not fit for work OVERDUE	Dr Campbell	9D15.

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Alerts

Alerts		Authorised By	Code
12/09/2012	Alert Faints with blood taking - please ensure always lying down	Dr Irvine	EMISALERT

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Drug Allergies

Drug Allergies	Authorised By	Code
None		

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Non-Drug Allergies

Non Drug Allergies	Authorised By	Code
None		

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Family History

Family History		Authorised By	Code
23/02/2016	**FH: Bowel cancer (Maternal grandmother)** fh in 80's	Dr Steel	1241.2

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Referrals

Referrals		Authorised By	Code
28/03/2022	8H...: Referral for further care (SCI Gateway Referral)	Dr [redacted]	8H
12/07/2018	8H...: Referral for further care (SCI Gateway Referral)	Dr Steel	8H
05/04/2018	8H...: Referral for further care (SCI Gateway Referral)	Dr [redacted]	8H
04/04/2018	8H...: Referral for further care (SCI Gateway Referral)	Dr Llewelyn	8H
16/11/2016	8H...: Referral for further care (SCI Gateway Referral)	Dr Irvine	8H
18/09/2013	EMISSPR400: Neurology referral (SCI Gateway Referral)	Dr Taylor	EMISSPR400
06/12/2011	EMISSPR130: Ophthalmology referral (SCI Gateway Referral)	Dr Campbell	EMISSPR130

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Immunisations

Immunisations		Authorised By	Code
04/04/2021	**Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Pifzer (By L [redacted]** EM4965/ PF/IM/RUA//C-19 Pifzer (By L [redacted])		^ESCT1348325
16/01/2021	**Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Pifzer (By M [redacted]** EK4243/ PZ/IM/RUA//C-19 Pifzer (By M [redacted]		^ESCT1348323

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Health Status

Health Status	
	Cervical smear
12/02/2019	result Cervical smear: negative
26/04/2010	Height 162.5 cm
26/04/2010	Weight 57 Kg
26/04/2010	Body Mass Index 21.58 kg/m2
17/07/2018	Blood pressure reading 119/73 mm Hg
09/11/2015	Blood pressure reading O/E - BP reading
20/10/2015	Smoking Status Never smoked tobacco

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Miscellaneous

Other Observations		Authorised By	Code
28/03/2022	**Loose stools (REVIEW)**	Dr [redacted]	19F.2
26/01/2022	**Alcohol detoxification (REVIEW)**	Dr Steel	6BA8
06/08/2021	**Infected insect bite (REVIEW)**	Dr Yap	M07z-1
06/08/2021	**Failed encounter - message left on answer machine** at 16:17	Dr Yap	9N4F
29/03/2021	**Failed encounter - message left on answer machine** asked to call back and arrange anotehr appt or contact pharmacy first for advice	Dr Irvine	9N4F
29/03/2021	**Failed encounter - message left on answer machine** asked to call ? kidney infection I will try again later	Dr Irvine	9N4F
26/02/2021	**[X]Depressive disorder NOS (REVIEW)**	Dr McLeod	Eu32z
29/01/2021	**Failed encounter - message left on answer machine** asked to call. called. 1051	Dr Taylor	9N4F
21/01/2021	**[X]Depressive disorder NOS (REVIEW)**	Dr [redacted]	Eu32z
08/01/2021	**[X]Depressive disorder NOS (REVIEW)**	Dr Mishra	Eu32z
08/01/2021	**Failed encounter - message left on answer machine** failed encounter 0922	Dr [redacted]	9N4F
26/06/2020	**Medication review done**	Dr [redacted]	8B3V
19/05/2020	**Failed encounter - message left on answer machine** no reply when returned call at 1434	Dr Steel	9N4F
30/01/2020	**Chest infection (REVIEW)**	Dr Armstrong	H06z0-1
20/01/2020	**Examination / Signs** Looks well. Chest - harsh breath sounds left base. Heart sounds dual. No Cx/supraclavicular adenopathy.	Dr Armstrong	2
11/06/2019	**Migraine (REVIEW)**	Dr Steel	F28
26/04/2019	**Bilateral salpingoophorectomy (REVIEW)**	Dr McLeod	7E100
09/04/2019	**Malignant neoplasm of female breast (REVIEW)**	Dr Steel	B34
26/02/2019	**Malignant neoplasm of female breast (REVIEW)**	Dr Steel	B34
12/02/2019	**Cervical smear taken**	[redacted] Baird	7E2A2
22/01/2019	**Malignant neoplasm of female breast (Left) (REVIEW)**	Dr Steel	B34
22/01/2019	**Malignant neoplasm of female breast (Left)**	Dr Steel	B34
18/12/2018	**SMS text received from patient** Type: Appointment Reminder Status: Reply Received Message: Cancel.		9N3H
17/12/2018	**Examination / Signs** Abdomen sat. BS normal.	Dr Coleman	2
20/11/2018	**[M]Duct carcinoma NOS (REVIEW)**	Dr Steel	BB91-1
20/11/2018	**[M]Duct carcinoma NOS (REVIEW)**	Dr McAvoy	BB91-1
19/11/2018	**[M]Duct carcinoma NOS (REVIEW)**	Dr [redacted]	BB91-1
[redacted]	**Examination / Signs** throat clear, no palpable cervical lymphadenopathy . chest clear.	Dr Coleman	2
26/09/2018	**Medication review done**	Mrs Ruda	8B3V
26/09/2018	**Post hospital discharge medication reconciliation with pt**	Mrs Ruda	8B3S0
26/09/2018	**New medication commenced** dihydrocodine ,chlorphenamine	Mrs Ruda	8B3A3
26/09/2018	**Medication reconciliation** Meds Rec	Mrs Ruda	8B318
26/09/2018	**[V]Expert advice request** PPLES - Sufficient info to make contact with hospital unnessary YES	Mrs Ruda	ZV682
26/09/2018	**Notifications NOS** PPLES - Reason given for changes to discharge meds YES	Mrs Ruda	9GZ
26/09/2018	**Repeat Rx reviewed by hospital** PPLES - Med changes on discharge readily identifiable Yes	Mrs Ruda	66R8
26/09/2018	**Patient information status** PPLES - Patient demographics Yes	Mrs Ruda	9Nf
25/07/2018	**Genital herpes simplex (REVIEW)**	Dr [redacted]	A541
17/07/2018	**Genital herpes simplex (REVIEW)**	Dr [redacted]	A541
17/07/2018	**Examination / Signs**	Dr [redacted]	2
13/07/2018	**[M]Paget's disease and infiltrating breast duct carcinoma (REVIEW)**	Dr Steel	BB9K
05/06/2018	**Total mastectomy NOS (REVIEW)**	Dr Steel	7130z
02/05/2018	**SMS text received from patient** Type: Appointment Reminder Status: Reply Received [redacted] CANCEL.		9N3H
06/03/2018	**SMS text received from patient** Type: Appointment Reminder Status: Reply Received Message: CANCEL.		9N3H
18/02/2018	**SMS text received from patient** Type: Appointment Reminder Status: Reply Received Message: Cancel.		9N3H
31/01/2018	**SMS text received from patient** Type: Appointment Reminder Status: Reply Received Message: Hi.. sorry but I have to cancel my appointment for today at 9am.		9N3H
25/07/2017	**Medication review done**	Dr Campbell	8B3V
19/05/2017	**Stress at work (REVIEW)**	Dr Buckley	13JM-3
02/05/2017	**Stress at work (REVIEW)**	Dr Buckley	13JM-3
21/04/2017	**Stress at work (REVIEW)**	Dr [redacted]	13JM-3
13/04/2017	**Stress at work (REVIEW)**	Dr Buckley	13JM-3
27/03/2017	**Stress at work (REVIEW)**	Dr Buckley	13JM-3

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17/03/2017	**Piles - haemorrhoids (REVIEW)**	Dr Buckley	G84-1
17/03/2017	**Stress at work (REVIEW)**	Dr [redacted]	13JM-3
26/01/2017	**Stress at work (REVIEW)**	Dr [redacted]	13JM-3
16/01/2017	**Stress at work (REVIEW)**	Dr Buckley	13JM-3
15/11/2016	**White British**	Mrs Naim	9S10
24/05/2016	**Rep.presc. monitoring NOS**	Mrs Hoeck	66RZ
24/05/2016	**Equivalent quantities for all medication checked**	Mrs Hoeck	8BIQ
10/03/2016	**Diarrhoea (REVIEW)**	Dr [redacted]	19F-1
07/12/2015	**Medication review done**	Dr Campbell	8B3V
07/12/2015	**Medication review done**	Dr Campbell	8B3V
24/11/2015	**Advice about long acting reversible contraception**	[redacted] Baird	8CAw
24/11/2015	**Cervical smear taken**	[redacted] Baird	7E2A2
09/11/2015	**Migraine (REVIEW)**	Dr Taylor	F26
20/10/2015	**Never smoked tobacco** has had feeling of lump in throat for past 2 months, started after had episode of choking, has become worse in past 4-5 days, has ass coryzal symptoms at moment, no weight loss, , swallowing ok,	Dr Dunphy	1371
10/07/2015	**Abdominal pain (REVIEW)**	Dr Buckley	1969
28/05/2015	**Never smoked tobacco** 4 days cough seems worse am when she brings up spit - greeny. eating. no temp. stopped 5 years ago	Dr Irvine	1371
28/04/2015	**Never smoked tobacco**	Dr Campbell	1371
12/01/2015	**Rep.presc. monitoring NOS**	Mrs Hoeck	66RZ
12/01/2015	**Equivalent quantities for all medication checked**	Mrs Hoeck	8BIQ
29/08/2014	**[X]Depressive episode, unspecified (REVIEW)**	Dr Foster	Eu32z
13/08/2014	**Medication review done**	D[redacted]	8B3V
31/01/2014	**Medication review done**	Dr Mitchell	8B3V
18/12/2013	**Diarrhoea (REVIEW)**	Dr [redacted]	19F-1
04/12/2013	**Diarrhoea (REVIEW)**	Dr [redacted]	19F-1
08/10/2013	**Migraine (REVIEW)**	Dr Campbell	F26
25/09/2013	**Migraine (REVIEW)**	Dr Morrison	F26
18/09/2013	**Migraine (REVIEW)**	Dr Morrison	F26
13/09/2013	**Migraine (REVIEW)**	Dr [redacted]	F26
06/09/2013	**MED3 issued to patient** struggling to cope and function at times with migraine, recent series of events at benefit agency when got confused, recurring regularly again and finds disabling, wants to come back and d/w DT about referral, been told by benefit agency to get s/l for 1-2 months until symptoms improve. 4/52 migraine	Dr [redacted]	9D11
01/07/2013	**Migraine (REVIEW)**	Dr Taylor	F26
26/04/2013	**Primary prevention of ischaemic heart disease**	Mrs [redacted]	6C0
07/02/2013	**Rep.presc. monitoring NOS**	Ms Chisholm	66RZ
29/10/2012	**Migraine (REVIEW)**	Dr [redacted]	F26
14/08/2012	**Cervical smear taken**	[redacted] Drummond	7E2A2
07/08/2012	**Non-smoker** gen malaise 4 dys, [redacted] improving today, sore throat, neck stiff, feverish, red appetite, drinking well, no v, no rash, mild cough, no SOB,.	Dr McLeod	1371-1
01/05/2012	**Ex-moderate smoker (10-19/day)** stopped 2 yrs ago	Dr [redacted]	1378
01/05/2012	**ENT examination - NAD** looks well, RR14, sats 99%, chest sounds clear	Dr Foster	2D12
25/11/2011	**Non-drinker alcohol** . not SA at present- mod high caffeine intake	Dr McLeod	1361-2
25/11/2011	**Non-smoker** c/o " chill down below" - sl irritation at end of micturition but no dysuria as such, no urgency, sl frequency, nocturia x 1-2- no offensive discharge , no itch, no abdo pain, .	Dr McLeod	1371-1
11/01/2011	**Health ed. - breast exam.**	[redacted] Baird	6795
11/01/2011	**Cervical smear taken**	[redacted] Baird	7E2A2
13/09/2010	**Organ donor** Any organ	UnknownUser	9d45
02/09/2010	**Ex smoker** Smoker$$ Status.clm - No Action Required	Dr Irvine	137S
02/09/2010	**Patient health questionnaire (PHQ-9) score** priority=2	Dr Irvine	388f
01/06/2010	**Medication review**	UnknownUser	8B314
29/04/2010	**Depression screening using questions**	Dr [redacted]	6896
26/04/2010	**No significant family history of CVA or stroke** : priority=2	Ms Marianne	11545
26/04/2010	**No FH: Hypertension** : priority=2	Ms Marianne	1227
26/04/2010	**No significant family history of cardiovascular disease** : priority=2	Ms Marianne	11541
26/04/2010	**Body Mass Index normal K/M2** 21.56:kg/m2 priority=2	Ms Marianne	22K1
26/04/2010	**O/E - weight Characteristic** 57:kg priority=2	Ms Marianne	22A
26/04/2010	**O/E - height Characteristic** 162.5:cm priority=2	Ms [redacted]	229
26/04/2010	**GP/RF-new patient check admin.** : priority=2	Ms Marianne	988
26/04/2010	**Pt advised re low salt diet** : priority=2	Ms Marianne	8CA48
26/04/2010	**Diet average** : priority=2	Ms [redacted]	1FC
12/03/2010	**Patient MRE received from HB** priority=1	Mrs Gall	9125
12/03/2010	**Scanned document** priority=2	Mrs Gall	9b30
02/03/2010	**Teetotaller** Alcohol intake$$.clm - No Action Required	Ms Marianne	1361
02/03/2010	**Ex smoker** Smoker$$ Status.clm - No Action Required	Ms Marianne	137S
02/03/2010	**Enjoys moderate exercise** : priority=2	Ms Marianne	1384

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02/03/2010	**FH: Diabetes mellitus** : priority=2	Ms[redacted]	1252
22/02/2010	**Pat. GP7B/GP8B card from HB** priority=1	UnknownUser	9124
19/02/2010	**Patient reg. form sent to HB** priority=1	Ms Marianne	9123
16/02/2010	**Patient health questionnaire (PHQ-9) score** : priority=2	Dr McLeod	388f
15/02/2010	**Interpreter not needed** priority=2	Angela	9NU1
15/02/2010	**White** priority=2	Angela	9S1

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Consultations

Consultations	
28/03/2022 11:51	Dr [redacted] Taylor at Anniesland Medical Practice
Problem (REVIEW)	**Loose stools**
History	stool samples negative. bloods negative. i will refer colorectal. qfit pending. now [redacted] GOvan - explained will be deducted and have to reister in GOvan under south cat already
23/03/2022 11:01	Dr Suthaharan [redacted] at Anniesland Medical Practice
Test Request	HbA1c - *Completed*
23/03/2022 10:53	Dr Suthaharan Denuja at Anniesland Medical Practice
Problem (FIRST)	**Loose stools**
History	hx as below. cdiff negative. culture awaited. has been on acamporate for similar time frame but has spoken to the nurse and the GI upset doesn't usually last this long and not as severe.
Examination	abdo soft. mild tenderness LUQ, no masses. BS +. PR chaperone decline. haemorrhoids seen 6oclock and 2oclock, not thrombosed. empty rectum. no masses.
Comment	RV with results. to use immodium PRN.
Test Request	Amylase - *Completed*, Urea and Electrolytes - *Completed*, Liver Function Tests - *Completed*, Thyroid function tests - *Completed*, TTG (IgA) abs - to test for coeliac - *Completed*, Full Blood Count - *Completed*, Helicobacter Serology - *Completed*
23/03/2022 10:50	Dr Suthaharan Denuja at Anniesland Medical Practice
Test Request	qFIT - *Completed*
18/03/2022 12:06	Dr Suthaharan Denuja at Telephone Consultation
History	40 days of loose/watery stools. no blood in stools but some on wiping. no vomiting. nauseated. pain in LIF - sore after and before bowel movement. feels like hunger pains sometimes epigastric - but then settle with food. feels feverish. no weight loss. taking immodium - no help. took 4 yesterday - still having loocse explosive diarrhoea. was gassy but now settled. dyspepsia worse -taking two omeprazoles. starting to feel dehydrated.
Medication	Dioralyte Oral powder (blackcurrant) *6 sachet DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED MAX TDS*
Social	no foreign travel. no takeways etc.
Result	1. stool culture. 2. dioralyte. 3. f2f if stool culutre negative
Test Request	Faeces (C&S) - *Completed*
17/03/2022 13:28	Dr James Armstrong at Anniesland Medical Practice
History	*sr - gabapentin - not had soince 2020- wanted to ask for it anyway*
Comment	needs appt to discuss. not issued.
15/03/2022	Ms Lynsey Buchanan at General Practice Surgery
Result	2019-nCoV (novel coronavirus) detected
26/01/2022 22:20	Dr Lucy Steel at Data Entry
Problem (REVIEW)	**Alcohol detoxification**
History	completed home detox. on acamprosate. ongoing input from ADRS.
20/08/2021 15:22	Dr [redacted] Yap at Telephone
Problem (FIRST)	**[redacted] in head or neck**
History	Papule on face - below right eye. Appeared 1.5 - 2months ago. Getting bigger and raised. Pt wants to get ride of it. Reports surrounding telangiectasia and possibly some blood within. No pain/itch/discharge/burning/bleeding. A/w macule below this, and similar rash in right arm. No known triggers/friction/new skin products/OTC meds. No self attempts at removal. Minimal sun exposure, not using sun beds/tanning [redacted], applies SPF 50 - 80 due to tendency to burn - no blisters. Patient systemically well, slightly more night sweats last week which has now improved. pt aware this is an ongoing problem and knows to speak to nurse at Beatsons re this if worse. Will d/w Dr. McLeod and call back with plan. Pt happy.
Examination	Pictures reviewed in Docman, papule with surrounding erythema. macule below it. ~ 0.5cm.

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Comment	D/w Dr. Mcleod, could be inflammation, nil sinister at present. Advised to monitor +/- private skin clinic. Pt happy with plan though slightly disappointed we couldn't refer her onwards - advised that we don't remove these in GP surgery due to anatomy and dermatology might not see pt due to long waiting lists and nature of lesion. Hung up prior to providing worsening advice.
20/08/2021 14:17	Dr Esther Yap at Telephone
Problem (FIRST)	**Failed encounter - message left on answer machine** at 14:18
06/08/2021	Dr [redacted] at Telephone
Problem (REVIEW)	**Infected insect bite**
History	Went camping last week, bitten by horsefly. Progressively worsening lesion with increased warmth, tenderness, erythema and exudative discharge. Previously itchy but subsided. 2 red lines extending from periphery of lesion and patient concerned. Patient feels systemically well, no fevers, no new joint pain or URTI symptoms. For course of flucoxacillin and patient advised to contact OOH services if lesion not improving/worsens over the weekend. Patient happy with plan.
Examination	Images reviewed on Docman, ring of erythema on thigh with possible extension to peripheries, granular looking base (patient states she cleared exudative material from it this morning).
Medication	Flucloxacillin Capsules 500 mg *20 capsule ONE TO BE TAKEN FOUR TIMES A DAY*
06/08/2021	Dr Esther Yap at Telephone
Problem (FIRST)	**Infected insect bite**
History	Failed encounter - message left on answer machine at 16:17
06/07/2021	Dr [redacted] Cannie at Telephone Consultation
Comment	sent photos- advised looked like healing wounds and that didn't require abx currently. advised to keep clean and monitor for any redness spreading or if feels unwell systemically to get back in touch
06/07/2021	Dr He[redacted] Cannie at Telephone Consultation
History	fell off bike 1/52 ago and grazed shoulder and knee. says went to boots for some creams for it and person at boots advised her to get abx for it as its red and hot. hasn't sent in photos. says her temp has been 37.4. is at work and otherwise well.
Comment	asked to send in pictures and I will review first.
10/06/2021	Dr [redacted] Armstrong at Anniesland Medical Practice
Problem (NEW)	**Failed encounter**
Comment	Listed TCI 1600 on my list following consult with Dr [redacted] hasn't attended.
01/06/2021	Dr [redacted] Consultation
History	EMG: bruising easily on arms and legs noted last few weeks. Blisters and itchy feet. Left axillary pain this am and then felt dizzy for a few minutes. This passed without LOC, felt jittery rest of the day. Felt a bit hazy afterwards. No previous episodes. No headache. No fever. Warm environment in office and hot today weather wise, drinking coffee only, not great fluid intake. Dried scabs up nose that aren't settling. Has breast clinic appt later this month. Have suggested we organise some bloods and will get her in for F2F examination with JA next week, first available appt, sounds like possible Vasovagal episode. Worsening advice to contact if occurs again, encourage fluids and number for phleb clinic to get bloods as interim measure.
Test Request	Bone Profile - *Requested*, Urea and Electrolytes - *Requested*, Liver Function Tests - *Requested*, Full Blood Count - *Requested*, Coagulation screen - *Requested*
08/04/2021	Dr [redacted] Armstrong at Anniesland Medical Practice
Problem (NEW)	**Failed encounter**
Comment	2 failed attempts this afternoon to get her on mobile. no answer.
05/04/2021	
Additional	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Pfizer (By L Carson) EM4965/ PF/IM/RUA//C-19 Pfizer (By L [redacted])
29/03/2021	Dr Helen Irvine at Telephone Consultation
History	Failed encounter - message left on answer machine asked to call back and arrange anotehr appt or contact pharmacy first for advice
29/03/2021	Dr Helen Irvine at Telephone Consultation

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History	Failed encounter - message left on answer machine asked to call ? kidney infection I will try again later
11/03/2021	Dr [redacted] Irvine at Telephone Consultation
History	*anal paincant wait for a call back on monday*. last few weeks she had pain at back passage and swelling which looks like pile - purple. out [redacted] the time. hadn't had constipation and sure bowels soft and no need to starin - is on constipating meds. BMs sore when she passes and afterwards. no bleeding. is passing BM though sore. hasn't tried any OTC preps yet. suggest local ice and ointment as below. discussed can be thrombosed so if pain gets much worse can sometimes need EMG referral. will let us know if any worse
Medication	Scheriproct Ointment *30 GRAM APPLY SPARINGLY MORNING AND NIGHT AND AFTER EACH BOWEL MOVEMENT (MAX FOUR TIMES [redacted] FOR UP TO 7 DAYS*
26/02/2021	Dr Esther McLeod at Telephone Consultation
Problem (REVIEW)	**(X)Depressive disorder NOS**
History	SR for dutox 30 mg review notes, - on 90 mg, for f/up call - gradual im;provement, tolerating meds. struggled 1 st 2 weeks more tired , feels better now, ongoing sleep disturb but gen coping .
Social	FT Mental health support - functioning well " work keeping me going "
Comment	issue, meds- continue 90 mg, advise, review ~ 2 mnths or sooner ;pm
Medication	Duloxetine Gastro-resistant Capsules 30 mg *56 capsule ONE* [redacted]
Problem (NEW)	**Migraine**
History	no migraine for years - feels duloxetine very beneficial for this
Comment	discuss propranolol, feels more tired with this, - no palpitations, advise - stop meantime
01/02/2021	
Additional	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Pfizer (By M [redacted] EK4243/ PZ/IM/RUA/C-19 Pfizer (By M [redacted]
29/01/2021	Dr [redacted] at Anniesland Medical Practice
History	Failed encounter - message left on answer machine asked to call. called. 1051
21/01/2021	Dr Atul Mishra at Telephone Consultation
Problem (REVIEW)	**(X)Depressive disorder NOS**
History	covid-19pandemic-telephoneconsultation - PCMHT suggesting increasing Duloxetine. Called pt to discuss. She is happy to try increased dose but worried about effect on Migraines. Not much benefit from PRN Propranolol currently. Is on Duloxetine for Migraines rather than Depression and has "been on for 4 years".
Comment	Try increased Duloxetine to 90mg od. Already on 60mg so add in 30mg in morning. Review again 1/12 or sooner if any concern.
Medication	Duloxetine Gastro-resistant Capsules 30 mg *28 capsule 1 CAP IN THE MORNING*
13/01/2021	Dr Jennifer Leitch at Telephone Consultation
Problem (FIRST)	**Angular cheilitis**
History	photos appear to show this. Aetiology and rx discussed. Will try daktacort bd with vaseline applied regularly on top. She wonders if hface mask wearing has caused this. I guess this is possible, but have no way round this at present. I suggest she changes her mask frequently and washes any cloth masks frequently.
12/01/2021	Dr [redacted] Leitch at Telephone Consultation
History	She wonders if she has oral thrush , but it sounds more like angular chelitis. I suggest she sends in some photos. She is at work all day so will do this later on and I can call her tomorrow.
08/01/2021	Dr Atul Mishra at Telephone Consultation
Problem (REVIEW)	**(X)Depressive disorder NOS**

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History	covid-19pandemic-telephoneconsultation - feels really struggling with low mood and anxiety in last few moths. Works as mental health support worker with Richmond Trust. Hasn't told anyone else about mood issues as "doesn't want to burden them". Feels like sometimes "doesn't want to be here". has suicidal thoughts intermittently but no active plans or attempts. Speaks to [redacted] sometimes but not regarding mood. Used to go to the gym regularly and cycle but struggling due to lockdown. Currently on Duloxetine for Migraines. Also has anxiety about breast cancer returning and "catastrophises" "thinks any ache or pain may be cancer". Has regular follow up with Oncology, next in February.
Social	[redacted] aged 20. She has concerns about him also. Sometimes "feels has nobody to talk to"
Comment	She feels she may benefit from antidepressant. Already on Duloxetine. Not sure if can be on another SSRI aswell. has previously been on Propranolol for migraine prophylaxis says stopped due to reduced exercise tolerance. Had long supportive chat with pt. Could try Propranolol again aware of sideffects e.g. cold peripheries, dizziness etc. Will write to CMHT regarding adding in SSRI or antidepressant. Signposted to lifelink also. Review again 1/12 or sooner if any concern.
Problem (FIRST)	**Anxiety with depression**

08/01/2021 Dr Atul Mishra at Telephone Consultation
History: Failed encounter - message left on answer machine failed encounter 0922

09/12/2020 Miss Leah Haworth at General Practice Surgery
Result: [redacted] Coded Event - 2019 NCoV)

28/10/2020 Dr Lucy Steel at Telephone Consultation
Problem (FIRST): **Backache**
History: covid 19 pandemic . L sided midback pain just below scapula, present most of the time. occ wakens her at night. takes tramadol which does help. occ feels across entire back but usually localised to area described above. aggravated by prolonged sitting, no effects with movement. h/o breast ca, on zoledronic acid inf.
Comment: discussed she is keen to try naproxen, already on ppi advised re use. agree arrange cxr. advice and ws.
Test Request: XR Chest - *Completed*

22/09/2020 Dr Lucy Steel at Telephone Consultation
Problem (FIRST): **Nose symptoms**
History: covid 19 pandemic had some scabbing of R nostril recently. past 2d sore cut/sca[redacted]de L nostril and now has some redness swelling and ?cut on skin on ext[redacted] swollen and painful. no vesicles. well otherwise.
Comment: agree treat as below and she will send photo for review
Medication: Flucloxacillin Capsules 500 mg *20 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS*

07/09/2020 Dr [redacted] Taylor at Anniesland Medical Practice
History: says lost a strip of tramadol - notes reviewed. this is the first instance of this. Tramadol is a CD. i called her to review she thinks may have left a strip while camping
Comment: back has been a little worse of late- had booked to see physio.this thursday. advice to keep mobile and on analgesia, see physio if NB, call Dr immediately if develops new weakness,new difficulty walking due to weakness in legs, saddle anaesthesia, numbness, severe back pain sexual dysfunction or sphincteric problems

03/07/2020 [redacted] Baird at Anniesland Medical Practice
Comment: Covid-19 pandemic - Random blood taken for the Beatson.
Test Request: U and E, LFTs, Bone Profile. GGT. Magnesium, FBC

29/06/2020 Dr Barry [redacted] at Telephone Consultation
Problem (NEW): **Sinusitis**
History: reports 2 weeks of nasal congestion, last 48 hrs worsening nasal pain and some headaches Worse when leaning forward. No fever. No blood. Similar to previous episodes of sinusitis. agreed to rx

09/06/2020 Dr Suthaharan Denula at Telephone Consultation
Problem (NEW): **Gastroenteritis**
Medication: Cyclizine Tablets 50 mg *30 tablet 1 TDS IF REQD FOR NAUSEA*

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History	1 week of nausea, vomtied once, food stuff. LUQ achey pain. oe episode of diarrhoea today, no heametemisis or PR bleeding, still nauseas, no one else ill at home, no fevers/coughs/loss of taste/smell, managing to eat and drink as normal.
Comment	?GE, antisickness and spasmodics, to [redacted] back if symptoms persist for another week ?stool culture
Medication	Hyoscine Butylbromide Tablets 10 mg *56 tablet ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED*

19/05/2020 Dr Lucy Steel at Telephone Consultation

Problem (FIRST)	**[D]Groin pain**
History	covid 19 pandemic . L groin pain niggling for past 3-4 days. more constant over past 48hrs. no obvious trigger - started after gardening but not strenuous activity (was sitting at a table). limping as putting full weight through hip is painful. pain only on walking and with certain movements at hip - abduction in particular. today has noticed some pain L coccyx area round to L groin which feels connected/related, similar pain in past when had hip flexor injury. taken diclofenac this am and helped. working as support worker, on feet a lot.
Comment	discussed, agree trial of NSAID reg for 5-7 days, relative rest outwith work and review if no better.
Medication	Naproxen Tablets 500 mg *28 TABLET ONE TO BE TAKEN TWICE A DAY*

19/05/2020 Dr [redacted] Steel at Telephone Consultation

History	Failed encounter - message left on answer machine no reply when returned call at 1434

14/02/2020 Dr Pierre Receveaux at Anniesland Medical Practice

Problem (FIRST)	**Neuropathic pain**
History	Peripheral neuropathy since chemo, also has months of an area L back thoracic area which has tingling sensation, sometimes a bit on right. Not pain, not shooting pain. Aware this is next area had radiotherapy etc. Takes 2-4 tramadol a day and hoping to cut back if possible, has spoken to friends worried about long term use. Discussed risk tolerance/increase dosage requirements etc.
Examination	Non tender spine/unable to elicit pain palpation ribs. Recent reassuring CXR. No rash.
Comment	amitriptyline intolerable drowsiness
Result	given clear neuropathic pain sx ?trial gabapentin will build up over 3 days to 300mg TDS. Review in 1 month. Will aim to reduce and possible stop tramadol meantime. If not managing/SEs see stop and see us back sooner. If back tingling becomes pain/shooting pain/tender spine or ribs see us back
Medication	Gabapentin Capsules 300 mg *90 capsule 1 Cap 3 Times daily*

30/01/2020 Dr [redacted] Armstrong at Anniesland Medical Practice

Problem (REVIEW)	**Chest infection**
History	Nothing new on CXR - called Shirley - spit has cleared and no further haemoptysis: feeling much [redacted]
Comment	d/w HI - agrees no further tx needed at present but drop letter to breast team to let them know there was an episode of haemoptysis. Have sent letter to Ms Doughty.

20/01/2020 Dr James Armstrong at Anniesland Medical Practice

Problem (FIRST)	**Chest infection**
History	Lingering cough with green spit for 3 weeks now. One episode where it was streaked with blood. Feeling run down; low appetite and nauseated. Discomfort left side of chest when coughing. No pleuritic pain. No sob. Eating and drinking. no fevers. No weight loss. no night sweats. Mastectomy 2018 for left breast ca.
Examination	Examination / Signs Looks well. Chest - harsh breath sounds left base. Heart sounds dual. No Cx/supraclavicular adenopathy. O/E - tympanic temperature, 36.8 C O/E - respiratory rate, 14 /min O/E - pulse rate, 72 beats/minute
Social	Smoker 5/day.
Comment	LRTI - 5/7 amoxicillin. Think given smoking Hx, breast cancer Hx - worth CXR. To come back if symptoms do not fully settle within 2 weeks.
Result	SpO2 - Oxygen saturation at periphery, 99 %
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS*
Test Request	XR Chest - *Completed*

22/10/2019 Dr [redacted] Steel at Anniesland Medical Practice

Problem (FIRST)	**Blepharitis**

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History	bilat eye symptoms - crusting, irritation, watering, dryness. saw optician, all ok and no suggestions, recent sinus issues, not suggestive of bact infection - chronic congestion and thinks some puffiness below R eye. crusting nostrils.
Examination	mild conjunctival inj and some inflamm lash line.
Comment	blepharitis, try rx as below and use naseptin for vestibulitis with vaseline and beconase for sinus congestion. discussed lid hygiene and PIL issued.
Medication	Chloramphenicol Eye ointment 1 % *4 GRAM APPLY QDS* Clinitas Carbomer Eye Gel 0.2 % *10 GRAM APPLY THREE TO FOUR TIMES [redacted] OR AS REQUIRED* Naseptin Cream *15 GRAM Apply 4 Times daily* Beclometasone Aqueous nasal spray 50 micrograms/actuation *200 DOSE TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY*

History	RUQ pain - attended A+E, had been drinking more than usual but now cut back. told bloods all ok and was to have USS but didn't attend. worried re liver. was told may be GB pain. agree arrange USS. not related to food ingestion.
Test Request	US Abdomen - *Completed*

11/10/2019 Mr Poti Docman at Docman

Additional: Letter from outside agency Out of Hours Care Report NHS Greater Glasgow and Clyde Out of Hours

02/08/2019 Dr Lucy Steel at Data Entry

History	req diclofenac and inc dulox back to 60mg
Medication	Duloxetine Gastro-resistant Capsules 60 mg *56 capsule ONE [redacted]* Diclofenac Sodium E/c tablets 50 mg *28 tablet ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD*

11/06/2019 Dr Lucy Steel at Anniesland Medical Practice

Problem (NEW)	**Achilles tendinitis (Right)**
History	has been doing a lot of ex and troublesome pain R achilles. hobbling and struggling
Comment	discused rest, ice, nsaid and ex, see physio if nb.
Problem (REVIEW)	**Migraine**
History	has been migraine free on duloxetine for years now. best med for her but wonders about reducing and if poss trying stopping. has had oophorectomy and wonders if changing hormonal influence will have altered pattern.
Comment	discussed agree trial reduce to 30mg.
Medication	Duloxetine Gastro-resistant Capsules 30 mg *56 capsule ONE [redacted]*
History	works for Richmond fellowship, support worker - adults with MH problems. does sleepovers, found very stressful recently, requested dropping these, was advised to d/w GP. suggest as these are not incontract that she discuss with manager option not to do/alter job plan.

26/04/2019 Dr [redacted] McLeod at Anniesland Medical Practice

Problem (REVIEW)	**Bilateral salpingoophorectomy**
History	lap - concern sl redness at wound site - min tender. no bowel/ urine sx no fever .
Examination	apyrexial, minimal redness RIF wound, sl tender periumbilical- but no discharge, no evid infection
Comment	advise observe/ review pm
Medication	Naseptin Cream *15 GRAM Apply 4 Times daily*
Problem	nose
History	irritation , spot R nostril

09/04/2019 Dr Lucy Steel at Anniesland Medical Practice

Problem (REVIEW)	**Malignant neoplasm of female breast**
History	zoladex 3.6mg given sc R side of abdo PF392 exp 03/21
Comment	going for BSO next week. chat re this. gen doing really well.

12/03/2019 Dr Lucy Steel at Telephone Consultation

Problem (NEW)	**Sinusitis**
History	chronic congestion, headaches, facial pain, worse bending forwards, green thick discharge from nose, unsure if temp. using beconase. asking re ab, feels immune system at low ebb after ca treatment.
Comment	discussed agree treat, advice and review if nb.
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*

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Beclometasone Aqueous nasal spray 50 micrograms/actuation *200 DOSE TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY*

12/03/2019 [redacted] Allison Baird at Anniesland Medical Practice
Comment Zoladex 3.6mg given s/c into L side of abdomen PJ168 02/21.

26/02/2019 Dr Lucy Steel at Data Entry
Problem (REVIEW) **Malignant neoplasm of female breast**
History exemestane stopped (SEs), now on letrozole.
Medication Letrozole Tablets 2.5 mg *56 tablet 1 Tab Daily*

12/02/2019 00:00 Mrs Angela Naim at General Practice Surgery
Result Cervical Cytology
Follow up Cervical smear due (12/08/2022) SCCRS Recall

12/02/2019 [redacted] Allison Baird at Anniesland Medical Practice
Comment Zoladex 3.6 mg given s/c into R side of abdomen PJ003 01/21. Routine smear today. Os looks stenosed, making sample taking difficult.
Additional Cervical smear taken

28/01/2019 Mr Pcti Docman at Docman
Additional Letter encounter Hospital Clinic Letter Queen Elizabeth University Hospital Obstetrics / Gynaecology Dr [redacted] Pringle

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22/01/2019 Dr Lucy Steel at Data Entry
Problem (REVIEW) **Malignant neoplasm of female breast (Left)**
History see letter from oncology - SEs with exemestane, to stop and will probably commence tamoxifen after period off rx.

21/01/2019 Mr Pcti Docman at Docman
Additional Letter encounter GP Letter Beatson West of Scotland Cancer Centre Oncology

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15/01/2019 Mr Pcti Docman at Docman
Additional Letter encounter GP Letter Beatson West of Scotland Cancer Centre Oncology

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15/01/2019 Sister Allison Baird at Anniesland Medical Practice
Comment Zoladex 3.6mg given s/c into L side of abdomen PC536 02/21.

31/12/2018 Dr [redacted] Coleman at Telephone Consultation
History Persistent diarrhoea. Imodium and codeine not helping. BOC nurse suggests trying alternative brand of exemestine - px doen for this. Also to send sample.
Test Request Faeces (C&S) - *Completed*

18/12/2018 [redacted] Baird at Anniesland Medical Practice
Comment Zoladex 3.6mg given s/c into R side of abdomen today PC536 02/21. Having lots of menopausal symptoms she feels - given CBT menopause booklet and sign posted to Menopause Matters website.

17/12/2018 Dr [redacted] Coleman at Anniesland Medical Practice
Problem (FIRST) **Gastroenteritis**
History 1 week diarrhoea - loose stool approx 3 times/day. Nausea, occasional vomiting. Managing fluisd and minimal food. Loose stools related to eating. Crampy abdo pain.
Examination Examination / Signs Abdomen ant. BS normal.
O/E - tympanic temperature, 37.5 C
O/E - pulse rate, 73 beats/minute
Comment Try buscopan for cramps, cyclizine for nausea. Can take imodium if needed but try to hold off. Plenty of fluids and some calories. Worsening advice.
Result SpO2 - Oxygen saturation at periphery, 98 %
Medication Hyoscine Butylbromide Tablets 10 mg *56 tablet ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED*
Cyclizine Tablets 50 mg *30 tablet 1 TDS IF REQD FOR NAUSEA*

11/12/2018 Dr [redacted] Steel at Data Entry
History sr
Medication Zolmitriptan Tablets 2.5 mg *12 tablet ONE TAB AS REQUIRED REPEAT AFTER 2 HOURS IF MIGRAINE PERSISTS*
Tramadol Hydrochloride Capsules 50 mg *60 capsule 1 or 2 Caps 4 Times daily PRN*

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30/11/2018	Dr [redacted] at Anniesland Medical Practice
Comment	Pt querying aciclovir script - she is no longer on tid, she needed five tiems daily for flare up. Done and apologised for confusion.
30/11/2018	Dr Lucy McAvoy at Anniesland Medical Practice
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Ductal Carcinoma and associated treatment; Duration: 30/11/2018 - 03/02/2019)
Problem (FIRST)	**Itch**
History	Itchy mouth. Has had for a long time. Went away during chemo but has returned. Notices more in the morning. Unsure if sleeps with mouth open. No new foods or known allergens
Examination	Nil of note in oropharynx
Comment	Try antihistamine to see if any benefit. Has dental appointment in 1 week - can ask for dental opinion
Medication	Cetirizine Hydrochloride Tablets 10 mg *28 tablet ONE TO BE TAKEN EACH DAY*
20/11/2018	Dr Lucy Steel at Data Entry
Problem (REVIEW)	**[M]Duct carcinoma NOS**
History	is to be on exemestane as well as monthly goserelin inj - confirmed with patient. both treatments to continue for 5y (2023)
Medication	Exemestane Tablets 25 mg *60 tablet 1 Tab Daily*
20/11/2018	Dr Lucy McAvoy at Anniesland Medical Practice
Problem (REVIEW)	**[M]Duct carcinoma NOS**
History	Goserelin Implant injected left side abdo by [redacted].
Comment	Zoladex 3.6mg Implant, Lot PF773 Exp 11 2020.
19/11/2018	Dr [redacted] Taylor at [redacted]land Medical Practice
Problem (REVIEW)	**[M]Duct carcinoma NOS**
History	pt been commenced on goserelin 3.6 mg monthly for 5yrs. needs script.
Medication	Goserelin Implant 3.6 mg *1 syringe TO BE INJECTED MONTHLY*
29/10/2018	Dr [redacted] Taylor at Anniesland Medical Practice
Problem (NEW)	**[M]Duct carcinoma NOS**
History	needs fit note. considering phased return in 4 weeks line issued.
Additional	eMED3 (2010) new statement issued, may be fit for work FitNote.pdf, (Diagnosis: Ductal carcinoma and associated treatment; Duration: 28/10/2018 - 07/01/2019)
17/10/2018	Dr [redacted]y Steel at Telephone Consultation
History	sr is to remain on aciclovir 400mg tid for duration of chemo
Medication	Aciclovir Tablets 400 mg *42 tablet ONE TAB THREE TIMES A DAY*
15/10/2018	Dr [redacted] at Anniesland Medical Practice
Problem (FIRST)	**Sore throat symptom**
History	Sore throat and cough since yesterday, bit of yellow phlegm. Otherwise feeling well. All bloods done at ED on Saturday, does not want them repeated, neuts were 6.9 then. Has not had temp.
Examination	Examination / Signs throat clear, no palpable cervical lymphadenopathy , chest clear. O/E - tympanic temperature, 36.8 C O/E - pulse rate, 90 beats/minute
Comment	Agree with pt that this is likely just a cold, simply monitor, come back if any issues.
Result	SpO2 - Oxygen saturation at periphery, 97 %
26/09/2018	Mrs Liliya Ruda at Data Entry
Problem (NEW)	**Neutropenia**
History	discharged from QEUH 8b after being treated for neutropenic sepsis. no clear source for infection,blood cultures negative.Had chemotherapy on 13/09/2018 prior the episode and 4 days of lethargy and back pain.treated with 2 doses of Filgrastim and antibiotics. Patient information status PPLES - Patient demographics Yes Repeat Rx reviewed by hospital PPLES - Med changes on discharge readily identifiable Yes Notifications NOS PPLES - Reason given for changes to discharge meds YES [V]Expert advice request PPLES - Sufficient info to make contact with hospital unnessary YES

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Comment	Medication reconciliation Meds Rec New medication commenced dihydrocodine ,chlorphenamine Post hospital discharge medication reconciliation with pt
Medication	Chlorphenamine Tablets 4 mg *28 TABLET ONE TO BE TAKEN EVERY FOUR TO SIX HOURS (MAX 6 TABLETS PER 24 HOURS)* Omeprazole Capsules (Gastro-Resistant) 20 mg *56 CAPSULE 1 TAB* [redacted] Dihydrocodeine Tablets 30 mg *28 TABLET ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY*
Follow up	Neutropenia (26/09/2018)
Additional	Medication review done

26/09/2018 — Mrs Liliya Ruda at Data Entry
Problem (FIRST): **Neutropenia**

17/09/2018 — Dr Emma Coleman at Anniesland Medical Practice
Problem (FIRST): **Chemotherapy**

History	Dry sore mouth. Onc nurse asked her to see us to r/o thrush.
Examination	Mouth dry, tongue cracked, no white plaques.
Comment	Prescriptions as per onc. Also struggling with pain, cocodamol not effective, discussed options, try tramadol and pcm. Not ot take cocodamol with these. warned re sedation with medication and if feels sedated shouldn't drive.
Medication	Sodium Chloride Compound Mouthwash *200 ml 10ML TO BE USED AS A MOUTHWASH FOUR TIMES A DAY* Caphosol Mouthrinse *30 dose AS REQUIRED* Gelclair Concentrated Oral Gel For Dilution 15 ml sachets *84 sachet AS DIRECTED* Tramadol Hydrochloride Capsules 50 mg *100 capsule ONE OR TWO TO BE TAKEN FOUR TIMES A DAY* Paracetamol Tablets 500 mg *100 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED* [redacted] *OF 8 IN 24 HOURS)*

17/09/2018 — Dr Barry Gibson [redacted]ephone Consultation

History: called this afternoon to ask for a GP appt. Told by the chemotherapy nurses to [redacted] a GP appt. She had phoned the nurses to ask about SEs related to her chemotherapy. She reported a sore throat and mouth. No temperature. Nurses did not arrange to assess but told to contact and be seen by GP. When asked details regarding the chemotherapy nurse and the nature of that phone call, unfortunately Shirley became unset and thought I was questioning her use of the service. I apologised for any upset and explained that I was merely trying to find out why the nurse had not made an assessment herself or referred her to the Beatson assessment area. An appt at the surgery was given for assessment today. The Beatson nurse then called and explained that she had sent a fax regarding the triage and that a decision had been made to refer for an emergency GP appt as she was not thought to be unwell enough to be seen by the Beatson service. Unfortunately I had not seen a fax and no phone call by the service to the practice had been made to explain their actions.

09/08/2018 — Dr Jennifer Leitch at Anniesland Medical Practice

History	wanted her presription items put on repeat to make it easier to order. She was only getting 30 aciclovir which was lasting 10 days. She is to take this until her chemo is finished.
Medication	Glandosane (Lemon Flavour) Aerosol spray *1*1 spray 1 spray Take as required*

27/07/2018 — Dr Atul Mishra at Anniesland Medical Practice
Problem (FIRST): **Other open wounds NOS**

History	Emergency appt secondary to afternoon triage - has blister inbetween left great toe and 2nd toe secondary to wearing flip flops. Also has some erythema on medial aspect of great toe nail margin. Concerned about infection as recent Chemotherapy. Feels well otherwise, no rigors.
Examination	Temp 37.0C, HR 72bpm, O2 sat 99%RA Left great toe, some erythema on medial nail margin. Blister in webbing between toes that is inflammed. No florid cellulitis.
Comment	Treat with topical abx in first instance. Return if any [redacted] or worsening erythema.
Medication	Fusidic Acid Cream 2 % *15 GRAM APPLY THREE TO FOUR TIMES* [redacted]
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Breast Cancer and treatment - Chemotherapy and Radiotherapy; Duration: 27/07/2018 - 28/10/2018)

Problem (FIRST): **[M]Duct carcinoma NOS**

History: Wishing for sickline due to ongoing breast cancer treatment. Has discussed with boss. Works as [redacted] for young adults with mental health problems.

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25/07/2018	Dr Linda [redacted] at Telephone Consultation
Problem (REVIEW)	**Genital herpes simplex**
History	Shirley d/w nurse and advised that could take prophylaxis to prevent recent infections during chemotherapy.
Comment	Aciclovir 400mg TDS FOR 5-10 DAYS - as per BNF
Medication	Aciclovir Tablets 400 mg *30 tablet ONE TO BE TAKEN THREE TIMES A DAY*
24/07/2018	Dr Linda S[redacted] at Telephone Consultation
Problem (FIRST)	**Failed encounter**
History	Called twice. Will try again.
17/07/2018	Dr Linda Simpson at Telephone Consultation
Problem (REVIEW)	**Genital herpes simplex**
History	d/w Dr Leitch - may benefit from prophylaxis during chemo. Will speak to her Dr at next chemo visit. Will let practice know if prophylaxis recommended.
17/07/2018	Dr Linda [redacted] at Anniesland Medical Practice
Problem (FIRST)	**Throat soreness**
History	On chemotherapy for breast ca - First round on Thursday. Throat pain this am and advised to contact gp if feeling unwell. requesting migraine medication also.
Medication	Zolmitriptan Tablets 5 mg *6 tablet ONE TO BE TAKEN AS DIRECTED*
Examination	Examination / Signs Blood pressure reading 119/73 mm Hg O/E - tympanic temperature, 37.1 C O/E - pulse rate, 68 beats/minute Throat - NAD.
Comment	Imp: No infective signs. Plan: Gargle with salty water
Result	SpO2 - Oxygen saturation at periphery, 98 %
Problem (FIRST)	**Genital herpes simplex**
Medication	Aciclovir Tablets 400 mg *25 TABLET ONE TO BE TAKEN FIVE TIMES A DAY FOR FIVE DAYS*
History	has genital herpes long time. Has an outbreak at present and painful.
13/07/2018	Dr Lucy Steel at Data Entry
Problem (REVIEW)	**[M]Paget's disease and infiltrating breast duct carcinoma**
History	req analgesia
Medication	Co-Codamol 30/500 Tablets *60 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)* Lactulose Solution 3.1-3.7 g/5 ml *500 ML 10ML BD*
04/07/2018	Dr Linda [redacted] at Anniesland Medical Practice
Problem (NEW)	**[M]Paget's disease and infiltrating breast duct carcinoma**
History	Come today as feels no one listening to her. Want advice on alternative therapy to chemotehrapy. Oncologist states cannot wont suport her taking alternative therapy as to treat her cancer she needs an aggressive treatmenty. Wanting her oestrogen checked as wants to decide whether pr not she has to go ionto memopause. Asking can I direct her to different oncologist that is more alternative therapy orientated. Feels noone supporting her decisions and feels out of control. Requesting Epoderm - given to her by surgeons to soften scar. Will phone later with name. Wants referral to have ovaries removed - already told by oncologist no indication for referral. Also requesting her migraine meds.
Social	Single [redacted]
Comment	Imp: Shirley appears overwhelmed with everything that is going on. Appears confused about rationale of treatments and that no one is listening .Tried to explain why we advocate certain treatments - plenty of evidence based research to support them and want to increase her survival rate. Initially very agitated - left consultation appearing more relaxed. Gave her lots of opportunites to ask questions.
06/06/2018	Dr Atul Mishra at Telephone Consultation
Problem (FIRST)	**Suspected UTI**
History	Patient currently in Douglas, South Lanarkshire, staying there after Mastectomy. Feels has UTI, smelly urine with dysuria and mild back pain. No nausea or vomiting or rigors. Wondering if we could fax prescription to pharmacy for her [redacted] to collect. I advised she can attend local pharmacy for assessmetn and prescription but says she is in isolated area and cannot go.

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Comment	Will fax trimethoprim script to [redacted] pharmacy wishaw for [redacted] to collect. Pt happy with this plan. Worsening statement given ie. Rigors, nausea, vomiting to attend nearest A&E or OOH. Has not had chemo so not immunocompromised.
Medication	Trimethoprim Tablets 200 mg *6 TABLET ONE TO BE TAKEN TWICE A DAY*

05/06/2018 Dr Lucy Steel at Telephone Consultation

Problem (REVIEW)	**Total mastectomy NOS**
History	phoned to discuss recent diagnosis and surgery - doing well, discharged last week, recuperating in Douglas with family, has wound check this week, taking time to adjust to new body image and reassured this is normal, has been offered psychology support which she is keen to take up.

29/05/2018 Dr Emma Coleman at Anniesland Medical Practice

Problem (NEW)	**[M]Paget's disease and infiltrating breast duct carcinoma**
History	Being admitted today for mastectomy and reconstruction tomorrow. Would like sick line, has been advised six weeks.
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Mastectomy; Duration: 28/05/2018 - 05/08/2018)
Problem (NEW)	**Migraine**
History	Getting migraines consistently around her period since prior to breast ca dx (therefore not stress related she thinks). Would like to try zolmitriptan again as she found this helpful.
Comment	Fine. If not helping come back as could try prophylaxis.

23/04/2018 Dr Barry Gibson, [redacted] at Anniesland Medical Practice

Problem (FIRST)	**[M]Paget's disease and infiltrating breast duct carcinoma**
History	reports been diagnoseed with breast ca and awaiting further Ix and rx. Made emerg appt today as has an area in her mouth that she has had for a year which the dentist referred her for rx of and she didn't attend. Now c/o this being linked to her breast ca.
Examination	Pink vascular looking mark on right check. I don't think thjis is linked at all to breast ca. Sge is aware anxious regarding recent diagnosis and wanting full body MRI scan. To d/w with breast surgeon. Has dental appt wednesday for review of mouth lesion
Medication	Clotrimazole Pessary 500 mg *1 PESSARY ONE [redacted] BE INSERTED AT NIGHT* Clotrimazole Cream and Pessary 2 % + 500 mg *1*1 pack TO BE USED AS DIRECTED*

13/04/2018 Dr Lucy Steel at Anniesland Medical Practice

Problem (FIRST)	**Sinusitis**
History	em appt. feeling unwell for past 7d, sinus congestion, purulent blood stained discharge from nose, facial pain L>R, taking sinutabs ibuprofen and pcm with little relief, unsure if any fever, post nasal drip ++, feeling worse past 48h.
Examination	T 36.9, congested ++, uncomfortable palpation L max and frontal sinus, throat ok, TMs dull ++, chest clear.
Comment	sinusitis, discussed poss viral aetiology, feeling worse past 48hrs despite measures above, agree rx as below, stop ibuprofen and use alt, can use decongestant too, advice and worsening statement.
Medication	Naproxen Tablets 500 mg *28 tablet ONE TO BE TAKEN TWICE A DAY* Amoxicillin Capsules 500 mg *15 capsule ONE TO BE TAKEN THREE TIMES A DAY* Beclometasone Aqueous nasal spray 50 micrograms/actuation *200 dose TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY*

04/04/2018 Dr Angharad Llewelyn at Anniesland Medical Practice

History	Noticed left sided breast lump a few weeks ago. Family h/o breast cysts but not cancer
Examination	nodular area left breast, upper outer quadrant. No skin changes, axillae clear
Comment	?cystic changes. Will ask breast clinic to see
History	Getting migraines just before periods - previously well-controlled. Doesn't wish to try different medications as has tried a lot, which didn't help. Will refer back to migraine clinic.
Examination	Right side of neck/shoulder tight and tense. Seeing physio and has some exercises. No h/o injury Muscles right side of neck/trapezius quite tense. Good ROM shoulder
Comment	Suggest trying heat/nsaids and consider sports/deep tissue massage and continue exercises from physio. Review if not improving.

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20/02/2018	[redacted] Baird at Anniesland Medical Practice
Comment	Attended for smear and sexual health screen. Smear not due until end of November this yr so far too early to do smear - pt advised the labs would not process the smear - pt said she should be able to ask for a smear when she wants one - her mum died of cervical cancer so she is worried. Explained rational of screening process and that Cx ca is not hereditary - pt not happy and left saying she would go elsewhere and said did not wish sexual health screen either.
21/12/2017	Dr Helen Irvine at Anniesland Medical Practice
Problem (NEW)	**Cough**
History	emergency waitin. has flulike illnes 6 days was aching and had sore glands, mouth dry and cough smoking restarted
Examination	temp 37 satn 97% Hr 76 terrible moist cough. o.e bitbasal wheeze and cresp worse right than left ears nad throat nad lips dry but mouth looks normal. strong advice re smoking cesation - was off for 3 years
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
17/11/2017	Dr [redacted] Taylor at Anniesland Medical Practice
Problem (NEW)	**Migraine**
History	she reduced her duloxetine form 60 mg to 30 mg and felt low suicidal thoughts. found it hard to get out of bed/ anxious. she has increased dose and much better on 60 mg.
Comment	restart 60 mg can retry dose reduction in 3 months and perhasps reduce much [redacted] slowly was not depressed prior to this.
Medication	Duloxetine Gastro-resistant Capsules 60 mg *56 capsule ONE* [redacted]
10/10/2017	Dr [redacted] at Data [redacted]
History	SR for duloxetine, looking for 30mg dose. Has cut down.
Medication	Duloxetine Gastro-resistant Capsules 30 mg *56 capsule ONE* [redacted]
19/05/2017	Dr Catherine Buckley at Anniesland Medical Practice
Problem (REVIEW)	**Stress at work**
History	has been told they are not taking her grievance any further. she understandably does not want to return to work there. discussed another 2 weeks line so cover her handing in resignation there and will be then fit to work from medical perspective so will look for other jobs and courses to do
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: bowel issues, stress and anxiety; Duration: 19/05/2017 - 04/06/2017)
02/05/2017	Dr Catherine Buckley at Anniesland Medical Practice
History	crampy RUQ pain gets worse after eating, has had before. can radiate around to back. some indigestion and heartburn. used apple cider vinegar and [redacted] in hot water which helped on one occasion over the weekedn - offered immediate relief then the next time it didn't work as well. wonders if gallstones
Medication	Ranitidine Tablets 150 mg *60 tablet ONE TO BE TAKEN TWICE A DAY* Hyoscine Butylbromide Tablets 10 mg *12 tablet ONE TAB UP TO THREE TIMES PER DAY*
Examination	abdo soft [redacted] tender RUQ/epigastrium no guarding no masses no organomegaly
Comment	trial of H2 antagonist ?gastritis (said PPI no use before) and buscopan if pain again. get USS ?gallstones
Problem (REVIEW)	**Stress at work**
History	had hearing. reports lasted 4 hours, very stressed, felt like on trial. awaiting to hear outcome
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: bowel issues, stress and anxiety; Duration: 02/05/2017 - 21/05/2017)
21/04/2017	Dr [redacted] Buckley at Telephone Consultation
Problem (REVIEW)	**Stress at work**
History	been called in to meeting at [redacted] general manager and wants to bring a friend for support - the times they have given do not suit her friend as working and feels can not go in alone too anxious and panicky. req note to support this
Comment	EMIS attachment reference code Document1.doc Document1
13/04/2017	Dr Catherine Buckley at Anniesland Medical Practice
Problem (REVIEW)	**Stress at work**
History	has handed in formal complaint and been told they are investigating
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: bowel issues, stress and anxiety; Duration: 13/04/2017 - 04/05/2017)

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Problem (FIRST)	**Hip pain**
History	left hip anterior/groin past week worse on certain movements ie hip extension worse last night after had done lots of walking no trauma
Examination	good rom hip c/o pain on active extension and moving from flexion ab/aduction fine. no locking
Comment	msk pain - general advice. analgesia. has self referred physio

27/03/2017 Dr Catherine Buckley at Anniesland Medical Practice

Problem (REVIEW)	**Stress at work**
History	has been told no case from the internal investigation that HR did re the alledged assault incident. She now feels that she has to make a formal complaint. Work have mentioned referral to Occ Health also. she would like this if it would help her to get back to work with some alterations eg not putting on same days as the colleague she alledges having run in with
Comment	await word from occ health and she plans to put in formal complaitn
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: bowel issues, stress and anxiety; Duration: 27/03/2017 - 17/04/2017)

17/03/2017 Dr Catherine Buckley at Anniesland Medical Practice

Problem (REVIEW)	**Stress at work**
History	ongoing. had meeting with work during week - made suggestion to sort off duty so not on shift with the person she had issues with. they havent got back to her about that yet. diarrhoea really bad then after meeting as found so stressful. feels in limbo.
Medication	Scheriproct Ointment *30 gram APPLY 3 TIMES [redacted] FOR 7 DAYS* Scheriproct Suppositories *7 suppository 1 TO BE INSERTED AT NIGHT*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: bowel issues. Stress and anxiety; Duration: 17/03/2017 - 31/03/2017)

Problem (REVIEW)	**Piles - haemorrhoids**
History	scope normal apart from piles. discussed treat

01/03/2017 Dr Catherine Buckley at Telephone Consultation

History	phoned as worried that work going to access her medical records. she says they phoned her to say they were going to contact us. I have advised that we would require her consent to release such records

23/02/2017 Dr Catherine Buckley at Anniesland Medical Practice

Problem (NEW)	**Stress at work**
History	ongoing. hoping to sort it soon. looking for other jobs
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Bowel issues. Stress and anxiety; Duration: 23/02/2017 - 23/03/2017)

Problem (FIRST)	**Allergic rhinitis**
History	worse in ams, dog sleeps in bed with her. probably this. will try stopping this and start nasal spray again
	going for colonoscopy saturday. hoping wont be sent away like last time as bp too low. advised keep well hydrated, advise them of her tendency to drop bp/faint w needles

26/01/2017 Dr [redacted] Buckley at Anniesland Medical Practice

Problem (REVIEW)	**Stress at work**
History	ongoing problems. feels can't go back . got advice from CAB today to write formal letter fo complaint but feels totally anxious at thought of it. seems in a better place than last time we met and says does feel better but knows can not return there
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Bowel issues. Stress and anxiety; Duration: 26/01/2017 - 25/02/2017)

16/01/2017 Dr Catherine Buckley at Anniesland Medical Practice

Problem (REVIEW)	**Stress at work**
History	looking for anothoer job has interview for care role on thurs. was housekeeping at dakota hotel - awful, stressful, unpleasant working environment. feels can't go back. has appt w COPE tomorrow. looking for ways to reduce stress and help mood - went back to church on sunday and found this helpful. had suicidal thoughts few months ago and some ongoing fleeting thoughts of hopelessness but no intent describes [redacted] as protective. on 60mg duloxetine, does not wish increase, wishes to try COPE etc firts
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Bowel issues, stress and anxiety; Duration: 15/01/2017 - 30/01/2017)

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11/01/2017	Dr Catherine Buckley at Telephone Consultation
Problem (FIRST)	**Stress at work**
History	having a hard time at work, very stressed. also due to have scope on saturday to ix rectal bleeding so worried about this. thinks needs time off work. will self certify just now and come monday for appt to discuss more
06/12/2016	Dr Fiona McKechnie at Anniesland Medical Practice
Problem (FIRST)	**Rhinitis - acute**
History	past 4 weeks had blocked and runny nose. started with cold but other symptoms since settled. clear nasal discharge, no sinus problems
Examination	left nostril very inflammed - cant see well at [redacted] right nostril nasal mucosa inflammed
Comment	treat as below and review 4 weeks if NB
Medication	Beclometasone Aqueous nasal spray 50 micrograms/actuation *200 DOSE TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY* Cetirizine Hydrochloride Tablets 10 mg *56 TABLET ONE TO BE TAKEN EACH DAY*
15/11/2016	Dr Helen Irvine at Anniesland Medical Practice
Problem (FIRST)	**Rectal bleeding**
History	had some bright red blood dripping from back passage ahs happened on and off for sometime. diarrhoea all resolved but then had been constipated can also have mucous as well. she hasn't lost weigth prev bloods normal. [redacted] had bowel cancer younga nd [redacted] cervcial cancer. very worried about this. fathr siggy. given IBS PIL for managing bowel could try golden linseeds for constipation
21/07/2016	Dr Lucy Steel at Data Entry
History	sr
Medication	Sumatriptan Succinate Tablets 100 mg *6 TABLET ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS* Cetirizine Hydrochloride Tablets 10 mg *30 tablet ONE TO BE TAKEN EACH DAY*
10/03/2016	Dr Barry Gibson [redacted] at Anniesland Medical Practice
Problem (REVIEW)	**Diarrhoea**
History	bowels much better now and stools more formed. not completely back to normal but much better. bloods all normal. no faecal calcoprotein result and discussed and no need to rpt as symptoms better. dietary advice. To return for review if persists or worsens.
24/02/2016	Ms Katie Gourlay at Anniesland Medical Practice
Comment	bloods taken today
Test Request	CRP - *Completed*, Urea and Electrolytes - *Completed*, Liver Function Tests - *Completed*, ESR - *Completed*, Full Blood Count - *Completed*, Faecal Calprotectin - *Requested*
23/02/2016	Dr Lucy Steel at Anniesland Medical Practice
Problem (NEW)	**Diarrhoea**
History	currently loose stools 2-3 times a day, no further blood, no mucus, changeable colour (occ green). 2 episodes faecal incontinence. weight loss - unquantified but clothes looser.
Family History	FH: Bowel cancer (Maternal [redacted] in 80's
Comment	bloods checked, review with results. if ongoinf symptoms consider referral for colonoscopy. limit Immodium use if poss.
Test Request	CRP - *Requested*, Urea and Electrolytes - *Requested*, Liver Function Tests - *Requested*, ESR - *Requested*, Full Blood Count - *Requested*, Faecal Calprotectin - *Requested*
26/01/2016	Dr [redacted] at Anniesland Medical Practice
Problem (FIRST)	**Diarrhoea symptoms**
History	onset 7-1-16- while in TEnerife, not settled, BO 2-3 x daily, loose, [redacted] blood, occas BO at night, minimal abdo cramps, no V, E+D well, no prev [redacted] sx
Examination	apyrexial
Comment	check stool, advise - ? mild IBS post infection. - should self resolve
Medication	Loperamide Hydrochloride Tablets 2 mg *60 TABLET TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 8 CAPS PER 24 HOURS)*
Test Request	Faeces (C&S) - *Completed*

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24/11/2015 00:00	Mrs Angela Naim at General Practice Surgery
Result	Cervical Cytology
Follow up	(diary entry deleted) (Not Known)

24/11/2015	[redacted] Baird at Anniesland Medical Practice
Comment	Robbie smear today. Cx intact though bled on contact. Sti screen requested by pt, she will phone for results next wk. Considering contraception - not keen for hormonal methods due to migraines - could consider IUD, will think about this.
Test Request	Chlamydia/Gonorrhoea PCR - Vulvovaginal - *Completed*
Additional	Cervical smear taken
	Advice about long acting reversible contraception

09/11/2015	Dr David Taylor at Anniesland Medical Practice
History	repeat uss normal in August.
Problem (REVIEW)	**Migraine**
History	see previous consult . since then daily headache, less intense than migraine .Denies any obvious stressors. doing more reading at [redacted] update optician this week
Examination	O/E - BP reading PERLA CN II-XII intact. Fundi NAD, Power, tone reflexes coordination L=R=N. No pronator drift, Plantars downgoing.
Comment	main issue seems to be poor migraine control increase duloxetine and review in 2-4 weeks.
Examination	Blood pressure reading 110/70 mm Hg
Medication	Naproxen Tablets 500 mg *2 tablet ONE TO BE TAKEN EACH DAY WHEN REQUIRED*
	Domperidone Tablets 10 mg *15 tablet ONE TO BE TAKEN UP TO THREE TIMES A DAY WHEN REQUIRED*
	Duloxetine Gastro-resistant Capsules 60 mg *28 capsule ONE* [redacted]

05/11/2015	Dr [redacted]y Steel at General Practice Surgery
Additional	WML document Globus Hystericus Printed

05/11/2015	Dr Lucy Steel at Anniesland Medical Practice
History	sensation lump in throat still present, worse after eating, no coughing or choking, some epigastric discomfort after eating, no sig reflux, discussed possibility of globus.
Examination	nad
Comment	agree tdal PPI and review pm.
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg 56 *CAPSULE ONE OR TWO CAPS* [redacted]
Problem (NEW)	**Migraine**
History	on duloxetine prophylaxis, past couple migraines failed to respond to 50mg sumatriptan (with 2nd dose as well).
Comment	inc suma to 100, advised possibility of alt triptans/inc prophylaxis/change in prophylaxis if nec.
Medication	Sumatriptan Succinate Tablets 100 mg 6 *TABLET ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS*

20/10/2015	Dr Rebecca Dunphy at Anniesland Medical Practice
History	Never smoked tobacco has had feeling of lump in throat for past 2 months, started after had episode of choking, has become worse in past 4-5 days, has ass cervical symptoms at moment, no weight loss, , swallowing ok,
Examination	no cervical LN, chest clear.
Comment	hx sounds like globus. d/w EM, agrees. given reassurance.
Test Request	Thyroid function tests - *Completed*

07/08/2015	Dr Jennifer Leitch at Telephone Consultation
History	wanted to discuss USS. Will attend for repeat. Can't take co-cod tabs. Try caplets.

04/08/2015	Dr [redacted] Buckley at Data Entry
History	USS abdo no gallstones but solid echogenic area in gallbladder neck ? inspissated bile - advise repeat USS in 3-4 weeks. I have requested this and written to pt
Comment	EMIS attachment reference code letter re repaet USS.doc letter re repaet USS

02/08/2015	Mr Peti Docman at Docman

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Additional	OOH attendance note Glasgow Emergency Medical Services
10/07/2015	Dr Catherine Buckley at Telephone Consultation
Problem (REVIEW)	**Abdominal pain**
History	got bad after eating again last night, settled after taking apple cider. says some heartburn but not bad. tried omeprazole and buscopan and [redacted] none helped. pain settled now this am. no temps. looking for stronger analgesia if occurs again over wknd
Comment	try cocodamol 30/500 but advised if not settling should seek medical advice over wknd
Medication	Co-Codamol 30/500 Tablets *30 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)*
09/07/2015	Dr Catherine Buckley at Anniesland Medical Practice
Problem (NEW)	**Abdominal pain**
History	bad last nght RUQ after eating, ate a pizza which would normally not eat. had issues with this pain in the past, changed diet to vegetarian. slept poorly sec to pain last night. no heartburn. better this am. no fevers. feeling generally ok
Examination	looks well. no jaundice temp 36.8 hr 64 sats 98% abdo soft very slight tenderness ruq no guarding murphys negative
Comment	sounds like gallstones. advised re low fat diet. advised to contact us/NHS24 if pain worsening vomiting feverish. USS abdo ?gallstones
Problem (NEW)	**Contraception**
History	started POP 6wks ago. bleeding on and off, wondering if normal or if should stop pill. advised 3 months settling in period, monitor, return if concerns
28/05/2015	Dr [redacted] Irvine at Anniesland Medical Practice
Problem (FIRST)	**Cough**
History	Never smoked tobacco 4 days cough seems worse am when she brings up spit - greeny. eating, no temp, stopped 5 years ago
Examination	temp 36.8 satn 97% chest clear, likely viral
28/04/2015	Dr [redacted] at Anniesland Medical Practice
Problem (FIRST)	**Contraception**
History	periods regular Wants to delay period LMP 3 weeks [redacted] Due this weekend and has holiday planned New relationship Adv re contraception
Examination	O/E - blood pressure reading Blood pressure reading 120/52 mm Hg Never smoked tobacco
Medication	Norethisterone Tablets 5 mg *30 TABLET 1 Tab 3 Times daily* Cerelle Tablets 75 micrograms *84 tablet ONE TO BE TAKEN EACH DAY*
Follow up	O/E - blood pressure reading (28/04/2020)
21/04/2015	Dr Jennifer Leitch at Anniesland Medical Practice
Problem (NEW)	**Migraine**
History	has not been taking duloxetine for over a year but is having migraines again. Will restart.
20/11/2014	Dr [redacted] Forrest at Anniesland Medical Practice
Problem (FIRST)	**Abdominal discomfort**
History	4 day hx of abdo cramps and constipation. Usually opens bowels 1/day now every 2-3 days. No PR bleeding, put on weight lately. No incontinence. No specific foods aggrevate it. Worried it might be bowel cancer or obstruction as FH of bowel problems
Examination	Very slim, Abdo soft, palpable mass likely stools in LIF. No tenderess on examination.
Family History	[redacted] and [redacted] diet of bowel cancer.
Comment	Likey spasmotic pain 2ndry to constipation. Diet advice and regular laxatives. Worsening statement given. If symptoms persist will return.
Medication	Lactulose Solution 3.1-3.7 g/5 ml *500 ML THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY* Hyoscine Butylbromide Tablets 10 mg *112 Tablet(s) ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED*
29/08/2014	Dr Hamish Foster at Anniesland Medical Practice
Problem (FIRST)	**Shoulder pain**
History	injured 3 months ago holding pads for boxing,
Examination	no deformity, full ROM, some tenderness over glenо-humeral joint,
Comment	?rotator cuff injury, encouraged to try physio in first instance, will return if no benefit

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Medication	Co-Codamol 8/500 Dispersible tablets *30 tablet ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED*
Problem (REVIEW)	**[X]Depressive episode, unspecified**
History	started taking 60mg as mood was low last 2 weeks, left church ?disagreement with pastor and moved to new church, unable to go to gym due to shoulder and normally goes a lot, lives with 14yr old [redacted], has close friedn who confides in , denies suicidal thoughts currently.
Comment	PCMHT info given, will cont dulox at higher dose (migraines controlled).

12/06/2014 Dr [redacted] at Anniesland Medical Practice

Problem (FIRST)	**Knee joint pain**
History	has had shoulder pain right side for 6 months. 3 weeks of pain in knee. aggravated by activity. says PCM not working, tramadol helps. can't take NSAIDs due to dyspepsia.
Examination	NAD.
Comment	discussed options. seems very keen on tramadol. persuaded to try co-codamol (says makes constipated) with lactulose, self refer physio
Medication	Co-Codamol 8/500 Tablets *64 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)* Lactulose Solution 3.1-3.7 g/5 ml *500 ml 10 ML TAKE AS REQUIRED*

14/05/2014 Dr Jane C [redacted] at Anniesland Medical Practice

History	given 20 tramadol-to see doc

11/03/2014 Dr Jane Ca [redacted] at Anniesland Medical Practice

History	to see doc re tramadol please

18/12/2013 Dr Barry [redacted] at Anniesland Medical Practice

Problem (REVIEW)	**Diarrhoea**
History	still has loose stools if doesn't take loperamide. been 4 wks. no blood. weight steady. still exercising regularly and eating. various c/o diabetes and IBD.
Examination	abd nad.
Comment	return for bloods FBC, ESR, bioch, ifts, bones, thyroid, crp, coeliac thanks. r/w thereafter if still ongoing, other option is SE from duloxetine

04/12/2013 Dr David Taylor at Anniesland Medical Practice

Problem (REVIEW)	**Diarrhoea**
History	07967734971 Awaiting stool spec.result - ongoing probs still loose . stool sample negtive
Comment	try loperamide call if severe pain or bloody stools present to ed
Medication	Loperamide Hydrochloride Capsules 2 mg *30 CAPSULE TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 6 CAPS PER 24 HOURS)*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: migraine; Duration: 04/12/2013 - 15/01/2014)

27/11/2013 Dr David Taylor at Anniesland Medical Practice

Problem (FIRST)	**Diarrhoea**
History	loose stools since thursday . bowels moved 7 times household member unaffected. took immodium made tummy cramp. slight blood at anal margin yesterdya nil ovemight. cycled down to suregry.
Examination	O/E - BP reading appeas well, t 37.2 (just cyled) Blood pressure reading 100/60 mm Hg pulse 68 abdomen soft bs active no peritonism. no rif tendnenmess.
Comment	imp viral GE advice. send in stool. if sever abdo pian / bloody diarrhoea presnet to dr/ ooh
Follow up	(diary entry deleted) (Not Known)

04/11/2013 Dr Jane Campbell at Data Entry

Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Migraine; Duration: 04/11/2013 - 04/12/2013)

08/10/2013 Dr Jane Campbell at Anniesland Medical Practice

Problem (REVIEW)	**Migraine**
History	Emergency appt [redacted] 3 not ready -she requested on 3rd -currently on duloxetine which [redacted] helping migraine yet Topiramate helped but sedated her Currently having one migraine every couple of days and can take 2 or 3 a day Gets visual aura 45 mins then headache Prev got really severe pain and vomiting Less severe if takes zomig Has been refered Will return if duloxetine not helping

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Follow up	eMED3 (2010) new statement issued, not fit for work (15/10/2013)
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf. (Diagnosis: Migraine; Duration: 08/10/2013 - 08/11/2013)

25/09/2013 Dr Deborah Morrison at Anniesland Medical Practice

Problem (REVIEW)	**Migraine**
History	anxiety settled down and mood leveling. had bad migraine last night which sumatriptan didn't stop whichis unusual. worried about this.
Comment	will carry on at 30mg dulox for another fortnight and then if still regular migraines can increase to 60mg and then review thereafter, or sooner if any new probs. if not settling will phone for med 3 extension for another few weeks.

18/09/2013 Dr [redacted] Morrison at Anniesland Medical Practice

Problem (REVIEW)	**Migraine**
History	stopped topirate abruptly and started duloxetine. suffering fro GI upset and anxiety ++ and feeling down at times. likely will settle over next fortnight. pt feels can tolerate it if knows going to settle. given appt for review on Wed, but aware that if things worsen before then must seek review. discussed rare SE of dulox etc re mood.
Problem (FIRST)	**(D)Lymphadenopathy**
History	behind left ear. came up after burn to scalp with straightners. scalp healing. lymph nodes feel reactive. review if don't disappear in a few weeks.

13/09/2013 Dr [redacted] Taylor at Telephone Consultation

Problem (REVIEW)	**Migraine**
History	called pt - on topiramate 50 mg bd. + zomig. seen july when started on this. zomig not helping so back on sumatriptan. last migraine 31.8.13. this one started 3 days ago. took zomig helped - but headache not fully away feels. then got another headache 24 hrs later 9 which is always less intense.). prev headaches 1.7.13 . 31.8.13. then 11.9.13. keeping food dirary . decaffeinate. has had stress recently with income support.
Comment	it seems topiramate has helped migraines albeit with s/e. she feels not making progress, but s/e of topiramate not tolerable. propranolol. try duloxetine. refer migraine clinci
Medication	Duloxetine Gastro-resistant Capsules 30 mg *14 capsule ONE* [redacted] Zolmitriptan Tablets 2.5 mg *6 tablet 1 TAB AS DIRECTED*

06/09/2013 Dr Barry Gibson-Smith at Anniesland Medical Practice

Problem (NEW)	**Migraine**
History	MED3 issued to patient struggling to cope and function at times with migraine. recent series of events at benefit agency when got confused. recuring regularly again and finds disabling. wants to come back and dw DT about referral. been told by benefit agency to get s/l for 1-2 months until symptoms improve. 4/52 migraine

01/07/2013 Dr David Taylor at Anniesland Medical Practice

Problem (REVIEW)	**Migraine**
History	getting clusters every 3 weeks or so. trying miglarve advised agains. sumatriptan wearing off quickly- try zomig . ^ topiramate. she was reluctant initially ut after discussion agreed. asking re dietician. suggets keep diary of ehadache sand look for dietary cuases. no dietician that delas with migraulen in GGC to my knowledge
Medication	Zolmitriptan Tablets 2.5 mg *12 tablet ONE TAB AS REQUIRED REPEAT AFTER 2 HOURS IF MIGRAINE PERSISTS*

03/06/2013 Dr Helen Irvine at Anniesland Medical Practice

Problem (NEW)	**Abdominal pain**
History	emergency appt. has had 3 migraines in last week. migraleve more recently. today has RUQ pain around to back last 4 hours. was fine yesterday bowels moving. eating lunch not sick but feels nauseated. drinking fine. passing urine fine normal colour. can't take NSAIDs has tried panadol extra not sure it helped? gallbladder - given some tramadol and to seek advcie if pain worse or vomiting
Examination	temp 36.6 not jaundiced. not distressed but is anxious HR 60 abdo soft but feels pain RUQ no masses no groin pain chest clear satn 99% no DVt symptoms no cough
Medication	Tramadol Hydrochloride Capsules 50 mg *30 capsule 1 or 2 Caps 4 Times daily*

18/12/2012 Dr Shazia Hanif at Anniesland Medical Practice

History	going for cataract op this week recent cold wants to be checked
Examination	O/E - BP reading pulse 78 ent nad temp 35.6 Blood pressure reading 118/83 mm Hg

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27/11/2012	Dr Rado Tej at Anniesland Medical Practice
Problem (NEW)	**Migraine**
History	no more migraines, thinks due cofee and redbull-now stopped, wants to come off the tablets
Result	adviced that preventative Tx for 4-8/12 usually and can get migraines after, keen to try, wean off over 2 weeks (2 tabs--> one tab and stop), to call back if unwell or symptoms worsening
Medication	Topiramate Tablets 25 mg *14 tablet ONE TO BE* [redacted]
29/10/2012	Dr [redacted] Taylor at Anniesland Medical Practice
Problem (REVIEW)	**Migraine**
History	reuced caffeine, headaches have reduced only 1 week last 2 weeks. she feell much better on the propranolo but occ dizziness. public speaking was easier. headaches lessened by 50% . triptans work well.
Examination	Blood pressure reading 100/80 mm Hg
Comment	O/E - BP reading seemspropranolol not well tolerated TRY TOPIRMATE . NOT REQUIRING CONTRACEPTION. rv 2/52
Medication	Topiramate Tablets 25 mg *21 tablet TO BE TAKEN AS DIRECTED*
Follow up	(diary entry deleted) (Not Known)
10/10/2012	Dr [redacted] Taylor at Anniesland Medical Practice
Problem (FIRST)	**Migraine**
History	lifelonge migraines but worse last months.uses migraleve to terminate . 8/52 h/o more severe headache felt leftside mainly frontally.gets mild flashings and loss of vison - no fever, no sudden onset reaching max intens in 5 mins , no new cog dysfunction no change in personality no impaired consciousness no recent head trauma not trigered by cough /valsalva/exercise not orthostatic, no sx of GCA no sx of glaucoma throbbing in nature, lasts for hours to days at a time , 2 episodes per week. intensity varies can/ be 9/ 10, better with antagesia worse with, no photophobia, no phonophobia, taking painkillers, lies down when severe. associated nausea, recentky started college 1 day /week. eyes checked nov 2011. drink slots of caffeine try to avoid.
Examination	PERLA CN II-XII intact. Fundi NAD, Power, tone reflexes coordination L=R=N. No pronator drift. Plantars downgoing.
Comment	imp migraine discussed prophylactics
Medication	Sumatriptan Succinate Tablets 50 mg *6 TABLET ONE TO BE TAKEN AT ONSET OF MIGRAINE: DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS* Propranolol Hydrochloride Tablets 10 mg *84 TABLET TWO TO BE TAKEN TWICE A DAY*
08/10/2012	Dr Jane Campbell at Telephone Consultation
History	keeps getting migraines and buys otc stuff and wondered if any point coming to doc Adv yes to check diagnosis and to adv re treatment options At college part time Will make appt
12/09/2012	Dr Shazia Hanif at Anniesland Medical Practice
History	righ upper qudrant pain- no vomiting no temp no alcohol- also lower back pain for 3 days took ibuprofen but felt epigastric pain , no red flag no urinary symptoms.
Examination	slr normal no tenderness n/v intact- abdomen soft mild right upper quadrant tenderness
Comment	bloods for lft- worsening symptom advice- analgesia and back pain advice-
11/09/2012	Dr Rado Tej at Phone Encounter
Problem (FIRST)	**Low back pain**
History	back pain 24hrs ,better today; taking ibuprofen-tummy upset;pcm - not helping;incr. workload - had twinges, seen osteopath in past; not exercises as much as before; also long long ride on bike on saturday;not taken anything today; tried hot water, wants to go to work ASAP, no neuro sympt
Result	imp: mechanical back pain; discussed options, e.g brufen w PPI, cocodam. with laxative (as has bad exper. with constip)
Medication	Co-Dydramol 10/500 Tablets *100 tablet ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED* Laxido Orange Oral Powder Sachets Sugar Free *8 sachet TO BE TAKEN AS DIRECTED*
14/08/2012	[redacted] Elaine Drummond at Anniesland Medical Practice

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Comment	attended for smear today , had in 2011 and not due till 2014 jan - states she was in seeing GP and advised to return for this and lost her [redacted] to cervical cancer therefore quite concerned . Also had one episode of break through bleeding this month and has been aware of a discharge but no itch , swab taken for chlamydia and will [redacted] to discuss with GP
Additional	Cervical smear taken

07/08/2012 Dr [redacted] at Anniesland Medical Practice

Problem (FIRST)	**Viral infection NOS**
History	Non-smoker gen malaise 4 dys, altho improving today, sore throat, neck stiff, feverish, red appetite, drinking well, no v, no rash, min cough, no SOB,,
Examination	apyrexial, P67,, O2 98%, ENT NAD, sl tender Cx LND, neck FROM, chest clear
Comment	viral, advise simple measures, review prn
Additional	Alcohol screen - fast alcohol screening test completed, 0

23/07/2012 Dr Barry Gibson [redacted] at Anniesland Medical Practice

Problem (FIRST)	**Achilles tendinitis (Right)**
History	tender tendon, started after running, had on and off for last 2wks, exercises given and leaflet, advice on footwear and physio
Social	c/o ongoing pile, advice and rx, To return for review if persists or worsens.
Medication	Cinchocaine Hydrochloride And Hydrocortisone Ointment 0.5 % + 0.5 % 30 gramAPPLY TWICE A DAY

21/06/2012 Dr Barry G [redacted] at Telephone Consultation

Problem (FIRST)	**Chest pain**
History	had for last 4 hours, been breathless and feels chest tight, Feels pain in chest when taking deep breath in, Not aware of any injury, does exercise regularly but nothing for last 2 days, advised to attend A&E to exclude PTE, patient will make her own way

01/05/2012 Dr Hamish [redacted] at Anniesland Medical Practice

Problem (FIRST)	**Viral upper respiratory tract infection NOS**
History	wondered if needed abx as went for cataract operation but was postponed as temp high and now coughing, feeling coryzal for 1 week now settling, cough-bringing up small amounts of green/brown sputum, no blood, no wheeze/DIB/SOB/chest pain, no fever, no gi upset, feels well otherwise, eating and drinking fine
Examination	ENT examination - NAD looks well, RR14, sats 99%, chest sounds clear O/E - temperature normal 36.6C
Social	Ex-moderate smoker (10-19/day) stopped 2 yrs ago
Comment	most likely viral, no need for abx currently, will return if bringing up copious amounts of sputum or feeling more unwell

19/03/2012 Dr [redacted] Campbell at Telephone Consultation

History	gets genital herpes Last one a year ago would like aciclovir

25/11/2011 Dr [redacted] McLeod at Anniesland Medical Practice

History	Non-smoker c/o " chill down below"- sl irritation at end of micturition but no dysuria as such, no urgency, sl frequency, nocturia x 1-2- no offensive discharge , no itch, no abdo pain, , Non-drinker alcohol , not SA at present- mod high caffeine intake
Examination	urinalysis tr protein, owise NAd
Comment	check MSSU, advise reduce caffeine intake- review if persists-

29/10/2011 Mr Peti Docman at Docman

Additional	OOH attendance [redacted] Glasgow Emergency Medical Services

28/10/2011 Dr [redacted] Leitch at Telephone Consultation

History	symptoms as before, Asking for more metronid, Seems to have more urgency than anything related to BV, Will make appt if not settling.

06/09/2011 Dr Esther McLeod at Data Entry

Comment	HVS - BV- treatment issued- advise no concurrent alcohol
Medication	Metronidazole Tablets 400 mg 14 tablet ONE TO BE TAKEN TWICE A DAY AFTER FOOD

29/08/2011 Dr [redacted] Irvine at Anniesland Medical Practice

Problem (FIRST)	**Frequency of micturition**
History	c/o frequency dysuria also low abdo pain/ache for last months, has been up ovemight, slight smell, some PV discharge, had similar in past, recent unprotected SI with ex partner - previous genital warts and herpes.

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Examination	Urinalysis = no abnormality no warts or herpes seen no discharge sl discomfort on touching cervix.
Test Request	Urine, HVS, Chlamydia

01/08/2011 — Dr Jane Campbell at Anniesland Medical Practice

Problem (FIRST)	**Epigastric pain**
History	has recurred On diet Taking peppered quorn At weekend had pain waking her up and nausea Bowles fine Eating helps Helicobacter negative last year
Examination	sl tender epigastrium
Comment	try omeprazole
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule ONE TO BE TAKEN EACH DAY

12/04/2011 — Dr Barry Gibson [redacted] at Anniesland Medical Practice

Problem (FIRST)	**Abdominal pain**
History	had attended a&e for bowel pains. been getting over the last year, tried PPI w/o effect. c/o cancer. [redacted] had ovarian ca, [redacted] bowel ca age 70. sister breats ca. no blood with stools and weight ok. has cut out alcohol and smoking. is eating bran and wonders if making worse.
Comment	discussed problem. leaflet given. to return for routine bloods, crp and for coeliac (TTG)
Medication	Hyoscine Butylbromide Tablets 10 mg 112 tablet 1 or 2 Tabs 3 Times daily

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08/04/2011 — Mr Poti Docman at Docman

Additional	OOH attendance [redacted] Glasgow Emergency Medical Services

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30/03/2011 — Dr Jennifer Leitch at Anniesland Medical Practice

Problem (FIRST)	**Ear symptoms**
History	ears feel blocked after a cold. has been taking a decongestant without much effect. Try antihistamine instead.
Examination	nil on exam
Medication	Cetirizine Hydrochloride Tablets 10 mg 30 tablet ONE TO BE TAKEN EACH DAY

11/02/2011 — Dr Lyndsey Roy at Anniesland Medical Practice

History	tried coming off fluoxetine but felt recurrence of sx, now taking every 3rd day and feels stable on this.

11/01/2011 00:00 — Mrs Angela Nairn at General Practice Surgery

Result	Cervical Cytology
Follow up	(diary entry deleted) (Not Known)

11/01/2011 — [redacted] Baird at Anniesland Medical Practice

Comment	Routine smear, Cx intact.
Additional	Cervical smear taken Health ed. - breast exam.

06/09/2010 — Ms Marianne at Anniesland Medical Practice

History	Attended for bloods for Helicobacter testing...created in GC; 1 of 1 priority=2

02/09/2010 — Dr [redacted] Irvine at Anniesland Medical Practice

History	has had epigastric pain recently and taking brufen to help it - has had in past when drinking but stopped 18 months ago no acid reflux o/e pain is in epigastrium try losec and rtnun for helicobacter test if helps. stop NSAID non smoker. PHQ score 10 - will cont tabs and see counsellor again...created in GC; 1 of 1 priority=2 Patient health questionnaire (PHQ-9) score priority=2 Ex smoker Smoker$$ Status.clm - No Action Required

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01/06/2010 — Dr Jennifer Leitch at Anniesland Medical Practice

History	last period was [redacted] and different in character. Not sexually active at present so no chance of pregnancy. Advised to keep menstrual diary and return for discussion if period remain unsettled. Works in [redacted] shop and seems to have resolving flee bites on legs. Continue fluox. Concerned re so who is again being bullied at school. priority=2 Medication review

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29/04/2010 — Dr Barry [redacted]-Smith at Anniesland Medical Practice

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History	NP on AD for last 8 months. attending counselling. attended with [redacted] today so unable to explore background fully. Still slight ongoing low mood and feels needs to c/w. advised worth reviewing in further 4 months...created in GC; 1 of 1 priority=2
Additional	Depression screening using questions

26/04/2010 Ms[redacted] at Anniesland Medical Practice

History	Attended for NPM BP normal still to hand in urine specimen, no allergies. on repeat pres for fluoxetine...created in GC; 1 of 1 priority=2
	Diet average : priority=2
	Pt advised re low salt diet : priority=2
	GP/RF-new patient check admin. : priority=2
	O/E - height Characteristic 162.5:cm priority=2
	O/E - weight Characteristic 57:kg priority=2
	Body Mass Index normal K/M2 21.58:kg/m2 priority=2
	No significant family history of cardiovascular disease : priority=2
	No FH: Hypertension : priority=2
	No significant family history of CVA or stroke : priority=2
	O/E - height Height$$.clm - No Action Required
	O/E - weight Weight$$.clm - Repeat after an interval
	(diary entry deleted) (Not Known)
	Systolic blood pressure
	Diastolic blood pressure
	O/E - BP reading normal B P Screening$$.clm - Repeat after an interval
	(diary entry deleted) (Not Known)
	Urine glucose test negative Urinalysis$$.clm - Repeat after an interval
	(diary entry deleted) (Not Known)
	Urine protein test negative Urinalysis$$.clm - Repeat after an interval
	(diary entry deleted) (Not Known)
	O/E - height
	O/E - weight
	Body Mass Index

12/03/2010 Mrs[redacted] Gall at Anniesland Medical Practice

History	Automatically generated by transaction priority=2
Problem	**Patient MRE received from HB** priority=1

12/03/2010 Mrs Kathryn Gall at Anniesland Medical Practice

History	Scanned document priority=2

02/03/2010 Ms[redacted] at Anniesland Medical Practice

History	FH: Diabetes mellitus : priority=2
	Enjoys moderate exercise : priority=2
	Ex smoker Smoker$$ Status.clm - No Action Required
	Teetotaller Alcohol Intake$$.clm - No Action Required

22/02/2010 UnknownUser at Anniesland Medical Practice

History	Automatically generated by transaction priority=2
Problem	**Pat, GP78/GP8B card from HB** priority=1

19/02/2010 Ms Marianne at Anniesland Medical Practice

History	Automatically generated by transaction priority=2
Problem	**Patient reg. form sent to HB** priority=1

16/02/2010 Dr Esther McLeod at Anniesland Medical Practice

History	neck strain. moving house- no prev probs, 2 wks, no neuro sx, O...e NBT, tender trapezius bilateral , some restricted neck mov- no neuro signs, imp mechanical neckache . advise PILS. 2. req fluoxetine, taken 7 maths with benefit. PHQ 9= 16. issue and review...created in GC; 1 of 1 priority=2
Problem	**[X]Depressive disorder NOS**
History	Patient health questionnaire (PHQ-9) score : priority=2

15/02/2010 Angela at Anniesland Medical Practice

History	White priority=2
	Interpreter not needed priority=2

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Current Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
18/03/2022	**Dioralyte Oral powder (blackcurrant)** DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED MAX TDS 6 sachet	18/03/2022P	Dr Lucy Steel	ACUTE
26/09/2018	**Chlorphenamine Tablets 4 mg** ONE TO BE TAKEN EVERY FOUR TO SIX HOURS (MAX 6 TABLETS PER 24 HOURS) 28 TABLET	Not Issued	Dr [redacted] Steel	ACUTE
26/09/2018	**Dihydrocodeine Tablets 30 mg** ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY 28 TABLET	Not Issued	Dr Lucy Steel	ACUTE
26/01/2022	**Acamprosate Calcium E/c tablets 333 mg** 2 Tabs 3 times [redacted] 1 tablet	26/01/2022O	Dr [redacted] Steel	REPEAT
26/02/2021	**Duloxetine Gastro-resistant Capsules 30 mg** ONE [redacted] 56 capsule	28/03/2022P	Dr Esther McLeod	REPEAT
02/08/2019	**Duloxetine Gastro-resistant Capsules 60 mg** ONE DAILY 56 capsule	28/03/2022P	Dr Esther McLeod	REPEAT
26/02/2019	**Letrozole Tablets 2.5 mg** 1 Tab Daily 56 tablet	28/03/2022P	Dr Esther McLeod	REPEAT
05/02/2019	**Tramadol Hydrochloride Capsules 50 mg** 1 or 2 Caps 4 Times daily 80 [redacted]	04/04/2022P	Dr Lucy Steel	REPEAT
26/09/2018	**Omeprazole Capsules (Gastro-Resistant) 20 mg** 1 TAB DAILY 56 CAPSULE	28/03/2022P	Dr Esther McLeod	REPEAT

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Past Medication

Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
24/09/2021	**Aciclovir Tablets 400 mg** ONE TO BE TAKEN FIVE TIMES A DAY FOR FIVE DAYS 25 TABLET	24/09/2021P	Dr Lucy Steel	ACUTE
06/08/2021	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 capsule	06/08/2021P	Dr [redacted] Steel	ACUTE
10/05/2021	**Cyclizine Tablets 50 mg** 1 TDS IF REQD FOR NAUSEA 30 tablet	28/08/2020P	Dr Helen Irvine	ACUTE
27/04/2021	**Aciclovir Tablets 400 mg** ONE TO BE TAKEN FIVE TIMES A DAY FOR FIVE DAYS 25 TABLET	27/04/2021P	Dr Esther McLeod	ACUTE
12/03/2021	**Aciclovir Tablets 400 mg** ONE TO BE TAKEN FIVE TIMES A DAY FOR FIVE DAYS 25 TABLET	12/03/2021P	Dr Lucy Steel	ACUTE
11/03/2021	**Scheriproct Ointment** APPLY SPARINGLY MORNING AND NIGHT AND AFTER EACH BOWEL MOVEMENT (MAX FOUR TIMES [redacted] FOR UP TO 7 DAYS 30 GRAM	11/03/2021P	Dr [redacted] Irvine	ACUTE
21/01/2021	**Duloxetine Gastro-resistant Capsules 30 mg** 1 CAP IN THE MORNING 28 capsule	21/01/2021P	Dr Esther McLeod	ACUTE
13/01/2021	**Hydrocortisone And Miconazole Ointment 1 % + 2 %** APPLY THINLY TO THE AFFECTED AREA TWICE [redacted] 30 [redacted]	13/01/2021P	Dr Jennifer Leitch	ACUTE
08/01/2021	**Propranolol Hydrochloride Tablets 10 mg** ONE TO BE TAKEN THREE TIMES A DAY IF REQUIRED 21 Tablet (s)	08/01/2021P	Dr Lucy Steel	ACUTE
24/11/2020	**Naproxen Tablets 500 mg** ONE TO BE TAKEN TWICE A DAY 28 TABLET	24/11/2020P	Dr [redacted] Cross	ACUTE
24/11/2020	**Aciclovir Tablets 400 mg** ONE TO BE TAKEN FIVE TIMES A DAY FOR FIVE DAYS 25 TABLET	24/11/2020P	Dr Lucy Steel	ACUTE
28/10/2020	**Naproxen Tablets 500 mg** ONE TO BE TAKEN TWICE A DAY 28 TABLET	28/10/2020P	Dr Lucy Steel	ACUTE
22/09/2020	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS 20 CAPSULE	22/09/2020P	Dr Lucy Steel	ACUTE
29/06/2020	**Beclometasone Aqueous nasal spray 50 micrograms/actuation** TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY 200 DOSE	29/06/2020P	Dr Barry Gibson-Smith	ACUTE
29/06/2020	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	29/06/2020P	Dr Barry Gibson-Smith	ACUTE
26/06/2020	**Naproxen Tablets 500 mg** ONE TO BE TAKEN TWICE A DAY 28 TABLET	26/06/2020P	Dr Jennifer Leitch	ACUTE
09/06/2020	**Cyclizine Tablets 50 mg** 1 TDS IF REQD FOR NAUSEA 30 tablet	26/06/2020P	Dr Jennifer Leitch	ACUTE
09/06/2020	**Hyoscine Butylbromide Tablets 10 mg** ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED 56 tablet	26/06/2020P	Dr Jennifer Leitch	ACUTE
19/05/2020	**Naproxen Tablets 500 mg** ONE TO BE TAKEN TWICE A DAY 28 TABLET	19/05/2020P	Dr Lucy Steel	ACUTE
16/03/2020	**Cyclizine Tablets 50 mg** ONE TAB UP TO TID FOR NAUSEA 30 tablet	16/03/2020P	Dr [redacted]cy Steel	ACUTE
25/02/2020	**Aciclovir Tablets 400 mg** ONE TO BE TAKEN FIVE TIMES A DAY FOR FIVE DAYS 25 TABLET	25/02/2020P	Dr [redacted] Cross	ACUTE
14/02/2020	**Gabapentin Capsules 300 mg** 1 Cap 3 Times [redacted] 90 capsule	14/02/2020P	Dr Lucy Steel	ACUTE
20/01/2020	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 15 CAPSULE	20/01/2020P	Dr Lucy Steel	ACUTE
14/01/2020	**Cyclizine Tablets 50 mg** ONE TAB UP TO TID FOR NAUSEA 30 tablet	14/01/2020P	Dr [redacted]cy Steel	ACUTE
30/10/2019	**Diclofenac Sodium E/c tablets 50 mg** ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD 28 tablet	30/10/2019P	Dr Lucy Steel	ACUTE
22/10/2019	**Chloramphenicol Eye ointment 1 %** APPLY QDS 4 GRAM	22/10/2019P	Dr [redacted] Steel	ACUTE
22/10/2019	**Clinitas Carbomer [redacted] Gel 0.2 %** APPLY THREE TO FOUR TIMES DAILY OR AS REQUIRED 10 GRAM	22/10/2019P	Dr [redacted] Steel	ACUTE
22/10/2019	**Naseptin Cream** Apply 4 Times daily 15 GRAM	22/10/2019P	Dr Lucy Steel	ACUTE
22/10/2019	**Beclometasone Aqueous nasal spray 50 micrograms/actuation** TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY 200 DOSE	22/10/2019P	Dr Lucy Steel	ACUTE
06/09/2019	**Aciclovir Tablets 400 mg** ONE TO BE TAKEN FIVE TIMES A DAY FOR FIVE DAYS 25 TABLET	06/09/2019P	Dr Lucy Steel	ACUTE

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02/08/2019	**Diclofenac Sodium E/c tablets 50 mg** ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD 28 tablet	02/08/2019P	Dr [redacted] Steel	ACUTE
18/06/2019	**Aciclovir Tablets 400 mg** ONE TO BE TAKEN FIVE TIMES A DAY FOR FIVE DAYS 25 TABLET	18/06/2019P	Dr Lucy Steel	ACUTE
18/06/2019	**Loratadine Tablets 10 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	18/06/2019P	Dr Lucy Steel	ACUTE
26/04/2019	**Naseptin Cream** Apply 4 Times daily 15 GRAM	26/04/2019P	Dr Esther McLeod	ACUTE
12/03/2019	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	12/03/2019P	Dr [redacted] Steel	ACUTE
12/03/2019	**Beclometasone Aqueous nasal spray 50 micrograms/actuation** TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY 200 DOSE	12/03/2019P	Dr [redacted] Steel	ACUTE
01/02/2019	**Aciclovir Tablets 400 mg** ONE TO BE TAKEN FIVE TIMES A DAY FOR FIVE DAYS 25 TABLET	01/02/2019P	Dr [redacted] Steel	ACUTE
16/01/2019	**Diclofenac Sodium E/c tablets 50 mg** ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD PRN 56 tablet	16/01/2019P	Dr [redacted] Steel	ACUTE
17/12/2018	**Hyoscine Butylbromide Tablets 10 mg** ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED 56 tablet	17/12/2018P	Dr [redacted] Steel	ACUTE
17/12/2018	**Cyclizine Tablets 50 mg** 1 TDS IF REQD FOR NAUSEA 30 tablet	17/12/2018P	Dr Lucy Steel	ACUTE
11/12/2018	**Tramadol Hydrochloride Capsules 50 mg** 1 or 2 Caps 4 Times daily PRN 60 capsule	11/12/2018P	Dr Lucy Steel	ACUTE
30/11/2018	**Cetirizine Hydrochloride Tablets 10 mg** ONE TO BE TAKEN EACH DAY 28 tablet	30/11/2018P	Dr [redacted] Steel	ACUTE
30/11/2018	**Aciclovir Tablets 400 mg** ONE TO BE TAKEN FIVE TIMES A DAY FOR FIVE DAYS 25 TABLET	30/11/2018P	Dr Lucy Steel	ACUTE
17/10/2018	**Aciclovir Tablets 400 mg** ONE TAB THREE TIMES A DAY 42 tablet	27/11/2018P	Dr Lucy Steel	ACUTE
17/09/2018	**Caphosol Mouthrinse** AS REQUIRED 30 dose	17/09/2018P	Dr [redacted] Steel	ACUTE
17/09/2018	**Gelclair Concentrated Oral Gel For Dilution 15 ml sachets** AS DIRECTED 84 sachet	17/09/2018P	Dr Lucy Steel	ACUTE
17/09/2018	**Paracetamol Tablets 500 mg** TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 100 tablet	17/09/2018P	Dr [redacted] Steel	ACUTE
09/08/2018	**Glandosane (Lemon Flavour) Aerosol spray** 1 spray Take as required 1^1 spray	09/08/2018P	Dr Jennifer Leitch	ACUTE
27/07/2018	**Fusidic Acid Cream 2 %** APPLY THREE TO FOUR TIMES [redacted] 15 [redacted]	27/07/2018P	Dr Lucy Steel	ACUTE
17/07/2018	**Aciclovir Tablets 400 mg** ONE TO BE TAKEN FIVE TIMES A DAY FOR FIVE DAYS 25 TABLET	17/07/2018P	Dr Lucy Steel	ACUTE
13/07/2018	**Co-Codamol 30/500 Tablets** TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 60 tablet	13/07/2018P	Dr [redacted] Steel	ACUTE
06/06/2018	**Trimethoprim Tablets 200 mg** ONE TO BE TAKEN TWICE A DAY 6 TABLET	06/06/2018P	Dr [redacted] Campbell	ACUTE
29/05/2018	**Zolmitriptan Tablets 2.5 mg** 1 TAB AS DIRECTED 6 tablet	29/05/2018P	Dr [redacted] Campbell	ACUTE
23/04/2018	**Clotrimazole Pessary 500 mg** ONE TO BE INSERTED AT NIGHT 1 PESSARY	18/08/2015P	Dr Barry [redacted] Smith	ACUTE
23/04/2018	**Clotrimazole Cream and Pessary 2 % + 500 mg** TO BE USED AS DIRECTED 1^1 pack	23/04/2018P	Dr Barry [redacted]	ACUTE
13/04/2018	**Naproxen Tablets 500 mg** ONE TO BE TAKEN TWICE A DAY 28 tablet	13/04/2018P	Dr Lucy Steel	ACUTE
13/04/2018	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 capsule	13/04/2018P	Dr Lucy Steel	ACUTE
13/04/2018	**Beclometasone Aqueous nasal spray 50 micrograms/actuation** TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY 200 dose	13/04/2018P	Dr Lucy Steel	ACUTE
12/03/2018	**Sumatriptan Succinate Tablets 100 mg** ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS 6 TABLET	12/03/2018P	Dr [redacted] Campbell	ACUTE
21/12/2017	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	21/12/2017P	Dr Helen Irvine	ACUTE
02/05/2017	**Ranitidine Tablets 150 mg** ONE TO BE TAKEN TWICE A DAY 60 tablet	02/05/2017P	Dr [redacted] Campbell	ACUTE
02/05/2017	**Hyoscine Butylbromide Tablets 10 mg** ONE TAB UP TO THREE TIMES PER DAY 12 tablet	02/05/2017P	Dr [redacted] Campbell	ACUTE
17/03/2017	**Scheriproct Ointment** APPLY 3 TIMES [redacted] FOR 7 DAYS 30 gram	17/03/2017P	Dr Jane Campbell	ACUTE

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17/03/2017	**Scheriproct Suppositories** 1 TO BE INSERTED AT NIGHT 7 suppository	17/03/2017P	Dr Jane [redacted]	ACUTE
23/02/2017	**Beclometasone Aqueous nasal spray 50 micrograms/actuation** TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY 200 DOSE	23/02/2017P	Dr Jane [redacted]	ACUTE
08/12/2016	**Beclometasone Aqueous nasal spray 50 micrograms/actuation** TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY 200 DOSE	08/12/2016P	Dr [redacted] Campbell	ACUTE
08/12/2016	**Cetirizine Hydrochloride Tablets 10 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	08/12/2016P	Dr Jane Campbell	ACUTE
21/07/2016	**Sumatriptan Succinate Tablets 100 mg** ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS 6 TABLET	21/07/2016P	Dr Jane Campbell	ACUTE
21/07/2016	**Cetirizine Hydrochloride Tablets 10 mg** ONE TO BE TAKEN EACH DAY 30 tablet	21/07/2016P	Dr Jane Campbell	ACUTE
05/05/2016	**Sumatriptan Succinate Tablets 100 mg** ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS 6 TABLET	05/05/2016P	Dr Jane [redacted]	ACUTE
29/04/2016	**Sumatriptan Succinate Tablets 50 mg** ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS 6 tablet	29/04/2016P	Dr [redacted] Campbell	ACUTE
28/01/2016	**Loperamide Hydrochloride Tablets 2 mg** TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 8 CAPS PER 24 HOURS) 60 TABLET	28/01/2016P	Dr [redacted]	ACUTE
09/11/2015	**Naproxen Tablets 500 mg** ONE TO BE TAKEN EACH DAY WHEN REQUIRED 2 tablet	09/11/2015P	Dr [redacted] Taylor	ACUTE
09/11/2015	**Domperidone Tablets 10 mg** ONE TO BE TAKEN UP TO THREE TIMES A DAY WHEN REQUIRED 15 tablet	09/11/2015P	Dr [redacted] Taylor	ACUTE
05/11/2015	**Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE OR TWO CAPS DAILY 56 CAPSULE	05/11/2015P	Dr Jane Campbell	ACUTE
05/11/2015	**Sumatriptan Succinate Tablets 100 mg** ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS 6 TABLET	07/12/2015P	Dr Jane Campbell	ACUTE
18/08/2015	**Clotrimazole Pessary 500 mg** ONE TO BE INSERTED AT NIGHT 1 PESSARY	18/08/2015P	Dr Jane Campbell	ACUTE
18/08/2015	**Clotrimazole Cream 1 %** APPLY TWO TO THREE TIMES DAILY 20 GRAM	18/08/2015P	Dr Jane Campbell	ACUTE
07/08/2015	**Co-Codamol 30/500 Caplets** TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 100 tablet	07/08/2015P	Dr [redacted] Leitch	ACUTE
10/07/2015	**Co-Codamol 30/500 Tablets** TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 30 tablet	10/07/2015P	Dr [redacted] Campbell	ACUTE
29/06/2015	**Sumatriptan Succinate Tablets 50 mg** ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS 6 TABLET	29/06/2015P	Dr Jane Campbell	ACUTE
19/05/2015	**Aciclovir Tablets 200 mg** 1 Tab 5 Times daily 25 tablet	19/05/2015P	Dr [redacted]	ACUTE
11/05/2015	**Clotrimazole Cream 1 %** APPLY TWO TO THREE TIMES DAILY 20[redacted]	11/05/2015P	Dr Jane Campbell	ACUTE
11/05/2015	**Nystan Oral suspension 100,000 units/ml** USE 1ML IN THE MOUTH AFTER FOOD FOUR TIMES A DAY, USUALLY FOR SEVEN DAYS 30 MILLILITRES	11/05/2015P	D[redacted] Campbell	ACUTE
11/05/2015	**Clotrimazole Pessary 500 mg** ONE TO BE INSERTED AT NIGHT 1 PESSARY	11/05/2015P	Dr [redacted] Campbell	ACUTE
28/04/2015	**Norethisterone Tablets 5 mg** 1 Tab 3 Times daily 30 TABLET	28/04/2015P	Dr [redacted] Campbell	ACUTE
28/04/2015	**Cerelle Tablets 75 micrograms** ONE TO BE TAKEN EACH DAY 84 tablet	28/04/2015P	Dr [redacted] Campbell	ACUTE
21/04/2015	**Duloxetine Gastro-resistant Capsules 30 mg** ONE DAILY 28 CAPSULE	21/04/2015P	Dr Jennifer Leitch	ACUTE
21/04/2015	**Sumatriptan Succinate Tablets 50 mg** ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE [redacted] BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS 6 TABLET	21/04/2015P	Dr [redacted] Leitch	ACUTE
20/11/2014	**Lactulose Solution 3.1-3.7 g/5 ml** THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY 500 ML	20/11/2014P	Dr Jane Campbell	ACUTE
20/11/2014	**Hyoscine Butylbromide Tablets 10 mg** ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED 112 Tablet(s)	20/11/2014P	Dr [redacted] Campbell	ACUTE

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29/08/2014	**Co-Codamol 8/500 Dispersible tablets** ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED 50 tablet	29/08/2014P	Dr [redacted] Campbell	ACUTE
12/06/2014	**Co-Codamol 8/500 Tablets** TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 64 tablet	12/06/2014P	Dr Jane [redacted]	ACUTE
12/06/2014	**Lactulose Solution 3.1-3.7 g/5 ml** 10 ML TAKE AS REQUIRED 500 ml	12/06/2014P	Dr [redacted] Campbell	ACUTE
14/05/2014	**Tramadol Hydrochloride Capsules 50 mg** TO BE USED WHEN REQUIRED 20 capsule	14/05/2014P	Dr [redacted] Campbell	ACUTE
11/03/2014	**Tramadol Hydrochloride Capsules 50 mg** 1 or 2 Caps 4 Times daily 30 capsule	11/03/2014P	Dr [redacted]	ACUTE
31/12/2013	**Tramadol Hydrochloride Capsules 50 mg** 1 or 2 Caps 4 Times daily 30 capsule	31/12/2013P	Dr Jane Campbell	ACUTE
04/12/2013	**Loperamide Hydrochloride Capsules 2 mg** TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 8 CAPS PER 24 HOURS) 30 CAPSULE	04/12/2013P	Dr [redacted] Taylor	ACUTE
21/11/2013	**Duloxetine Gastro-resistant Capsules 30 mg** ONE DAILY 28 CAPSULE	17/12/2013P	Dr Jane Campbell	ACUTE
08/10/2013	**Zolmitriptan Tablets 2.5 mg** 1 TAB AS DIRECTED 6 tablet	08/10/2013P	Dr Jane Campbell	ACUTE
13/09/2013	**Duloxetine Gastro-resistant Capsules 30 mg** ONE DAILY 28 CAPSULE	22/10/2013P	Dr Jane Campbell	ACUTE
13/09/2013	**Zolmitriptan Tablets 2.5 mg** 1 TAB AS DIRECTED 6 tablet	13/09/2013P	Dr [redacted]	ACUTE
15/08/2013	**Zolmitriptan Tablets 2.5 mg** ONE TAB AS REQUIRED REPEAT AFTER 2 HOURS IF MIGRAINE PERSISTS 12 tablet	01/07/2013P	Dr [redacted] Campbell	ACUTE
15/08/2013	**Sumatriptan Succinate Tablets 50 mg** ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS 6 TABLET	18/09/2013P	Dr Jane Campbell	ACUTE
15/08/2013	**Tramadol Hydrochloride Capsules 50 mg** 1 or 2 Caps 4 Times daily 30 capsule	15/08/2013P	Dr Jane [redacted]	ACUTE
01/07/2013	**Zolmitriptan Tablets 2.5 mg** ONE TAB AS REQUIRED REPEAT AFTER 2 HOURS IF MIGRAINE PERSISTS 12 tablet	01/07/2013P	Dr [redacted] Taylor	ACUTE
03/06/2013	**Tramadol Hydrochloride Capsules 50 mg** 1 or 2 Caps 4 Times daily 30 capsule	03/06/2013P	Dr Helen Irvine	ACUTE
28/05/2013	**Sumatriptan Succinate Tablets 50 mg** ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS 6 TABLET	28/05/2013P	Dr [redacted] Campbell	ACUTE
13/03/2013	**Sumatriptan Succinate Tablets 50 mg** ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS 6 TABLET	13/03/2013P	Dr [redacted]	ACUTE
31/12/2012	**Maxitrol Eye drops** ONE DROP TO BE USED FOUR TIMES A DAY IN THE AFFECTED EYE(S) 5 ml	31/12/2012P	Dr [redacted] Campbell	ACUTE
28/12/2012	**Sumatriptan Succinate Tablets 50 mg** ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS 6 TABLET	28/12/2012P	Dr [redacted] Campbell	ACUTE
27/11/2012	**Topiramate Tablets 25 mg** ONE TO BE TAKEN TWICE A DAY 56 TABLET	[redacted]2/2012P	Dr Jane Campbell	ACUTE
29/10/2012	**Topiramate Tablets 25 mg** TO BE TAKEN AS DIRECTED 21 tablet	12/11/2012P	Dr [redacted]	ACUTE
10/10/2012	**Sumatriptan Succinate Tablets 50 mg** ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS 6 TABLET	10/10/2012P	Dr [redacted]	ACUTE
10/10/2012	**Propranolol Hydrochloride Tablets 10 mg** TWO TO BE TAKEN TWICE A DAY 84 TABLET	10/10/2012P	Dr [redacted] Taylor	ACUTE
11/09/2012	**Co-Dydramol 10/500 Tablets** ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED 100 tablet	11/09/2012P	Dr [redacted]	ACUTE
11/09/2012	**Laxido Orange Oral Powder Sachets Sugar Free** TO BE TAKEN AS DIRECTED 8 sachet	11/09/2012P	Dr Jane [redacted]	ACUTE
23/07/2012	**Cinchocaine Hydrochloride And Hydrocortisone Ointment 0.5 % + 0.5 %** APPLY TWICE A DAY 30 gram	23/07/2012P	Dr Barry Gibson-[redacted]	ACUTE
19/03/2012	**Aciclovir Tablets 200 mg** 1 Tab 5 Times daily 25 tablet	19/03/2012P	Dr [redacted] Campbell	ACUTE
28/10/2011	**Metronidazole Tablets 400 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 TABLET	28/10/2011P	Dr [redacted] Leitch	ACUTE

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06/09/2011	**Metronidazole Tablets 400 mg** ONE TO BE TAKEN TWICE A DAY AFTER FOOD 14 tablet	06/09/2011P	Dr Esther McLeod	ACUTE
01/08/2011	**Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE TO BE TAKEN EACH DAY 28 capsule	01/08/2011P	Dr Jane Campbell	ACUTE
12/04/2011	**Hyoscine Butylbromide Tablets 10 mg** 1 or 2 Tabs 3 Times daily 112 tablet	12/04/2011P	Dr Barry [redacted] Smith	ACUTE
30/03/2011	**Cetirizine Hydrochloride Tablets 10 mg** ONE TO BE TAKEN EACH DAY 30 tablet	30/03/2011P	Dr Jennifer Leitch	ACUTE
02/09/2010	**Omeprazole Capsules (Gastro-Resistant) 20 mg** 1 Cap Daily 28 CAPS	02/09/2010P	Dr Helen Irvine	ACUTE
29/03/2010	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap In the morning 30 CAPS	29/03/2010P	Dr Jane Campbell	ACUTE
16/02/2010	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap In the morning 30 CAPS	16/02/2010P	Dr [redacted]	ACUTE
11/06/2019	**Duloxetine Gastro-resistant Capsules 30 mg** ONE DAILY 56 capsule	11/06/2019P	Dr Lucy Steel	REPEAT
11/12/2018	**Zolmitriptan Tablets 2.5 mg** ONE TAB AS REQUIRED REPEAT AFTER 2 HOURS IF MIGRAINE PERSISTS 12 tablet	11/12/2018P	Dr Lucy Steel	REPEAT
20/11/2018	**Exemestane Tablets 25 mg** 1 Tab Daily 60 tablet	31/12/2018P	Dr Lucy Steel	REPEAT
19/11/2018	**Goserelin Implant 3.6 mg** TO BE INJECTED MONTHLY 1 syringe	02/04/2019P	Dr Lucy Steel	REPEAT
17/09/2018	**Sodium Chloride Compound Mouthwash** 10ML TO BE USED AS A MOUTHWASH FOUR TIMES A DAY 200 ml	17/09/2018P	Dr [redacted] Steel	REPEAT
17/09/2018	**Tramadol Hydrochloride Capsules 50 mg** ONE OR TWO TO BE TAKEN FOUR TIMES A DAY 100 capsule	13/11/2018P	Dr Jennifer Leitch	REPEAT
25/07/2018	**Aciclovir Tablets 400 mg** ONE TO BE TAKEN THREE TIMES A DAY 84 TABLET	28/08/2018P	Dr Jennifer Leitch	REPEAT
17/07/2018	**Zolmitriptan Tablets 5 mg** ONE TO BE TAKEN AS DIRECTED 6 tablet	13/11/2018P	Dr Jennifer Leitch	REPEAT
13/07/2018	**Lactulose Solution 3.1-3.7 g/5 ml** 10ML BD 500 ML	11/12/2018P	Dr Jennifer Leitch	REPEAT
17/11/2017	**Duloxetine Gastro-resistant Capsules 60 mg** ONE DAILY 56 CAPSULE	21/05/2019P	Dr [redacted] Leitch	REPEAT
10/10/2017	**Duloxetine Gastro-resistant Capsules 30 mg** ONE DAILY 56 capsule	10/10/2017P	Dr [redacted] Campbell	REPEAT
09/11/2015	**Duloxetine Gastro-resistant Capsules 60 mg** ONE DAILY 56 CAPSULE	25/07/2017P	Dr [redacted]	REPEAT
08/01/2014	**Duloxetine Gastro-resistant Capsules 30 mg** ONE DAILY 56 CAPSULE	08/10/2015P	Dr [redacted]	REPEAT
16/01/2013	**Topiramate Tablets 25 mg** ONE TO BE TAKEN TWICE A DAY 112 tablet	14/08/2013P	Dr [redacted] Taylor	REPEAT
02/09/2010	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap Daily 28 CAPS	08/02/2011P	Dr Helen Irvine	REPEAT

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File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr [redacted]	Filed By User	Mrs Angela Nairn
Patient Matched	Yes.	SCCRS Message Type	Result

electronic Notification of Cervical Cytology Results Service
New Result

CHI Number	2509745263
Name	YOUNG, SHIRLEY
Date Of Birth	25/ 09/ 1974
GMC Code of Registered GP	2548292
Practice Code	G40051

Smear Taker	Alison Baird
Reporting Location	Glasgow Royal

SCCRS ID	[redacted]
Laboratory ID	
Smear Taken Date	
Result	
Report Comments	
Recommended Management	
Recall Date	

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Lab Report ID : B,12.1392191.F **Coding Status** : Part Read Coded
Filed By User : Dr Shazia Hanif **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Urea & Electrolytes					
Normal - no action (SH)					
Sodium		139	mmol/L	(133-146 U)	NK
Potassium		4.3	mmol/L	(3.5-5.3 U)	NK
Chloride		105	mmol/L	(95-108 U)	NK
Urea		5.9	mmol/L	(2.5-7.8 U)	NK
Creatinine		60	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver function test					
Normal - no action (SH)					
ALT		17	U/L	(0-50 U)	NK
Gamma-GT		10	U/L	(0-40 U)	NK
Alkaline Phosphatase		71	U/L	(30-130 U)	NK
Total Bilirubin		7	umol/L	(0-20 U)	NK
Albumin		39	g/L	(35-50 U)	NK

Sample Collected Date : 12/09/2012 10:46:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 12/09/2012 17:09:00
Received Date : 13/09/2012 11:00:28
Requestor :
Requestor GMC Code :

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File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Dr [redacted] Campbell	**Filed By User**	Dr [redacted] McLeod
Patient Matched	Yes.	**SCCRS Message Type**	Result

electronic Notification of Cervical Cytology Results Service
New Result

CHI Number	2509745263
Name	YOUNG, SHIRLEY
Date Of Birth	25/ 09/ 1974
GMC Code of Registered GP	2548292
Practice Code	G40051

Smear Taker	Elaine Drummond
Reporting Location	NHS GGC

SCCRS ID	[redacted]
Laboratory ID	
Smear Taken Date	
Result	
Report Comments	
Recommended Management	
Recall Date	

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Lab Report ID : G516R30444575 **Coding Status** : Not Coded
Filed By User : Dr Catherine Buckley **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : IMAGING

	Abn	Value	Units	Range	Status
R US Abdomen					
repeat test - letter to pt (CB)					
R US Abdomen					NK

I **Click for HTML view**
-Shirley Young
Clinical History :

Colicky right upper quadrant pain
after eating some slight gallstones the image liver and biliary tree
please

US Abdomen :

There is no evidence of gallstones within a thin-
walled gallbladder. There is a solid echogenic area within the gallbladder
neck, this did not appear to change throughout the scan. There is no
evidence of perfusion within this area and it may simply represent
inspissated bile. A repeat ultrasound in 3-4 weeks is advised for
clarification.
The common bile duct is not dilated.

Normal appearances
within the liver, pancreas, both kidneys, spleen and aorta.

Reported by:
Olivia Steenson (Sonographer)
Verified by: Olivia Steenson (Sonographer)

Sample Collected Date : 28/07/2015 15:05:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 28/07/2015 15:43:08
Received Date : 28/07/2015 19:00:15
Requestor :
Requestor GMC Code :

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Lab Report ID : G504R30520349 **Coding Status** : Not Coded
Filed By User : Dr Jane Campbell **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : IMAGING

	Abn	Value	Units	Range	Status
R US Abdomen					
Normal (JC)					
R US Abdomen					NK

I **Click for HTML view**
-Shirley Young
Clinical History :

Colicky right upper quadrant pain
previous ultrasound showed no gallstones but? inspissated bile repeat ultrasound advised

US Abdomen :

Focused examination of the gallbladder.

The gallbladder appears normal today with no evidence of gallstones or biliary sludge. The gallbladder wall is thin. The common bile duct is not dilated.
The liver appears normal in size, shape and echotexture.

Reported by: [redacted] Steenson (Sonographer)
Verified by:
[redacted] Steenson (Sonographer)

Sample Collected Date : 24/08/2015 14:29:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/08/2015 14:47:03
Received Date : 24/08/2015 15:00:48
Requestor :
Requestor GMC Code :

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Lab Report ID : B,15,2783870.V
Filed By User : Dr Rebecca Dunphy
Assigned to :
Coding Status : Part Read Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-?globus

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Thyroid funct test					
Normal (RD)					
TSH		0.79	mU/L	(0.35-5.00 U)	NK
Free T4		13.8	pmol/L	(9.0-21.0 U)	NK
Total T3					NK

Sample Collected Date : 20/10/2015 17:48:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 21/10/2015 17:51:00
Received Date : 22/10/2015 15:01:19
Requestor :
Requestor GMC Code :

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Lab Report ID : V,15.0361843.T **Coding Status** : Part Read Coded
Filed By User : Dr Jane Campbell **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-Pt request

SPECIMEN : Vulvovaginal swab

	Abn	Value	Units	Range	Status
R C.trachomatis/GC PCR					
Normal (JC)					
-This is a VULVOLVAGINAL SWAB sample.					
C. trachomatis :					NK
-Not detected by PCR					
N. gonorrhoeae :					NK
-Not detected by PCR					

Sample Collected Date : 24/11/2015 15:45:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/11/2015 09:31:00
Received Date : 27/11/2015 11:00:20
Requestor :
Requestor GMC Code :

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File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Dr [redacted]	**Filed By User**	Mrs Angela Nairn
Patient Matched	Yes.	**SCCRS Message Type**	Result

electronic Notification of Cervical Cytology Results Service
New Result

CHI Number	2509745263
Name	YOUNG, SHIRLEY
Date Of Birth	25/ 09/ 1974
GMC Code of Registered GP	2548292
Practice Code	G40051

Smear Taker	Alison Baird
Reporting Location	NHSGGC

SCCRS ID	[redacted]
Laboratory ID	
Smear Taken Date	
Result	
Report Comments	
Recommended Management	
Recall Date	

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Lab Report ID : B,16.0782729.Y
Filed By User : Dr Lucy Steel
Assigned to :

Coding Status : Part Read Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F

ADR : 8 Munlochy Road GLASGOW

Report Text :

-diarrhoea, weight loss

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Plasma C reactive protein					
normal (LS)					
C Reactive Protein		1	mg/L	(0-10 U)	NK
R Urea & Electrolytes					
normal (LS)					
Sodium		138	mmol/L	(133-146 U)	NK
Potassium		4.2	mmol/L	(3.5-5.3 U)	NK
Chloride		104	mmol/L	(95-108 U)	NK
Urea		4.4	mmol/L	(2.5-7.8 U)	NK
Creatinine		62	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>60 U)	NK
R Liver function test					
normal (LS)					
-Alkaline Phosphatase results IFCC aligned from 03/08/15.					
Total Bilirubin		6	umol/L	(<<20 U)	NK
ALT		19	U/L	(<<50 U)	NK
AST		19	U/L	(<<40 U)	NK
Alkaline Phosphatase		84	U/L	(30-130 U)	NK
Albumin		38	g/L	(35-50 U)	NK

Sample Collected Date : 24/02/2016 11:52:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/02/2016 16:24:00
Received Date : 25/02/2016 11:01:08
Requestor :
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : B,16.0783112.R **Coding Status** : Coded
Filed By User : Dr Lucy Steel **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-diarrhoea, weight loss

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full blood count - FBC					
normal (LS)					
White Blood Count		7.0	x10^9/l	(4.0-11.0 U)	NK
Red Cell Count		4.40	x10^12/l	(3.80-5.80 U)	NK
Haemoglobin		135	g/l	(115-165 U)	NK
Haematocrit		0.416	l/l	(0.370-0.470 U)	NK
Mean Cell Volume		94.5	fl	(80.0-100.0 U)	NK
MCH		30.7	pg	(27.0-32.0 U)	NK
Platelet Count		272	x10^9/l	(150-400 U)	NK
Neutrophils		4.3	x10^9/l	(2.0-7.5 U)	NK
Lymphocytes		2.1	x10^9/l	(1.5-4.0 U)	NK
Monocytes		0.4	x10^9/l	(0.2-0.8 U)	NK
Eosinophils		0.1	x10^9/l	(0.0-0.4 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK
R Erythrocyte sedimentation rate					
normal (LS)					
ESR		5	mm/hr	(1-12 U)	NK

Sample Collected Date : 24/02/2016 11:52:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/02/2016 16:47:00
Received Date : 25/02/2016 15:00:50
Requestor :
Requestor GMC Code :

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NHS Confidential: [redacted] data about a patient

File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Dr [redacted] Steel	**Filed By User**	Mrs Angela Nairn
Patient Matched	Yes.	**SCCRS Message Type**	Result

electronic Notification of Cervical Cytology Results Service
New Result

CHI Number	2509745263
Name	YOUNG, SHIRLEY
Date Of Birth	25/ 09/ 1974
GMC Code of Registered GP	6128726
Practice Code	G40051
Smear Taker	Alison Baird
Reporting Location	NHSGGC
SCCRS ID	[redacted]
Laboratory ID	
Smear Taken Date	
Result	
Report Comments	
Recommended Management	
Recall Date	

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NHS Confidential: Personal data about a patient

Lab Report ID : G504R35633662 **Coding Status** : Not Coded
Filed By User : Dr Lucy Steel **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : IMAGING

	Abn	Value	Units	Range	Status
R US Abdomen					
satisfactory (LS)					
R US Abdomen					NK

I **Click for HTML view**
-Shirley Young
Clinical History :

RUQ pain, colicky in nature
?gallstones. pmh breast cancer

US Abdomen :
The liver is normal in
size and echotexture. No focal lesions seen. The portal vein is patent
with hepatopetal flow.
No evidence of calculi within the thin walled
gallbladder. The bile ducts do not appear dilated.
Pancreas, spleen and
both kidneys are unremarkable.

Examination performed and reported by Tina
Wilson, locum sonographer.

Reported by: Tina Wilson (locum
Sonographer)
Verified by: Tina Wilson (locum Sonographer)

Sample Collected Date : 11/12/2019 11:36:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 11/12/2019 11:56:00
Received Date : 11/12/2019 15:00:17
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : G504R35940778 **Coding Status** : Not Coded
Filed By User : Dr James Armstrong **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : IMAGING

	Abn	Value	Units	Range	Status
R XR Chest					
Satisfactory (JARM)					
R XR Chest					NK
I **Click for HTML view**					

-Shirley Young
Clinical History :

Smoker; mastectomy (left) 2018 for
breast ca. Cough with green spit; one episode haemoptysis. CXR
please

XR Chest :
Normal cardiac and mediastinal contours. Surgical
clips projected over left chest wall as before. The lungs are essentially
clear with no focal active pulmonary pathology identified. No change from
previous examination of 20/09/2018. Given the history of haemoptysis,
consider chest clinic referral.

Reported by: Dr John Sheridan
Verified
by: Dr John Sheridan

Sample Collected Date : 22/01/2020 10:17:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 23/01/2020 12:43:04
Received Date : 23/01/2020 15:00:50
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0525824.Y **Coding Status** : Not Coded
Filed By User : Dr Lucy Steel **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
negative (LS)					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 01/07/2020 16:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 02/07/2020 16:44:00
Received Date : 03/07/2020 11:00:21
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0532040.S **Coding Status** : Not Coded
Filed By User : Dr Lucy Steel **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
negative (LS)					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 07/07/2020 12:03:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 09/07/2020 12:46:00
Received Date : 09/07/2020 19:01:18
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0900201.J **Coding Status** : Not Coded
Filed By User : Dr Esther McLeod **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
Satisfactory (EM)					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 16/07/2020 11:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 16/07/2020 14:30:00
Received Date : 17/07/2020 11:00:05
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0900579.D **Coding Status** : Not Coded
Filed By User : Dr Lucy Steel **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-Requested by HSCP.

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
negative (LS)					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 23/07/2020 09:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 23/07/2020 14:03:00
Received Date : 24/07/2020 11:00:17
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0901144.F **Coding Status** : Not Coded
Filed By User : Dr Jennifer Leitch **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
Satisfactory (JLL)					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 29/07/2020 19:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 30/07/2020 17:00:00
Received Date : 31/07/2020 15:00:34
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0901932.A **Coding Status** : Not Coded
Filed By User : Dr Atul Mishra **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
satisfactory (ATM)					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 05/08/2020 17:15:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 06/08/2020 16:00:00
Received Date : 07/08/2020 15:00:09
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0572377.W **Coding Status** : Not Coded
Filed By User : Dr Lucy Steel **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-Requested by HSCP.

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
negative (LS)					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 12/08/2020 12:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 13/08/2020 18:33:00
Received Date : 14/08/2020 19:00:36
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0581001.V **Coding Status** : Not Coded
Filed By User : Dr Lucy Steel **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-As Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
negative (LS)					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 19/08/2020 17:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 20/08/2020 21:05:00
Received Date : 21/08/2020 15:00:40
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0905209.W **Coding Status** : Not Coded
Filed By User : Dr Lucy Steel **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
satisfactory (LS)					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 26/08/2020 08:55:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 27/08/2020 14:50:00
Received Date : 28/08/2020 11:00:24
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0906661.S **Coding Status** : Not Coded
Filed By User : Dr Lucy Steel **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
satisfactory (LS)					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 02/09/2020 18:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 03/09/2020 11:45:00
Received Date : 03/09/2020 19:00:11
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0738358.L **Coding Status** : Not Coded
Filed By User : Dr Lucy Steel **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-As Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
satisfactory (LS)					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 09/09/2020 18:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 10/09/2020 18:04:00
Received Date : 11/09/2020 11:00:18
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0910948.D **Coding Status** : Not Coded
Filed By User : Dr Lucy Steel **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-Requested by HSCP.

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
satisfactory (LS)					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 15/09/2020 09:21:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 17/09/2020 14:18:00
Received Date : 18/09/2020 07:00:41
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0918185.E
Filed By User : Ms [redacted] Mulraney
Assigned to :

Coding Status : Not Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F

ADR : 8 Munlochy Road GLASGOW

Report Text :

-requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV -Tests NOT included in UKAS Accreditation (9319) Scope. -This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 06/10/2020 19:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 07/10/2020 13:22:00
Received Date : 08/10/2020 11:00:52
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0927361.Q **Coding Status** : Not Coded
Filed By User : Ms Lynn Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 13/10/2020 17:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 14/10/2020 13:59:00
Received Date : 15/10/2020 11:00:21
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0932059.W
Filed By User : Ms Lynn Mulraney
Assigned to :

Coding Status : Not Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F

ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP.

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 20/10/2020 09:16:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 21/10/2020 18:00:00
Received Date : 22/10/2020 19:00:09
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0938110.8 **Coding Status** : Not Coded
Filed By User : Miss Leah Haworth **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 28/10/2020 10:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 28/10/2020 18:00:00
Received Date : 30/10/2020 15:00:24
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : G504R36659896 **Coding Status** : Not Coded
Filed By User : Dr Lucy Steel **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : IMAGING

	Abn	Value	Units	Range	Status
R XR Chest					
satisfactory - letter sent to patient (LS)					
R XR Chest					NK

I **Click for HTML view**
-Shirley Young
Clinical History :

L sided post chest wall pain below
scapula, present constantly, occ wakens from sleep, h/o breast cancer, on
zoledronic acid and letrozole

XR Chest :
Surgical clips projected
over the left hemithorax.
Normal cardiac and mediastinal contour. The
lungs appear clear. No abnormality is identified in the bony thorax.

Reported by: Dr Wilma Kincaid
Verified by: Dr Wilma Kincaid

Sample Collected Date : 10/11/2020 14:54:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 11/11/2020 09:23:06
Received Date : 11/11/2020 11:00:58
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0949659.M **Coding Status** : Not Coded
Filed By User : Ms Marie McLaughlin **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 11/11/2020 10:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 11/11/2020 18:09:00
Received Date : 12/11/2020 19:00:21
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0975301.P **Coding Status** : Not Coded
Filed By User : Miss Leah Haworth **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 16/11/2020 15:55:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 18/11/2020 18:20:00
Received Date : 19/11/2020 19:02:20
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0981714.8 **Coding Status** : Not Coded
Filed By User : Ms Marie McLaughlin **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 25/11/2020 09:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 25/11/2020 18:26:00
Received Date : 26/11/2020 19:00:23
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0989195.D **Coding Status** : Not Coded
Filed By User : Miss Leah Haworth **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 01/12/2020 17:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 02/12/2020 18:00:00
Received Date : 04/12/2020 15:00:25
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0997518.X **Coding Status** : Not Coded
Filed By User : Miss Leah Haworth **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 09/12/2020 10:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 09/12/2020 18:00:00
Received Date : 11/12/2020 15:00:30
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0187407.P
Filed By User : Ms Lynn Mulraney
Assigned to :
Coding Status : Not Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 16/12/2020 11:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 16/12/2020 18:14:00
Received Date : 17/12/2020 19:00:54
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0193481.Y **Coding Status** : Not Coded
Filed By User : Miss Leah Haworth **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 21/12/2020 18:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 22/12/2020 18:00:00
Received Date : 24/12/2020 11:00:21
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,20.0197824.R **Coding Status** : Not Coded
Filed By User : Miss Leah Haworth **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (215554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 29/12/2020 09:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 29/12/2020 18:13:00
Received Date : 30/12/2020 15:00:19
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.3003865.L
Filed By User : Miss [redacted] Haworth
Assigned to :

Coding Status : Not Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (215564) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 05/01/2021 17:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 06/01/2021 18:00:00
Received Date : 08/01/2021 11:00:27
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.0716603.F **Coding Status** : Not Coded
Filed By User : Miss Leah Haworth **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 11/01/2021 17:48:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 14/01/2021 15:06:00
Received Date : 15/01/2021 11:00:54
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.0722820.A **Coding Status** : Not Coded
Filed By User : Ms Lynn Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 19/01/2021 18:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 21/01/2021 09:04:00
Received Date : 22/01/2021 07:00:43
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.0361720.W **Coding Status** : Not Coded
Filed By User : Ms [redacted] Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV -The laboratory will discard negative SARS-CoV-2 PCR -specimens after one week. -Tests NOT included in UKAS Accreditation (9319) Scope. -This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 27/01/2021 16:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 27/01/2021 19:11:00
Received Date : 28/01/2021 15:00:21
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4003659.T **Coding Status** : Not Coded
Filed By User : Ms Lynn Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-The laboratory will discard negative SARS-CoV-2 PCR					
-specimens after one week.					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 02/02/2021 18:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 03/02/2021 23:33:00
Received Date : 04/02/2021 19:00:58
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4030302.B **Coding Status** : Not Coded
Filed By User : Ms [redacted] Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-The laboratory will discard negative SARS-CoV-2 PCR					
-specimens after one week.					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 11/02/2021 17:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 12/02/2021 20:36:00
Received Date : 13/02/2021 11:00:04
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4021938.Q **Coding Status** : Not Coded
Filed By User : Miss Leah Haworth **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-The laboratory will discard negative SARS-CoV-2 PCR					
-specimens after one week.					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 19/02/2021 13:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 19/02/2021 16:34:00
Received Date : 20/02/2021 07:00:14
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4028179.A **Coding Status** : Not Coded
Filed By User : Ms [redacted] Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-The laboratory will discard negative SARS-CoV-2 PCR					
-specimens after one week.					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 23/02/2021 17:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/02/2021 17:53:00
Received Date : 25/02/2021 11:00:20
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4073121.Y **Coding Status** : Not Coded
Filed By User : Ms [redacted] McLaughlin **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-The laboratory will discard negative SARS-CoV-2 PCR					
-specimens after one week.					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 03/03/2021 10:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 03/03/2021 18:59:00
Received Date : 04/03/2021 11:00:13
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4093575.V **Coding Status** : Not Coded
Filed By User : Ms Lynn Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-The laboratory will discard negative SARS-CoV-2 PCR					
-specimens after one week.					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 10/03/2021 13:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 10/03/2021 19:31:00
Received Date : 11/03/2021 11:00:52
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4094968.J **Coding Status** : Not Coded
Filed By User : Ms Marie McLaughlin **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-The laboratory will discard negative SARS-CoV-2 PCR					
-specimens after one week.					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 16/03/2021 14:33:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 17/03/2021 17:47:00
Received Date : 18/03/2021 11:00:17
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4105014.W
Filed By User : Miss [redacted] Haworth
Assigned to :

Coding Status : Not Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F

ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-The laboratory will discard negative SARS-CoV-2 PCR					
-specimens after one week.					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 31/03/2021 10:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 31/03/2021 18:31:00
Received Date : 01/04/2021 07:00:24
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4112646.F **Coding Status** : Not Coded
Filed By User : Miss Leah Haworth **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-REQUESTED BY HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-The laboratory will discard negative SARS-CoV-2 PCR					
-specimens after one week.					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 07/04/2021 10:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 07/04/2021 17:35:00
Received Date : 08/04/2021 07:00:23
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4120641.2 **Coding Status** : Not Coded
Filed By User : Ms Marie McLaughlin **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV -The laboratory will discard negative SARS-CoV-2 PCR -specimens after one week. -Tests NOT included in UKAS Accreditation (9319) Scope. -This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 13/04/2021 10:33:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 14/04/2021 18:32:00
Received Date : 15/04/2021 07:00:23
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4130292.B **Coding Status** : Not Coded
Filed By User : Ms Lynn Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-The laboratory will discard negative SARS-CoV-2 PCR					
-specimens after one week.					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 21/04/2021 10:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 21/04/2021 18:42:00
Received Date : 22/04/2021 11:00:10
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4166479.2 **Coding Status** : Not Coded
Filed By User : Miss [redacted] Haworth **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV -The laboratory will discard negative SARS-CoV-2 PCR -specimens after one week. -Tests NOT included in UKAS Accreditation (9319) Scope. -This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 10/05/2021 09:48:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 12/05/2021 17:16:00
Received Date : 13/05/2021 07:00:38
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4178354.8 **Coding Status** : Not Coded
Filed By User : Ms Lynsey Buchanan **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV -The laboratory will discard negative SARS-CoV-2 PCR -specimens after one week. -Tests NOT included in UKAS Accreditation (9319) Scope. -This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 19/05/2021 11:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 19/05/2021 17:42:00
Received Date : 20/05/2021 07:00:38
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4190628.A **Coding Status** : Not Coded
Filed By User : Ms Lynn Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-The laboratory will discard negative SARS-CoV-2 PCR					
-specimens after one week.					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 25/05/2021 18:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/05/2021 19:13:00
Received Date : 27/05/2021 11:00:09
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4206148.X **Coding Status** : Not Coded
Filed By User : Ms [redacted] McLaughlin **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy [redacted] GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV -The laboratory will discard negative SARS-CoV-2 PCR -specimens after one week. -Tests NOT included in UKAS Accreditation (9319) Scope. -This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 02/06/2021 10:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 02/06/2021 19:36:00
Received Date : 03/06/2021 11:00:20
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : B,21.6074868.F
Filed By User : Dr Gemma Cross
Assigned to :

Coding Status : Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

**** ABNORMAL ****

Report Text :
-dizzy turn and bruising

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full blood count - FBC	Y				
Satisfactory (CROS)					
White Blood Count		5.1	x10^9/l	(4.0-10.0 U)	NK
Red Cell Count		4.00	x10^12/l	(3.80-5.80 U)	NK
Haemoglobin		133	g/l	(115-165 U)	NK
Haematocrit		0.395	l/l	(0.370-0.470 U)	NK
Mean Cell Volume		96.8	fl	(83.0-101.0 U)	NK
MCH	*	32.6	pg	(27.0-32.0 U)	NK
Platelet Count		244	x10^9/l	(150-410 U)	NK
Neutrophils		3.1	x10^9/l	(2.0-7.0 U)	NK
Lymphocytes		1.4	x10^9/l	(1.1-5.0 U)	NK
Monocytes		0.4	x10^9/l	(0.2-1.0 U)	NK
Eosinophils		0.22	x10^9/l	(0.02-0.50 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK

Sample Collected Date : 03/06/2021 12:59:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 03/06/2021 16:17:00
Received Date : 03/06/2021 19:00:18
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : B,21.6074863.G
Filed By User : Dr Gemma Cross
Assigned to :
Coding Status : Part Read Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-dizzy turn and bruising

SPECIMEN : Blood

		Abn	Value	Units	Range	Status
R	Test request : Coagulation Screen					
	Satisfactory (CROS)					
	-Note change to APTT reference range from 9/11/20					
	Prothrombin Time		10	s	(9-13 U)	NK
R	PT Ratio		0.9			NK
	APTT		30	s	(27-36 U)	NK
	APTT Ratio		1.0		(0.9-1.1 U)	NK
R	Thrombin time		14	s	(11-15 U)	NK
R	TCT ratio		1.1			NK

Sample Collected Date : 03/06/2021 12:59:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 03/06/2021 16:20:00
Received Date : 03/06/2021 19:00:34
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : B,21.4686478.L
Filed By User : Dr Gemma Cross
Assigned to :

Coding Status : Part Read Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F

ADR : 8 Munlochy Road GLASGOW

Report Text :

-dizzy turn and bruising

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Bone profile					
Satisfactory (CROS)					
Calcium		2.22	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.28	mmol/L	(2.20-2.60 U)	NK
Phosphate		0.91	mmol/L	(0.80-1.50 U)	NK
Albumin		42	g/L	(35-50 U)	NK
Alkaline Phosphatase		95	U/L	(30-130 U)	NK
R Urea & Electrolytes					
Satisfactory (CROS)					
Sodium		140	mmol/L	(133-146 U)	NK
Potassium		4.0	mmol/L	(3.5-5.3 U)	NK
Chloride		104	mmol/L	(95-108 U)	NK
Urea		5.8	mmol/L	(2.5-7.8 U)	NK
Creatinine		59	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver function test					
Satisfactory (CROS)					
Total Bilirubin		8	umol/L	(<<20 U)	NK
ALT		16	U/L	(<<50 U)	NK
AST		19	U/L	(<<40 U)	NK
Alkaline Phosphatase		95	U/L	(30-130 U)	NK
Albumin		42	g/L	(35-50 U)	NK

Sample Collected Date : 03/06/2021 12:59:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 03/06/2021 16:12:00
Received Date : 04/06/2021 11:00:50
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4233518.A **Coding Status** : Not Coded
Filed By User : Ms Marie McLaughlin **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-REQUESTED BY HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV -The laboratory will discard negative SARS-CoV-2 PCR -specimens after 48 hours. -Tests NOT included in UKAS Accreditation (9319) Scope. -This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 16/06/2021 10:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 16/06/2021 19:19:00
Received Date : 17/06/2021 11:00:16
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4249872.3 **Coding Status** : Not Coded
Filed By User : Miss [redacted] Haworth **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-The laboratory will discard negative SARS-CoV-2 PCR					
-specimens after 48 hours.					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 23/06/2021 10:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/06/2021 20:59:00
Received Date : 25/06/2021 11:00:16
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4287969.M **Coding Status** : Not Coded
Filed By User : Ms Marie McLaughlin **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV -The laboratory will discard negative SARS-CoV-2 PCR -specimens after 48 hours. -Tests NOT included in UKAS Accreditation (9319) Scope. -This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 07/07/2021 10:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 07/07/2021 19:00:00
Received Date : 08/07/2021 11:00:20
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4263467.F **Coding Status** : Not Coded
Filed By User : Miss [redacted]h Haworth **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-The laboratory will discard negative SARS-CoV-2 PCR					
-specimens after 48 hours.					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 13/07/2021 18:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 14/07/2021 18:26:00
Received Date : 15/07/2021 07:00:34
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4315926.S **Coding Status** : Not Coded
Filed By User : Ms Marie McLaughlin **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (215S4) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV -The laboratory will discard negative SARS-CoV-2 PCR -specimens after 48 hours. -Tests NOT included in UKAS Accreditation (9319) Scope. -This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 28/07/2021 12:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 28/07/2021 17:55:00
Received Date : 29/07/2021 07:00:47
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4330580.F **Coding Status** : Not Coded
Filed By User : Ms Lynn Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-REQ HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-The laboratory will discard negative SARS-CoV-2 PCR					
-specimens after 48 hours.					
-Tests NOT included in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 04/08/2021 10:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 04/08/2021 17:45:00
Received Date : 05/08/2021 07:00:48
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4346536.T **Coding Status** : Not Coded
Filed By User : Miss Leah Haworth **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV -The laboratory will discard negative SARS-CoV-2 PCR -specimens after 48 hours. -Tests NOT included in UKAS Accreditation (9319) Scope. -This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 11/08/2021 11:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 12/08/2021 18:17:00
Received Date : 13/08/2021 07:00:33
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4354853.8 **Coding Status** : Not Coded
Filed By User : Ms Lynn Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV					
-The laboratory will discard negative SARS-CoV-2 PCR					
-specimens after 48 hours.					
-Tests NOT inclu[redacted] in UKAS Accreditation (9319) Scope.					
-This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 18/08/2021 12:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 18/08/2021 22:15:00
Received Date : 19/08/2021 11:00:22
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,21.4374281.T **Coding Status** : Not Coded
Filed By User : Ms Lynsey Buchanan **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-Requested by HSCP

SPECIMEN : THROAT AND NOSE SWAB

	Abn	Value	Units	Range	Status
R 2019 NCoV -The laboratory will discard negative SARS-CoV-2 PCR -specimens after 48 hours. -Tests NOT included in UKAS Accreditation (9319) Scope. -This is a THROAT and NOSE SWAB sample.					
R 2019 NCoV		Not detected			NK

Sample Collected Date : 25/08/2021 10:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 25/08/2021 18:09:00
Received Date : 26/08/2021 07:00:43
Requestor :
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : 21A21992715 **Coding Status** : Coded
Filed By User : Miss Leah Haworth **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 07/09/2021 16:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 09/09/2021 11:00:51
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : 21A21992739 **Coding Status** : Coded
Filed By User : Ms Lynn Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F

ADR : 8 Munlochy [redacted] GLASGOW

SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 14/09/2021 16:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 22/09/2021 19:00:36
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : 21A21992692 **Coding Status** : Coded
Filed By User : Ms Lynsey Buchanan **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 22/09/2021 10:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 23/09/2021 11:02:05
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : 21A21992142 **Coding Status** : Coded
Filed By User : Ms Lynn Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 06/10/2021 07:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 07/10/2021 11:00:39
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : 21A21992173 **Coding Status** : Coded
Filed By User : Ms Lynn Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 13/10/2021 10:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 15/10/2021 07:00:47
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : 21A21992203 **Coding Status** : Coded
Filed By User : Ms [redacted] Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F

ADR : 8 Munlochy Road GLASGOW

SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					NK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 20/10/2021 08:40:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 21/10/2021 07:00:37
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : 21A21992326 **Coding Status** : Coded
Filed By User : Ms Marie McLaughlin **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 27/10/2021 08:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 28/10/2021 11:00:14
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : 21A21992548 **Coding Status** : Coded
Filed By User : Ms Marie McLaughlin **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					NK

-SARS-CoV-2 Negative by PCR
-Sample taken at CRO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 11/11/2021 16:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 16/11/2021 11:01:15
Requestor :
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : 21A21992593 **Coding Status** : Coded
Filed By User : Ms Marie McLaughlin **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 16/11/2021 12:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 18/11/2021 11:00:44
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : 21A21992555 **Coding Status** : Coded
Filed By User : Ms Heather McWilliams **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F

ADR : 8 Munlochy Road GLASGOW

SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 23/11/2021 17:50:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 25/11/2021 07:00:41
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : 21A27004931 **Coding Status** : Coded
Filed By User : Any Lab Manager **amp** **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 30/11/2021 17:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 03/12/2021 07:00:21
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : 21A27004849 **Coding Status** : Coded
Filed By User : Ms Lynn Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F

ADR : 8 Munlochy Road GLASGOW

SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 07/12/2021 17:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 12/12/2021 11:00:27
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : 21A27005570 **Coding Status** : Coded
Filed By User : Ms Lynn Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 15/12/2021 11:45:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 20/12/2021 11:00:20
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : 21A27005600 **Coding Status** : Coded
Filed By User : Ms Lynn Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (215S4) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 22/12/2021 10:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 02/01/2022 07:00:45
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : 21A27005334 **Coding Status** : Coded
Filed By User : Ms Lynn Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F

ADR : 8 Munlochy Road GLASGOW

SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 05/01/2022 12:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 13/01/2022 19:05:46
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : 21A27005389 **Coding Status** : Coded
Filed By User : Ms Marie McLaughlin **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F

ADR : 8 Munlochy Road GLASGOW

SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 11/01/2022 19:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 14/01/2022 11:03:10
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : 22A01826303 **Coding Status** : Coded
Filed By User : Ms [redacted] Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 22/01/2022 10:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 27/01/2022 19:01:23
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : 22A01826228 **Coding Status** : Coded
Filed By User : Ms Heather McWilliams **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F

ADR : 8 Munlochy Road GLASGOW

SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 01/02/2022 17:35:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 03/02/2022 07:00:35
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : AAM90127444 **Coding Status** : Coded
Filed By User : Ms Lynn Mulraney **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW
SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at VMF and analysed in the National Lighthouse Laboratory

Sample Collected Date : 05/02/2022 14:58:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 06/02/2022 11:00:05
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : 22A01826099 **Coding Status** : Coded
Filed By User : Ms Marie McLaughlin **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F

ADR : 8 Munlochy Road GLASGOW

SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					MK

-SARS-CoV-2 Negative by PCR
-Sample taken at CHO and analysed in the National Lighthouse Laboratory

Sample Collected Date : 02/03/2022 10:15:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 03/03/2022 07:00:16
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : AAO43626336 Coding Status : Coded
Filed By User : Ms Lynsey Buchanan File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

** ABNORMAL **

SPECIMEN : Throat and Nose Swab P

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) detected	Y				
R 2019-nCoV (novel coronavirus) detected	OR				NK

-SARS-CoV-2 Positive by PCR
-Sample taken at VNP and analysed in the National Lighthouse Laboratory

Sample Collected Date : 15/03/2022 11:20:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 16/03/2022 11:00:26
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : B,22.1016275.F **Coding Status** : Coded
Filed By User : Dr Suthaharan Denula **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-2 months loose stools wei...
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full blood count - FBC					
Satisfactory (DS)					
White Blood Count		8.7	x10^9/l	(4.0-10.0 U)	NK
Red Cell Count		3.93	x10^12/l	(3.80-5.80 U)	NK
Haemoglobin		125	g/l	(115-165 U)	NK
Haematocrit		0.376	l/l	(0.370-0.470 U)	NK
Mean Cell Volume		95.7	fl	(83.0-101.0 U)	NK
MCH		31.8	pg	(27.0-32.0 U)	NK
Platelet Count		313	x10^9/l	(150-410 U)	NK
Neutrophils		6.4	x10^9/l	(2.0-7.0 U)	NK
Lymphocytes		1.6	x10^9/l	(1.1-5.0 U)	NK
Monocytes		0.5	x10^9/l	(0.2-1.0 U)	NK
Eosinophils		0.17	x10^9/l	(0.02-0.50 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK

Sample Collected Date : 23/03/2022 10:54:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 23/03/2022 16:12:00
Received Date : 23/03/2022 19:00:40
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : B,22.1015102.E
Filed By User : Dr Suthaharan Denula
Assigned to :
Coding Status : Part Read Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-2 months loose stools wei...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Serum amylase level					
Satisfactory (DS)					
Amylase		94	U/L	(<<100 U)	NK
R Urea & Electrolytes					
Satisfactory (DS)					
Sodium		139	mmol/L	(133-146 U)	NK
Potassium		4.3	mmol/L	(3.5-5.3 U)	NK
Chloride		101	mmol/L	(95-108 U)	NK
Urea		4.8	mmol/L	(2.5-7.8 U)	NK
Creatinine		59	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver function test					
Satisfactory (DS)					
Total Bilirubin		7	umol/L	(<<20 U)	NK
ALT		21	U/L	(<<50 U)	NK
AST		22	U/L	(<<40 U)	NK
Alkaline Phosphatase		105	U/L	(30-130 U)	NK
Albumin		40	g/L	(35-50 U)	NK
R Thyroid funct test					
Satisfactory (DS)					
TSH		0.80	mU/L	(0.35-5.00 U)	NK
Free T4		11.4	pmol/L	(9.0-21.0 U)	NK
Total T3					NK

Sample Collected Date : 23/03/2022 10:54:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 23/03/2022 16:59:00
Received Date : 24/03/2022 15:00:34
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : B,22.1014898.V **Coding Status** : Part Read Coded
Filed By User : Dr Suthaharan Denula **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-weight loss

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R HbA1C (IFCC)					
Satisfactory (DS)					
HbA1c (IFCC)		38	mmol/mol	(20-41 U)	NR

Sample Collected Date : 23/03/2022 11:01:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 23/03/2022 16:21:00
Received Date : 24/03/2022 15:00:51
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : B,22.3548897.P **Coding Status** : Part Read Coded
Filed By User : Dr Suthaharan Denula **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :

-2 months loose stools we....

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R I Coeliac Serol (Dx)					
Satisfactory (DS)					
-IgA TTG Ab = IgA Tissue Transglutaminase Ab.					
-Normal = <7.0, equivocal = 7.0-10.0, positive = >10.0.					
-If screening for coeliac disease, this result is only valid if the					
-person was eating gluten at least twice a day for previous 6 weeks					
TTG Ab (IgA)		0.7	U/mL	(0.0-7.0 U)	NK

Sample Collected Date : 23/03/2022 10:54:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/03/2022 11:18:00
Received Date : 25/03/2022 15:00:31
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : V,22.1004047.T **Coding Status** : Part Read Coded
Filed By User : Dr Suthaharan Denula **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-2 months loose stools wei...

SPECIMEN : SERUM (BIOCH.BOTTLE)

	Abn	Value	Units	Range	Status
R H.pylori serology					
Satisfactory (DS)					
-For advice regarding Helicobater pylori please contact					
-your local microbiology department					
-This is a SERUM sample.					
H.pylori antibody		Not detected			NK

Sample Collected Date : 23/03/2022 10:54:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/03/2022 09:56:00
Received Date : 28/03/2022 15:01:06
Requestor :
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : B,22.4546165.X **Coding Status** : Not Coded
Filed By User : Dr Suthaharan Denula **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (21554) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 8 Munlochy Road GLASGOW

Report Text :
-change in bowel habit - l...

SPECIMEN : Faeces

	Abn	Value	Units	Range	Status
R QFIT					
Satisfactory (DS)					
-Negative qFIT result.					
-Refer to NHS GG&C guidelines for symptom based triage.					
R qFIT		< 9	ug Hb/g faeces	(<<9 U)	NK

Sample Collected Date : 23/03/2022 10:51:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 28/03/2022 10:41:00
Received Date : 30/03/2022 07:00:14
Requestor :
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Ophthalmology - Request for Information
GGC Ophthalmology

Ophthalmology - Request for Information (GG&C)
NHS GG&C

Consultant / receiving practitioner and/or **specialty clinic**

Hospital and **hospital address**

Hospital location code.
G039G

Email address
-

Urgency of referral Not applicable
Date of referral 06-Dec-2011 **Date sent** 06-Dec-2011

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

2-2 5 Temple Gardens
GLASGOW
G13 1JJ

Contact number(s)

Voice:07967734971
Voice:07966 066 145 (Diane Swords)

1010029000497

Unique Care Pathway Number: 1010029000497

REGISTERED GP DETAILS

Name	Dr [redacted] Campbell		
GMC code	2548292	GP code	03921
Practice name	Anniesland Medical Practice (18807)		
Practice code	40051		

Practice address

Anniesland Medical Practice
46 Munro Place
GLASGOW
G13 2UP

Contact number(s)

Voice:0141 954 8860

REFERRING GP DETAILS

Name	Dr. Jane Campbell		
GMC code	2548292	GP code	03921
Practice name	Anniesland Medical Practice (40051)		
Practice code	40051		

Practice address

46 Munro Place
Glasgow
G13 2UP

Contact number(s)

Voice:0141 954 8860

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint
Description: Ophthalmology - Request for additional information
Date of onset: 06-Dec-2011
Comment: GARTNAVEL GENERAL

MEDICAL INFORMATION AS REQUESTED

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NHS Confidential: Personal data about a patient

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
[X]Depressive disorder NOS	16-Feb-2010	16-Feb-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluoxetine Hydrochloride Capsules 20 mg	28	28 CAPS	1 Cap Daily	-	02-Sep-2010	08-Feb-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Metronidazole Tablets 400 mg	21	21 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	28-Oct-2011	28-Oct-2011
Metronidazole Tablets 400 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY AFTER FOOD	-	06-Sep-2011	06-Sep-2011
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH [redacted]	-	01-Aug-2011	01-Aug-2011

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Non-smoker:	c/o " chill down below"- sl irritation at end of micturition but no dysuria as such, no urgency. sl frequency, nocturia x 1-2- no offensive discharge , no itch, no abdo pain, .	25-Nov-2011
Ex smoker:	Smoker$$ Status.clm - No Action Required	02-Sep-2010
Ex smoker:	Smoker$$ Status.clm - No Action Required	02-Mar-2010
Non-drinker alcohol :	, not SA at present- mod high caffeine intake	25-Nov-2011
Teetotaller:	Alcohol Intake$$.clm - No Action Required	02-Mar-2010
Enjoys moderate exercise:	: priority=2	02-Mar-2010

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:No

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional)

Date

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Neurology - Headache
GGC General Referral

Consultant / receiving practitioner and/or specialty clinic

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Hospital and hospital address

Hospital location code.
G405H

Email address
-

Urgency of referral ROUTINE
Date of referral 18-Sep-2013 **Date sent** 18-Sep-2013

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

2-2 5 Temple Gardens
GLASGOW
G13 1JJ

Contact number(s)

Voice:07967734971
Voice:07966 066 145 [redacted] Swords)

1010059848272 Unique Care Pathway Number: 1010059848272

REGISTERED GP DETAILS

Name	[redacted]		
GMC code	2548292	GP code	03921
Practice name	Anniesland Medical Practice (18807)		
Practice code	40051		

Practice address

Anniesland Medical Practice
46 Munro Place
GLASGOW
G13 2UP

Contact number(s)

Voice:0141 954 8860

REFERRING GP DETAILS

Name	Dr. [redacted]		
GMC code	6055912	GP code	01139
Practice name	Anniesland Medical Practice (40051)		
Practice code	40051		

Practice address

46 Munro Place
Glasgow
G13 2UP

Contact number(s)

Voice:0141 954 8860

CLINICAL INFORMATION

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NHS Confidential: Personal data about a patient

History of presenting complaint
Presenting complaint
Description: REVIEW
Comment: CLINIC OF DR TYAGI

I WOULD BE GRATEFUL IF YOU WOULD SEE THIS 30 YEAR OLD WOMAN WHO IS SUFFERING WITH MIGRAINE. SHE FIRST PRESENTED ON 10TH OF OCTOBER 2012 WITH A HISTORY OF LIFE-LONG MIGRAINES BUT FELT THEY WERE WORSE IN THE PREVIOUS FEW MONTHS. AT THAT POINT SHE WAS USING MIGRALEVE TO TERMINATE THEM. WHEN SHE GETS MIGRAINES THE SEVERE ONES TEND TO COME IN A BIPHASIC PATTERN WHERE SHE GETS INITIALLY A HEADACHE AND THEN 24HRS LATER A SUBSEQUENT HEADACHE. AT THE FIRST CONSULTATION WE DISCUSSED CAFFEINE, LIFESTYLE ADVICE AND AT THAT POINT COMMENCED HER ON PROPRANOL TABLETS WITH SUMATRIPTAN AS AN ABORTIVE TREATMENT.

WHEN I REVIEWED HER AT THE END OF OCTOBER SHE HAD REDUCED HER CAFFEINE AND HER HEADACHES HAD SLIGHTLY IMPROVED HOWEVER SHE FELT VERY DIZZY ON THE PROPRANOLOL. INSTEAD WE TRIED TOPIRAMATE, AT THAT POINT SHE WAS NOT REQUIRING CONTRACEPTION AND WE TITRATED THE TOPIRAMATE UP. SHE WAS REVIEWED AT THE END OF NOVEMBER WHERE HER MIGRAINES WERE MUCH BETTER AND WE HAD AIMED TO WEAN HER OFF THE TOPIRAMATE OVER THE NEXT FEW WEEKS.

UNFORTUNATELY SHE WAS SEEN AGAIN IN JUNE 2013 WITH A RECURRENCE OF SEVERE MIGRAINES HAVING THREE IN THE LAST WEEK. SHE FELT THE SUMATRIPTAN WAS WEARING OFF QUICKLY AND WE TRIED CHANGING THE ABORTIVE THERAPY TO ZOLMATRIPTAN. I ALSO INCREASED THE TOPIRAMATE AT THAT POINT TO 50MG, TWICE A DAY, THIS WAS AT THE START OF JULY.

HAPPILY SHE HAD NO FURTHER MIGRAINES FOR THE NEXT EIGHT WEEKS AND THEN UNFORTUNATELY HAD ONE MIGRAINE ON THE 31ST OF AUGUST AND ANOTHER TWO WEEKS LATER. BOTH OF THESE REQUIRED DOUBLE DOSES OF ZOMIG TO TERMINATE THEM.

UNFORTUNATELY THE HIGHER DOSE TOPIRAMATE HAS LEFT HER FEELING PROFOUNDLY FATIGUED AND SHE FEELS SHE IS NOT COPING WITH THE DEGREE OF FATIGUE WITH THIS TABLET. SHE HAS HAD SOME RECENT STRESS WITH HER BENEFITS AND DOES ADMIT THAT THE RECENT HEADACHES MAY BE RELATED TO THIS. EVEN IF THEY WERE, THE BENEFITS OF THE TOPIRAMATE IN MIGRAINE PREVENTION SEEM TO OUTWEIGHED SLIGHTLY BY HER SEVERE FATIGUE. TODAY I SUGGESTED THAT WE SWITCH TO DULOXETINE AS AN ALTERNATIVE PROPHYLACTIC. SHE HAS REQUESTED REVIEW AT THE MIGRAINE CLINIC AS SHE IS HAVING ONGOING ISSUES WITH HER MIGRAINES. AS WE HAVE TRIED THREE PROPHYLACTICS AND SHE IS HAVING ONGOING ISSUES I WOULD BE GRATEFUL IF SHE COULD BE CONSIDERED FOR REVIEW.

Reason for referral
Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
(X)Depressive disorder NOS	16-Feb-2010	16-Feb-2010

Current medication (Active Repeat medication issued within the last 12 months)
No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duloxetine Gastro-resistant Capsules 30 mg	14	14 capsule	ONE DAILY	-	13-Sep-2013	13-Sep-2013
Zolmitriptan Tablets 2.5 mg	6	6 tablet	1 TAB AS DIRECTED	-	13-Sep-2013	13-Sep-2013
Zolmitriptan Tablets 2.5 mg	12	12 tablet	ONE TAB AS REQUIRED REPEAT AFTER 2 HOURS IF MIGRAINE PERSISTS	-	15-Aug-2013	01-Jul-2013
Sumatriptan Succinate Tablets 50 mg	6	6 TABLET	ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	15-Aug-2013	15-Aug-2013
Tramadol Hydrochloride Capsules 50 mg	30	30 capsule	1 or 2 Caps 4 Times [redacted]	-	15-Aug-2013	15-Aug-2013
Zolmitriptan Tablets 2.5 mg	12	12 tablet	ONE TAB AS REQUIRED REPEAT AFTER 2 HOURS IF MIGRAINE PERSISTS	-	01-Jul-2013	01-Jul-2013
Tramadol Hydrochloride Capsules 50 mg	30	30 capsule	1 or 2 Caps 4 Times daily	-	03-Jun-2013	03-Jun-2013
Sumatriptan Succinate Tablets 50 mg	6	6 TABLET	ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	28-May-2013	28-May-2013
Topiramate Tablets 25 mg	112	112 tablet	ONE TO BE TAKEN TWICE A DAY	-	16-Jan-2013	14-Aug-2013

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	[redacted]
Non-smoker:	gen malaise 4 dys, altho improving today, sore throat, neck stiff, feverish, red appetite, drinking well, no v, no rash, min cough, no SOB,,	07-Aug-2012
Ex-moderate smoker (10-19/day):	stopped 2 yrs ago	01-May-2012
Non-smoker:	c/o " chill down below"- sl irritation at end of micturition but no dysuria as such, no urgency. sl frequency, nocturia x 1-2- no offensive discharge , no itch, no abdo pain, .	25-Nov-2011
Ex smoker:	Smoker$$ Status.clm - No Action Required	02-Sep-2010
Ex smoker:	Smoker$$ Status.clm - No Action Required	02-Mar-2010
Non-drinker alcohol :	, not SA at present- mod high caffeine intake	25-Nov-2011
Teetotaller:	Alcohol Intake$$.clm - No Action Required	02-Mar-2010
Enjoys moderate exercise:	; priority=2	02-Mar-2010

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:No

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Request for Colorectal Investigations - Glasgow (Glasgow, v15.0)

REFERRAL TO

General Surgery - Colorectal
GGC Colorectal

Consultant / receiving practitioner and/or specialty clinic

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

Hospital and hospital address

Hospital location code.
G516H

Email address
-

Urgency of referral Routine
Date of referral 16-Nov-2016 **Date sent** 16-Nov-2016

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

2-2 5 Temple Gardens
GLASGOW
G13 1JJ

Contact number(s)
Voice:07967734971

1010125214632 Unique Care Pathway Number: 1010125214632

REGISTERED GP DETAILS

Name	Dr [redacted]		
GMC code	2548292	GP code	03921
Practice name	Anniesland Medical Practice (18807)		
Practice code	40051		

Practice address

Anniesland Medical Practice
46 Munro Place
GLASGOW
G13 2UP

Contact number(s)
Voice:0141 954 8860

REFERRING GP DETAILS

Name	Dr. Helen Irvine		
GMC code	3603877	GP code	09245
Practice name	Anniesland Medical Practice (40051)		
Practice code	40051		

Practice address

46 Munro Place
Glasgow
G13 2UP

Contact number(s)
Voice:0141 954 8860

CLINICAL INFORMATION

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History of presenting complaint
Presenting complaint

Description: Rectal bleeding

Comment: This 42 year old lady has had intermittent bright red rectal bleeding for some months now. She did have diarrhoea at the beginning of the year, but this has settled. Recently she had some constipation and does feel that this made the bleeding worse. She describes it as being so significant that it drips in to the pan. It has never been mixed in with the stool, but she is aware of a lot of what she thinks is mucus. She has not lost any weight and she is very concerned as her aunt had bowel cancer at a young age. Thank you for seeing her.
Kind regards.

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
Rectal bleeding	15-Nov-2016	15-Nov-2016
[X]Depressive disorder NOS	16-Feb-2010	16-Feb-2010

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Bowel cancer [redacted]	fh in 80's	23-Feb-2016
No FH: Hypertension	: priority=2	26-Apr-2010
FH: Diabetes mellitus	: priority=2	02-Mar-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duloxetine Gastro-resistant Capsules 60 mg	56	56 CAPSULE	ONE DAILY	-	09-Nov-2015	21-Jul-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sumatriptan Succinate Tablets 100 mg	6	6 TABLET	ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	21-Jul-2016	21-Jul-2016
Cetirizine Hydrochloride Tablets 10 mg	30	30 tablet	ONE TO BE TAKEN EACH DAY	-	21-Jul-2016	21-Jul-2016

Blood Pressure

[redacted] Recorded	Systolic	Diastolic
09-Nov-2015	110	70
28-Apr-2015	120	52
27-Nov-2013	100	60
18-Dec-2012	118	63
29-Oct-2012	100	80

Body Measurements

Date Recorded	Height	Weight	BMI
26-Apr-2010	162.5	57	21.58

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Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco :	has had feeling of lump in throat for past 2 months, started after had episode of choking, has become worse in past 4-5 days, has ass coryzal symptoms at moment, no weight loss, , swallowing ok,	20-Oct-2015
Never smoked tobacco :	4 days cough seems worse am when she brings up spit - greeny. eating. no temp. stopped 5 years ago	28-May-2015
Never smoked tobacco :		28-Apr-2015
Non-smoker :	gen malaise 4 dys, altho improving today, sore throat, neck stiff, feverish, red appetite, drinking well, no v, no rash, min cough, no SOB,,	07-Aug-2012
Ex-moderate smoker (10-19/day) :	stopped 2 yrs ago	01-May-2012
Non-drinker alcohol :	, not SA at present- mod high caffeine intake	25-Nov-2011
Teetotaller:	Alcohol Intake$$.clm - No Action Required	02-Mar-2010
Enjoys moderate exercise:	: priority=2	02-Mar-2010

Investigations

Description/Question	Result/Comment	Date
Previous similar problems?:	No	-
Family history of colorectal cancer?:	Yes	-
Duration of current symptoms (weeks):	>8	-
Rectal bleeding:	Yes	-
Rectal bleeding bright red:	Yes	-
Rectal bleeding dark red:	No	-
Rectal bleeding separate from stool:	true	-
Change in bowel habit:	Yes	-
Bowel habit - constipation:	true	-
Pain:	No	-
Abdominal pain:	No	-
Weight loss:	No	-
Weight loss :	No weight loss	-
Abdominal Examination:	No	-
Rectal Examination:	No	-
Haematology:	No	-

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

Signature of referring doctor (or other professional)

Date

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

General Surgery - Breast
GGC General Referral

Consultant / receiving practitioner and/or specialty clinic

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

Hospital and hospital address

Hospital location code.
G516H

Email address
-

Urgency of referral Urgent - Suspected Cancer
Date of referral 04-Apr-2018 **Date sent** 04-Apr-2018

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

2-2 5 Temple Gardens
GLASGOW
G13 1JJ

Contact number(s)
Voice:07967734971

1010158111802 Unique Care Pathway Number: 1010158111802

REGISTERED GP DETAILS

Name	Dr [redacted] Campbell		
GMC code	2548292	GP code	03921
Practice name	Anniesland Medical Practice (18807)		
Practice code	40051		

Practice address

Anniesland Medical Practice
46 Munro Place
GLASGOW
G13 2UP

Contact number(s)
Voice:0141 954 8860

REFERRING GP DETAILS

Name	Dr A Llewelyn		
GMC code	6151137	GP code	00035
Practice name	-		
Practice code	40012		

Practice address

Contact number(s)
-

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Lump in left breast

Comment: This 43 year old lady has a family history of breast cysts. She recently noted a lumpy area in the left breast which can be a bit tender at times. She has no family history of breast cancer. On examination, she has a rather nodular area on the upper outer quadrant of her left breast with no skin changes or any palpable axillary nodes. This may represent cystic or hormonal changes but as the lump is new, and has persisted over the last few weeks, I would be grateful if she can be seen urgently to excluded the possibility of malignancy. Many thanks.

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Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
Piles - haemorrhoids	02-Mar-2017	02-Mar-2017
[X]Depressive disorder NOS	16-Feb-2010	16-Feb-2010

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Bowel cancer (Maternal [redacted]	fh in 80's	23-Feb-2016
No FH: Hypertension	: priority=2	26-Apr-2010
FH: Diabetes mellitus	: priority=2	02-Mar-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	ONE DAILY	-	17-Nov-2017	12-Mar-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sumatriptan Succinate Tablets 100 mg	6	6 TABLET	ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	12-Mar-2018	12-Mar-2018
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	21-Dec-2017	21-Dec-2017

Blood Pressure

Date Recorded	Systolic	Diastolic
09-Nov-2015	110	70
28-Apr-2015	120	52
27-Nov-2013	100	60
18-Dec-2012	118	63
29-Oct-2012	100	80

Body Measurements

Date Recorded	Height	Weight	BMI
26-Apr-2010	162.5	57	21.58

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco :	has had feeling of lump in throat for past 2 months, started after had episode of choking, has become worse in past 4-5 days, has ass coryzal symptoms at moment, no weight loss, , swallowing ok,	20-Oct-2015
Never smoked tobacco :	4 days cough seems worse am when she brings up spit - greeny. eating. no temp. stopped 5 years ago	28-May-2015
Never smoked tobacco :		28-Apr-2015
Non-smoker :	gen malaise 4 dys, altho improving today, sore throat, neck stiff, feverish, red appetite, drinking well, [redacted]v, no rash, min cough, no SOB,,	07-Aug-2012
Ex-moderate smoker (10-19/day) :	stopped 2 yrs ago	01-May-2012
Non-drinker alcohol :	, not SA at present- mod high caffeine intake	25-Nov-2011
Teetotaller:	Alcohol Intake$$.clm - No Action Required	02-Mar-2010
Enjoys moderate exercise:	: priority=2	02-Mar-2010

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NHS Confidential: Personal data about a patient

Clinical warnings

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) British

Signature of referring doctor (or other professional)

Date

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Neurology - Headache
GGC General Referral

Consultant / receiving practitioner and/or specialty clinic

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF

Hospital and hospital address

Hospital location code.
G405H

Email address
-

Urgency of referral Routine
Date of referral 05-Apr-2018 **Date sent** 05-Apr-2018

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

2-2 5 Temple Gardens
GLASGOW
G13 1JJ

Contact number(s)
Voice:07967734971

1010158226821

Unique Care Pathway Number: 1010158226821

REGISTERED GP DETAILS

Name	Dr [redacted]		
GMC code	2548292	GP code	03921
Practice name	Anniesland Medical Practice (18807)		
Practice code	40051		

Practice address

Anniesland Medical Practice
46 Munro Place
GLASGOW
G13 2UP

Contact number(s)
Voice:0141 954 8860

REFERRING GP DETAILS

Name	Dr A Llewelyn		
GMC code	6151137	GP code	00035
Practice name	-		
Practice code	40012		

Practice address

Contact number(s)
-

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Migraines

Comment: This 43 year old lady has been on Duloxetine 60 mg for sometime as well as Sumatriptan as required for her migraines. She was started on Duloxetine by the headache clinic as other treatments have been ineffective. Her migraines have been well controlled for sometime but she is now having migraines before her periods. She is keen to be seen at your clinic again to discuss options for management. Many thanks.

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NHS Confidential: Personal data about a patient

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
Piles - haemorrhoids	02-Mar-2017	02-Mar-2017
[X]Depressive disorder NOS	16-Feb-2010	16-Feb-2010

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Bowel cancer (Maternal [redacted]	fh in 80's	23-Feb-2016
No FH: Hypertension	: priority=2	26-Apr-2010
FH: Diabetes mellitus	: priority=2	02-Mar-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	ONE DAILY	-	17-Nov-2017	12-Mar-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sumatriptan Succinate Tablets 100 mg	6	6 TABLET	ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	12-Mar-2018	12-Mar-2018
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	21-Dec-2017	21-Dec-2017

Blood Pressure

Date Recorded	Systolic	Diastolic
09-Nov-2015	110	70
28-Apr-2015	120	52
27-Nov-2013	100	60
18-Dec-2012	118	63
29-Oct-2012	100	80

Body Measurements

Date Recorded	Height	Weight	BMI
26-Apr-2010	162.5	57	21.58

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco :	has had feeling of lump in throat for past 2 months, started after had episode of choking, has become worse in past 4-5 days, has ass coryzal symptoms at moment, no weight loss, , swallowing ok,	20-Oct-[redacted]
Never smoked tobacco :	4 days cough seems worse am when she brings up spit - greeny. eating. no temp. stopped 5 years ago	28-May-2015
Never smoked tobacco :		28-Apr-2015
Non-smoker :	gen malaise 4 dys, altho improving today, sore throat, neck stiff, feverish, red appetite, drinking well, [redacted]v, no rash, min cough, no SOB,,	07-Aug-2012
Ex-moderate smoker (10-19/day) :	stopped 2 yrs ago	01-May-2012
Non-drinker alcohol :	, not SA at present- mod high caffeine intake	25-Nov-2011
Teetotaller:	Alcohol Intake$$.clm - No Action Required	02-Mar-2010
Enjoys moderate exercise:	: priority=2	02-Mar-2010

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Clinical warnings

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) British

Signature of referring doctor (or other professional)

Date

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NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Dietetics Protocol (Glasgow, vR13.0)

REFERRAL TO

Drumchapel Health Centre Dietetic Service
GGC Dietetics

Consultant / receiving practitioner and/or **specialty clinic**

Dietetic Service GG&C
NHS Greater Glasgow & Clyde

Hospital and **hospital address**

Hospital location code.
G033G

Email address

Urgency of referral Routine
Date of referral 12-Jul-2018 **Date sent** 12-Jul-2018

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

2-2 5 Temple Gardens
GLASGOW
G13 1JJ

Contact number(s)

Voice:07967734971

101016536510T Unique Care Pathway Number: 101016536510T

REGISTERED GP DETAILS

Name	Dr [redacted] Steel		
GMC code	6128726	GP code	03336
Practice name	Anniesland Medical Practice (18807)		
Practice code	40051		

Practice address

Anniesland Medical Practice
46 Munro Place
GLASGOW

Contact number(s)

Voice:0141 954 8860

REFERRING GP DETAILS

Name	Dr. [redacted] Steel		
GMC code	6128726	GP code	03336
Practice name	Anniesland Medical Practice (40051)		
Practice code	40051		

Practice address

46 Munro Place
Glasgow
G13 2UP

Contact number(s)

Voice:0141 954 8860

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Dietetic support, new diagnosis of breast cancer

Comment: [redacted] thanks for seeing this 43 year old lady who recently underwent a left total mastectomy for breast cancer. She is due to start chemotherapy. She is currently receiving support from the Macmillan nurses, who have suggested a referral to your team for dietetic support. I am grateful to you for seeing her. Her most recent recorded weight is 57 kg, height 162.5 cm, BMI 21. It may be that this has changed since her recent operation. [redacted] thanks.

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NHS Confidential: Personal data about a patient

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
Piles - haemorrhoids	02-Mar-2017	02-Mar-2017
[X]Depressive disorder NOS	16-Feb-2010	16-Feb-2010

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Total mastectomy NOS (Left)	+ SLNB + reconstruction	29-May-2018	29-May-2018

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Bowel cancer [redacted]	fh in 80's	23-Feb-2016
No FH: Hypertension	: priority=2	26-Apr-2010
FH: Diabetes mellitus	: priority=2	02-Mar-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	ONE DAILY	-	17-Nov-2017	04-Jul-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Trimethoprim Tablets 200 mg	6	6 TABLET	ONE TO BE TAKEN TWICE A DAY	-	06-Jun-2018	06-Jun-2018
Zolmitriptan Tablets 2.5 mg	6	6 tablet	1 TAB AS DIRECTED	-	29-May-2018	29-May-2018
Clotrimazole Cream and Pessary 2 % + 500 mg	1	1*1 pack	TO BE USED AS DIRECTED	-	23-Apr-2018	23-Apr-2018
Naproxen Tablets 500 mg	28	28 tablet	ONE TO BE TAKEN TWICE A DAY	-	13-Apr-2018	13-Apr-2018
Amoxicillin Capsules 500 mg	15	15 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	13-Apr-2018	13-Apr-2018
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 dose	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	13-Apr-2018	13-Apr-2018
Sumatriptan Succinate Tablets 100 mg	6	6 TABLET	ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	12-Mar-2018	12-Mar-2018

Blood Pressure

Date Recorded	Systolic	Diastolic
09-Nov-2015	110	70
28-Apr-2015	120	52
27-Nov-2013	100	60
18-Dec-2012	118	63
29-Oct-2012	100	80

Body Measurements

Date Recorded	Height	Weight	BMI
26-Apr-2010	162.5	57	21.58

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Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Height (m):	162.5	-
Weight (kg):	57	-
BMI (Weight / Height):	21.58	-
MUST Screening Tool Score (If Available):	NOT AVAILABLE	-
Never smoked tobacco :	has had feeling of lump in throat for past 2 months, started after had episode of choking, has become worse in past 4-5 days, has ass coryzal symptoms at moment, no weight loss, , swallowing ok,	20-Oct-2015
Never smoked tobacco :	4 days cough seems worse am when she brings up spit - greeny. eating. no temp. stopped 5 years ago	28-May-2015
Never smoked tobacco :		28-Apr-2015
Non-smoker :	gen malaise 4 dys, altho improving today, sore throat, neck stiff, feverish, red appetite, drinking well, no v, no rash, min cough, no SOB,,	07-Aug-2012
Ex-moderate smoker (10-19/day) :	stopped 2 yrs ago	01-May-2012
Non-drinker alcohol :	, not SA at present- mod high caffeine intake	25-Nov-2011
Teetotaller:	Alcohol Intake$$.clm - No Action Required	02-Mar-2010
Enjoys moderate exercise:	: priority=2	02-Mar-2010

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

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

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NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Arndale - CMHT Adult
GGC Mental Health

Community Mental Health Team - Adult
SCI Gateway Virtual Location code

Consultant / receiving practitioner and/or specialty clinic

Hospital and hospital address

Hospital location code.
G002G

Email address
-

Urgency of referral Routine
Date of referral 08-Jan-2021 **Date sent** 08-Jan-2021

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

2-2 5 Temple Gardens
GLASGOW
G13 1JJ

Contact number(s)
Voice:07967734971

101022401286Z Unique Care Pathway Number: 1010224012862

REGISTERED GP DETAILS

Name	Dr Lucy Steel		
GMC code	6128726	GP code	03336
Practice name	Anniesland Medical Practice (18807)		
Practice code	40051		

Practice address

Anniesland Medical Practice
46 Munro Place
GLASGOW
G13 2UP

Contact number(s)
Voice:0141 954 8860
E-mail:GG-UHB.GP40051clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. [redacted]		
GMC code	7419236	GP code	99999
Practice name	Anniesland Medical Practice (40051)		
Practice code	40051		

Practice address

46 Munro Place
Glasgow
G13 2UP

Contact number(s)
Voice:0141 954 8860

CLINICAL INFORMATION

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NHS Confidential: Personal data about a patient

History of presenting complaint
Presenting complaint

Description: Low mood and anxiety

Comment: Dear Doctor

I would be very grateful for your review of this pleasant 46 year old lady who works as a [redacted] in Mental Health for the Richmond Trust. She lives with her 20 year old son who she has quite a few concerns about.

The main reason for her referral is that she has ongoing issues with low mood and anxiety for the last few months. Previously she helped this by doing regular exercise and going for hill walks, however with the recent lock down, she has struggled to do these activities.

She does have new suicidal ideation and thoughts, but has no active plans to harm herself or anyone else.

Unfortunately last year she was diagnosed with breast cancer and thankfully has had treatment for this, including a mastectomy and is now cancer free with regular follow up. However she admits to catastrophising any ache or pain may potentially be cancer.

She feels quite socially isolated and admits that she usually has no one to talk to.

The main reason for this referral is that she is currently on Duloxetine 60 mg once [redacted] for migraine prophylaxis. I feel she may benefit from another SSRI for example Sertraline or Citalopram, but I do not feel comfortable prescribing this in addition to Duloxetine and I am looking for advice on your thoughts of prescribing two SSRI's.

I also feel that this lady would benefit from cognitive behavioural therapy. I have signposted her to LIFELINK, but I am not sure whether she is benefiting much from this.

I would be grateful for your input.

Kind regards.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Anxiety with depression	-	08-Jan-2021	08-Jan-2021
Gastritis unspecified	2ry chemotherapy	15-Oct-2018	15-Oct-2018
Malignant neoplasm of female breast (Left)	-	23-Apr-2018	23-Apr-2018
Piles - haemorrhoids	-	02-Mar-2017	02-Mar-2017
[X]Depressive disorder NOS	-	16-Feb-2010	16-Feb-2010

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Bilateral salpingoophorectomy	-	24-Apr-2019	24-Apr-2019
Neutropenia	-	26-Sep-2018	26-Sep-2018
Total mastectomy NOS (Left)	+ SLNB + reconstruction	29-May-2018	29-May-2018

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Bowel cancer [redacted]	fh in 80's	23-Feb-2016
No FH: Hypertension	: priority=2	26-Apr-2010
FH: Diabetes mellitus	: priority=2	02-Mar-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	ONE [redacted]	-	02-Aug-2019	09-Dec-2020
Letrozole Tablets 2.5 mg	56	56 tablet	1 Tab [redacted]	-	26-Feb-2019	30-Nov-2020
Tramadol Hydrochloride Capsules 50 mg	60	60 capsule	1 or 2 Caps 4 Times daily	-	05-Feb-2019	05-Jan-2021
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	1 TAB DAILY	-	26-Sep-2018	30-Nov-2020

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Propranolol Hydrochloride Tablets 10 mg	21	21 Tablet (s)	ONE TO BE TAKEN THREE TIMES A DAY IF REQUIRED	-	08-Jan-2021	08-Jan-2021
Naproxen Tablets 500 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	24-Nov-2020	24-Nov-2020
Aciclovir Tablets 400 mg	25	25 TABLET	ONE TO BE TAKEN FIVE TIMES A DAY FOR FIVE DAYS	-	24-Nov-2020	24-Nov-2020
Naproxen Tablets 500 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	28-Oct-2020	28-Oct-2020
Flucloxacillin Capsules 500 mg	20	20 CAPSULE	ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS	-	22-Sep-2020	22-Sep-2020

Blood Pressure

Date Recorded	Systolic	Diastolic
17-Jul-2018	119	73
09-Nov-2015	110	70
28-Apr-2015	120	52
27-Nov-2013	100	60
18-Dec-2012	118	63

Body Measurements

Date Recorded	Height	Weight	BMI
26-Apr-2010	162.5	57	21.58

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco :	has had feeling of lump in throat for past 2 months, started after had episode of choking, has become worse in past 4-5 days, has ass coryzal symptoms at moment, no weight loss, , swallowing ok,	20-Oct-2015
Never smoked tobacco :	4 days cough seems worse am when she brings up spit - greeny. eating. no temp. stopped 5 years ago	28-May-2015
Never smoked tobacco :		28-Apr-2015
Non-smoker :	gen malaise 4 dys, altho improving today, sore throat, neck stiff, feverish, red appetite, drinking well, no v, no rash, min cough, no SOB,.	07-Aug-2012
Ex-moderate smoker (10-19/day) :	stopped 2 yrs ago	01-May-2012
Non-drinker alcohol :	, not SA at present- mod high caffeine intake	25-Nov-2011
Teetotaller:	Alcohol Intake$$.ckm - No Action Required	02-Mar-2010
Enjoys moderate exercise:	: priority=2	02-Mar-2010

Clinical warnings

Additional Support Needs

No known ASN requirements

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NHS Confidential: Personal data about a patient

Additional relevant information

Risk of Suicide:Don't Know
Past history of suicide attempt:Don't Know
Risk of deliberate self harm:Don't Know
Is patient responsible for children?:Don't Know
Risk to others including children/dependents/clinicians/other:Don't Know
Risk from others:Don't Know
Risk of Self Neglect:Don't Know
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

Signature of referring doctor (or other professional)

Date

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Colorectal Protocol (Glasgow, v20.5)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Colorectal
GGC Colorectal

Consultant / receiving practitioner and/or specialty clinic

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

Hospital and hospital address

Hospital location code.
G516H

Email address
-

Urgency of referral Urgent - Suspected Cancer
Date of referral 28-Mar-2022 **Date sent** 28-Mar-2022

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

8 Munlochy Road
GLASGOW
G51 4NW

Contact number(s)
Voice:07967734971

101025928872A

Unique Care Pathway Number: 101025928872A

REGISTERED GP DETAILS

Name	Dr Lucy Steel		
GMC code	6128726	GP code	03336
Practice name	Anniesland Medical Practice (18807)		
Practice code	40051		

Practice address

Anniesland Medical Practice
46 Munro Place
GLASGOW
G13 2UP

Contact number(s)
Voice:0141 954 8860
E-mail:GG-UHB.GP40051clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. [redacted] Taylor		
GMC code	6055912	GP code	01139
Practice name	Anniesland Medical Practice (40051)		
Practice code	40051		

Practice address

46 Munro Place
Glasgow
G13 2UP

Contact number(s)
Voice:0141 954 8860

CLINICAL INFORMATION

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History of presenting complaint
Presenting complaint

Description: Loose Stools

Comment: I would be grateful if you would see this 47 year old lady who has had a 8 week history of loose stools. Her investigations so far have all come back clear, including stool samples and blood counts. Her abdominal examination was also normal as was her pr. Her Qfit is currently pending.

I have advised her on an IBs diet to reduce diarrhoea, however given her age and change in bowel habit towards the persistent loose stools, I feel she merits urgent colorectal investigation.

She has recently moved to the G51 postcode and will register with a GP locally.

Many Thanks

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Loose stools	-	23-Mar-2022	23-Mar-2022
Gastritis unspecified	2ry chemotherapy	15-Oct-2018	15-Oct-2018
Malignant neoplasm of female breast (Left)	-	23-Apr-2018	23-Apr-2018
Piles - haemorrhoids	-	02-Mar-2017	02-Mar-2017
[X]Depressive disorder NOS	-	16-Feb-2010	16-Feb-2010

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Alcohol detoxification	home detox	24-Jan-2022	24-Jan-2022
Bilateral salpingoophorectomy	-	24-Apr-2019	24-Apr-2019
Neutropenia	-	26-Sep-2018	26-Sep-2018
Total mastectomy NOS (Left)	+ SLNB + reconstruction	29-May-2018	29-May-2018

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Bowel cancer [redacted]	fh in 80's	23-Feb-2016
No FH: Hypertension	: priority=2	26-Apr-2010
FH: Diabetes mellitus	: priority=2	02-Mar-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Acamprosate [redacted] E/c tablets 333 mg	1	1 tablet	2 Tabs 3 times daily	-	26-Jan-2022	26-Jan-2022
Duloxetine Gastro-resistant Capsules 30 mg	56	56 capsule	ONE DAILY	-	26-Feb-2021	24-Jan-2022
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	ONE DAILY	-	02-Aug-[redacted]	24-Jan-2022
Letrozole Tablets 2.5 mg	56	56 tablet	1 Tab Daily	-	26-Feb-2019	24-Jan-2022
Tramadol Hydrochloride Capsules 50 mg	60	60 capsule	1 or 2 Caps 4 Times daily	-	05-Feb-2019	16-Mar-2022
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	1 TAB DAILY	-	26-Sep-2018	24-Jan-2022

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Dioralyte Oral powder (blackcurrant)	6	6 sachet	DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED MAX TDS	-	18-Mar-2022	18-Mar-2022

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Blood Pressure

Date Recorded	Systolic	Diastolic
17-Jul-2018	119	73
09-Nov-2015	110	70
28-Apr-2015	120	52
27-Nov-2013	100	60
18-Dec-2012	118	63

Body Measurements

Date Recorded	Height	Weight	BMI
26-Apr-2010	162.5	57	21.58

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco :	has had feeling of lump in throat for past 2 months, started after had episode of choking, has become worse in past 4-5 days, has ass coryzal symptoms at moment, no weight loss, , swallowing ok,	20-Oct-2015
Never smoked tobacco :	4 days cough seems worse am when she brings up spit - greeny. eating. no temp. stopped 5 years ago	28-May-2015
Never smoked tobacco :		28-Apr-2015
Non-smoker :	gen malaise 4 dys, altho improving today, sore throat, neck stiff, feverish, red appetite, drinking well, no v, no rash, min cough, no SOB,,	07-Aug-2012
Ex-moderate smoker (10-19/day) :	stopped 2 yrs ago	01-May-2012
Non-drinker alcohol :	, not SA at present- mod high caffeine intake	25-Nov-2011
Teetotaller:	Alcohol Intake$$.clm - No Action Required	02-Mar-2010
Enjoys moderate exercise:	: priority=2	02-Mar-2010

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

QFIT requested?:Result pending
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

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End of Document. Total Pages (including this one): 173

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02-Jun-2026 JANICE
Additional: Scanned Document

Filename: igprda202606020756470_2.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Letter to Patient:

5235 NOP

NHS
Greater Glasgow and Clyde

Golden Jubilee Hospital
Agamemnon St
Clydebank
G81 4DY

Shirley Young
8 MUNLOCHY ROAD
Glasgow
Lanarkshire
G51 4NW

Main Switchboard:	
Department:	Gastroenterology
Contact Tel:	0141 451 6190
Enquiries to:	[redacted]hannigan2@ggc.scot.nhs.uk
Letter Date:	08/07/2022
Reference:	RBJ/ASH
Dictated Date:	01/07/2022
Transcribed Date:	08/07/2022

Dear Shirley,

I now have the result of your colon capsule. I am pleased to say that good views were obtained and no serious abnormality was identified. There were two tiny hyperplastic looking polyps that were seen but these are of no clinical significance and require no follow up.

This is clearly very reassuring, particularly as the stool test that your Doctor checked was negative. I note that your Doctor has started you on IBS treatment to reduce diarrhoea and hopefully this will work. I therefore have not arranged any follow up but if you have ongoing problems and your GP is concerned he can of course re-refer you.

I am just writing because I thought you would like to know the result.

Yours sincerely

Dr [redacted]

Consultant Physician and Gastroenterologist

Electronically Signed: Dr [redacted] Consultant

cc. Dr Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

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Printed on 08/07/2022 12:09 by [redacted] Hannigan Page 1 of 1

NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Letter to Patient:

NSP

NHS
Greater Glasgow and Clyde
Golden Jubilee Hospital
Agamemnon St
Clydebank
G81 4DY

Shirley Young
8 MUNLOCHY ROAD
Glasgow
Lanarkshire
G51 4NW

Main Switchboard:
Department: Gastroenterology
Contact Tel: 0141 451 6190
Enquiries to: [redacted]hannigan2@ggc.scot.nhs.uk
Letter Date: 08/07/2022
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Transcribed Date: 08/07/2022

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This is clearly very reassuring, particularly as the stool test that your Doctor checked was negative. I note that your Doctor has started you on IBS treatment to reduce diarrhoea and hopefully this will work. I therefore have not arranged any follow up but if you have ongoing problems and your GP is concerned he can of course re-refer you.

I am just writing because I thought you would like to know the result.

Yours sincerely

Dr [redacted]

Consultant Physician and Gastroenterologist

Electronically Signed: Dr [redacted] Consultant

cc. Dr Steel
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

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Additional: Scanned Document

Filename: igprda202606020756470.pdf
Extension:.tif
Pages:

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NHS Greater Glasgow & Clyde

NHS Greater Glasgow & Clyde

NHS Greater Glasgow and Clyde

Capsule Endoscopy Report

Name	YOUNG, Shirley 25-Sep-1974 (47y) (Female)	Address	8 MUNLOCHY ROAD, GLASGOW, G514NW	Hospital No.	2509745263
				CHI No.	2509745263
				Capsule Issued	23-Jun-2022 11:16
				EMS Report Id	799

Referral Details

Patient Category	NHS/Inpatient/Routine
Referral Date	28-Mar-2022
Referral Source	GP

Referral Reasons

Reasons	Diarrhoea (Type: Acute)
	PMH Breast cancer
Co-morbidities	PMH Breast cancer
Current Medication	Omeprazole 20 mgs
ASA Status	Not assessed

Procedure Summary

Endoscopist	CNS Val [redacted]
Capsule Type	Colon
Capsule Serial Number	LLS-RSG-G

Diagnosis

Colon - Polyp(s)

Procedure Comments

There were two tiny hyperplastic polyps seen in the left colon that I do not think require any follow up. Otherwise everything looked normal

Patient Management & Follow Up

No follow up required. To continue treatment for IBS type symptoms and GP can re-refer if required

Patient discharged (no further action required)

Dr [redacted]
Consultant Gastrenterologist

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NHS Confidential: [redacted] data about a patient

CORPORATEHEALTH VIDEO CAPSULE EVALUATION REPORT: OVERVIEW

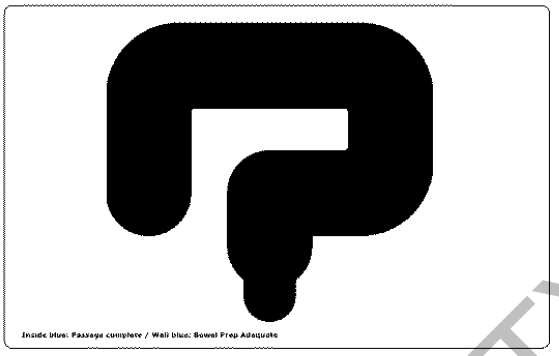
CorporateHealth
Scaling Healthcare Services

ID	Gender	Age	Procedure Date	Indication
NHSGGC_799	Female	48	2022-06-23	Surveillance

Organization
NHS Greater Glasgow & Clyde

Bowel Prep Quality	Technical Quality	Excreted	Anal Valve	Procedure Duration
Adequate	Adequate	Yes	Yes	177

Details of Passage Completion, Section Quality and Position of Polyps >=6mm



Inside blue: Passage complete / Wall blue: Bowel Prep Adequate

[redacted]

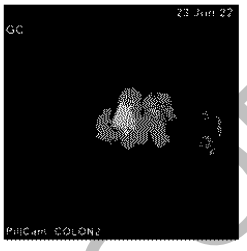
No	Size (mm)	Location	Morphology	Surface
1	5	Left Colon	Sessile (polypoid)	Intact
2	4	Rectum	Sessile (polypoid)	Intact

Additional Findings (F1-10)

No	Location	Finding
1	TI	Distal SB
2	Appendix	Cecum
3	Bowel prep	Cecum
[redacted]		Cecum
5	Cecal pole	Cecum
6	Diverticulum	Right Colon
7	Bowel prep	Right Colon
8	Bowel prep	Transverse Colon
9	Bowel prep	Left Colon
10	Bowel prep	Rectum

For remaining findings refer to the images on the following pages

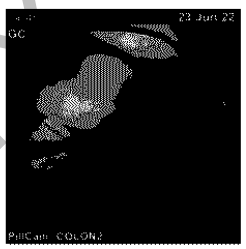
Polyp 1



[redacted] Sessile (polypoid)

Left Colon Intact

Polyp 2



4 mm Sessile (polypoid)

Rectum Intact

Evaluation by / on Tassos Koulaouzidis

2022-06-27

Complete capsule colonoscopy with good views and evidence of a couple of diminutive (likely HPP) sessile polyps in the rectum and a few scattered diverticula. No sinister colonic pathology was seen on this occasion.

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CORPORATEHEALTH VIDEO CAPSULE EVALUATION REPORT: DETAILS

CorporateHealth
Scaling Healthcare Services

ID	Gender	Age	Procedure Date	Indication
NHSGGC_799	Female	68	2022-06-23	Surveillance

Organization
NHS Greater Glasgow & Clyde

Transit Times (min)

Mouth-to-Cecum	109
Cecum-to-Hepatic Flexure	37
Hepatic-to-Splenic Flexure	57
Total Colon Passage	172

Capsule Passage Quality

Segment	Compl.	Leigh.	Techn.
Right Colon	yes	2	2
Transverse Colon	yes	2	2
Left Colon	yes	1	2
Score	yes	5	6

Completion:
Segment passed = yes/no
Cleanliness "Leighton-Rex" Scale:
Excellent = 3 | Good = 2 | Fair = 1 | Poor = 0
Technical Scale
OK = 2 | Short Interruptions = 1 | Unusable = 0

Recommendations

Complete capsule colonoscopy with no evidence of any sinister colonic pathology. A Koulouzidis

Order Details

History And Medications

PMH breast Ca takes Omeprazole

Reason Incomp. [redacted]

Case Details

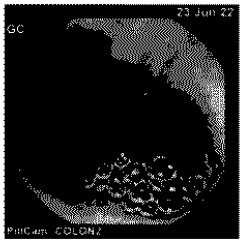
Diarrhoea (Type: Acute)

Bowel Prep Details

Disclaimer: The evaluation is based on anonymised data as provided by the customer and was conducted using MedtronicRAPID system. Please refer to the original report if needed.

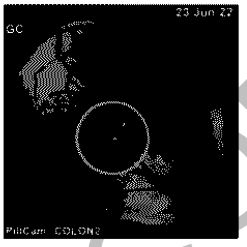
Please note. 1) Images in capsule videos are liquid based and might vary from endoscopy, which is usually performed under gas insufflation. 2) Sensitivity of reporting: 19 images, please refer to the MedtronicRAPID reports.

Additional Finding 1



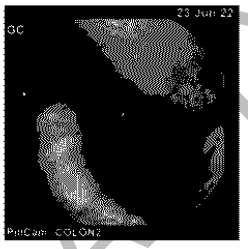
Distal SB TI

Additional Finding 2



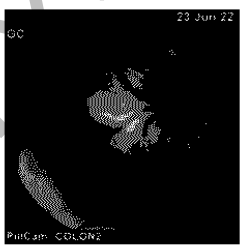
Cecum Appendix

Additional Finding 3



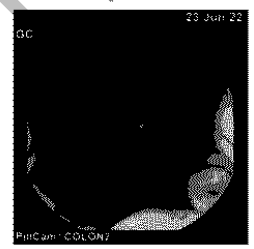
Cecum Bowel prep

Additional Finding 4



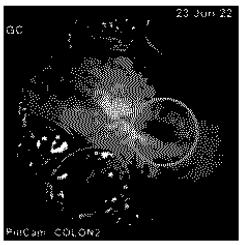
Cecum ICV

Additional Finding 5



Cecum Cecal pole

Additional Finding 6



Right Colon Diverticulum

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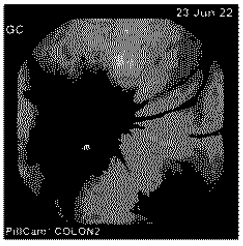
NHS Confidential: Personal data about a patient

CORPORATEHEALTH VIDEO CAPSULE EVALUATION REPORT: DETAILS

CorporateHealth
Scaling Healthcare Services

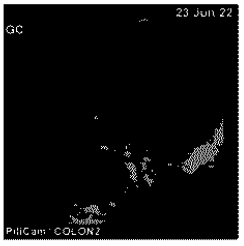
ID	Gender	Age	Procedure Date	Indication	Organization
NHSGGC 799	Female	48	2022-06-23	Surveillance	NHS Greater Glasgow & Clyde

Additional Finding 7



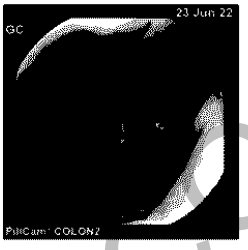
Right Colon Bowel prep

Additional Finding 8



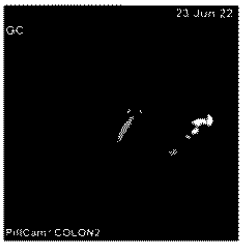
Transverse Colon Bowel prep

Additional Finding 9



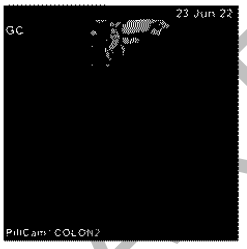
Left Colon Bowel prep

Additional Finding 10

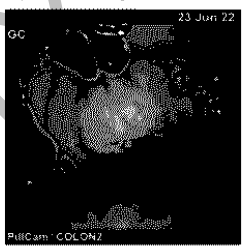


Rectum Bowel prep

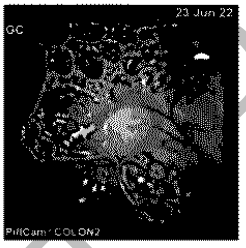
First Ileal Image.



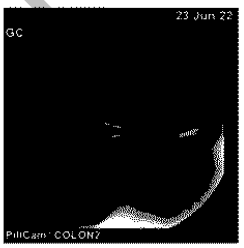
Hepatic Flexure Image.



Splenic Flexure Image.



Last Rectal Image.



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02-Jun-2026 JANICE
Additional: Scanned Document

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Extension:.tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC ENT Rhinology

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Ear, Nose & Throat (ENT) - Rhinology
GGC ENT Rhinology

Consultant / receiving practitioner and/or **specialty clinic**

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF

Hospital and **hospital address**

Hospital location code.
G405H

Email address
-

Urgency of referral Routine
Date of referral 05-Dec-2023 **Date sent** 05-Dec-2023

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

8 Munlochy Road
GLASGOW
G51 4NW

Contact number(s)
Voice: 07967734971

101031552058R Unique Care Pathway Number: 101031552058R

REGISTERED GP DETAILS

Name	Dr [redacted] Milmore		
GMC code	6148138	GP code	00078
Practice name	Westfield Health Centre (18973)		
Practice code	52359		

Practice address

71 Hillington Rd Sth
Westfield
Glasgow
G52 2AE

Contact number(s)
Voice: 0141 882 2222
Facsimile: 0141 883 6350
E-mail: GG-UHB.gp52359clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. Catriona Carty		
GMC code	6024684	GP code	09695
Practice name	Craigton Medical Practice (52359)		
Practice code	52359		

Practice address

Govan Health Centre
5 Drumoyne Road
Glasgow
G51 4BJ

Contact number(s)

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Voice: 0141 882 2222
Facsimile: 0141 883 6350

THIRD PARTY COPY

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Deviated nasal septum from previous trauma

Comment: Many thanks for your review of this 49 year old woman. She sustained an injury to her nose in 1994(presumed assault). On 14/12/94 she was admitted for manipulation using 'Walsham forceps'. She thinks she injured her nose again following this procedure but didn't attend for medical review.

She presented to the surgery for review this week. She is struggles significantly with breathing through her nose - she largely 'mouth breathes' and constantly feels that her nose is blocked.

On examination, she has a clearly deviated nasal septum, There was a small scab just inside the right nostril. I cannot detect any obvious turbinates or polyps.

She is quite distressed by her symptoms and as such I would be grateful for your review.

Many thanks

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Genital herpes simplex	-	25-Nov-2022	25-Nov-2022
Irritable bowel syndrome	-	01-Jul-2022	01-Jul-2022
Anxiety with depression	-	08-Jan-2021	08-Jan-2021
Malignant neoplasm of female breast (Left)	Ductal Carcinoma NST, ER positive	18-Apr-2018	18-Apr-2018
Migraine	-	10-Oct-2012	10-Oct-2012
[X]Depressive episode	-	19-Oct-2007	19-Oct-2007
Genital herpes simplex	-	01-Jul-2007	01-Jul-2007
Alcohol problem drinking	-	05-Aug-2003	05-Aug-2003
[X]Depressive disorder NOS	-	29-Sep-2002	29-Sep-2002
Chronic anxiety	-	23-Aug-1999	23-Aug-1999
Nondependent abuse of drugs	Ecstasy and Cannabis	09-Mar-1999	09-Mar-1999

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Wireless capsule endoscopy	two tiny hyperplastci polyps otherwise NAD	01-Jul-2022	01-Jul-2022
Salpingoophorectomy NEC (Bilateral)	-	16-Apr-2019	16-Apr-2019
Neutropenia	-	26-Sep-2018	26-Sep-2018
Mastectomy of left breast	+ sentinal node biopsy + immediate DIEP reconstruction	01-Jun-2018	01-Jun-2018
Phacoemulsification of lens (Right)	-	20-Dec-2012	20-Dec-2012

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Bowel cancer [redacted]	fh in 80s	23-Feb-2016
FH: Diabetes mellitus	02-Mar-2010	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Tramadol Hydrochloride Capsules 50 mg	200	200 capsule	ONE OR TWO TO BE TAKEN UP TO QID PRN ONE TO BE TAKEN	-	25-Nov-2022	04-Dec-2023

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Aciclovir Tablets 800 mg	6	6 tablet	THREE TIMES A DAY FOR 2 DAYS	-	25-Nov-2022	04-Dec-2023
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	29-Jun-2022	04-Dec-2023
Letrozole Tablets 2.5 mg	56	56 tablet	1 Tab Daily	-	24-May-2022	04-Dec-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS	-	04-Dec-2023	04-Dec-2023
Naseptin Cream	15	15 GRAM	APPLY THINLY TO THE AFFECTED AREA TWICE DAILY	-	04-Dec-2023	04-Dec-2023
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	04-Dec-2023	04-Dec-2023
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	1 Cap [redacted]	-	04-Dec-2023	04-Dec-2023
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	04-Dec-2023	04-Dec-2023
Duloxetine Gastro-resistant Capsules 30 mg	56	56 capsule	1 Cap [redacted]	-	04-Dec-2023	04-Dec-2023
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	ONE TO BE TAKEN EACH DAY	-	05-Oct-2023	05-Oct-2023
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	TWO TO BE TAKEN EACH DAY	-	05-Oct-2023	05-Oct-2023
Phenoxymethylpenicillin Tablets 250 mg	40	40 tablet	2 TABS FOUR TIMES A DAY FOR FIVE DAYS	-	22-Sep-2023	22-Sep-2023
Phenoxymethylpenicillin Tablets 250 mg	20	20 tablet	2 TABS FOUR TIMES A DAY FOR FIVE DAYS	-	22-Sep-2023	22-Sep-2023
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	1 Cap Daily	-	01-Sep-2023	01-Sep-2023
Duloxetine Gastro-resistant Capsules 60 mg	28	28 capsule	1 Cap Daily	-	01-Sep-2023	01-Sep-2023
Duloxetine Gastro-resistant Capsules 60 mg	28	28 capsule	1 Cap Daily	-	04-Aug-2023	04-Aug-2023
Flucloxacillin Capsules 500 mg	20	20 capsule	1 TABLET FOUR TIMES A DAY	-	07-Jul-2023	07-Jul-2023
Chlorphenamine Tablets 4 mg	28	28 TABLET	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS (MAX 6 TABLETS PER 24 HOURS)	-	28-Jun-2023	28-Jun-2023
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	1 Cap Daily	-	28-Jun-2023	28-Jun-2023

Blood Pressure

Date Recorded	Systolic	Diastolic
28-Jun-2023	123	70

Body Measurements

Date Recorded	Height	Weight	BMI
28-Jun-2023	-	70	-

Clinical warnings

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Additional Support Needs
No known ASN requirements

Additional relevant information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

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Filename: igprda202606020756430_2.pdf
Extension:.tif
Pages:

GP Links Microbiology Report

Patient Details

Surname	YOUNG
Forename	SHIRLEY
CHI	2509745263
Date of birth	25.09.1974
Address	8 Munlochy Road GLASGOW G51 4NW

Specimen Details

Specimen Number	M.23.5886735.L
Specimen Type	Vaginal swab, high
Date/Time Collected	28.06.23 / 11:10
Date/Time Received	28.06.23 / 20:00
Requested By	Dr Adrian Petre
GP Practice	52359
Date/Time Reported	03.07.23 / 14:27

Results

Report issued by NHS GG&C Microbiology South Sector
Enquiries 0141 354 9132
** FINAL REPORT **

INVESTIGATION: Routine Culture
SPECIMEN TYPE: Vaginal swab, high

CONS/GP: Dr Adrian Petre Order No:IS20707735
LOCATION: Westfield HC 71 Hillingtn

Gram Film: No evidence of Bacterial Vaginosis

CULTURE RESULT:

	GROWTH:
a)Group B Streptococcus	Isolated
b)	
c)	
d)	
e)	
f)	

Group B Streptococci unlikely to be significant
unless the patient is pregnant.

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Chloe Murray QEUH MIC
Date/Time authorised: 03.07.2023 14:22
** END OF REPORT **

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Pages:

NHS Confidential: Personal data about a patient

[redacted]

Young Shirley CHI: 2509745263

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000
General Surgery - Breast
0141 301 9857
Lorna.MacRae@ggc.scot.nhs.uk
15/09/2022
LMac/EJ
16/08/2022
12/09/2022

Shirley Young
8 MUNLOCHY ROAD
Glasgow
Lanarkshire
G51 4NW

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Dear Ms Young,

Hopefully you are aware that we have changed our breast cancer follow up to fall into line with the national guidance, which is mammogram based follow up until you are 50. We are also writing to ladies on an annual basis. It is now 4 years since you had treatment for a left breast cancer .I hope you have received the letter to say your mammograms are absolutely fine.

I understand you are continuing on Letrozole. I hope you are managing on this. We would encourage you to continue to keep taking it, probably for a total of 10 years. Sometimes Letrozole can reduce the strength of your bones a little and make you more prone to osteoporosis However this is less common in younger women and particularly if you have had bone strengthening medication. It is sometimes useful to have a DEXA scan which checks the strength of your bones, so I will arrange this today for next year.

We will be in touch again after your mammograms next year, which I have ordered today. If you ever have any concerns or questions please contact us via the secretary's number above or the Breast Care Nurses.

Yours sincerely

Dr [redacted]

Speciality Doctor

Electronically Signed: Dr [redacted] Doctor

cc. Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Printed on 15/09/2022 10:23 by [redacted] Jamieson

Page 1 of 1

[redacted]

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NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**6848526**	Receive Date:	**1-Jan-2023 15:49**
Patient's Name:	**Shirley Young**		
Date of birth:	**25-Sep-1974 (48 years)**	Gender:	**F**
Address:	**8 Munlochy Road Glasgow**	Current Address:	**8 Munlochy Road Glasgow**
	G51 4NW		**G51 4NW**
Return Contact No:			
Tel No:	**07967 734971**		**07967 734971**
Mobile No:			
Priority:	**within 4 hours**	Call Origin:	
Received:	**1-Jan-2023 15:49**	Calltype:	**Advice**
Advised:	**16:13**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	[redacted] **Younger**	Own doctor:	**JL** [redacted]

CHI Number:
2509745263

NHSD details:

Receptionist:
RHS ABDO PAIN 30 HRS
PCC4 PCEC within 4 Hrs
Clinical summary created by: Alasdair Mccluskey (Call Taker Si) () [01/01/2023 16:13:58] Reason for call: RHS ABDO PAIN 30 HRSConfirmed Symptom(s): Has Fever Pain above the belly button and over 25 years old Symptom(s) not found: No chest pain front or back Not pale Not cold Not clammy Risk Factor(s): No travel outside Europe in last 21 days or to an affected country No high risk factors identified Breathing faster than normal No underlying high risk conditions identified Call Detail(s): Clinical supervisor: ADVISED BY NP D [redacted] **01:01:2023 15:49:17 MCCLUSKEYA.. SWELLING PRESENT. NAUSEA, APPETITE REDUCED... UPPER RHS ABDO PAIN, RADATING INTO BACK... CONSTANT ACHE R UPPER QUADRANT, SHARP INTERMITTENT SPASMS RADIATING INTO BACK, UNDERLYING HX OF IBS, ONGOING ISSUES WITH DIARRHOEA, UNABLE TO TOLERATE PAIN, NAUSEOUS. ADVISED BY NP D** [redacted] **PCEC 4 HRS, HUB TO ARRANGE... Outcome: PCEC within 4 Hrs**

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Triage details:

History - **PMH - nil**
DH - as per ECS, NKDA

2 days RUQ pain, had been constant, felt a dull ache with sharp exacerbations, no clear triggers
took ibuprofen prior to pain so stopped this in case it was trigger
tried PCM 15.30 today, pain settled soon after
nausea but no vomiting
not had before
no loose stool
BLO 2 days (normal motion), usually daily,
no fevers today

own gp friday 37.9C, viral URTI but delayed script antibiotics, started doxycycline (after onset of pain)
started doxy as symptoms of URTI not improving, no new symptoms

Diagnosis **?gastritis 2ry NSAID**
- **?viral GI symptoms**

Treatmen **monitor**
t - **PCM as needed**
worsening advice

Followups:
No Follow Up

Clinical Codes:
1969. Abdominal pain

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000
Breast clinic
0141 301 9857
Lorna.MacRae@ggc.scot.nhs.uk
21/08/2023
EB/CW
15/08/2023
21/08/2023

Shirley Young
8 MUNLOCHY ROAD
Glasgow
Lanarkshire
G51 4NW

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Dear Ms Young ,

I hope this letter finds you well. After reviewing your medical notes on our computer system today as part of your annual follow up with the Breast service, I see that you had a mammogram on the 7th of July. This was reassuringly satisfactory and I note that my colleague has already written to you with the results of this.

We would recommend that you continue to take your Letrozole and our current regime for extended use of this medication is now for seven years (until June 2025). I am aware that you have had bisphosphonate treatment to protect your bones but we check bone density levels at year five and so I will therefore book a bone density scan for you. Unfortunately there is a long wait for this scan at the moment but the bone density department will no doubt be in contact with you in due course.

We plan to follow you up with annual mammography until you screening age at 50 but if you do have any breast issues or concerns in the interim please do not hesitate to contact our breast care nurses on 0141 301 9856.

Yours sincerely

Nurse Emma Bewick

Breast Advanced Nurse Practitioner

Electronically Signed: Nurse [redacted] Bewick, Nurse

cc. Anniesland Medical Practice:
46 Munro Place:
Glasgow:
G13 2UP:

Printed on 21/08/2023 10:30 by [redacted] McIlravey

Page 1 of 1

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Pages:

NHS Confidential: Personal data [redacted]

CHI: 2509745263, Shirley Young, DOB 25/09/1974, Telephone

Queen [redacted] University Hospital
Secondary Care DXA Service
Consultants: Dr A [redacted] Dr M Talia
Osteoporosis Specialist Nurses: Sr [redacted] & Sr Angela Collie
Enquiries: 0141 451 6097

NHS Greater Glasgow and Clyde

Ref: CS/KJ/2509745263
22-Sep-2023

Dr [redacted]
Speciality Doctor
The Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12-0YN

Dr. [redacted] TAYLOR
Anniesland Medical Practice
46 MUNRO PLACE
Glasgow
G13 2UP

Dear Dr [redacted]

Shirley Young
8 Munlochy Road
Glasgow
G51 4NW

Thank you for referring this patient. DXA scanning with osteoporosis and fracture risk assessment was performed on 17-Aug-2023. A copy of this report has been sent to the patient's GP for their information and a summary of the report has been sent to your patient.

Scan Date: 17-Aug-2023

Spine
[redacted] BMD: 1.258 TScore: 0.651 ZScore: 0.905
Scan Conclusions:
Normal BMD

Right Hip
Neck of femur BMD: 1.013 TScore: 0.272 ZScore: 0.693
Total hip BMD: 1.012 TScore: 0.099 ZScore: 0.293
Scan Conclusions:
Normal BMD

Osteoporosis Risk Factors
Current use of Aromatase Inhibitor

Falls and Fracture Risk Factors
On feet <= 4 hours/day

Fracture History
(None)

Treatment / Investigation Recommendations
No treatment required

Page 1 of 2

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NHS Confidential: Personal data about a patient

CHI: 2509745263, Shirley Young, DOB 25/09/1974, Telephone

Lifestyle Recommendations
Advise regular weight-bearing exercise appropriate to general health

Comments
This lady attended for baseline DXA scan . Indications - on aromatase inhibitor- to guide treatment decision.

Vertebral fracture assessment performed- LV4-TV8 visualised and therein no fractures identified.

Bone Mineral Density normal and fracture risk at current age and BMD insufficient to necessitate bone protection treatment.

If remains on Aromatase Inhibitor recommend referral for review dxa scan in 5yrs, if treatment discontinued no further follow up is necessary.

Follow Up
No follow up

Yours sincerely

Mrs [redacted] Smith
Nurse Specialist

Dr [redacted]
Consultant Endocrinologist

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NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Bone Densitometry, Nuclear Medicine Department
Queen [redacted] University Hospital
1345 Govan Rd, Glasgow G51 4TF

Tel: 0141 452 3659

To: Dr [redacted]

Date: 18/08/2023

YOUNG, Shirley
8 Munlochy Road, Glasgow, Lanarkshire, G51 4NW
Cancelled (Hosp Cancel): 17-Aug-2023
Ref: Dr [redacted] Campbell - GP PRACTICE
Bone Densitometry DXA
Bone mineral densitometry lumbar spine

E-37934270
CRIS 6253286 25 09 74 5253 Mob: Blank

The NHSGGC GP Direct Access DXA Service [redacted] service recently received a referral for a DXA scan and Osteoporosis Nurse Specialist consultation for this patient. Under the Ionising Radiations (Medical Exposures) Regulations (IRMER 2017) we are required to review and justify each DXA exposure. Unfortunately, the referral does not appear to meet one of the NHSGGC agreed criteria for this service, as described below:

1. Men and women over 50 (at time of fracture) with a fracture at any site (not attributable to a road traffic accident, or a skull fracture, or fractures of the bones of the hands or feet, nor a fall from above head height).
   Note that a repeat referral for a patient previously referred for this criteria would not usually be appropriate, unless they have sustained another fracture.
2. Steroids >7.5mg of prednisolone or equivalent per day for more than 3 months
3. Monitoring as recommend by [redacted] Bone Mineral Metabolism Clinic or Fracture Liaison Nurse Service
4. 10 year risk of fracture >10% assessed by Qfracture or FRAX

Please re-refer if the patient meets one of the criteria above, providing relevant clinical information.

Please note patient had a DXA Scan in August 2023.

Yours sincerely

Daniela Teixeira Macarico (Senior Clinical Technologist) / [redacted] (Osteoporosis Nurse Specialist), on behalf of the QEUH GP Direct Access DXA Service [redacted] service

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Pages:

GP Links Microbiology Report

Patient Details	
Surname	YOUNG
Forename	SHIRLEY
CHI	2509745263
Date of birth	25.09.1974
Address	8 Munlochy Road GLASGOW G51 4NW

Specimen Details	
Specimen Number	M.24.5875731.C
Specimen Type	Vaginal swab, low
Date/Time Collected	12.01.24 / 11:49
Date/Time Received	14.01.24 / 11:49
Requested By	Dr Seharish Zafar
GP Practice	52359
Date/Time Reported	16.01.24 / 09:27

Results

```
Report issued by NHS GG&C Microbiology South Sector
                          Enquiries 0141 354 9132
** FINAL REPORT **

INVESTIGATION: Routine Culture
SPECIMEN TYPE: Vaginal swab, low

CONS/GP: Dr Seharish Zafar    Order No:IS22256874
LOCATION: Westfield HC 71 Hillingtn
-------------------------------------------------------------

Gram Film: No evidence of Bacterial Vaginosis

CULTURE RESULT: No significant growth

Tests included in UKAS Accreditation (8078) Scope.

-------------------------------------------------------------
Senders ref. no.

Authorised by: Lynne Cullen  QEUH MIC
Date/Time authorised: 16.01.2024  09:26
** END OF REPORT **
```

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC MSK Physio Ortho Hip Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Hip
GGC MSK Physio Ortho Hip
— **Consultant / receiving practitioner** and/or **specialty clinic**

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF
— **Hospital** and **hospital address**

Hospital location code.
G405H

Email address
-

Urgency of referral Urgent - Suspected Cancer
Date of referral 02-Feb-2024 **Date sent** 02-Feb-2024

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

8 Munlochy Road
GLASGOW
G51 4NW

Contact number(s)

Voice: 07967734971
E-mail: shirley.y1974@gmail.com

101032051337T Unique Care Pathway Number: 101032051337T

REGISTERED GP DETAILS

Name	Dr [redacted] Milmore		
GMC code	6148138	GP code	00078
Practice name	Westfield Health Centre (18973)		
Practice code	52359		

Practice address

5 Drumoyne Road
Glasgow
G51 4BJ

Contact number(s)

Voice: 0141 882 2222
Facsimile: 0141 883 6350
E-mail: GG-UHB.gp52359clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. [redacted] Milmore		
GMC code	6148138	GP code	00078
Practice name	Craigton Medical Practice (52359)		
Practice code	52359		

Practice address

Govan Health Centre
5 Drumoyne Road
Glasgow
G51 4BJ

Contact number(s)

Voice: 0141 882 2222

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Facsimile: 0141 883 6350

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CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Lateral hip pain + Groin pain

Comment: I would appreciate your urgent review of this 49-year-old lady whose past medical history including breast cancer is as enclosed. She presented to the surgery with left lateral hip & groin pain and an x-ray was undertaken by our advanced physiotherapy practitioner. The report by Dr [redacted] is enclosed noting an incidental finding of a 15mm focus of sclerosis over the intertrochanteric region of the proximal left femur which was no specific but for which malignancy was included in the differential diagnosis.

I have explained these findings to the patient and would appreciate your specialist assessment and any further imaging you feel is indicated.

Many thanks for your help.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Genital herpes simplex	-	25-Nov-2022	25-Nov-2022
Irritable bowel syndrome	-	01-Jul-2022	01-Jul-2022
Anxiety with depression	-	08-Jan-2021	08-Jan-2021
Malignant neoplasm of female breast (Left)	Ductal Carcinoma NST, ER positive	18-Apr-2018	18-Apr-2018
Migraine	-	10-Oct-2012	10-Oct-2012
[X]Depressive episode	-	19-Oct-2007	19-Oct-2007
Genital herpes simplex	-	01-Jul-2007	01-Jul-2007
Alcohol problem drinking	-	05-Aug-2003	05-Aug-2003
[X]Depressive disorder NOS	-	29-Sep-2002	29-Sep-2002
Chronic anxiety	-	23-Aug-1999	23-Aug-1999
Nondependent abuse of drugs	Ecstasy and Cannabis	09-Mar-1999	09-Mar-1999

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Wireless capsule endoscopy	two tiny hyperplastci polyps otherwise NAD	01-Jul-2022	01-Jul-2022
Salpingoophorectomy NEC (Bilateral)	-	16-Apr-2019	16-Apr-2019
Neutropenia	-	26-Sep-2018	26-Sep-2018
Mastectomy of left breast	+ sentinal node biopsy + immediate DIEP reconstruction	01-Jun-2018	01-Jun-2018
Phacoemulsification of lens (Right)	-	20-Dec-2012	20-Dec-2012

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Bowel cancer [redacted]	fh in 80s	23-Feb-2016
FH: Diabetes mellitus	02-Mar-2010	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Tramadol Hydrochloride Capsules 50 mg	200	200 capsule	ONE OR TWO TO BE TAKEN UP TO QID PRN	-	25-Nov-2022	04-Dec-2023
Aciclovir Tablets 800 mg	6	6 tablet	ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS	-	25-Nov-2022	04-Dec-2023
Omeprazole Capsules		56	ONE TO BE TAKEN EACH		29-Jun-	04-Dec-

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(Gastro-Resistant) 20 mg	56	CAPSULE	DAY	-	2022	2023
Letrozole Tablets 2.5 mg	56	56 tablet	1 Tab Daily	-	24-May-2022	04-Dec-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	[redacted] last issued
Ketoprofen Gel 2.5 %	50	50 gram	APPLY THREE TIMES A DAY	-	19-Jan-2024	19-Jan-2024
Scheriproct Suppositories	12	12 SUPPOSITORY	INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT. DO NOT USE FOR MORE THAN 7 DAYS	-	12-Jan-2024	12-Jan-2024
Fluconazole Capsules 150 mg	1	1 CAPSULE	ONE TO BE TAKEN AS A SINGLE DOSE	-	12-Jan-2024	12-Jan-2024
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS	-	04-Dec-2023	04-Dec-2023
Naseptin Cream	15	15 GRAM	APPLY THINLY TO THE AFFECTED AREA TWICE DAILY	-	04-Dec-2023	04-Dec-2023
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	04-Dec-2023	04-Dec-2023
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	1 Cap Daily	-	04-Dec-2023	04-Dec-2023
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	04-Dec-2023	04-Dec-2023
Duloxetine Gastro-resistant Capsules 30 mg	56	56 capsule	1 Cap Daily	-	04-Dec-2023	04-Dec-2023
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	ONE TO BE TAKEN EACH DAY	-	05-Oct-2023	05-Oct-2023
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	TWO TO BE TAKEN EACH DAY	-	05-Oct-2023	05-Oct-2023
Phenoxymethylpenicillin Tablets 250 mg	40	40 tablet	2 TABS FOUR TIMES A DAY FOR FIVE DAYS	-	22-Sep-2023	22-Sep-2023
Phenoxymethylpenicillin Tablets 250 mg	20	20 tablet	2 TABS FOUR TIMES A DAY FOR FIVE DAYS	-	22-Sep-2023	22-Sep-2023
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	1 Cap Daily	-	01-Sep-2023	01-Sep-2023
Duloxetine Gastro-resistant Capsules 60 mg	28	28 capsule	1 Cap Daily	-	01-Sep-2023	01-Sep-2023

Blood Pressure

Date Recorded	Systolic	Diastolic
28-Jun-2023	123	70

Body Measurements

Date Recorded	Height	Weight	BMI
28-Jun-2023	-	70	-

Clinical warnings

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Additional Support Needs
No known ASN requirements

Additional relevant information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

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

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Filename: igprda202606020756360.pdf
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Pages:

NHS Confidential: Personal data about a patient

Queen [redacted] University Hospital: Diagnostic Imaging Report

Patient	SHIRLEY YOUNG	**Address**	8 MUNLOCHY ROAD, GLASGOW, LANARKSHIRE, G51 4NW
DOB	25/09/1974	**CHI No.**	2509745263
Ref. Source	Craigton Medical Practice	**Practice Code**	52359
Referrer	Gillian Conn (Advanced Practice Physiotherapist - GP)	**Exam Date**	30/01/2024 15:15

Report Summary

Clinical History :
Worsening Left lateral hip and groin pain - painful end of rotation - likely gluteal tendinopathy however check x-ray. PMH breast cancer.

XR Pelvis

XR Pelvis :
The bones appear relatively osteopenic.
There is mild degenerative change affecting the right hip joint and the left hip joint plus the lower lumbar spine.
Normal appearances of the SI joints and pubic symphysis.
There is an incidental finding of A 15 mm focus of sclerosis projected over the intertrochanteric region of the proximal left femur.
The appearances are nonspecific possibly representative of a bone island.
Malignancy is included within the differential.
There are no previous relevant x-rays for comparison.
Specialist referral for further assessment, MRI and/or bone scan should be considered.

Last verified by: 3488188 (Dr Sean [redacted]
Reported by: 3488188 (Dr Sean [redacted]

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Filename: igprda202606020756370.pdf
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4145 Confidential: Personal data about a patient

Queen [redacted] University Hospital: Diagnostic Imaging Report

Patient	SHIRLEY YOUNG	**Address**	8 MUNLOCHY ROAD, GLASGOW, LANARKSHIRE, G51 4NW
DOB	25/09/1974	**CHI No.**	2509745263
Ref. Source	Craigton Medical Practice	**Practice Code**	52359
Referrer	Gillian Conn (Advanced Practice Physiotherapist - GP)	**Exam Date**	30/01/2024 15:15

Report Summary

Clinical History :
Worsening Left lateral hip and groin pain - painful end of rotation - likely gluteal tendinopathy however check x-ray. PMH breast cancer.

XR Pelvis

XR Pelvis :
The bones appear relatively osteopenic.
There is mild degenerative change affecting the right hip joint and the left hip joint plus the lower lumbar spine.
Normal appearances of the SI joints and pubic symphysis.
There is an incidental finding of A 15 mm focus of sclerosis projected over the intertrochanteric region of the proximal left femur.
The appearances are nonspecific possibly representative of a bone island.
Malignancy is included within the differential.
There are no previous relevant x-rays for comparison.
Specialist referral for further assessment, MRI and/or bone scan should be considered.

Last verified by: 3488188 (Dr [redacted]
Reported by: 3488188 (Dr [redacted]

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. BJ Milmore
Craigton Medical Practice
Govan Health Centre
5 Drumoyne Road
Glasgow
G51 4BJ

Main Switchboard: 0141 201 1100
Department:
Contact Tel: 0141-301-9857
Enquiries to: [redacted].Macrae@ggc.scot.nhs.uk
Letter Date: 22/02/2024
Reference: LMacD/LM
Dictated Date: 12/02/2024
Transcribed Date: 19/02/2024

Dear Dr Milmore,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

Thank you for your letter about Shirley who has left hip and groin pain, and she has a focus of sclerosis over the intertrochanteric region of the proximal left femur. I have arranged an MRI pelvis and bone scan, and I phoned Shirley to let her know. I will make her an appointment for Miss Doughty's clinic for results for 4-6 weeks.

Yours sincerely

Dr [redacted]

Speciality Doctor

Electronically Signed: Dr [redacted] Macdonald, Doctor

cc.

Printed on 22/02/2024 10:02 by Rosalind [redacted] Page 1 of 1

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Pages:

NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. BJ Milmore
Craigton Medical Practice
Govan Health Centre
5 Drumoyne Road
Glasgow
G51 4BJ

Main Switchboard:
Department: Trauma & Orthopaedics
Contact Tel:
Enquiries to:
Letter Date: 22/02/2024
Reference: LR/GG
Dictated Date: 22/02/2024
Transcribed Date: 22/02/2024

Dear Dr. BJ Milmore,

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

Attendance: Specialty - Orthopaedics ; Clinic - SUOROR7-QEUH ACUTE GENERAL FRACTURE CLINIC THURS AM
Date and Time of Appointment - 22/02/2024 09:05

Clinical Comments:
Diagnosis: Sclerotic lesion of left intertrochanteric region.

Outcome: To review in two weeks with results of MRI.

I have assessed this 49 year old lady in clinic today. She has been referred due to a couple of months' of ongoing left hip and groin pain, which have affected her more so at night and early in the morning. She was seen recently at her GP Practice who undertook a radiograph of her pelvis and hip, which showed an incidental finding of a 15mm focus of sclerosis. It says that this could be a bone island, however malignancy could not be excluded and recommended an MRI and bone scan.

Today in clinic the results and the report for her bone scan has not yet been done and her MRI scan will be on Saturday, which is in two days' time. I think it prudent to see her after both results are back in order to further assess her.

Ms Young does have a background of breast cancer, which was treated with a mastectomy with chemotherapy and radiotherapy. Her last treatment for this was in 2019.

On examination today, Ms Young has normal gait. Internal and external rotation of her hip are pain free, and her calculated Mirels' criteria for prophylactic fixation was 6.

I will see her in two weeks' time.

Printed on 11/03/2024 08:53 by Gillian [redacted] Page 1 of 2

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Yours sincerely,

[redacted] Russo

Orthopaedic Registrar

Electronically Signed: Dr [redacted] Russo, Doctor

cc.

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Pages:

NHS Confidential: Personal data about a patient

Patient: Shirley Young

8 Munlochy Road

G51 4NW

DOB 25/09/1974

Dear Madame/Sir

Miss Young attended as she has had a swollen LE lid for 2 days. She is waking up with sticky crusty discharge and the eye feels uncomfortable.

The upper LE lid is swollen, no affected to the eye other than mild dryness. I suspect she has preseptal cellulitis and I would be grateful if you could prescribe Co-amoxiclav 500/125mg 1 every 8 hours for 7 days.

I will continue to review.

Kind regards

Monica Dobbin BSc Hons Optometry GOC01-31047

Black & Lizars
1574 Great Western Road
Glasgow G13 1HQ
20666

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Pages:

NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. BJ Milmore
Craigton Medical Practice
Govan Health Centre
5 Drumoyne Road
Glasgow
G51 4BJ

Main Switchboard: 0141 201 1100
Department: Orthopaedics
Contact Tel:
Enquiries to:
Letter Date: 14/03/2024
Reference: RMDM/MS
Dictated Date: 07/03/2024
Transcribed Date: 07/03/2024

Dear Dr Milmore,

Shirley Young; D.O.B: 25/09/1974; CHI: 2509745263
8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

This lady had been referred up urgently as a benign lesion had been picked up on the left intertrochanteric region of her hip. This has been MRI'd and a bone scan has been performed, no suspicious nature of the lesion which has benign cartilaginous lesion which has probably been present there for decades. She has been reassured about this. The only thing that was picked up on her bone scan is she has a little bit of an increased uptake of the right mandible possibly related to dental disease and she has been advised to attended her dentist regarding that but no further follow up at the fracture clinic.

Yours sincerely,

Professor R M [redacted] Meek

Consultant Orthopaedic Surgeon

Electronically Signed: Professor [redacted] Meek, Consultant

cc.

Printed on 14/03/2024 09:18 by Gillian [redacted] Page 1 of 1

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NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7341881**	Receive Date:	**8-Jun-2024 22:48**
Patient's Name:	**Shirley Young**		
Date of birth:	**25-Sep-1974 (49 years)**	Gender:	**F**
Address:	**8 Munlochy Road**	Current Address:	**8 Munlochy Road**
	Glasgow		**Glasgow**
	G51 4NW		**G51 4NW**
Return Contact No:			
Tel No:	**07967 734971**		**07967 734971**
Mobile No:			
Priority:	**Urgent**	Call Origin:	
Received:	**8-Jun-2024 22:48**	Calltype:	**Direct Referral ED**
Advised:	**22:53**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Milmore, [redacted] (Supplementary)**

CHI Number:
2509745263

NHSD details:

Receptionist:
TROUBLE WITH VISION
AEP Patient advised to go to A&E
Clinical summary created by: Moira Hepburn (Call Taker Si) () [08/06/2024 22:53:48] Reason for call: TROUBLE WITH VISIONConfirmed Symptom(s): UPRN_Available: yes Clinical supervision Risk Factor(s): No travel outside Europe in last 21 days or to an affected country Call Detail(s): Clinical supervisor: Laidlaw [redacted] LAIDLAWL Lumina 08:06:2024 22:54:44 HEPBURNM.. NEW RECORD CREATED DUE TO ISSUES WITH OLD RECORD. OLD RECORD NO, 29024756... DW SCN L LAIDLAW CALL PASSED BACK FROM VYT AS STILL IN PROCESS SUMMERY SUGGEST POTENIAL FOR DETACHED RETINA AVISED A/EASAP PT AWARE AND WILL ATTEND... Outcome: Patient advised to go to A&E

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Followups:
None

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Pages:

NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. BJ Milmore
Craigton Medical Practice
Govan Health Centre
5 Drumoyne Road
Glasgow
G51 4BJ

Main Switchboard:	
Department:	ARC Ophthalmology
Contact Tel:	0141 211 1033
Enquiries to:	
Letter Date:	10/06/2024
Reference:	DS/EHS
Dictated Date:	12/06/2024
Transcribed Date:	13/06/2024

Dear Dr. BJ Milmore,

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

Attendance: Specialty - Ophthalmology; Clinic - GGCCEY12-ACUTE REF CENTRE MONDAY ALL DAY
Date and Time of Appointment - 10/06/2024 09:15

Clinical Comments:

Diagnosis:

Right PVD and retinal tear

Visual Acuity (ETDRS):

Right eye 82 letters, left eye 93 letters

Management:

Right retinopexy

Follow Up:

2 weeks with retinal detachment warning advice

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 OPCL 10/06/2024 v1

Comments:

This lady is aware of flashes and floaters in the right eye for the past three days. She has pseudophakia in the right eye.

Dilated examination demonstrates a horseshoe tear at 1 o'clock with a PVD. There is no detachment. The left retina is flat with no PVD. She underwent right retinopexy surrounding this tear and we will see her back in two weeks time.

She was advised to get back in touch sooner if she notices worsening flashes, floaters or reduction in peripheral vision.

Yours sincerely

Dr Deep Sarode

ST5 Ophthalmology

Electronically Signed: Dr Deep Sarode, Doctor

cc.

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. BJ Milmore
Craigton Medical Practice
Govan Health Centre
5 Drumoyne Road
Glasgow
G51 4BJ

Main Switchboard:	
Department:	Ophthalmology
Contact Tel:	0141 211 10414
Enquiries to:	
Letter Date:	27/06/2024
Reference:	SW/EHS
Dictated Date:	24/06/2024
Transcribed Date:	28/06/2024

Dear Dr. BJ Milmore,

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
8 MUNLOCHY ROAD, Glasgow, Lanarkshire, G51 4NW

Attendance: Specialty - Ophthalmology; Clinic - GGSSAEY8-DR SAIDKASIMOVA EYE THURS PM CLINIC
Date and Time of Appointment - 27/06/2024 14:45

Clinical Comments:

Comments:

This patient was seen in Dr Saidkasimova's outpatient clinic today. The patient has 6/4 vision in the right eye and left eye respectively and intraocular pressure of 14 mmHg in both eyes and the patient is pseudophakic in the right eye. The patient had a right eye retinopexy done on 10 June 2024, two weeks ago for a right retinal tear and today on examination today of the retina, the patient has a well surrounded retinal tear with laser and the patient had a flat retina otherwise.

I have discussed further retinal detachment warning signs given to the patient and the patient is aware of these but otherwise we can discharge the patient from clinic and should she have any new symptoms we would gladly see her at your discretion.

Yours sincerely

Dr [redacted] Whitlow

Ophthalmology

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NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263 OPCL 27/06/2024 v1

Electronically Signed: Dr [redacted] Whitlow, Doctor

cc.

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Brand Street Resource Centre - CMHT Adult
GGC Mental Health

— **Consultant / receiving practitioner** and/or **specialty clinic**

Community Mental Health Team - Adult
SCI Gateway Virtual Location code

— **Hospital** and **hospital address**

Hospital location code.
G002G

Email address
-

Urgency of referral Urgent - within 5 working days
Date of referral 31-Jan-2025 **Date sent** 31-Jan-2025

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

8 Munlochy Road
GLASGOW
G51 4NW

Contact number(s)

Voice: 07967734971
E-mail: shirley.y1974@gmail.com

1010354598652 Unique Care Pathway Number: 1010354598652

REGISTERED GP DETAILS

Name	Dr [redacted] Milmore		
GMC code	6148138	GP code	00078
Practice name	Westfield Health Centre (18973)		
Practice code	52359		

Practice address

Govan Health Centre
5 Drumoyne Road
Glasgow
G51 4BJ

Contact number(s)

Voice: 0141 882 2222
Facsimile: 0141 883 6350
E-mail: GG-UHB.gp52359clinical@nhs.net

REFERRING GP DETAILS

Name	Dr [redacted] Milmore (Dr Gillian Muir, GP Locum)		
GMC code	6148138	GP code	00078
Practice name	Craigton Medical Practice (52359)		
Practice code	52359		

Practice address

Govan Health Centre
5 Drumoyne Road
Glasgow
G51 4BJ

Contact number(s)

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Voice: 0141 882 2222

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CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Suicidal ideation, depression, childhood trauma.

Comment: Dear Colleague

I would be grateful for your review urgently of this 50 year old lady. She has previously been known to ADRS with alcohol dependency, however she was discharged 3 years ago and has been abstinent since. She continues to attend AA meetings. For the past several years she has been on Duloxetine for anxiety with depression and has been overall very stable with very limited GP contacts regarding her mental health.

She has presented today in crisis having experienced significant decline in her mental health in the last few weeks and months. She is describing daily suicidal ideation with thoughts of jumping from a bridge. She also describes significant anxiety, insomnia and paranoia. She reports a constant very negative internal monologue. The frequent suicidal ideation has been for the past month or so and at times she has contacted Samaritans when she has been feeling at crisis or had to go to an AA meeting. Concerningly, she also does mention that her [redacted] experiences some mental health issues, he is 24 and does not [redacted] Shirley, however Shirley mentions that he frequently mentions to her that he feels suicidal and this has caused Shirley to start to think about talking to him about them making a suicide pact to end their lives together. Thus far, Shirley has not mentioned anything to her [redacted] as she feels that she would not want to frighten him unless she was absolutely sure that this was the right course of action to take. She denies any current planning or intent for herself and assures me that she is not going to mention anything to her [redacted] over the coming days. She agrees instead to engage with yourselves for further assessment and she also agrees to contact crisis services if needed in the interim.

Of note, Shirley has recently started a new job in the Autumn of last year in which she is working with recovering addicts and as part of this work they have been doing work on gender based violence. Unfortunately, Shirley realised that this work was very triggering for her and has raised issues from her past which she has never addressed. As such, she has started some counselling therapy via her work and she has had about 3 sessions with a counsellor. Unfortunately, since she started this work she has been quite destabilised and she wonders if this might be a trigger for her decline in mental health at present.

She has spoken to her boss today who is supportive and happy for her to still go to work and Shirley herself feels that work is a positive at present as she feels some benefit from trying to help others. There was some evidence of future planning today in that she is going to go to work tomorrow, an AA meeting tonight and a yoga retreat during the day on Saturday and she tells me that she may see her [redacted] on Sunday and plans to go to work on Monday.

Over this week another significant issue is that she has had very poor sleep and perhaps only 2-3 hours per night and as a result she is feeling exhausted and difficulty in rationalising some of her thoughts. As such, we have started her on a short course of Zopiclone in order to try to help her sleep. She had already self increased her Duloxetine to 90 mg for the last few days and so we have continued this.

On examination today, she did maintain good eye contact throughout, she was casually dressed, denied any auditory hallucinations and her speech was normal, but she did describe suicidal ideation as described above. She denies any thoughts of deliberate self harm.

In summary, I am concerned about this lady's overall risk. I do think that she warrants a timely further assessment and I am grateful for your help in facilitating this. Of note, she has recently changed address and this has not yet been updated on her records, however she can be contacted on the listed mobile phone number to arrange any assessment necessary.

Many thanks

Yours sincerely

Dr Gillian Muir
GP Locum

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & medium priority - all)

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Description	Comment	Date of onset	Date recorded
Migraine	although different to patients usual migraine pattern	01-Jul-2024	01-Jul-2024
Angular cheilitis	-	24-Jun-2024	24-Jun-2024
Pseudophakia right eye	-	10-Jun-2024	10-Jun-2024
Vitreous detachment (Right)	posterior with retinal tear	10-Jun-2024	10-Jun-2024
Benign neoplasm of long bones of lower limb (Left)	Cartilaginous lesion on intertronchanteric region of proximal femur	07-Mar-2024	07-Mar-2024
Genital herpes simplex	-	25-Nov-2022	25-Nov-2022
Irritable bowel syndrome	-	01-Jul-2022	01-Jul-2022
Anxiety with depression	-	08-Jan-2021	08-Jan-2021
Malignant neoplasm of female breast (Left)	Ductal Carcinoma NST, ER positive, HER-2 negative	18-Apr-2018	18-Apr-2018
Migraine	-	10-Oct-2012	10-Oct-2012
[X]Depressive episode	-	19-Oct-2007	19-Oct-2007
Genital herpes simplex	-	01-Jul-2007	01-Jul-2007
Alcohol problem drinking	-	05-Aug-2003	05-Aug-2003
[X]Depressive disorder NOS	-	29-Sep-2002	29-Sep-2002
Chronic anxiety	-	23-Aug-1999	23-Aug-1999
Nondependent abuse of drugs	Ecstasy and Cannabis	09-Mar-1999	09-Mar-1999

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Retinopexy NEC	(Right) laser	10-Jun-2024	10-Jun-2024
Wireless capsule endoscopy	two tiny hyperplastci polyps otherwise NAD	01-Jul-2022	01-Jul-2022
Salpingoophorectomy NEC (Bilateral)	-	16-Apr-2019	16-Apr-2019
Neutropenia	-	26-Sep-2018	26-Sep-2018
Mastectomy of left breast	+ sentinal node biopsy + immediate DIEP reconstruction	01-Jun-2018	01-Jun-2018
Phacoemulsification of lens (Right)	-	20-Dec-2012	20-Dec-2012
Rhinoplasty	-	11-May-2006	11-May-2006

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Breast cancer	Maternal [redacted] ~ 30s	24-Jun-2024
FH: neoplasm of cervix [redacted]	Cause of death at 45	24-Jun-2024
FH: neoplasm of ovary [redacted]	Cause of death at 74	24-Jun-2024
FH: Bowel cancer [redacted]	fh in 80s	23-Feb-2016
FH: Diabetes mellitus	02-Mar-2010	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duloxetine Gastro-resistant					30-Jan-	30-Jan-

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Capsules 90 mg	28	28 capsule	1 Cap Daily	-	2025	2025
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	04-Dec-2023	25-Jun-2024
Aciclovir Tablets 800 mg	6	6 tablet	ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS	-	25-Nov-2022	17-Jan-2025
Tramadol Hydrochloride Capsules 50 mg	200	200 capsule	ONE OR TWO TO BE TAKEN UP TO QID PRN	-	25-Nov-2022	17-Jan-2025
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	29-Jun-2022	09-May-2024
Letrozole Tablets 2.5 mg	56	56 tablet	1 Tab Daily	-	24-May-2022	17-Jan-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Zopiclone Tablets 7.5 mg	5	5 tablet	ONE TO BE TAKEN AT NIGHT	-	30-Jan-2025	[redacted] 2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	[redacted] 2025	17-Jan-2025
Hyoscine Butylbromide Tablets 10 mg	56	56 tablet	ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED	-	13-Dec-2024	13-Dec-2024
Prochlorperazine Maleate Tablets 5 mg	28	28 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED	-	13-Dec-2024	13-Dec-2024
Dioralyte Oral powder (citrus)	10	10 sachet	DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED	-	13-Dec-2024	13-Dec-2024
Trimethoprim Tablets 200 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY	-	12-Dec-2024	12-Dec-2024
Duloxetine Gastro-resistant Capsules 60 mg	28	1*28 capsule	1 Cap Daily	-	09-Dec-2024	09-Dec-2024
Co-Amoxiclav 500/125 Tablets	21	21 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	09-Dec-2024	09-Dec-2024
Duloxetine Gastro-resistant Capsules 60 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	17-Oct-2024	17-Oct-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
13-Dec-2024	137	81
16-Jul-2024	122	82
01-Jul-2024	118	80
28-Jun-2023	123	70

Body Measurements

Date Recorded	Height	Weight	BMI
28-Jun-2023	-	70	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex-smoker - amount unknown:		02-Mar-2010

Clinical warnings

Additional Support Needs
No known ASN requirements

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Additional relevant information

Risk of Suicide:Yes

If yes to Risk of Suicide, please give details:see text

Past history of suicide attempt:No

Risk of deliberate self harm:No

Is patient responsible for children?:No

Risk to others including children/dependents/clinicians/other:No

Risk from others:No

Risk of Self Neglect:Yes

Alternative Address:As noted on this referral patient has not updated her current address details, but can be contacted by phone as noted in the referral letter.

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Locum

Electronic Attachment Present:No

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

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02-Jun-2026 JANICE
Additional: Scanned Document

Filename: igprda202606020756250_2.pdf
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Pages:

GP Links Microbiology Report

Patient Details	
Surname	YOUNG
Forename	SHIRLEY
CHI	2509745263
Date of birth	25.09.1974
Address	8 Munlochy Road GLASGOW G51 4NW

Specimen Details	
Specimen Number	M.24.5424796.C
Specimen Type	Faeces
Date/Time Collected	13.12.24 / 16:44
Date/Time Received	17.12.24 / 12:37
Requested By	Dr [redacted] Milmore
GP Practice	52359
Date/Time Reported	19.12.24 / 10:27

Results

Report issued by NHS GG&C Microbiology South Sector
Enquiries 0141 354 9132
** FINAL REPORT **

INVESTIGATION: Enteric Pathogens
SPECIMEN TYPE: Faeces

CONS/GP: Dr Brian Milmore Order No:IS25111935
LOCATION: Westfield HC 71 Hillingtn

Appearance: Non diarrhoeal

Cryptosporidium: OOCYSTS OF CRYPTOSPORIDIUM NOT SEEN
.
Salmonella: NEGATIVE
Shigella: NEGATIVE
Campylobacter: NEGATIVE
E.coli O157: NEGATIVE

Clostridium difficile toxin testing is
inappropriate on Non Diarrhoeal samples

Microbiology guidance/contact/eReferral details here:
https://rightdecisions.scot.nhs.uk/ggc-microbiology/

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Holly Miller QEUH MIC
Date/Time authorised: 19.12.2024 10:25
** END OF REPORT **

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Pages:

GP Links Microbiology Report

Patient Details	
Surname	YOUNG
Forename	SHIRLEY
CHI	2509745263
Date of birth	25.09.1974
Address	8 Munlochy Road GLASGOW G51 4NW

Specimen Details	
Specimen Number	M.24.5213333.T
Specimen Type	Mid Stream Urine
Date/Time Collected	09.12.24 / 17:26
Date/Time Received	10.12.24 / 14:42
Requested By	Dr Sher Hashmi
GP Practice	52359
Date/Time Reported	11.12.24 / 09:57

Results

Report issued by NHS GG&C Microbiology South Sector
Enquiries 0141 354 9132

** FINAL REPORT **

INVESTIGATION: Urine Culture
SPECIMEN TYPE: Mid Stream Urine

CONS/GP: Dr Sher Hashmi Order No:IS25067940
LOCATION: Westfield HC 71 Hillingtn

RESULT: No significant growth

Microbiology guidance/contact/eReferral details here:
https://rightdecisions.scot.nhs.uk/ggc-microbiology/

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Automatic release by system
Date/Time authorised: 11.12.2024 09:55
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Young Shirley CHI: 2509745263

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. BJ Milmore
Craigton Medical Practice
Govan Health Centre
5 Drumoyne Road
Glasgow
G51 4BJ

Main Switchboard:	0141 211 3000
Department:	Ear, Nose and Throat
Contact Tel:	0141 211 3213
Enquiries to:	Yvonne [redacted]
Letter Date:	16/11/2024
Reference:	AT/YA
Dictated Date:	17/11/2024
Transcribed Date:	30/12/2024

Dear Dr. BJ Milmore,

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
58 CLYDE AVENUE, BOTHWELL, Glasgow, Lanarkshire, G71 8DU

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - GGATEN04S-MR TSIKOUDAS ENT EXTRA CLINIC
Date and Time of Appointment - 16/11/2024 11:45

Clinical Comments:
Thank you for sending this lady who had a previous injury in the nose and at the moment she is very unhappy about the condition and her breathing. She has a previous operation which by her description sounds like a septorhinoplasty with limited benefit.

On examination, there was a mild deviation of the septum and the nose towards the left. We discussed conservative and surgical options in the form of a revision septoplasty. The risks and the limitations. The patient seemed to have some second thoughts and at the moment she will go back on the conservative measures and she will decide and possibly come back to us. She also mentioned that she may try to go privately.

Yours sincerely,

Mr [redacted] Tsikoudas

Consultant ENT Surgeon

Electronically Signed: Mr Alexandros Tsikoudas, Consultant

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Young Shirley CHI: 2509745263 OPCL 16/11/2024 v1

cc.

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Glasgow city HSCP

Pat Togher
Chief Officer

Our Ref: AF
Job ID: 100677814
Date Dictated:
Date Typed: 31/01/2025

PRIVATE & CONFIDENTIAL

Dr BJ Milmore
Craigton Medical Practice
Govan Health Centre
5 Drumoyne Road
Glasgow
G51 4BJ

Department of General Adult Psychiatry
Brand Street Resource Centre
Units G7, G8 & G4
150 Brand Street
Glasgow
G51 1DH
01413038900 EXT:
www.nhsggc.org.uk

Dear Dr Milmore,

Re: Shirley Young DOB: 25/09/1974 CHI: 2509745263
Address: 8 Munlochy Road, Glasgow, G61 4NW

Your urgent referral of the above patient was received by us on 31st January 2025 but does not meet our urgent criteria which is florid psychotic symptoms or suicidal ideation with intent. Your referral will be discussed at our multi-disciplinary screening meeting on 31st January 2025.

If you have any concerns about this please contact us.

We will contact you following this meeting.

Yours sincerely

[redacted]
Community Psychiatric Nurse

NHS Greater Glasgow and Clyde

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Glasgow City HSCP

Pat Togher
Chief Officer

For and on behalf of the Multi-disciplinary Team

If phoning or visiting, please ask for duty worker

Telephone 0141 303 8900. **Fax** 0141 303 8909.

Authorised on 31/01/2025 14:06:27 by Typist [redacted] ***not verified by*** [redacted]

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NHS Greater Glasgow and Clyde

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Registration Details

Personal details...		Address details...	
Date of birth	25/09/1974	Post Code	G71 8DU
Sex	F	House Name Flat No	
Surname	Young	No and Street	58 Clyde Ave
Previous Surname		Village	
Forenames	Shirley	Town	Bothwell
Calling Name	Shirley	County	
Title	Miss		
Birth Surname			
Marital Status			
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading [redacted]	Greater Glasgow	Home Tel No	
Registered GP	Dr Brian Milmore	Work Tel No	
Usual GP	Dr Brian Milmore	Mobile Tel No	07987734971
Residential Inst		E Mail Address	shirley.y1974@gmail.com
Branch Surgery	Govan Health Centre		
CHI Number	2509745263		
NHS Number	587 74 4038		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number	2	Blocked Special	
Records At	Govan health centre	Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	13/04/2022		
Next of Kin			
Next of Kin Contact Details			
Previous Address			

AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details	Boots UK Ltd-Lanarkshire,(G13 1HH)		
Item Collected Check	Yes		
MCR Suitability Status	-1		
MCR Registration Status	0		

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Problems

Active Problems		Authorised By	Code
10/06/2024	Pseudophakia right eye	Mr Khadra	F4K61
10/06/2024	Retinopexy NEC (Right) laser	Dr Milmore	72794
10/06/2024	Vitreous detachment (Right) posterior with retinal tear	Dr Milmore	F4K21
07/03/2024	Benign neoplasm of long bones of lower limb (Left) Cartilaginous lesion on intertrochanteric region of proximal femur	Mr Khadra	B737
25/11/2022	Genital herpes simplex	Dr Campbell	A541
01/07/2022	Irritable bowel syndrome	Dr Milmore	J521-1
01/07/2022	Wireless capsule endoscopy two tiny hyperplastci polyps otherwise NAD	Dr Milmore	316C
10/05/2022	Patient MRE received from HB Docman only	Miss McAusland	9125-z14
08/01/2021	Anxiety with depression	Mr. Culley	E2003
16/04/2019	Salpingoophorectomy NEC (Bilateral)	Mr. Culley	7E120
26/09/2018	Neutropenia	Mr. Culley	42J2
01/06/2018	Mastectomy of left breast + [redacted] node biopsy + immediate DIEP reconstruction	Mr. Culley	7130C
18/04/2018	Malignant neoplasm of female breast (Left) Ductal Carcinoma NST. ER positive, HER-2 negative	Mr Khadra	B34
23/02/2016	FH: Bowel cancer (Maternal [redacted] in 80s	Mr. Culley	1241-2
02/03/2010	FH: Diabetes mellitus	Mr. Culley	1252
29/09/2002	[X]Depressive disorder NOS	Mr. Culley	Eu32z-2

Past Problems		Authorised By	Code
01/07/2024	**Migraine** although different to patients usual migraine pattern	Ms Smith	F26
25/06/2024	**Viral sinusitis** viral sinus conjestion	[redacted]	^ESCTVI729831
24/06/2024	**Angular cheilitis**	Mr Khadra	J0854-1
29/04/2024	**Stress at home**	Dr Petre	13HT1
02/02/2024	**Failed encounter - message left on answer machine**	Dr Milmore	9N4F
20/04/2023	**Upper respiratory tract infection NOS**	Dr Petre	H05z-1
01/09/2022	**Medication requested**	Dr Petre	8B3H
29/08/2022	**Medication review**	Dr Petre	8B314
15/03/2022	**COVID-19 confirmed by laboratory test**	Mr. Culley	^ESCT1300228
25/02/2017	**Haemorrhoids**	Mr. Culley	G84
20/12/2012	**Phacoemulsification of lens (Right)**	Mr. Culley	72B31-1
10/10/2012	**Migraine**	Mr. Culley	F26
02/03/2010	**Ex-smoker - amount unknown**	Mr Khadra	137F
19/10/2007	**[X]Depressive episode**	Mr. Culley	Eu32
01/07/2007	**Genital herpes simplex**	Mr. Culley	A541
11/05/2006	**Rhinoplasty**	Mr Khadra	7400-1
11/05/2006	**Septorhinoplasty NEC**	Mr. Culley	74007
08/03/2006	**Urinary tract infection, site not specified**	Mr. Culley	K190
05/08/2003	**Alcohol problem drinking**	Mr. Culley	E23-2
12/06/2000	**Forceps delivery** Boy	Mr. Culley	L395
23/08/1999	**Chronic anxiety**	Mr. Culley	E2004
09/03/1999	**Nondependent abuse of drugs** Ecstasy and Cannabis	Mr. Culley	E25
21/07/1995	**Cauterisation of vulval warts** Vulval and Peri-anal	Mr. Culley	7D033-1
18/03/1994	**Termination of pregnancy**	Mr. Culley	L05-2
08/04/1992	**Termination of pregnancy**	Mr. Culley	L05-2
25/09/1974	**[X]Vulval warts**	Mr. Culley	Ayu4L

Health Admin Problems		Authorised By	Code
24/06/2024	FH: neoplasm of cervix [redacted] Cause of death at 45	Mr Khadra	124D
24/06/2024	FH: neoplasm of ovary (Maternal grandmother) Cause of death at 74	Mr Khadra	124C
14/11/2022	Notes summary on computer	Miss McAusland	9344
14/11/2022	Patient Record summarised by GP	Miss McAusland	PCS18973PA1

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Investigations

Investigations		Authorised By	Code
12/01/2024	**(Non Coded Event - C.trachomatis/GC PCR)** (Source: LAB) tell patient normal, await LVS (JD3). Not UKAS Accredited|This is a VULVOVAGINAL SWAB sample.|		
14/07/2023	**(Non Coded Event - i Rheumatoid Factor)** (Source: LAB) tell patient normal (SC4). Normal range 0-29 IU/mL, Weak positive range 30-90 IU/mL|		
14/07/2023	[redacted] **Coded Event - Serum Ferritin)** (Source: LAB) tell patient normal (SC4). Males 15-300 (<15 iron deficiency)|Females 15-200 (<15 iron deficiency)|15-50 intermediate result. Consider iron deficiency|in anaemic patients, older patients and those|with inflammatory disease.|		
14/07/2023	**(Non Coded Event - Serum Vitamin B12)** (Source: LAB) tell patient normal (SC4).		
14/07/2023	**(Non Coded Event - Serum Folate)** (Source: LAB) tell patient normal (SC4).		
14/07/2023	**(Non Coded Event - Bone Profile)** (Source: LAB) tell patient normal (SC4).		
[redacted]	**(Non Coded Event - C-reactive Protein)** (Source: LAB) tell patient normal (SC4).		
14/07/2023	**(Non Coded Event - Urea & Electrolytes)** (Source: LAB) tell patient normal (SC4).		
14/07/2023	[redacted] **Coded Event - Liver Function Tests)** (Source: LAB) tell patient normal (SC4).		
14/07/2023	**(Non Coded Event - Thyroid funct test)** (Source: LAB) tell patient normal (SC4).		
14/07/2023	**(Non Coded Event - Full Blood Count)** (Source: LAB) tell patient normal (SC4).		
14/07/2023	**Erythrocyte sedimentation rate** (Source: LAB) tell patient normal (SC4). Insufficient blood for ESR. At least 2ml required for test.|		42B6.
14/07/2023	**(Non Coded Event - Glucose)** (Source: LAB) tell patient normal (SC4). Fasting sample|		
06/10/2022	**(Non Coded Event - C-reactive Protein)** (Source: LAB) tell patient normal (SC4).		
06/10/2022	**(Non Coded Event - Urea & Electrolytes)** (Source: LAB) tell patient normal (SC4).		
06/10/2022	**Blood urate** (Source: LAB) tell patient normal (SC4).		44K..
06/10/2022	**(Non Coded Event - Full Blood Count)** (Source: LAB) tell patient normal (SC4).		
13/09/2022	**Virology** (Source: Manually filed) . - Cervical smear - human papillomavirus *negative*		4K2Q.

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Values

Values

Date	Last Entry	Normal Range Indicator	Normal Range
13/12/2024	O/E - BP reading T 37.2,		
13/12/2024	Blood pressure reading 137/81 mm Hg		
12/01/2024	Chlamydia trachomatis nucleic acid detection		
12/01/2024	Neisseria gonorrhoeae nucleic acid detection		
14/07/2023	Rheumatoid factor < 20		
14/07/2023	Serum ferritin 72 ug/l		15-200
14/07/2023	Serum vitamin B12 681 ng/l		200-883
14/07/2023	Serum folate 13.8 ug/l		3.1-20
14/07/2023	Serum calcium 2.53 mmol/L		2.2-2.6
14/07/2023	Corrected serum calcium level 2.59 mmol/L		2.2-2.6
14/07/2023	Serum inorganic phosphate 0.96 mmol/L		0.8-1.5
14/07/2023	Serum albumin 41 g/L		35-50
14/07/2023	Serum alkaline phosphatase 168 U/L		30-130
14/07/2023	Serum C reactive protein level 5 mg/L		0-10
14/07/2023	Serum sodium 140 mmol/L		133-146
14/07/2023	Serum potassium 4.7 mmol/L		3.5-5.3
14/07/2023	Serum chloride 103 mmol/L		95-108
14/07/2023	Serum urea level 4.1 mmol/L		2.5-7.8
14/07/2023	Serum creatinine 67 umol/L		40-130
14/07/2023	GFR calculated abbreviated MDRD > 60		
14/07/2023	Serum total bilirubin level 5 umol/L		
14/07/2023	ALT/SGPT serum level 17 U/L		5-40
14/07/2023	AST serum level 22 U/L		
14/07/2023	Serum TSH level 0.49 mU/L		0.35-5
14/07/2023	Serum free T4 level 13.7 pmol/L		9-21
14/07/2023	Serum total T3 level		
14/07/2023	Total white cell count 5.4 x10^9/l		4-10
14/07/2023	Red blood cell (RBC) count 4.29 x10^12/l		3.8-5.8
14/07/2023	Haemoglobin estimation 129 g/l		115-165
14/07/2023	Haematocrit 0.409 l/l		0.37-0.47
14/07/2023	Mean corpuscular volume (MCV) 95.3 fl		83-101
14/07/2023	Mean corpusc. haemoglobin(MCH) 30.1 pg		27-32
14/07/2023	Platelet count 247 x10^9/l		150-410
14/07/2023	Neutrophil count 2.9 x10^9/l		2-7
14/07/2023	Lymphocyte count 1.7 x10^9/l		1.1-5
14/07/2023	Monocyte count 0.5 x10^9/l		0.2-1
14/07/2023	Eosinophil count 0.28 x10^9/l		0.02-0.5
14/07/2023	Basophil count 0.1 x10^9/l		0-0.1
14/07/2023	Nucleated red blood cell count 0 x10^9/l		
14/07/2023	Erythrocyte sedimentation rate NA		0-29
14/07/2023	Plasma glucose level 4.6 mmol/L		3.5-8
28/06/2023	Urinalysis = no abnormality		
28/06/2023	O/E - pulse rate 82 beats/minute reg,		
28/06/2023	O/E - weight 70 Kg well systemically, comfortable,		>0
06/10/2022	Serum urate level 218 umol/L		140-360
13/09/2022	Cervical smear - human papillomavirus negative - Cervical smear - human papillomavirus negative		
26/09/2018	Neutropenia		

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Attachments

Attachments			Authorised By	Code
03/06/2024	**eMED3 (2018) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Stress at home; Duration: 03/06/2024 - 01/07/2024)	FitNote_768dbc50-57e5-4e65-ac08-df86a22e2fef.pdf	Dr Carty	9D15
09/05/2024	**eMED3 (2018) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Stress at Home; Duration: 09/05/2024 - 03/06/2024)	FitNote_0ddebd01-0aaa-4e94-6558-c47241eba369.pdf	Dr Zafar	9D15
29/04/2024	**eMED3 (2018) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Stress at home; Duration: 29/04/2024 - 13/05/2024)	FitNote_d23ca8d0-334e-405a-8515-bbeb2b83c1c2.pdf	Dr Petre	9D15

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Due Diary Entries

Due Diary Entries		Authorised By	Code
25/09/2039	**Influenza vaccination**	Dr Milmore	65E..
13/08/2027	**Cervical smear due** SCCRS Recall	Miss McAusland	685F.

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Overdue Diary Entires

Overdue Diary Entries		Authorised By	Code
04/12/2024	**Medication review OVERDUE** 17/01/2025	Dr Carty	8B314
25/09/2024	**No response to bowel cancer screening programme invitation OVERDUE** Bowel Cancer Screening Exclusion	Ms Clarke	9Ow2.

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Alerts

Alerts	Authorised By	Code
None		

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Drug Allergies

Drug Allergies	Authorised By	Code
None		

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Non-Drug Allergies

Non Drug Allergies	Authorised By	Code
None		

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Family History

Family History		Authorised By	Code
24/06/2024	**FH: neoplasm of cervix (Mother)** Cause of death at 45	Mr Khadra	124D
24/06/2024	**FH: neoplasm of ovary** [redacted] Cause of death at 74	Mr Khadra	124C
24/06/2024	**FH: Breast cancer** [redacted] ~ 30s	Mr Khadra	1243-1
23/02/2016	**FH: Bowel cancer** [redacted] in 80s	Mr. Culley	1241-2
02/03/2010	**FH: Diabetes mellitus**	Mr. Culley	1252

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Referrals

Referrals		Authorised By	Code
31/01/2025	8H49.: Psychiatric referral (SCI Gateway Referral)	Dr Miltmore	8H49
02/02/2024	8H54.: Orthopaedic referral (SCI Gateway Referral)	Dr Miltmore	8H54
05/12/2023	8H53.: ENT referral (SCI Gateway Referral)	Dr Carty	8H53

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Immunisations

Immunisations		Authorised By	Code
04/04/2021	**Administration of second dose of SARS-CoV-2 vaccine** EM4986/ COVPFIZER/IM/Right Arm//C-19 Pfizer (L [redacted])		^ESCT1348325
16/01/2021	**Administration of first dose of SARS-CoV-2 vaccine** EK4243/ COVPFIZER/IM/Right Arm//C-19 Pfizer (M [redacted]		^ESCT1348323

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Health Status

Health Status	
28/06/2023	Weight 70 Kg
	Blood pressure
13/12/2024	reading O/E - BP reading
	Blood pressure
13/12/2024	reading 137/81 mm Hg
	Smoking Status Ex-smoker - amount unknown
02/03/2010	

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Miscellaneous

Other Observations		Authorised By	Code
24/12/2024	**No response to bowel cancer screening programme invitation** Non-Responder	Ms Clarke	9Ow2
17/10/2024	**Failed encounter - no answer when rang back** straight to voicemail, message left to say short supply issued but needs review so make F2F appt is problem with phone.	Dr Christie	9N4C
17/10/2024	**Failed encounter - no answer when rang back** voicemail	Dr Christie	9N4C
26/09/2024	**Failed encounter - no answer when rang back** went to voicemail - need to rebook	Dr Christie	9N4C
26/09/2024	**Failed encounter - no answer when rang back**	Dr Christie	[redacted]
29/08/2024	**Drugs not issued**	Ms McFarlane	8B38
23/08/2024	**Notes summary on computer**	Miss McQuillan	9344
23/08/2024	**Patient Record summarised by GP** [redacted] Smith	Miss McQuillan	PCS18973PA1
23/08/2024	**Patient MRE received from HB**	Miss McQuillan	9125.z14
04/06/2024	**Telephone encounter** - with patient - she will collect from desk tonight.	Ms Bogle	9N31
04/06/2024	**New medication commenced** co-amoxiclav tds for 7/7	Ms Bogle	8B3A3
04/06/2024	**Medication requested** Acute Rx Issued	Ms Bogle	8B3H
29/04/2024	**MED3 issued to patient** , re-start/cont Duloxtine 60mg OD. review periodically, wo-sta - signposted lifelink fro psych support - doorknob complaint - left eyelid itchy and slightly swollen and red last few days thinks stye developing, some eye watering otherwise no visual upset - O/E incipient stye - reassured - signposted patient.co.uk and advised optician review, gen advice on adequate mgt	Dr Petre	9D11
15/03/2024	**SMS text message sent to patient** Summary of text message sent to patient / Dear Patient, please remember that prebookable appointments are available up to 8 weeks in advance. These can be used for routine medication reviews as advised by your GP and means that we can minimise gaps in prescriptions or urgent requests where possible. These appointments can be made by phoning reception as usual - please try to do this 2-3 weeks prior to your prescription running out to ensure an appointment can be made in good time. Many thanks, Craigton Medical Practice / Dr Devlin QI project		9N3G
04/12/2023	**Medication review done**	Dr Carty	8B3V
28/06/2023	**Abdomen examined - NAD** no oedema.	Dr Petre	2516
28/06/2023	**O/E - chest examination normal** , HS1-2	Dr Petre	2315-1
22/06/2022	**Prescription given no examination of patient**	Mr [redacted]	8B24
22/06/2022	**Medication requested** Duloxetine , Letrozole, Tramadol	Mr [redacted]	8B3H
24/05/2022	**Medication requested**	Mr Lade	8B3H
24/05/2022	**Prescription by supplementary prescriber**	Mr Lade	8B2J
24/05/2022	**[V]Expert advice request** Medicines Information Query	Mr Lade	ZV662
24/05/2022	**Repeated prescription**	Mr Lade	8B41
24/05/2022	**Previous treatment continue**	Mr Lade	8B4

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Consultations

Consultations	
14/02/2025 14:37	Dr [redacted] at Telephone Consultation
History	Feels numb on 90mg duloxetine - requestig to go back down to 60mg - agree. Advised CMHT was rejected as now living in Bothwell - needs to register with local GP and have referral sent to local CMHT - advised to do this early next week - pt in agreement
Medication	Duloxetine Gastro-resistant Capsules 60 mg *28 capsule 1 Cap Daily*
10/02/2025 12:31	Miss Laura McQuillan at Westfield Health Centre
Comment	Prebook tel 14/02 - Meds Duloxetine 07967 734 971
31/01/2025 11:38	Dr Brian Milmore at Data Entry
History	referral checked and sent, admin to update address now that referral has been completed.
31/01/2025 09:29	Ms Lynn Stewart at Data Entry
Comment	Urgent within 5 days referral typed to CMHT for Dr Muir, ready to be sent. Please note as per referral patient has not updated her current address in Bothwell as yet and Locum has requested patient be contacted by [redacted] as per referral.
30/01/2025 16:32	Dr Gillian Muir at Westfield Health Centre
History	Lengthy consult.Nb Now living as 58 Clyde Avenue Bothwell G71 8DU . Experiencing significant decline in mental health last few weeks, suicidal ideation, anxiety, insomnia, has recently started counselling for childhood trauma via her work (working with recovering addicts) . Describing difficulty in knowing whats reality and not reality at times. Feels paranoid that people are talking about her. Negative internal monologue ++. Frequent suicidal ideation for last month or so, thoughts of jumping from bridge, no planning or intent at present. Also that she has thought about mentioning suicide pact to her [redacted] as her has MH issues and has mentioned feeling suicidal to her at times previously, although so far has not mentons to him. Spoke to her boss today and she is supportve and happy for her still to go into work, shirley herself feels work is a positive at present. Has been 2.5 years abstinent from alcohol. Does tell me that feels better after of loading somehwat to myself and AA meeting last ight. Plans to go to furth[redacted]A meeting tonight. Evdence of future planning in that is going to go to work [redacted] orrow, AA meeting tonight, yoga retreat during the day on saturday and may see her [redacted] on sunday, work on monday. Has had about 2-3 hours sleep this week. Has [redacted] increased duloxetine to 90mg few days ago
Medication	Duloxetine Gastro-resistant Capsules 90 mg *28 capsule 1 Cap Daily*
Examination	good eye contact, casually dressed, denies auditory hallucinations, speech normal, SI as above.
Comment	Long chat, risks and current SI is concerning, dw Shirley at length, does assure me is able to keep self safe currently and engage with MH team , I advised this is likely to be withn 5 days, she tells me is not going to mention anything to [redacted] at present as would not want to frighten him. She is aware all crisis contacts including 111, GP in hours, agrees would ultilise, aware to contact here prior to weekend if needs. we agreed inc dose duloxetine to 90mg- will need longer to assess response to this, has already been taking this dose for a few days, short course zopiclone, shirley hopeful this will help, DW MHAU in case they feel needs seen tongith- Gillian there feels current plan is suitable and agrees 5 day referral cmht but advises they are happy to be contacted tomorrow should situation change. she is aware will need to change GP ibn due course however currently acute nature of issue I think best warrants focal referral to ensure is seen
Medication	Zopiclone Tablets 7.5 mg *5 tablet ONE TO BE TAKEN AT NIGHT*
30/01/2025 08:43	Ms Shirley Clarke at Data Entry
Comment	f2f - Mental health.
17/01/2025 16:20	Dr [redacted] Campbell at Govan Health Centre
History	Had flu like illness over Christmas period - since then ongoing left side otagia, throat discomfort. No cough. Some dypnoea. No fever. E&D normally. No weight loss.
Examination	RR12. P 70. Sats 99%. T37. ears: some inflammation left ear canal- no debris - fluid level left TM with slight bulge, right ear nad. throat nad. chets clear.
Comment	Likley all post viral sequlae but given duration agree try abx as below. R/v if not settling in coming weeks.

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Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS*

17/01/2025 08:43 Ms Lyndsay Watt at Data Entry

Comment	F2F appt. Possible ear infection.

13/12/2024 16:37 Dr Brian Milmore at Govan Health Centre

History	patient attending re ongoing loose stools, reports 'flu-like symptoms with cough and rhinorrhoea but had not disclosed same at two previous appts this week, patient concerned that has had side-effects from co-amoxiclav (possible) and now had clostridium infection, seeking abx for same. discussed common GI infections are predominantly viral and this may fit better with other 'flu-like symptoms reported. advises has not taken trimethoprim as concerned re further abx side-effects, advised trimethoprim given due to concerns re UUTI but agreed this is not current priority. heated conversation ensued regarding risk of bacterial vs viral infection with little progress made.
Examination	O/E - BP reading T 37.2, Blood pressure reading 137/81 mm Hg P 72 reg, SpO2 98%, abdomen soft, some L flank tenderness persisting and remainder of abdo examination as per previous examination by SH,
Medication	Prochlorperazine Maleate Tablets *5 mg 28 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED* Dioralyte Oral powder (citrus) *10 sachet DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED*
Comment	agreed clinical priorities as 1) re-establish oral intake, manage nausea 2) stool C&S to exclude clostridium difficile (specifically mentioned this on request) as well as other common GI causes 3) consider taking trimethoprim for UUTI symptoms once priorities 1&2 addressed 4) review if symptoms not settling as persistent flank pain will likely require imaging to determine any underlying visceral cause, stone disease, etc. patient agreed following extensive discussion and Rx issued as below for symptomatic relief re priority 1 as noted, hand in stool C&S ASAP, worsening advice given in interim.
Medication	Hyoscine Butylbromide Tablets 10 mg *56 tablet ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED*
Test Request	Faeces (C&S) - *Completed*

13/12/2024 08:47 Miss[redacted]ey McGrillen at Data Entry

Comment	face to face - viral infection

12/12/2024 15:52 Miss Casey McGrillen at Data Entry

Comment	pt called asking if can speak with GP again as still has loose stools- only spoke with GP 2 hours ago adv will have to call in morning if symptoms ongoing as full for tonight and has already spoken with a GP today - has not collected script for new ABX as only spoke with GP this afternoon adv to follow GP instruction and take new abx and call in morning if symptoms persist

12/12/2024 14:05 Dr Roslyn Burns at Govan Health Centre

History	Telephone call- since starting Co-Amoxiclav 2/7 [redacted] has had frequent episodes of diarrhoea, nausea and reduced appetite. No abdominal pain. Opened bowels twice today. I note consulttaion with Dr Hashmi on 9th Dec. I note urine C/S negative. Describes 3/52 hx of intermittent dull pain in left flank , no radiation. Describes waking up in the morning with pain, urinary urgency and pain settles when passes urine, also noticed urinary frequency. Denies any vomiting or fever. Taking ibuprofen for pain which is helping. We discussed the fact that urine C/S negative. Given sympotms of urinary urgency and frequency with left flank pain does sound like possible upper UTI . Cannot take ciprofloxacin as interaction with duloxetine. Issued 7/7 Trimethoprim and stop Co-Amoxiclav. If sympotms do not resolve or if worsening sympotms then advised to seek medical advice.
Medication	Trimethoprim Tablets 200 mg *14 tablet ONE TO BE TAKEN TWICE A DAY*

12/12/2024 10:56 Ms Shirley[redacted] at Data Entry

Comment	Tel app - 0796 7734 971 - Diarrhoea since taken antibiotic. Looking for advice.

11/12/2024 14:17 Dr Sher Hashmi at Results recording

Comment	MSSU yielded no growth

09/12/2024 14:14 Dr Sher Hashmi at Telephone Consultation

Comment	D/w Dr Petre: advised to treat as UUTI- agrees with send urine for MSSU- called pt advising same, did not pick up, no allergies noted, ggc guideline suggests trimethoprim if suspected organism, otherwise co-amox. prescribed the latter as not clear which organism causing inf. had given pt ws related to systemic inf at end of appointment

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Medication	Co-Amoxiclav 500/125 Tablets *21 tablet ONE TO BE TAKEN THREE TIMES A DAY*
09/12/2024 09:41	Dr Sher Hashmi at Govan Health Centre
Problem	Left flank pain
History	3/52 ago awoke with a dull ache in her left flank. Radiating into loins and down back. Worse when holding a pee, laying down, improved during the day, possibly when standing. Taking PCM- nil else. 6/10 at worst, absent just now. Increased urinary frequency, going a couple more times/day. No other LUTS. No temps. No other associated sx.
Examination	Appeared comfortable at rest with no change in work of breathing. No pinpoint MSK tenderness across back. Abdo soft, no evidence of peritonism, tender left costophrenic angle, tender when ballotting kidney. No suprapubic tenderness. T: 36.6. O2: 98% OA. HR: 82/min. Warm peripheries. Urine dip NAD.
Social	Vapes. Drinks little. Works as a support worker.
Comment	Possible renal colic/stone. Advised nsaid, time, if nature of pain changes or feels unwell, reescalate. wsg
Test Request	Midstream Urine (C&S) - *Completed*
Problem	AD review - Duloxetine
History	Mood has been okay- up and down. Recent move to Bothwell and starting a new job has been a challenge- but coping with this. Energy levels and concentration have been variable- worse during winter but again, managing with these. Doing things she enjoys. No thoughts of self harm/suicide.
Examination	Appeared well, appropriately dressed, maintained good eye contact, open posture. Speech of good tone, rate, volume, fluency. Mood is good, affect the same. No thought or perceptual disturbance noted. No thoughts of self harm/suicide.
Comment	Offered to increase, reduce or maintain, or even switch. Considering reducing, concerned as last time had a thought of self harm- advised this can transiently occur when coming off ADs- she will consider a stop after Christmas. wsg
Medication	Duloxetine Gastro-resistant Capsules 60 mg *1*28 capsule 1 Cap Daily*
09/12/2024 08:41	Miss [redacted] McGrillen at Data Entry
Comment	face to face - back pain
17/10/2024 16:36	Dr Gemma Christie at Data Entry
History	Failed encounter - no answer when rang back straight to voicemail, message left to say short supply issued but needs review so make F2F appt is problem with phone.
Medication	Duloxetine Gastro-resistant Capsules 60 mg *28 capsule ONE TO BE TAKEN EACH DAY*
17/10/2024 14:58	Dr [redacted] Christie at Data Entry
History	Failed encounter - no answer when rang back voicemail
17/10/2024 08:48	Miss [redacted] McGrillen at Data Entry
Comment	tel - review of meds 07967 734 971
26/09/2024 16:35	Dr Gemma Christie at Data Entry
History	Failed encounter - no answer when rang back went to voicemail - need to rebook
26/09/2024 15:09	Dr [redacted] Christie at Data Entry
History	Failed encounter - no answer when rang back
26/09/2024 08:48	Ms [redacted] at Data Entry
Comment	Tel - 0798 773 4971 AD review;lk
29/08/2024 14:07	Ms [redacted] Boud at Data Entry
Comment	entry: Pt informed, mcb
29/08/2024 12:45	Ms Lee [redacted] at Data Entry
Comment	Entry - vm left asking pt to call me back - see previous;lk
29/08/2024 12:23	Ms [redacted] McFarlane at Westfield Health Centre
Comment	Duloxetine not on repeat, needs review with GP, discussion around possible dose increase July 24. Patient should still have around 10 days tabs remaining from prev rx.
Additional	Drugs not issued

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27/08/2024 15:09	Ms Shirley Clarke at Data Entry
Comment	Message - Please reauthorise Duloxetine.
16/07/2024 16:17	Dr Amanda Fairman at Govan Health Centre
History	Ongoing headaches/migranes. See 2 previous consults. A lot better than it was but not away yet. Lots of features consistent with patient's usual migraines - one sided, wheel spinnin on right side vision, [redacted]sea. Note prevous retinal detachment but saw consultant a feww weeks [redacted] and did not seem concerned re these symptoms. Sumatriptan has not helped (usually does) or aspirin.
Examination	O/E - BP reading Apyrexial. NO TEMPORAL Aartery tenderenss. Blood pressure reading 122/82 mm Hg
Comment	Trial rizatriptan and maintain duloxetine. Asked patent to attend optician for full eye rv. Patient happy with plan. If still not settling ?increase duloxetine or ask headache clinic advice.
Medication	Rizatriptan Benzoate Tablets 10 mg *6 tablet 1 Tab Daily* Duloxetine Gastro-resistant Capsules 60 mg *56 capsule 1 Cap Daily*
16/07/2024 08:42	Miss Laura McAusland at Data Entry
Comment	F2F- reg headache
01/07/2024 11:17	Dr Joshua Mrode at Govan Health Centre
History	Face to face consultation. On-going headache now for 7 days. Does feel similar to her usual migraines but is a bit different. Has 'spinning wheel' in right eye - commonly gets as aura but usually lasts for 20 mins prior to headache and then goes when headaches starts. Feels nauseous but has not been vomiting. Some photophobia - has been wearing shades - but not too severe. Some intermittent paraesthsiae in arms and legs. Has taken x2 doses of sumatriptan - some improvement but still severe. On duloxetone prophylactially but has had good control for many years. Support worker and hoping to go back to work tomorrow
Examination	[redacted] well, temp - 37.9C, SaO2 - 96%, HR - 76 O/E - blood pressure Blood pressure reading 118/80 mm Hg CN I-XII intact, upper limb neuro - no deficit
Comment	Imp:- history does fit with migraine though different from her usual pattern. Trial high dose aspirin - to take on a full stomach and alongside omeprazole (has supply at home). Recontact if on-going issues
Medication	Aspirin Dispersible tablets 300 mg *3 TABLET 3 TABLETS (900MG)*
01/07/2024 06:51	Miss Laura McQuillan at Westfield Health Centre
Comment	F2F - headaches
25/06/2024 10:45	Dr Amanda Fairman at Westfield Health Centre
History	Patient wondering if she has sinusitis. 3 days of slight facial pain, some nasal dischagre, dizzy at times (like previous migraines), non specifically not feeling great ie nauseated too. Patient lots of stress - recently had to put dog down and moving house too. No hayfever symptoms.
Examination	Well, apyrexial, ENT NAD, mild facial pain on leaning forward, slight dental pain.
Comment	IMP - possibly viral sinus congestion, nil to sggest bacterial. Suggest treat with naseptin, and steam and beconase and patient requests sumatriptan and cyclizine in caseof migraine. Agree, rv prn.
Medication	Sumatriptan Succinate Tablets 50 mg *6 TABLET ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS* Cyclizine Tablets 50 mg *10 tablet ONE TO BE TAKEN THREE TIMES A DAY*
25/06/2024 08:41	Ms Eileen Kernat Govan Health Centre
Comment	F2F - sinus problems
05/06/2024 08:52	Dr Brian Milmore at [redacted] Entry
History	prescribing issue resolved, Rx added in retrospect.
Medication	Co-Amoxiclav 500/125 Tablets *21 tablet ONE TO BE TAKEN THREE TIMES A DAY*
04/06/2024 16:25	Dr [redacted] Milmore at Data Entry
History	issue with script processing in EMIS for this patient. script issued for coamoxiclav 625mg tds (21 tabs), issue flagged to IT and advised should be resolved by tomorrow. will update electronic record thereafter.
04/06/2024 16:15	Ms [redacted] Bogle at Westfield Health Centre
Comment	OP letter no date - Black and Lizars Opticians 1574 Great Western Road

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	- Preseptal cellulitis - for co-amoxiclav 500/125mg tds for 7 days. Issue with emis prescribing, Dr Milmore will hand write rx. Telephone encounter - with patient - she will collect from desk tonight.
Additional	Medication requested Acute Rx issued New medication commenced co-amoxiclav tds for 7/7
03/06/2024 12:16	Dr Catriona Carty at Data Entry
Comment	Still unable to print duloxetine therefore I have handwritten prescription for duloxetine 60mg daily x 56 + duloxetine 30mg daily x 56.
03/06/2024 10:33	Dr Catriona Carty at Westfield Health Centre
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Stress at home; Duration: 03/06/2024 - 01/07/2024)
History	See previous. Ongoing concerns regarding finding new accommodation - due to be evicted 5/6/24 but landlord has said can extend this. Has several viewings of alternative flats coming up. [redacted] has now moved into new flat in Cumbernauld. Missing work but feels just couldn't cope and focus on same at present. Does feel increase in duloxetine has helped.
Examination	engages well, no thought disorder
Comment	Further 4/52 sickline issued to cover this period. Issued repeats early as hoping will have moved by time next due. Issues with printing duloxetine so I will do this later once EMIS fixed
03/06/2024 08:52	Ms [redacted] Kelly at Data Entry
Comment	f2f mental health and sickline jk
09/05/2024 15:55	Dr Sehanish Zafar at Govan Health Centre
History	reporting stress at home - slightly better as son now found new accommodation - 23 yrs old - herself still getting evicted and new accommodation required. denies TOSH/SI currently or prev overdose. States been on Duloxetine 60 mg Od since march prev supply keen to increase to 90 mg . attends AA and sober. no s/e reported. sick note extended. [redacted] and cannot deal at present. 2/12 sick note req.
Comment	Duloxetine dose increased to 90 mg OD, re r.v 4/52 - sooner if worsening, sick note extended.
Medication	Duloxetine Gastro-resistant Capsules 30 mg *28 capsule 1 Cap Daily*
09/05/2024 15:48	Dr Sehanish Zafar at Govan Health Centre
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Stress at Home; Duration: 09/05/2024 - 03/06/2024)
09/05/2024 08:48	Ms Shirley Clarke at Data Entry
Comment	f2f - Stress.
29/04/2024 14:48	Dr Adrian Petre at Govan Health Centre
Problem (FIRST)	**Stress at home**
History	support worker - needs some time off - lives in private rented accommodation and owner is selling - plenty of notice - needs to look for two separate places for herself and her [redacted] who wants to live separately which pt feels is better - stressful situation, wants to do something about it - off alcohol 2 yrs attending AA meets - adamant compliant with Duloxetine 60mg OD currently although last px fro 90mg OD issued 04/12/23 - keen to cont - no TOSH, meltdown at work 3/7 ago but no thoughts/plans/intention -
Comment	MED3 issued to patient , re-start/cont Duloxtine 60mg OD, review periodically, wo-sfa - signposted lifelink fro psych support - doorknob complaint - left eyelid itchy and slightly swollen and red last few days thinks stye developing, some eye watering otherwise no visual upset - O/E incipient stye - reassured - signposted patient.co.uk and advised optician review, gen advice on adequate mgt
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Stress at home; Duration: 29/04/2024 - 13/05/2024)
29/04/2024 08:53	Ms Lee [redacted] at Data Entry
Comment	f2f - really run down, thinks has a sinus infection or something.jk
21/03/2024	Ms. Gillian Conn at Telephone Consultation
Comment	Note docman entry - no suspicious features of imaging. Contacted pt: reports been trying strengthening ex's and restarted yoga. Struggling with any core ex's involving leg raises - flares anterior hip pain and any lateral leg raises flares lateral hip pain. Provided with strengthening programme and advice on flare management. Aware of timescales for tendon adaptation and will make a further physio review if ongoing.

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15/03/2024	at MJog
Additional	SMS text message sent to patient Summary of text message sent to patient / Dear Patient, please remember that prebookable appointments are available up to 8 weeks in advance. These can be used for routine medication reviews as advised by your GP and means that we can minimise gaps in prescriptions or urgent requests where possible. These appointments can be made by phoning reception as usual - please try to do this 2-3 weeks prior to your prescription running out to ensure an appointment can be made in good time. Many thanks, Craigton Medical Practice / Dr Devlin QI project
02/02/2024 17:38	Dr Brian Milmore at Telephone Consultation
History	calling back after reflecting on discussion this morning, wishing to know more about possible malignant causes of x-ray findings, discussed concerns re metastatic disease based on PMHx and understands same, discussed radiologist suggestion re MRI +/- bone scan and what each would entail, will await ortho advice and review meantime if any other concerns.
02/02/2024 14:44	Dr [redacted] Milmore at Data Entry
Problem (FIRST)	**Failed encounter - message left on answer machine**
History	tried x2
02/02/2024 14:28	Miss Laura McQuillan at Westfield Health Centre
Comment	Message - Pt returned call, feels didt take in conversation this morning andwould like to speak with GP before weekend as has a couple of questions. advised may not be poss but will certainly request
02/02/2024 08:42	Dr [redacted] Milmore at Telephone Consultation
History	discussed x-ray findings with patient, USOC ortho referral and copy to breast clinic where patient remains under follow-up.
01/02/2024	Ms. Gillian Conn at Data Entry
Comment	See docman entry for pelvic x-ray - redirected to BM.
Result	Pelvic x-ray - indcidental 15mm sclerosis progected over intertrochanteric regoin left femur. ? bone island ? matignancy. Specialist referral for further assessment.
25/01/2024	Ms. Gillian Conn at Govan Health Centre
Problem	Left hip pain
History	Pt consent to Rx - see previous consult. Pt reports ongoing L lateral hip pain with referral to knee - some groin pain with certain activities/ movements. Note onset of pain following chemo for Breast cancer 2018 - remains on Letrozole. No worsening Sx however anxious as had been googling Sx - concered re: lymphedema/ DVT. Denied any LBP/ neurology/ radicular pain. Also reports L knee pain. No issues with R. Aggs - walking, standing, lying on side. Eases - rest, offloaded. Sleep - improved since not lying on side. 24hr - activity related. No thoracic / light band pain, lower limb weakness, paraesthesia, cough / sneeze sign, trauma, exquisite local tenderness. No bladder / bowel changes, saddle anaesthesia / paraesthesia or any other reported CES signs. Systemically well, no unexplained weight loss, night sweats / fevers or lumps/bumps - ongoing flushes at night since Rx.
Examination	Obs - appears well. No wasting, erythema, redness, swelling. Nil spinal TOP. Lx AROM well maintained no pain throughout. Hip mobility no capsular limit however painful EOR flex/rot. +ve FABER/ FADIR for lateral hip pain/ groin. SLR no neural tension. Gait - reciprocal. Painful/ fatigued on glute testing. TOP glute med/ troc bursa. Squat with lateral hip pain.
Comment	Likely gluteal tendinopathy - no LxSp Sx. Provided with advice, education, management and timescales. Provided with glute strengthening programme and flare management. Given groin pain and PMH - check x-ray for completeness. Will contact with results.
Test Request	XR Pelvis - *Completed*
19/01/2024 17:08	Dr Brian Milmore at Govan Health Centre
History	attending for review, mobilising without apparent discomfort, admits anxious ++ as googled symptoms and mentioned DVT.
Examination	indicates pain radiating from lateral aspect of hip to lateral knee, some tightness to hamstring and calf on stretching, no calf tenderness, no swelling or assymmetry evident (calves 39cm bilaterally and soft), NV intact distally, SLR intact, hip movements NAD, knee movements NAD, power normal.
Comment	no evidence of DVT on examination, pain suggestive of ? ITB symptoms, suggest topical NSAID (issues with oral NSAID previously) and appt with APP, strong worsening advice given in view of PMHx.
Medication	Ketoprofen Gel 2.5 % *50 gramAPPLY THREE TIMES A DAY*
19/01/2024 15:28	Dr Brian Milmore at Telephone Consultation

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History	calling re L leg pain (note similar presentation with L pain in June 2023). worried she could have a clot. not sure if any swelling. feels pain has eased across day. no obvious risk factors for clots reported. discussed possible causes and symptoms, agreed F2F assessment [redacted] today due to concerns re same.
19/01/2024 08:50	Ms Lyndsay Watt at Data Entry
Comment	Mobile No. 0796 773 4971 - Please call reg pain in leg.
12/01/2024 11:09	Dr Sehanish Zafar at Govan Health Centre
Medication	Scheriproct Suppositories *12 SUPPOSITORY INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT. DO NOT USE FOR MORE THAN 7 DAYS*
History	reporting 4/52 hx 1. anal dx- brown at times with sticky- also PR bleeding- on wiping- prev hx last yr for PR bleeding Colonoscopy- haemorrhoids only known about. IBS as well- currently bowels as per normal-more bloating at times but no diarrhoea/ constipation. no systemic upset. wt/appetite stable. 2. Vaginal dx as well- orange-yellow sticky- no itching- no PVB. oophorectomy- on letrozole. smears upto date. not in sexual relationship-last encounter 5 yrs ago but UPSI. prev hx of chlamydia many years ago - Rxed. no abdo pains etc.
Examination	consent for both- chaperone declined. PR- x5 haemorrhoids soft-uncomplicated- gentle PR- no rectal masses. nil finger staining on removal. Vagnia exam- V+V normal- slighhtly atrophic. P/S pt wasn't able to tolerate therefore unable to proceed to visualise cervix. some white clumpy dx seen around area. LVS and VVS taken for swabs.
Medication	Fluconazole Capsules 150 mg *1 CAPSULE ONE TO BE TAKEN AS A SINGLE DOSE*
Comment	Rx as haemorrhoids- as below-re r.v post Rx. Swabs sent off- Rx as presumed thrush in interim. f/u post these if required.
Test Request	Chlamydia/Gonorrhoea PCR - Vulvovaginal - *Completed*, Low Vaginal Swab (C&S) - *Completed*
12/01/2024 08:45	Ms Lyndsay Watt at Data Entry
Comment	F2F appt. Reg female issue.
04/12/2023 10:29	Dr Catriona Carty at Westfield Health Centre
History	Several months, itchy ears - occasional clear fluid, hearing ok, 'ringing' sound occasionally, no h/o aural trauma, nose - scab R nostril, post nasal drip, h/o previous nasal trauma (fell off bike), did have corrective surgery but still has deviated septum, feels struggling to breathe through nose.
Examination	clear deviation of [redacted] septum, small scab and ?scar tissue just inside R nostril, ears - canals slightly inflamed, clear fluid (trace amount) deep in ear canal, drums nad, throat - PND otherwise clear.
Comment	For scripts as shelow. I will refer back to ENT.
Medication	Otomize Spray *1 SPRAY ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS* Naseptin Cream *15 GRAM APPLY THINLY TO THE AFFECTED AREA TWICE* [redacted] Beclometasone Aqueous nasal spray 50 micrograms/actuation *200 DOSE TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY*
Additional	Medication review done
New Referral	(NHS), , , , 8H53.: ENT referral (SCI Gateway Referral)
History	Rpt duloetine. stable at 90mg dose and tolerates this well. Feels back to usual baseline.
Examination	bright, engages well.
Comment	Script re-issued - ?could add to repeats next time.
Medication	Duloxetine Gastro-resistant Capsules 60 mg *56 capsule 1 Cap Daily* Duloxetine Gastro-resistant Capsules 30 mg *56 capsule 1 Cap Daily* Beclometasone Aqueous nasal spray 50 micrograms/actuation *200 DOSE TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY*
04/12/2023 08:48	Miss[redacted]sey McGrillen at Data Entry
Comment	face to face - ear and throat issues
05/10/2023 14:48	Dr Gemma Christie at Telephone Consultation
History	feels doing well on duloxetine, feels better on 90mg. Says mood improved and getting back to herself. No TOSH/SI symptoms. Happy to continue at 90mg. Agreed slightly longer supply at 2/12 given improved/stable - review again then or sooner if problems.
Medication	Duloxetine Gastro-resistant Capsules 60 mg *56 capsule ONE TO BE TAKEN EACH DAY* Duloxetine Gastro-resistant Capsules 30 mg *28 capsule TWO TO BE TAKEN EACH DAY*

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05/10/2023 09:54	Ms Shirley [redacted] at Data Entry
Comment	Tel app - 0796 7734 871 - Looking for Duloxetine.
22/09/2023 17:39	Dr Seharish Zafar at Data Entry
Comment	[redacted] amt at last Px -redone. Apologies to pt.
Medication	Phenoxymethylpenicillin Tablets 250 mg *40 tablet 2 TABS FOUR TIMES A DAY FOR FIVE DAYS*
22/09/2023 16:51	Dr Seharish Zafar at Telephone Consultation
History	reporting has flu like sx for 7/7- sore throat- right side- tonsils pusy looking- fever none but hot/cold flushes. no cough. congested. head sore. thinks caught it from work. prev prone to tonsilitis- worried things developing and might get worse over the weekend. [redacted] PCm/ ibuprofen and throat spray. NKDA
Comment	advised might be viral as not ticking all boxes for bacterial tonsilitis however back up abx given for weekend to cover in case sx develop. Pt will collect.
Medication	Phenoxymethylpenicillin Tablets 250 mg *20 tablet 2 TABS FOUR TIMES A DAY FOR FIVE DAYS*
22/09/2023 12:29	Ms Lyndsay Watt at Data Entry
Comment	Emergency request. Patient has had flu like symptoms for 4 days. Mobile No. 0796 773 4971.
01/09/2023 14:34	Dr [redacted] at Telephone Consultation
History	Mood much better on 60mg . Keen to continue and keen to try going up to 90mg which was her previous dose - agree reasonable. Bright and chatty tpday. NO tosh/SI. R/v 1/12 or sos. Had dexa scan, report awaited
01/09/2023 09:00	Miss Laura McQuillan at Westfield Health Centre
Comment	Tel - Meds Duloxetine 07967 734 871
04/08/2023 16:44	Dr Stephanie Campbell at Govan Health Centre
History	Struggling with mood since stopping duloxetine, had fleeting suicidal thoughts. Found some 60mg tablets at home sp restarted and already feeling benefit. Peripheral neuropathy symptoms also got worse when duloxetine stopped but feels widespread body pain was a problem when still on duloxteine.Pt has been researching fibromyalgia and feels her symtoms fit with this - given versus uk booklet to [redacted] more. Breast team say they requested dexa 1 yr ago but pt not heard anything - I will request again today. Restart duloxetine. R/v 4/52 or sos
Medication	Duloxetine Gastro-resistant Capsules 60 mg *28 capsule 1 Cap Daily*
Test Request	Bone densitometry DXA - *Completed*
01/08/2023 14:51	Dr [redacted] Campbell at Telephone Consultation
History	Since reducing duloxetine to 30mg mood has been worse - low. Brain fog. Struggles to put sentences together. Peripheral neuropathy symptoms worse, dropping more things. Pt feels she would like f2f appt to be able to better explain symptoms - appt for end of week. Crt 30mg duloxetine in menatime.
01/08/2023 11:38	Miss [redacted] McAusland at Data Entry
Comment	TEL- req review comig off Duloxetine 0796 773 4971
07/07/2023 15:28	Dr [redacted] Campbell at Telephone Consultation
History	Got insect bite few days [redacted] - most have cleared but one on right shin blistered immediately and has surrounding erythema now, itchy ++, using HC cream and antihistamine tablets. Systemically well
Examination	right shin - central punctumm with surrounding cellulitis - ~10cm diameter
Comment	Impr infected insect bite - try ice pack, course oab - get in touch if doesn't clear with this or if gets worse despite Rx
Medication	Flucloxacillin Capsules 500 mg *20 capsule 1 TABLET FOUR TIMES A DAY*
07/07/2023 08:44	Ms Lyndsay Watt at Data [redacted]
Comment	F2F appt req insect bite on leg, possible infection.
28/06/2023 10:47	Dr Adrian Petre at Govan Health Centre

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History	feels health declining lately, polyarthralgia - fingers, left side back, elbows, ankles, knees, feels zapps like electric shocks/pulses at the back of eyes on moving eyes, TAT, hot flushes, forgetful, ^ urinary frequency, slight intermittent pinky PV discharge past 2/12 no smell - also insect bite left upper shin devr w/e with focal reaction - works as support worker, single, lives with 23 y/o [redacted] with some MH issues, no drugs, stopped drinking heavily alcohol > 1 yr ago attending AA meets, goes to the Gym and enjoyed walking until now. Duloxetine not very effective keen to come off it taking it eveu other day 60 mg now, no weight loss
Examination	O/E - weight 70 Kg well systemically, comfortable. O/E - BP reading Blood pressure reading 123/70 mm Hg O/E - pulse rate 82 beats/minute reg. O/E - chest examination normal , HS1-2 Abdomen examined - NAD no oedema. Urinalysis = no abnormality
Comment	reassured ?manopausal sx - check fasting bloods and HVS, happy to decrease Duloxetine to 30mg OD then stop (informed decision), has HC1% for insect bite - blistered with slight surrounding erythaema - dressing, Pinton, wo-sta, review with results
Medication	Duloxetine Gastro-resistant Capsules 30 mg *28 capsule 1 Cap Daily* Chlorphenamine Tablets 4 mg *28 TABLET ONE TO BE TAKEN EVERY FOUR TO SIX HOURS (MAX 6 TABLETS PER 24 HOURS)*
Test Request	Glucose - *Requested*, Vitamin B12 - *Requested*, Bone Profile - *Requested*, CRP - *Requested*, Urea and Electrolytes - *Requested*, Ferritin - *Requested*, Liver Function Tests - *Requested*, Folate - *Requested*, Thyroid function tests - *Requested*, ESR - *Requested*, Full Blood Count - *Requested*, Rheumatoid Factor - *Requested*, High Vaginal Swab (C&S) - *Completed*

28/06/2023 08:43 Ms Eileen Kerr at Govan Health Centre
Comment: F2F -to discuss joint pain

20/04/2023 09:35 Dr Adrian Petre at Govan Health Centre
Problem (FIRST): **Upper respiratory tract infection NOS**

History	ear infection 2/52 ago - used Otomize only for 2 days - 'was making ear worse' - itchy nose/mouth/throat with painful neck node past 3/7 - ear bad again - took only PCM today - no temp/shivers/mylagia/rashes - feels like a cold, worried re fungal infection - not immunosupressed - reassured unlikely - talking normally on the phone - reassured, likely URTI, rest, advice, cont analgesia one week, re-start Otomize and reassured on benefits, delayed OABx px, wo-sta
Medication	Paracetamol Tablets 500 mg *56 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)* Ibuprofen Tablets 600 mg *21 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD* Phenoxymethylpenicillin Tablets 250 mg *40 tablet TWO TO BE TAKEN FOUR TIMES A DAY*

20/04/2023 08:49 Ms Shirley Clarke at Data Entry
Comment: Tel app - 0796 7734 971 - Pain in ear, throat and nose. Had for 2 weeks.

06/04/2023 16:38 Dr Gemma Christie at Govan Health Centre

History	here for review - aweil , afebrile
Examination	R ear [redacted] inflammed and red, no discharge seen, TM intact not dull no effusion, no tragal tenderness, no raised LNs
Comment	try otomize initially if persists or worse review with GP/111
Medication	Otomize Spray *1 spray APPLY THREE TIMES A DAY*

History	requests ADs whilst here - feels doing really well and infact has reduced to 60mg form 90 and mood has remained stable, keen to gradually reduce but happy to remain on 60mg for now. Issued and reauthorised for further 3 repeats WSG

06/04/2023 14:45 Dr [redacted] Christie at Telephone Consultation
History: painful ear 4 days, on discharge from ear. Pain affecting neck. No fever. Otherwise well. I think best to see and examine - appt later this afternoon.

06/04/2023 08:56 Ms Lee Kelly at Data Entry
Comment: Tel - 0796 773 4971 - ear ache.lk

04/01/2023 14:30 Dr Brian Milmore at Telephone Consultation

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History	abdo pain as per OOH assessment, taking PPI once daily but still getting nausea and epigastric pain radiating to back, not systemically unwell with same and feels viral symptoms overall settling, agreed double PPI temporarily and add antiemetic, aim to normalise diet and fluids, review if any residual symptoms thereafter.
Medication	Prochlorperazine Maleate Tablets 5 mg *28 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED*

04/01/2023 08:57 Miss [redacted] McQuillan at Westfield Health Centre
Comment: Tel - Abdo pain 07987 734 971

30/12/2022 15:25 Dr [redacted] Campbell at Telephone Consultation

Problem	Cough
History	4/7 h/o cough with green sputum, feverish and shivery, chesty, green sputum, mild SOB, no wheeze. Works in care home. Negative covid lft. No chest pain. Smoker. Anxious about going into long holiday w/e without Rx.
Examination	Looks well. T37.9, RR12, sats 97%, BP 108/64, P79, HS 1+0+0, chest mild creps left base.
Comment	Imp: lrti - likely secondary to viral illness - lots in community currently - Rx as below. R/v if not improving depite Rx
Medication	Doxycycline Hyclate Capsules 100 mg 6 *CAPSULE TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS*

30/12/2022 08:58 Ms Lyndsay Watt at Data Entry
Comment: F2F appt. Patient thinks she has a chest infection.

29/11/2022 16:47 Dr [redacted] Campbell at Govan Health Centre

History	Multiple issues : all symptoms onset following breast ca Rx including chemo and radiotherapy and elective oophrectomy: tingling in fingers (likely chemo induced), flushes, brain fog, bone pains (surgical induced menopause - breast team have requested DEXA). On duloxetine for migraines - keen to try and reduce. On tramadol for long time - requesting added to rpt - agree with GP r/v every 6/12.
Comment	Discussed timing of symptoms align with cancer treatment and oophrectomy - likely cause. Agree check bloods to exclude other cause. Agree trial gabapentin - could help parasthesia and flushes. R/v in Jan
Medication	Gabapentin Capsules 300 mg *100 capsule ONE TO BE TAKEN THREE TIMES A DAY*
Test Request	Vitamin B12 - *Requested*, CRP - *Requested*, Urea and Electrolytes - *Requested*, Gamma GT - *Requested*, Liver Function Tests - *Requested*, Folate - *Requested*, Thyroid function tests - *Requested*, Glucose - *Requested*, ESR - *Requested*, Full Blood Count - *Requested*

28/11/2022
Additional: Administration of second dose of SARS-CoV-2 vaccine EM4985/ COVPFIZER/IM/Right Arm//C-19 Pfizer (L [redacted])

28/11/2022
Additional: Administration of first dose of SARS-CoV-2 vaccine EK4243/ COVPFIZER/IM/Right Arm//C-19 Pfizer (M [redacted])

25/11/2022 09:37 D [redacted] Campbell at Telephone Consultation

Problem (NEW)	**Genital herpes simplex**
History	Recurrent episode. Prev positive swabs. Getting ~x6 episodes/year. Always clears with aciclovir. Reviewed sandyford guidance - options of episodic treatment vs suppressive Rx - agree episodic Rx for now. Update bloods to check for immunosupporession. No other recurrent infections to suggest immunosuppressed. Gets tingling in fingers - requetsing f2f appt - booked for next week.
Test Request	Urea and Electrolytes - *Requested*, Full Blood Count - *Requested*, HIV antibody/antigen (Ab/Ag) screen - *Requested*

21/11/2022 09:07 Miss Laura McAusland at Data Entry
Comment: TEL - 25/11/22 reg meds Aciclovir due flare up [redacted] 0796 773 4971

11/10/2022 17:32 Dr [redacted] Campbell at Telephone Consultation

History	Bloods all normal - repeat urate 2 weeks - tried calling patient to inform but no answer - tasked to admin
Test Request	Urate - *Requested*

06/10/2022 11:06 Dr [redacted] Campbell at Govan Health Centre

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History	Attends for examination - see history below. No obvious RFs for gout. No etoh past 8/12.
Examination	Red swollen 1st MTPJ right foot. No tracking. Looks well
Comment	Explained likley gout - trial Rx as below (states unable to tolerate nsaids) - exaplined s/e profile colchicine. rest, elevate, ice. Should notice improvement after 2/7 Rx. Dietry advice and treatemt options pil, given (goutsociety). If urate normal - will repeat in 2 weeks. Discussed allopurinol - could consider if gets recurrent attack.
Medication	Colchicine Tablets 500 micrograms *12 TABLET ONE TO BE TAKEN TWO TO FOUR TIMES A DAY UNTIL SYMPTOMS RELIEVED (MAX 6MG (12 TABLETS) PER COURSE - NOT TO BE REPEATED WITHIN 3 DAYS)*
Test Request	CRP - *Completed*, Urea and Electrolytes - *Completed*, Urate - *Completed*, Full Blood Count - *Completed*

08/10/2022 10:12 Dr Stephanie [redacted] at Telephone Consultation

History	Pain in foot, worst in big toe. 2/7 pain started and sore to walk on. No h/o trauma. This morning swollen, feels hot and red, having to walk on edge of foot. Very painful to touch. No h/o gout. H/o breast cancer (mastectomy 2018 and salpinoophrectomy 2019), on letrozole. No fever.
Comment	Imp: likely gout - will attend this morning for examination, bloods and prescription. Gets GI discomfort with nsaids, asking for steroid injection - suggetsed trial colchicine

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08/10/2022 08:42 Ms Shirley Clarke at Data Entry

Comment	Tel app - 0796 7734 971 - Foot swollen, painful and red. No injury. Finding it hard to walk.

23/09/2022 14:19 Dr Ste[redacted] Campbell at Data Entry

Comment	Message noted - last ordered June - Px issued

23/09/2022 08:43 Miss L[redacted] McAusland at Data Entry

Comment	MESSAGE- Patient will run out of Tramadol over the weekend [redacted] has tried multiple times to get appt this week

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13/09/2022 14:44 [redacted] at Govan Health Centre

Comment	Routine cervical smear taken, difficult proceedure, uncomfortable throughout. Advised making appt with GP prior to next smear to ask for oestogen cream to apply prior to next smear.

06/09/2022 10:42 Dr Brian Milmore at Telephone Consultation

History	recurrent issues with loose stools and nocturnal soiling over past 2/7, note recent gastro Ix and diagnosis of IBS, no infective symptoms associated, not taking any Rx currently, discussed trial of antispasmodic, hand in stool for C&S if not settling, general dietary advice given including FODMAP and review if not settling.
Medication	Mebeverine Hydrochloride Tablets 135 mg *100 tablet ONE TO BE TAKEN THREE TIMES A DAY 20-30 MINS BEFORE MEALS*
Test Request	Faeces (C&S) - *Requested*

06/09/2022 09:30 Miss [redacted] McQuillan at Westfield Health Centre

Comment	Urgent request - Bowel issue not controllable overnight past 3 nights, concerned 07967734971

01/09/2022 10:07 Dr Adrian Petre at Telephone Consultation

Problem (FIRST)	**Medication requested**
History	recurrent episode of painful genital herpes - not immunocompromised, PMHx breast ca 2018 - looking for aciclovir - discussed various regimens, preferring 2 days course - has appt with P/N today for smear test, sill see if we have viral swabs availability for testing (low sesitivity though) - px issued - looking for F2F appt with GP to discuss other issues as new patient - advised to phone Rec ad book routine F2F appt when convenient
Test Request	HSV / syphilis PCR - Genital ulcer - *Requested*

01/09/2022 08:41 Miss Laura McAusland at Data Entry

Comment	TEL - reg meds not on repeat (cr4) 0796 773 4971

29/08/2022 09:36 Dr [redacted] Petre at Telephone Consultation

Problem (FIRST)	**Medication review**
History	AD's - mood ok, stable on current dose for years, no recent changes, compliant, not suicidal - added on Ited repeats, explained raticanfe, review periodicall, wo-sta
Medication	Duloxetine Gastro-resistant Capsules 30 mg *56 capsule 1 Cap Daily*

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Duloxetine Gastro-resistant Capsules 60 mg *56 capsule 1 Cap Daily*

19/08/2022 12:00 Dr Seharish Zafar at Data Entry

Comment: As per msg. 2/52 supply issued until r.v appt. No pharmacy coded-please clarify this with pt.

Medication: Duloxetine Gastro-resistant Capsules 30 mg *14 capsule ONE TO BE TAKEN EACH DAY*

Duloxetine Gastro-resistant Capsules 60 mg *14 capsule ONE TO BE TAKEN EACH DAY*

19/08/2022 11:48 Ms Eileen Kerr at Govan Health Centre

Comment: message: patient has run out of Duloxetine 90mg. Unable to get an appt

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19/08/2022 11:47 Ms Eileen Kerr at Govan Health Centre

Comment: pre booked 29/8 - to discuss medication 0796 773 4971

01/07/2022 08:57 Dr Stephanie Campbell at Data Entry

History: Capsule endoscopy: two tiny hyperplastic polyps - not for f/u - otherwise normal. Manage as IBS.

29/06/2022 09:09 Dr Seharish Zafar at Telephone Consultation

History: New pt to Practice Requesting medicaitons to be put on repeat as per previous GP practice 1. omeprazole 20 mg OD- many years for GORD. Noted currently has been rx for ongoing diarrhoea for the last 4/12- capsule endoscopy-no results as yet-pt very concerned regarding this and noted all bloods plus Qfit normal. Advised dietary changes/PRN loperamide and await results. 2. Duloxetine 90 mg OD-initially for migraines but now for low mood. mood currently stable-ups/downs No TOSH/SI. feels stable on medication plans to come off or reduce when more stable time in life 3. Tramadol pain relief but no formal dx? also commenced for migraines but now on this for a no. of years. Feels ? has fibromyalgia and this helps with the pain. Noted this was also on repeats at prev practice. 50 mg 1-2 upto QID PRN.

Comment: Omeprazole put on repeats. Perhaps as new to practice for others would be reasonable to do 1/12 and then re r.v usage. Duloxetine rx already given for 1/12 and therefore tramadol done for 1/12 supply.

Medication: Omeprazole Capsules (Gastro-Resistant) 20 mg *56 CAPSULE ONE TO BE TAKEN EACH DAY*

Tramadol Hydrochloride Capsules 50 mg *200 capsule ONE OR TWO TO BE TAKEN UP TO QID PRN*

22/06/2022 09:22 Mr Matthew [redacted]at Data Entry

History: Duloxetine 30mg, Duloxetine 60mg, Tramadol 50mg issue at Govan practice many thanks MDyer PSP

22/06/2022 09:18 Mr Matthew Dyer at Acute Script Request

Problem: H/O Alcoholism / Breast Cancer / Depression

History: Medication requested Duloxetine , Letrozole, Tramadol

See GP review May 2022. Notes await summary/GP2GP but can see details on Docman.

NKDA. H/O Gastritis, Migraine. March 2022 GP ref'd to surgeons (C/O loose stools)

Comment: Prescription given no examination of patient

Duloxetine and Tramadol are due, but was issued 8wk Rx Letrozole so should have plenty left. MDyer PSP

22/06/2022 08:56 Miss Courtney McGeown at Data Entry

Comment: TEL - prebooked 29/06/22 - reg all medications 07967 734 971

22/06/2022 08:54 Miss [redacted] McGeown at Data Entry

Comment: MESSAGE - for pharmacist - patient running low on all medication, Duloxetine, Letrozole, Tramadol and Omeprazole. Patient has prebooked appt due to no appts available same day and looking for medication to last her until next appt.

26/05/2022 15:36 Dr Ge[redacted] Christie at Telephone Consultation

History: New patient - moved from West End of Glasgow. Recently been through Alcohol Detox, working with ARDS in South. Doing well so far , tells me mood has been a little low since coming off alcohol. Feels there were issues she had not dealt with and was suppressing this with alcohol. Takes duloxetine for mood and also migraine prophylaxis. No TOSH. Thinking about entring into psycological support , keen on CBT. ASking what services available, directed to Wellbeing initially aand can ref to higher level services if needed going forward. Happy to contact same.

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Comment	Pharmacy have completed scripts, review back with me in 4 weeks. WSG
24/05/2022 11:32	Mr [redacted] Lade at Data Entry
History	See entry below
Problem	**Medication requested**
Comment	Px issued + Note on RHS for Pt to make Routine appt with PSP for Med review
Medication	Duloxetine Gastro-resistant Capsules 30 mg *28 capsule ONE TO BE TAKEN EACH DAY*
	Duloxetine Gastro-resistant Capsules 60 mg *28 capsule ONE TO BE TAKEN EACH DAY*
	Letrozole Tablets 2.5 mg *56 tablet 1 Tab Daily*
	Tramadol Hydrochloride Capsules 50 mg *60 capsule ONE OR TWO TO BE TAKEN UP TO QID PRN*
Additional	Previous treatment continue
	Repeated prescription
	[V]Expert advice request Medicines Information Query
	Prescription by supplementary prescriber
23/05/2022 17:55	Mr Brian Muir at Govan Health Centre
Comment	message/ prescription - new to practice, didn't know how to order through our system. I have advised the proceedures of this but patient advising out of medication - can this patient have a short supply of the follow - duloxatine 60mg and 30mg, letrozole 2.5mg and tramadol. patients summary page 46-47 for info.
23/05/2022 17:54	Mr [redacted] Muir at Govan Health Centre
Comment	tel - 0796 773 4971 - duloxatine 60mg and 30mg - letrozole tablets 2.5mg and tramadol review - new patient can find this on page 46- 47 of summary.

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Current Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
14/02/2025	**Duloxetine Gastro-resistant Capsules 60 mg** 1 Cap [redacted] 28 capsule	14/02/2025P	Dr [redacted] Campbell	REPEAT
04/12/2023	**Beclometasone Aqueous nasal spray 50 micrograms/actuation** TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY 200 DOSE	10/02/2025P	Dr Stephanie Campbell	REPEAT
25/11/2022	**Aciclovir Tablets 800 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS 6 tablet	10/02/2025P	Dr [redacted] Campbell	REPEAT
25/11/2022	**Tramadol Hydrochloride Capsules 50 mg** ONE OR TWO TO BE TAKEN UP TO QID PRN 200 capsule	10/02/2025P	Dr [redacted] Campbell	REPEAT
29/06/2022	**Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE TO BE TAKEN EACH DAY 56 CAPSULE	10/02/2025P	Dr [redacted] Campbell	REPEAT
24/05/2022	**Letrozole Tablets 2.5 mg** 1 Tab [redacted] tablet	10/02/2025P	Dr Stephanie Campbell	REPEAT

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Past Medication

Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
30/01/2025	**Zopiclone Tablets 7.5 mg** ONE TO BE TAKEN AT NIGHT 5 tablet	30/01/2025P	Dr Brian Milmore	ACUTE
17/01/2025	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 15 CAPSULE	17/01/2025P	Dr [redacted] Campbell	ACUTE
13/12/2024	**Prochlorperazine Maleate Tablets 5 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	13/12/2024P	Dr Brian Milmore	ACUTE
13/12/2024	**Dioralyte Oral powder (citrus)** DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED 10 sachet	13/12/2024P	Dr Brian Milmore	ACUTE
13/12/2024	**Hyoscine Butylbromide Tablets 10 mg** ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 56 tablet	13/12/2024P	Dr Brian Milmore	ACUTE
12/12/2024	**Trimethoprim Tablets 200 mg** ONE TO BE TAKEN TWICE A DAY 14 tablet	12/12/2024P	Dr Brian Milmore	ACUTE
09/12/2024	**Co-Amoxiclav 500/125 Tablets** ONE TO BE TAKEN THREE TIMES A DAY 21 tablet	09/12/2024P	Dr Brian Milmore	ACUTE
17/10/2024	**Duloxetine Gastro-resistant Capsules 60 mg** ONE TO BE TAKEN EACH DAY 28 capsule	17/10/2024P	Dr [redacted] Christie	ACUTE
16/07/2024	**Rizatriptan Benzoate Tablets 10 mg** 1 Tab Daily 6 tablet	16/07/2024P	Dr [redacted] Fairman	ACUTE
16/07/2024	**Duloxetine Gastro-resistant Capsules 60 mg** 1 Cap Daily 56 capsule	16/07/2024P	Dr [redacted] Fairman	ACUTE
01/07/2024	**Aspirin Dispersible tablets 300 mg** 3 TABLETS (900MG) 3 TABLET	01/07/2024P	Dr Brian Milmore	ACUTE
25/06/2024	**Sumatriptan Succinate Tablets 50 mg** ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS 6 TABLET	25/06/2024P	Dr [redacted] Fairman	ACUTE
25/06/2024	**Nasepin Nasal Cream** APPLY THREE TIMES DAILY 15 GRAM	25/06/2024P	Dr Amanda Fairman	ACUTE
25/06/2024	**Cyclizine Tablets 50 mg** ONE TO BE TAKEN THREE TIMES A DAY 10 tablet	25/06/2024P	Dr Amanda Fairman	ACUTE
05/06/2024	**Co-Amoxiclav 500/125 Tablets** ONE TO BE TAKEN THREE TIMES A DAY 21 tablet	05/06/2024H	Dr Brian Milmore	ACUTE
09/05/2024	**Duloxetine Gastro-resistant Capsules 30 mg** 1 Cap Daily 28 capsule	09/05/2024P	Dr Brian Milmore	ACUTE
29/04/2024	**Duloxetine Gastro-resistant Capsules 60 mg** 1 Cap Daily 56 capsule	29/04/2024P	Dr Adrian Petre	ACUTE
19/01/2024	**Ketoprofen Gel 2.5 %** APPLY THREE TIMES A DAY 50 gram	19/01/2024P	Dr Brian Milmore	ACUTE
12/01/2024	**Scheriproct Suppositories** INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT. DO NOT USE FOR MORE THAN 7 DAYS 12 SUPPOSITORY	12/01/2024P	Dr Brian Milmore	ACUTE
12/01/2024	**Fluconazole Capsules 150 mg** ONE TO BE TAKEN AS A SINGLE DOSE 1 CAPSULE	12/01/2024P	[redacted] Milmore	ACUTE
04/12/2023	**Otomize Spray** ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS 1 SPRAY	04/12/2023P	Dr Catriona [redacted]	ACUTE
04/12/2023	**Nasepin Nasal Cream** APPLY THINLY TO THE AFFECTED AREA TWICE DAILY 15 GRAM	04/12/2023P	Dr Catriona Carty	ACUTE
04/12/2023	**Beclometasone Aqueous nasal spray 50 micrograms/actuation** TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY 200 DOSE	04/12/2023P	Dr Catriona Carty	ACUTE
04/12/2023	**Duloxetine Gastro-resistant Capsules 60 mg** 1 Cap Daily 56 capsule	04/12/2023P	Dr Catriona Carty	ACUTE
04/12/2023	**Duloxetine Gastro-resistant Capsules 30 mg** 1 Cap Daily 56 capsule	04/12/2023P	Dr Catriona Carty	ACUTE
05/10/2023	**Duloxetine Gastro-resistant Capsules 60 mg** ONE TO BE TAKEN EACH DAY 56 capsule	05/10/2023P	Dr [redacted] Christie	ACUTE
05/10/2023	**Duloxetine Gastro-resistant Capsules 30 mg** TWO TO BE TAKEN EACH DAY 28 capsule	05/10/2023P	Dr [redacted] Christie	ACUTE
22/09/2023	**Phenoxymethylpenicillin Tablets 250 mg** 2 TABS FOUR TIMES A DAY FOR FIVE DAYS 20 tablet	22/09/2023P	Dr Brian Milmore	ACUTE
22/09/2023	**Phenoxymethylpenicillin Tablets 250 mg** 2 TABS FOUR TIMES A DAY FOR FIVE DAYS 40 tablet	22/09/2023P	Dr Brian Milmore	ACUTE
01/09/2023	**Duloxetine Gastro-resistant Capsules 30 mg** 1 Cap Daily 28 capsule	01/09/2023P	Dr [redacted] Campbell	ACUTE

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01/09/2023	**Duloxetine Gastro-resistant Capsules 60 mg** 1 Cap Daily 28 capsule	01/09/2023P	Dr [redacted] Campbell	ACUTE
04/08/2023	**Duloxetine Gastro-resistant Capsules 60 mg** 1 Cap Daily 28 capsule	04/08/2023P	Dr [redacted] Campbell	ACUTE
07/07/2023	**Flucloxacillin Capsules 500 mg** 1 TABLET FOUR TIMES A DAY 20 capsule	07/07/2023P	Dr [redacted] Campbell	ACUTE
28/06/2023	**Duloxetine Gastro-resistant Capsules 30 mg** 1 Cap Daily 28 capsule	28/06/2023P	Dr [redacted] Petre	ACUTE
28/06/2023	**Chlorphenamine Tablets 4 mg** ONE TO BE TAKEN EVERY FOUR TO SIX HOURS (MAX 6 TABLETS PER 24 HOURS) 28 TABLET	28/06/2023P	Dr Adrian Petre	ACUTE
20/04/2023	**Paracetamol Tablets 500 mg** TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 56 TABLET	20/04/2023P	Dr [redacted] Petre	ACUTE
20/04/2023	**Ibuprofen Tablets 600 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD 21 tablet	20/04/2023P	Dr [redacted] Petre	ACUTE
20/04/2023	**Phenoxymethylpenicillin Tablets 250 mg** TWO TO BE TAKEN FOUR TIMES A DAY 40 tablet	20/04/2023P	Dr [redacted] Petre	ACUTE
06/04/2023	**Otomize Spray** APPLY THREE TIMES A DAY 1 spray	06/04/2023P	Dr [redacted]	ACUTE
04/01/2023	**Prochlorperazine Maleate Tablets 5 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	04/01/2023P	Dr [redacted] Milmore	ACUTE
30/12/2022	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS 6 CAPSULE	30/12/2022P	Dr [redacted] Campbell	ACUTE
29/11/2022	**Gabapentin Capsules 300 mg** ONE TO BE TAKEN THREE TIMES A DAY 100 capsule	29/11/2022P	D [redacted] Campbell	ACUTE
06/10/2022	**Colchicine Tablets 500 micrograms** ONE TO BE TAKEN TWO TO FOUR TIMES A DAY UNTIL SYMPTOMS RELIEVED (MAX 6MG (12 TABLETS) PER COURSE - NOT TO BE REPEATED WITHIN 3 DAYS) 12 TABLET	06/10/2022P	Dr [redacted] Campbell	ACUTE
23/09/2022	**Tramadol Hydrochloride Capsules 50 mg** ONE OR TWO TO BE TAKEN UP TO QID PRN 200 capsule	23/09/2022P	Dr [redacted] Campbell	ACUTE
06/09/2022	**Mebeverine Hydrochloride Tablets 135 mg** ONE TO BE TAKEN THREE TIMES A DAY 20-30 MINS BEFORE MEALS 100 tablet	06/09/2022P	Dr [redacted] Milmore	ACUTE
01/09/2022	**Aciclovir Tablets 800 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS 6 tablet	01/09/2022P	Dr Adrian Petre	ACUTE
19/08/2022	**Duloxetine Gastro-resistant Capsules 30 mg** ONE TO BE TAKEN EACH DAY 14 capsule	19/08/2022P	Dr [redacted] Milmore	ACUTE
19/08/2022	**Duloxetine Gastro-resistant Capsules 60 mg** ONE TO BE TAKEN EACH DAY 14 capsule	19/08/2022P	Dr Brian Milmore	ACUTE
29/06/2022	**Tramadol Hydrochloride Capsules 50 mg** ONE OR TWO TO BE TAKEN UP TO QID PRN 200 capsule	29/06/2022P	Dr Brian Milmore	ACUTE
22/06/2022	**Duloxetine Gastro-resistant Capsules 60 mg** ONE TO BE TAKEN EACH DAY 28 capsule	22/06/2022P	Dr Brian Milmore	ACUTE
22/06/2022	**Duloxetine Gastro-resistant Capsules 30 mg** ONE TO BE TAKEN EACH DAY 28 capsule	22/06/2022P	Dr [redacted] Milmore	ACUTE
24/05/2022	**Duloxetine Gastro-resistant Capsules 30 mg** ONE TO BE TAKEN EACH DAY 28 capsule	24/05/2022P	Dr [redacted] Milmore	ACUTE
24/05/2022	**Duloxetine Gastro-resistant Capsules 60 mg** ONE TO BE TAKEN EACH DAY 28 capsule	24/05/2022P	Dr Brian Milmore	ACUTE
24/05/2022	**Tramadol Hydrochloride Capsules 50 mg** ONE OR TWO TO BE TAKEN UP TO QID PRN 60 capsule	22/06/2022P	Dr [redacted] Milmore	ACUTE
30/01/2025	**Duloxetine Gastro-resistant Capsules 90 mg** 1 Cap Daily 28 capsule	30/01/2025P	Dr Brian Milmore	REPEAT
09/12/2024	**Duloxetine Gastro-resistant Capsules 60 mg** 1 Cap Daily 1*28 capsule	09/12/2024P	Dr [redacted] Milmore	REPEAT
29/08/2022	**Duloxetine Gastro-resistant Capsules 30 mg** 1 Cap Daily 56 capsule	31/01/2023P	Dr Adrian Petre	REPEAT
29/08/2022	**Duloxetine Gastro-resistant Capsules 60 mg** 1 Cap Daily 56 capsule	25/05/2023P	Dr Gemma Christie	REPEAT

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File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Unassigned.	**Filed By User**	Miss [redacted] McAusland
Patient Matched	Yes.	**SCCRS Message Type**	FHIR Result

electronic Notification of Cervical Cytology Results Service
New Result

CHI Number	2509745263
Name	YOUNG,SHIRLEY
Date Of Birth	25/09/1974
GMC Code of Registered GP	8614813
Practice Code	G52359

Smear Taker	Practice Nurse [redacted]
Reporting Location	NHSGGC

SCCRS ID	[redacted]
Laboratory ID	
Smear Taken Date	
Cytology Result	
Report Comments	
HPV Result	
Recommended Management	
Recall Date	

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Lab Report ID : B,22.2278382.M
Filed By User : Dr Stephanie Campbell
Assigned to :
Coding Status : Part Read Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (23066) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F

ADR : 58 Clyde Ave Bothwell

Report Text :

-?gout
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count					
tell patient normal (SC4)					
White Blood Count		8.1	x10^9/l	(4.0-10.0 U)	NK
Red Cell Count		4.20	x10^12/l	(3.80-5.80 U)	NK
Haemoglobin		129	g/l	(115-165 U)	NK
Haematocrit		0.407	l/l	(0.370-0.470 U)	NK
Mean Cell Volume		96.9	fl	(83.0-101.0 U)	NK
MCH		30.7	pg	(27.0-32.0 U)	NK
Platelet Count		282	x10^9/l	(150-410 U)	NK
Neutrophils		6.1	x10^9/l	(2.0-7.0 U)	NK
Lymphocytes		1.3	x10^9/l	(1.1-5.0 U)	NK
Monocytes		0.5	x10^9/l	(0.2-1.0 U)	NK
Eosinophils		0.18	x10^9/l	(0.02-0.50 U)	NK
Basophils		0.1	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK

Sample Collected Date : 06/10/2022 11:14:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 06/10/2022 18:06:00
Received Date : 06/10/2022 19:00:35
Requestor :
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : B,22.2278277.K
Filed By User : Dr Stephanie Campbell
Assigned to :
Coding Status : Part Read Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (23066) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 58 Clyde Ave Bothwell

Report Text :
-?gout

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R C-reactive Protein					
tell patient normal (SC4)					
C Reactive Protein		8	mg/L	(0-10 U)	NK
R Urea & Electrolytes					
tell patient normal (SC4)					
Sodium		141	mmol/L	(133-146 U)	NK
Potassium		4.4	mmol/L	(3.5-5.3 U)	NK
Chloride		102	mmol/L	(95-108 U)	NK
Urea		4.1	mmol/L	(2.5-7.8 U)	NK
Creatinine		62	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>60 U)	NK
R Blood urate					
tell patient normal (SC4)					
Urate		218	umol/L	(140-360 U)	NK

Sample Collected Date : 06/10/2022 11:14:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 06/10/2022 18:24:00
Received Date : 07/10/2022 15:00:18
Requestor :
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : B,23.1787744.V
Filed By User : Dr Stephanie Campbell
Assigned to :
Coding Status : Part Read Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (23066) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 58 Clyde Ave Bothwell

Report Text :

-TATT, hot flsuhes, prev m...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Glucose					
tell patient normal (SC4)					
-Fasting sample					
Glucose		4.6	mmol/L	(3.5-6.0 U)	NK

Sample Collected Date : 14/07/2023 11:06:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 14/07/2023 16:36:00
Received Date : 14/07/2023 19:00:39
Requestor :
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : B,23.1787872.3 **Coding Status** : Part Read Coded
Filed By User : Dr Stephanie Campbell **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (23066) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 58 Clyde Ave Bothwell

Report Text :
-TATT, hot fisuhes, prev m...
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count					
tell patient normal (SC4)					
White Blood Count		5.4	x10^9/l	(4.0-10.0 U)	NK
Red Cell Count		4.29	x10^12/l	(3.80-5.80 U)	NK
Haemoglobin		129	g/l	(115-165 U)	NK
Haematocrit		0.409	l/l	(0.370-0.470 U)	NK
Mean Cell Volume		95.3	fl	(83.0-101.0 U)	NK
MCH		30.1	pg	(27.0-32.0 U)	NK
Platelet Count		247	x10^9/l	(150-410 U)	NK
Neutrophils		2.9	x10^9/l	(2.0-7.0 U)	NK
Lymphocytes		1.7	x10^9/l	(1.1-5.0 U)	NK
Monocytes		0.5	x10^9/l	(0.2-1.0 U)	NK
Eosinophils		0.29	x10^9/l	(0.02-0.50 U)	NK
Basophils		0.1	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK
R Erythrocyte sedimentation rate					
tell patient normal (SC4)					
-Insufficient blood for ESR. At least 2ml required for test.					
ESR		NA			NK

Sample Collected Date : 14/07/2023 11:06:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 14/07/2023 16:49:00
Received Date : 15/07/2023 07:00:42
Requestor :
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : B,23.1787764.8 **Coding Status** : Part Read Coded
Filed By User : Dr Stephanie Campbell **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (23066) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 58 Clyde Ave Bothwell
Report Text :
-TATT, hot flsuhes, prev m...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Bone Profile					
tell patient normal (SC4)					
Calcium		2.53	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.59	mmol/L	(2.20-2.60 U)	NK
Phosphate		0.96	mmol/L	(0.80-1.50 U)	NK
Albumin		41	g/L	(35-50 U)	NK
Alkaline Phosphatase		108	U/L	(30-130 U)	NK
R C-reactive Protein					
tell patient normal (SC4)					
C Reactive Protein		5	mg/L	(0-10 U)	NK
R Urea & Electrolytes					
tell patient normal (SC4)					
Sodium		140	mmol/L	(133-146 U)	NK
Potassium		4.7	mmol/L	(3.5-5.3 U)	NK
Chloride		103	mmol/L	(95-108 U)	NK
Urea		4.1	mmol/L	(2.5-7.8 U)	NK
Creatinine		67	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver Function Tests					
tell patient normal (SC4)					
Total Bilirubin		5	umol/L	(<<20 U)	NK
ALT		17	U/L	(<<50 U)	NK
AST		22	U/L	(<<40 U)	NK
Alkaline Phosphatase		108	U/L	(30-130 U)	NK
Albumin		41	g/L	(35-50 U)	NK
R Thyroid funct test					
tell patient normal (SC4)					
TSH		0.49	mU/L	(0.38-5.00 U)	NK
Free T4		13.7	pmol/L	(9.0-21.0 U)	NK
Total T3					NK

Sample Collected Date : 14/07/2023 11:06:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 14/07/2023 16:35:00
Received Date : 15/07/2023 07:00:43
Requestor :
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : B,23.1787764.8 **Coding Status** : Part Read Coded
Filed By User : Dr Stephanie Campbell **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (23066) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 58 Clyde Ave Bothwell

Report Text :
-TATT, hot flsuhes, prev m...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Serum Ferritin					
tell patient normal (SC4)					
-Males 15-300 (<15 iron deficiency)					
-Females 15-200 (<15 iron deficiency)					
-15-50 intermediate result. Consider iron deficiency					
-in anaemic patients, older patients and those					
-with inflammatory disease.					
Serum Ferritin		72	ug/l	(15-200 U)	NK
R Serum Vitamin B12					
tell patient normal (SC4)					
Serum Vitamin B12		881	ng/l	(200-883 U)	NK
R Serum Folate					
tell patient normal (SC4)					
Serum Folate		13.8	ug/l	(3.1-20.0 U)	NK

Sample Collected Date : 14/07/2023 11:06:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 14/07/2023 16:35:00
Received Date : 15/07/2023 07:00:51
Requestor :
Requestor GMC Code :

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Lab Report ID : B,23.3626944.A **Coding Status** : Part Read Coded
Filed By User : Dr Stephanie Campbell **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (23066) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 58 Clyde Ave Bothwell
Report Text :
-TATT, hot flsuhes, prev m...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R I Rheumatoid Factor					
tell patient normal (SC4)					
-Normal range 0-29 IU/mL, Weak positive range 30-90 IU/mL					
Rheumatoid Factor		< 20	IU/mL	(1-29 U)	NK

Sample Collected Date : 14/07/2023 11:06:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 17/07/2023 09:51:00
Received Date : 17/07/2023 15:00:07
Requestor :
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : V,24.3002849.8 **Coding Status** : Part Read Coded
Filed By User : Dr John Devlin **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (23066) Shirley Young DOB : 25/09/1974 CHI : 2509745263 SEX : F
ADR : 58 Clyde Ave Bothwell

Report Text :

-Vaginal dx- 4/52- c/e ? ....

SPECIMEN : Vulvovaginal swab

	Abn	Value	Units	Range	Status
R C.trachomatis/GC PCR					
tell patient normal, await LVS (JD3)					
-Not UKAS Accredited					
-This is a VULVOLVAGINAL SWAB sample.					
C. trachomatis :					NK
-Not detected by PCR					
N. gonorrhoeas :					NK
-Not detected by PCR					

Sample Collected Date : 12/01/2024 11:49:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 13/01/2024 11:47:00
Received Date : 18/01/2024 19:00:29
Requestor :
Requestor GMC Code :

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File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Unassigned.	**Filed By User**	Ms Shirley [redacted]
Patient Matched	Yes.	**BoSS Message Type**	Exclusion

electronic Notification of Bowel Screening Results Service
New Exclusion

CHI Number	2509745263
Name	YOUNG, SHIRLEY
Date Of Birth	25/ 09/ 1974
Registered GP	G0007
Practice Code	G52359

Report Date	[redacted]
Letter ID	
Exclusion Reason	
Report Comments	
Invitation Date	

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC ENT Rhinology

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Ear, Nose & Throat (ENT) - Rhinology
GGC ENT Rhinology

Consultant / receiving practitioner and/or **specialty clinic**

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Hospital and **hospital address**

Hospital location code.
G405H

Email address
-

Urgency of referral Routine
Date of referral 05-Dec-2023 **Date sent** 05-Dec-2023

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

6 Muniochy Road
GLASGOW
G51 4NW

Contact number(s)
Voice: 07967734971

101031552058R

Unique Care Pathway Number: 101031552058R

REGISTERED GP DETAILS

Name	Dr Brian Milmore		
GMC code	6148138	GP code	00078
Practice name	Westfield Health Centre (18973)		
Practice code	52359		

Practice address

71 Hillington Rd Sth
Westfield
Glasgow
G52 2AE

Contact number(s)
Voice: 0141 882 2222
Facsimile: 0141 883 6350
E-mail: GG-UHB.gp52359clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. Catriona Carty		
GMC code	6024684	GP code	09695
Practice name	Craigton Medical Practice (52359)		
Practice code	52359		

Practice address

Govan Health Centre
5 Drumoyne Road
Glasgow
G51 4BJ

Contact number(s)
Voice: 0141 882 2222
Facsimile: 0141 883 6350

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CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Deviated nasal septum from previous trauma

Comment: Many thanks for your review of this 49 year old woman. She sustained an injury to her nose in 1994(presumed assault). On 14/12/94 she was admitted for manipulation using 'Walsham forceps'. She thinks she injured her nose again following this procedure but didn't attend for medical review.

She presented to the surgery for review this week. She is struggles significantly with breathing through her nose - she largely 'mouth breathes' and constantly feels that her nose is blocked.

On examination, she has a clearly deviated nasal septum, There was a small scab just inside the right nostril. I cannot detect any obvious turbinates or polyps.

She is quite distressed by her symptoms and as such I would be grateful for your review.

Many thanks

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Genital herpes simplex	-	25-Nov-2022	25-Nov-2022
Irritable bowel syndrome	-	01-Jul-2022	01-Jul-2022
Anxiety with depression	-	08-Jan-2021	08-Jan-2021
Malignant neoplasm of female breast (Left)	Ductal Carcinoma NST, ER positive	18-Apr-2018	18-Apr-2018
Migraine	-	10-Oct-2012	10-Oct-2012
[X]Depressive episode	-	19-Oct-2007	19-Oct-2007
Genital herpes simplex	-	01-Jul-2007	01-Jul-2007
Alcohol problem drinking	-	05-Aug-2003	05-Aug-2003
[X]Depressive disorder NOS	-	29-Sep-2002	29-Sep-2002
Chronic anxiety	-	23-Aug-1999	23-Aug-1999
Nondependent abuse of drugs	Ecstasy and Cannabis	09-Mar-1999	09-Mar-1999

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Wireless capsule endoscopy	two tiny hyperplastci polyps otherwise NAD	01-Jul-2022	01-Jul-2022
Salpingoophorectomy NEC (Bilateral)	-	16-Apr-2019	16-Apr-2019
Neutropenia	-	26-Sep-2018	26-Sep-2018
Mastectomy of left breast	+ sentinal node biopsy + immediate DIEP reconstruction	01-Jun-2018	01-Jun-2018
Phacoemulsification of lens (Right)	-	20-Dec-2012	20-Dec-2012

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Bowel cancer (Maternal [redacted]	fh in 80s	23-Feb-2016
FH: Diabetes mellitus		02-Mar-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Tramadol Hydrochloride Capsules 50 mg	200	200 capsule	ONE OR TWO TO BE TAKEN UP TO QID PRN	-	25-Nov-2022	04-Dec-2023
Aciclovir Tablets 800 mg	6	6 tablet	ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS	-	25-Nov-2022	04-Dec-2023
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	29-Jun-2022	04-Dec-2023
Letrozole Tablets 2.5 mg	56	56 tablet	1 Tab Daily	-	24-May-2022	04-Dec-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS	-	04-Dec-2023	04-Dec-2023
Naseptin Cream	15	15 GRAM	APPLY THINLY TO THE AFFECTED AREA TWICE [redacted]	-	04-Dec-2023	04-Dec-2023
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	04-Dec-2023	04-Dec-2023
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	1 Cap Daily	-	04-Dec-2023	04-Dec-2023
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	04-Dec-2023	04-Dec-2023
Duloxetine Gastro-resistant Capsules 30 mg	56	56 capsule	1 Cap Daily	-	04-Dec-2023	04-Dec-2023
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	ONE TO BE TAKEN EACH DAY	-	05-Oct-2023	05-Oct-2023
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	TWO TO BE TAKEN EACH DAY	-	05-Oct-2023	05-Oct-2023
Phenoxymethylpenicillin Tablets 250 mg	40	40 tablet	2 TABS FOUR TIMES A DAY FOR FIVE DAYS	-	22-Sep-2023	22-Sep-2023
Phenoxymethylpenicillin Tablets 250 mg	20	20 tablet	2 TABS FOUR TIMES A DAY FOR FIVE DAYS	-	22-Sep-2023	22-Sep-2023
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	1 Cap Daily	-	01-Sep-2023	01-Sep-2023
Duloxetine Gastro-resistant Capsules 60 mg	28	28 capsule	1 Cap [redacted]	-	01-Sep-2023	01-Sep-2023
Duloxetine Gastro-resistant Capsules 60 mg	28	28 capsule	1 Cap [redacted]	-	04-Aug-2023	04-Aug-2023
Flucloxacillin Capsules 500 mg	20	20 capsule	1 TABLET FOUR TIMES A DAY	-	07-Jul-2023	07-Jul-2023
Chlorphenamine Tablets 4 mg	28	28 TABLET	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS (MAX 6 TABLETS PER 24 HOURS)	-	28-Jun-2023	28-Jun-2023
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	1 Cap [redacted]	-	28-Jun-2023	28-Jun-2023

Blood Pressure

Date Recorded	Systolic	Diastolic
28-Jun-2023	123	70

Body Measurements

Date Recorded	Height	Weight	BMI
28-Jun-2023	-	70	-

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

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

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC MSK Physio Ortho Hip Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Hip
GGC MSK Physio Ortho Hip

Consultant / receiving practitioner and/or specialty clinic

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Hospital and hospital address

Hospital location code.
G405H

Email address
-

Urgency of referral Urgent - Suspected Cancer
Date of referral 02-Feb-2024 **Date sent** 02-Feb-2024

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
[redacted]	2509745263
Area of Residence	-

Patient's address

[redacted] Muniochy [redacted]
GLASGOW
G51 4NW

Contact number(s)

Voice: 07967734971
E-mail: shirley.y1974@gmail.com

1010320513377

Unique Care Pathway Number: 1010320513377

REGISTERED GP DETAILS

Name	Dr Brian Milmore		
GMC code	6148138	GP code	00078
Practice name	Westfield Health Centre (18973)		
Practice code	52359		

Practice address

5 Drumoyne Road
Glasgow
G51 4BJ

Contact number(s)

Voice: 0141 882 2222
Facsimile: 0141 883 6350
E-mail: GG-UHB.gp52359clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. Brian Milmore		
GMC code	6148138	GP code	00078
Practice name	Craigton Medical Practice (52359)		
Practice code	52359		

Practice address

Govan Health Centre
5 Drumoyne Road
Glasgow
G51 4BJ

Contact number(s)

Voice: 0141 882 2222
Facsimile: 0141 883 6350

CLINICAL INFORMATION

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History of presenting complaint
Presenting complaint

Description: Lateral hip pain + Groin pain

Comment: I would appreciate your urgent review of this 49-year-old lady whose past medical history including breast cancer is as enclosed. She presented to the surgery with left lateral hip & groin pain and an x-ray was undertaken by our advanced physiotherapy practitioner. The report by Dr [redacted] is enclosed noting an incidental finding of a 15mm focus of sclerosis over the intertrochanteric region of the proximal left femur which was no specific but for which malignancy was included in the differential diagnosis.

I have explained these findings to the patient and would appreciate your specialist assessment and any further imaging you feel is indicated.

Many thanks for your help.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Genital herpes simplex	-	25-Nov-2022	25-Nov-2022
Irritable bowel syndrome	-	01-Jul-2022	01-Jul-2022
Anxiety with depression	-	08-Jan-2021	08-Jan-2021
Malignant neoplasm of female breast (Left)	Ductal Carcinoma NST, ER positive	18-Apr-2018	18-Apr-2018
Migraine	-	10-Oct-2012	10-Oct-2012
[X]Depressive episode	-	19-Oct-2007	19-Oct-2007
Genital herpes simplex	-	01-Jul-2007	01-Jul-2007
Alcohol problem drinking	-	05-Aug-2003	05-Aug-2003
[X]Depressive disorder NOS	-	29-Sep-2002	29-Sep-2002
Chronic anxiety	-	23-Aug-1999	23-Aug-1999
Nondependent abuse of drugs	Ecstasy and Cannabis	09-Mar-1999	09-Mar-1999

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Wireless capsule endoscopy	two tiny hyperplastci polyps otherwise NAD	01-Jul-2022	01-Jul-2022
Salpingoophorectomy NEC (Bilateral)	-	16-Apr-2019	16-Apr-2019
Neutropenia	-	26-Sep-2018	26-Sep-2018
Mastectomy of left breast	+ sentinal node biopsy + immediate DIEP reconstruction	01-Jun-2018	01-Jun-2018
Phacoemulsification of lens (Right)	-	20-Dec-2012	20-Dec-2012

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Bowel cancer [redacted]	fh in 80s	23-Feb-2016
FH: Diabetes mellitus	02-Mar-2010	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Tramadol Hydrochloride Capsules 50 mg	200	200 capsule	ONE OR TWO TO BE TAKEN UP TO QID PRN	-	25-Nov-2022	04-Dec-2023
Aciclovir Tablets 800 mg	6	6 tablet	ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS	-	25-Nov-2022	04-Dec-2023
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	29-Jun-2022	04-Dec-2023
Letrozole Tablets 2.5 mg	56	56 tablet	1 Tab Daily	-	24-May-2022	04-Dec-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ketoprofen Gel 2.5 %	50	50 gram	APPLY THREE TIMES A DAY	-	19-Jan-2024	19-Jan-2024
Scheriproct Suppositories	12	12 SUPPOSITORY	INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT, DO NOT USE FOR MORE THAN 7 DAYS	-	12-Jan-2024	12-Jan-2024
Fluconazole Capsules 150 mg	1	1 CAPSULE	ONE TO BE TAKEN AS A SINGLE DOSE	-	12-Jan-2024	12-Jan-2024
Otomize Spray	[redacted]		ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS	-	04-Dec-2023	04-Dec-2023
Naseptin Cream	15	15 GRAM	APPLY THINLY TO THE AFFECTED AREA TWICE [redacted]	-	04-Dec-2023	04-Dec-2023
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	04-Dec-2023	04-Dec-2023
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	1 Cap [redacted]	-	04-Dec-2023	04-Dec-2023
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	04-Dec-2023	04-Dec-2023
Duloxetine Gastro-resistant Capsules 30 mg	56	56 capsule	1 Cap [redacted]	-	04-Dec-2023	04-Dec-2023
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	ONE TO BE TAKEN EACH DAY	-	05-Oct-2023	05-Oct-2023
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	TWO TO BE TAKEN EACH DAY	-	05-Oct-2023	05-Oct-2023
Phenoxymethylpenicillin Tablets 250 mg	40	40 tablet	2 TABS FOUR TIMES A DAY FOR FIVE DAYS	-	22-Sep-2023	22-Sep-2023
Phenoxymethylpenicillin Tablets 250 mg	20	20 tablet	2 TABS FOUR TIMES A DAY FOR FIVE DAYS	-	22-Sep-2023	22-Sep-2023
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	1 Cap Daily	-	01-Sep-2023	01-Sep-2023
Duloxetine Gastro-resistant Capsules 60 mg	28	28 capsule	1 Cap Daily	-	01-Sep-2023	01-Sep-2023

Blood Pressure

[redacted] Recorded	Systolic	Diastolic
28-Jun-2023	123	70

Body Measurements

Date Recorded	Height	Weight	BMI
28-Jun-2023	-	70	-

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:Yes

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

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Brand Street Resource Centre - CMHT Adult
GGC Mental Health

Consultant / receiving practitioner and/or **specialty clinic**

Community Mental Health Team - Adult
SCI Gateway Virtual Location code

Hospital and **hospital address**

Hospital location code.
G002G

Email address
-

Urgency of referral Urgent - within 5 working days
Date of referral 31-Jan-2025 **Date sent** 31-Jan-2025

PATIENT DETAILS

Surname	Young
Forename(s)	Shirley
Title	Miss
Sex	Female
Date of birth	25-Sep-1974
CHI no.	2509745263
Area of Residence	-

Patient's address

6 Munlochy [redacted]
GLASGOW
G51 4NW

Contact number(s)

Voice: 07967734971
E-mail: shirley.y1974@gmail.com

10103545986S2 Unique Care Pathway Number: 10103545986S2

REGISTERED GP DETAILS

Name	Dr [redacted] Milmore		
GMC code	6148138	GP code	00078
Practice name	Westfield Health Centre (18973)		
Practice code	52359		

Practice address

Govan Health Centre
5 Drumoyne Road
Glasgow
G51 4BJ

Contact number(s)

Voice: 0141 882 2222
Facsimile: 0141 883 6350
E-mail: GG-UHB.gp52359clinical@nhs.net

REFERRING GP DETAILS

Name	Dr [redacted] Milmore (Dr Gillian Muir, GP Locum)		
GMC code	6148138	GP code	00078
Practice name	[redacted]on Medical Practice (52359)		
Practice code	52359		

Practice address

Govan Health Centre
5 Drumoyne Road
Glasgow
G51 4BJ

Contact number(s)

Voice: 0141 882 2222

CLINICAL INFORMATION

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History of presenting complaint
Presenting complaint

Description: Suicidal ideation, depression, childhood trauma.

Comment: Dear Colleague

I would be grateful for your review urgently of this 50 year old lady. She has previously been known to ADRS with alcohol dependency, however she was discharged 3 years [redacted] and has been abstinent since. She continues to attend AA meetings. For the past several years she has been on Duloxetine for anxiety with depression and has been overall very stable with very limited GP contacts regarding her mental health.

She has presented today in crisis having experienced significant decline in her mental health in the last few weeks and months. She is describing daily suicidal ideation with thoughts of jumping from a bridge. She also describes significant anxiety, [redacted] and paranoia. She reports a constant very negative internal monologue. The frequent suicidal ideation has been for the past month or so and at times she has contacted Samaritans when she has been feeling at crisis or had to go to an AA meeting. Concerningly, she also does mention that her [redacted] experiences some mental health issues, he is 24 and does not [redacted] Shirley, however Shirley mentions that he frequently mentions to her that he feels suicidal and this has caused Shirley to start to think about talking to him about them making a suicide pact to end their lives together. Thus far, Shirley has not mentioned anything to her [redacted] as she feels that she would not want to frighten him unless she was absolutely sure that this was the right course of action to take. She denies any current planning or intent for herself and assures me that she is not going to mention anything to her [redacted] over the coming days. She agrees instead to engage with yourselves for further assessment and she also agrees to contact crisis services if needed in the interim.

Of note, Shirley has recently started a new job in the Autumn of last year in which she is working with recovering addicts and as part of this work they have been doing work on gender based violence. Unfortunately, Shirley realised that this work was very triggering for her and has raised issues from her past which she has never addressed. As such, she has started some counselling therapy via her work and she has had about 3 sessions with a counsellor. Unfortunately, since she started this work she has been quite destabilised and she wonders if this might be a trigger for her decline in mental health at present.

She has spoken to her boss today who is supportive and happy for her to still go to work and Shirley herself feels that work is a positive at present as she feels some benefit from trying to help others. There was some evidence of future planning today in that she is going to go to work tomorrow, an AA meeting tonight and a yoga retreat during the day on Saturday and she tells me that she [redacted] see her [redacted] on Sunday and plans to go to work on Monday.

Over this week another significant issue is that she has had very poor sleep and perhaps only 2-3 hours per night and as a result she is feeling exhausted and difficulty in rationalising some of her thoughts. As such, we have started her on a short course of Zopiclone in order to try to help her sleep. She had already self increased her Duloxetine to 90 mg for the last few days and so we have continued this.

On examination today, she did maintain good eye contact throughout, she was casually dressed, denied any auditory hallucinations and her speech was [redacted] but she did describe suicidal ideation as described above. She denies any thoughts of deliberate self harm.

In summary, I am concerned about this lady's overall risk. I do think that she warrants a timely further assessment and I am grateful for your help in facilitating this. Of note, she has recently changed address and this has not yet been updated on her records, however she can be contacted on the listed mobile phone number to arrange any assessment necessary.

Many thanks

Yours sincerely

Dr Gillian Muir
GP Locum

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Migraine	although different to patients usual migraine pattern	01-Jul-2024	01-Jul-2024
Angular cheilitis	-	24-Jun-2024	24-Jun-2024
Pseudophakia right eye	-	10-Jun-2024	10-Jun-2024
Vitreous detachment (Right)	posterior with retinal tear	10-Jun-[redacted]	10-Jun-2024
Benign neoplasm of [redacted] bones of lower limb (Left)	Cartilaginous lesion on intertronchanteric region of proximal femur	07-Mar-2024	07-Mar-2024
Genital herpes simplex	-	25-Nov-2022	25-Nov-2022
Irritable bowel syndrome	-	01-Jul-2022	01-Jul-2022
Anxiety with depression	-	08-Jan-2021	08-Jan-2021
Malignant neoplasm of female breast (Left)	Ductal Carcinoma NST, ER positive, HER-2 negative	18-Apr-2018	18-Apr-2018
Migraine	-	10-Oct-2012	10-Oct-2012
[X]Depressive episode	-	19-Oct-2007	19-Oct-2007
Genital herpes simplex	-	01-Jul-2007	01-Jul-2007
Alcohol problem drinking	-	05-Aug-2003	05-Aug-2003
[X]Depressive disorder NOS	-	29-Sep-2002	29-Sep-2002
Chronic anxiety	-	23-Aug-1999	23-Aug-1999
Nondependent abuse of drugs	Ecstasy and Cannabis	09-Mar-1999	09-Mar-1999

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Retinopexy NEC	(Right) laser	10-Jun-2024	10-Jun-2024
Wireless capsule endoscopy	two tiny hyperplastci polyps otherwise NAD	01-Jul-2022	01-Jul-2022
Salpingoophorectomy NEC (Bilateral)	-	16-Apr-2019	16-Apr-2019
Neutropenia	-	26-Sep-2018	26-Sep-2018
Mastectomy of left breast	+ sentinal node biopsy + immediate DIEP reconstruction	01-Jun-2018	01-Jun-2018
Phacoemulsification of lens (Right)	-	20-Dec-2012	20-Dec-2012
Rhinoplasty	-	11-May-2006	11-May-2006

Family conditions (All priorities)

Description	Comment	[redacted]
FH: Breast cancer	Maternal cousin ~ 30s	24-Jun-2024
FH: neoplasm of cervix [redacted]	Cause of death at 45	24-Jun-2024
FH: neoplasm of ovary (Maternal [redacted]	Cause of death at 74	24-Jun-2024
FH: Bowel cancer (Maternal grandmother)	fh in 60s	23-Feb-2016
FH: Diabetes mellitus	02-Mar-2010	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duloxetine Gastro-resistant Capsules 90 mg	28	28 capsule	1 Cap [redacted]	-	30-Jan-2025	30-Jan-2025
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	04-Dec-2023	25-Jun-2024
Aciclovir Tablets 800 mg	6	6 tablet	ONE TO BE TAKEN THREE TIMES A DAY FOR 2 DAYS	-	25-Nov-2022	17-Jan-2025
Tramadol Hydrochloride Capsules 50 mg	200	200 capsule	ONE OR TWO TO BE TAKEN UP TO QID PRN	-	25-Nov-2022	17-Jan-2025
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	29-Jun-2022	09-May-2024
Letrozole Tablets 2.5 mg	56	56 tablet	1 Tab [redacted]	-	24-May-2022	17-Jan-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Zopiclone Tablets 7.5 mg	5	5 tablet	ONE TO BE TAKEN AT NIGHT	-	30-Jan-2025	30-Jan-2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	17-Jan-2025	[redacted] 2025
Hyoscine Butylbromide Tablets 10 mg	56	56 tablet	ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED	-	13-Dec-2024	13-Dec-2024
Prochlorperazine Maleate Tablets 5 mg	28	28 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED	-	13-Dec-2024	13-Dec-2024
Dioralyte Oral powder (citrus)	10	10 sachet	DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED	-	13-Dec-2024	13-Dec-2024
Trimethoprim Tablets 200 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY	-	12-Dec-2024	12-Dec-2024
Duloxetine Gastro-resistant Capsules 60 mg	28	1*28 capsule	1 Cap Daily	-	09-Dec-2024	09-Dec-2024
Co-Amoxiclav 500/125 Tablets	21	21 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	09-Dec-2024	09-Dec-2024
Duloxetine Gastro-resistant Capsules 60 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	17-Oct-2024	17-Oct-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
13-Dec-2024	137	81
16-Jul-2024	122	82
01-Jul-2024	118	80
28-Jun-2023	123	70

Body Measurements

Date Recorded	Height	Weight	BMI
28-Jun-2023	-	70	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex-smoker - amount unknown:		02-Mar-2010

Clinical warnings

Additional Support Needs
No known ASN requirements

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Additional relevant information

Risk of Suicide:Yes
If yes to Risk of Suicide, please give details:see text
Past history of suicide attempt:No
Risk of deliberate self harm:No
Is patient responsible for children?:No
Risk to others including children/dependents/clinicians/other:No
Risk from others:No
Risk of Self Neglect:Yes
Alternative Address:As noted on this referral patient has not updated her current address details, but can be contacted by phone as noted in the referral letter.
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Locum
Electronic Attachment Present:No

Signature of referring doctor (or other professional)

Date

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End of Document. Total Pages (including this one): 55

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Glasgow City HSCP

Pat Togher
Chief Officer

Our Ref: GW/NK
Job ID: 763192
Date Dictated: 31/01/2025
Date Typed:

PRIVATE & CONFIDENTIAL

Dr BJ Milmore
Craigton Medical Practice
Govan Health Centre
5 Drumoyne Road
Glasgow
G51 4BJ

Community Mental Health Team
Brand Street Resource Centre
Units G7, G8 & G4
150 Brand Street
Glasgow
G51 1DH
0141 303 8900 EXT:
www.nhsggc.org.uk

Dear Dr Milmore,

Re: Shirley Young DOB: 25/09/1974 CHI: 2509745263
Address: 58 Clyde Avenue, Bothwell, G71 8DU

I write to advise you that the above patient was discussed at our recent screening meeting. It appears she has recently changed address and now lives outwith Brand Street Resource Centre catchment area. Her new address is as above. Therefore, we are unable to offer her an appointment for assessment. Mental Health Services in South Lanarkshire are GP postcode aligned, therefore, Ms Young would be required to register with a local GP which would allow her to access appropriate mental health services in her local area.

Yours sincerely

Graeme [redacted]
Community Psychiatric Nurse

Authorised on 10/02/2025 15:48:46 by Graeme [redacted]

NHS Greater Glasgow and Clyde

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Glasgow City HSCP

Pat Togher
Chief Officer

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NHS Greater Glasgow and Clyde

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Added GMcK 1/5/25

BOTHWELL MEDICAL CENTRE

3 Uddingston Road, Bothwell, G71 8ET
Tel: 01698 852299
www.bothwellmedicalcentre.co.uk

Vision Online - Patient registration form

If you would like to register for this online service please complete the form below and return it to the practice, along with a valid form of identification, for example photo ID or your passport. Once you are registered the practice will give you the information that will enable you to create a username and password.

Patient details	**Please complete in BLOCK CAPITALS**
Patient forename	SHIRLEY
Patient details	**Please complete in BLOCK CAPITALS**
Patient surname	[redacted]
Date of birth	25/09/1974
Email address **This email address will be used by your practice to send you notifications and reminders.**	Shirley-Y@gmail.com
Mobile number	07967736971
Signature	[signature]
Date	22/06/2025
Completing the form on behalf of the patient?	
Print forename	
Print surname	
Relationship to patient	
Signature	
Date	

Staff use only	
Patient ID seen	Yes
Type of ID	PP
Staff name	Caroline
[redacted]	25/04/2025

WE CANNOT ACCEPT APPLICATIONS WITHOUT VALID PHOTOGRAPHIC IDENTIFICATION

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On system 25/4 CM.

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE

NHS SCOTLAND

1. PERSONAL DETAILS

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 complete a temporary resident form)

Male * Female * √

Date of birth * 25/09/1974

Address * 58 Clyde Avenue, Bothwell

Title * Miss

Surname * Young

Forenames * Shirley

Previous surname *

Postcode * G718DU

Telephone #

Email address # shirley.y1974@gmail.com

Mobile # 07967734971

 # 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.

The following information can be found on your **current medical card**:

Community Health Index 2509745263

The following information can be found on your **birth certificate**:

Town of birth * Lanark

Country of birth
Scotland.

Registered district of birth. South Lanarkshire
(Scotland only).

[redacted] maiden name
Sandilands.

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWINGINFORMATION

Address in UK when you were last registered with a GP * 8 Munlochy Road, Drumoyne, Glasgow.

Name and address of previous GP Practice in UK * Govan Blue practice. Drummond road, Glasgow.

Postcode * G514NW

Postcode * G514BJ

If you are from abroad:

Date you first came to live in the UK *

If previously resident in the UK, date of leaving *

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date *

Are you a Reservist? Yes No

If yes provide your address before enlisting *

Leaving date *

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Postcode *

Is this your first registration with a GP since leaving the armed forces? Yes No

 GMSGPR001 V27 1 2021

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to www.organdonationscotland.org

4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland 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 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 do it as described by NHS Scotland in the NHS Inform website under the "How the NHS handles your personal health information" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

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, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature, Shirley Young Date * 07/04/2025

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number GP name

Practice code

Identification seen – do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert Student ID card Driving licence Passport or HC2 cert Home Office app reg card Other / None

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 *

7. FOR OFFICIAL USE ONLY

Input by

Checked by

Date

Practice stamp

 GMSGPR001 V27 1 2021

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

[redacted]

Welcome to Bothwell Medical Centre

Please remember to provide the following:

1. 2 forms of ID. 1x photo ID & 1x Proof of Address eg. Driving Licence, Household Bill, Council Tax letter, Lease Agreement
2. A repeat prescription form from your previous surgery- if you haven't got this you can ask your previous surgery to give you a print out of all your medication.
3. This form and the registration form.

YOUR PERSONAL INFORMATION:

Name: Shirley Young Date of Birth: 25/9/1974

Address: 58 Clyde Ave Bothwell

Mobile No 07967734971 Home Tel.No. .....

Marital Status: Single Occupation: Support worker

Ethnic Origin Scottish

GENERAL HISTORY: ***Please tell us if you suffer from any of the following***

Heart disease	Thyroid disorders
Rheumatoid arthritis	Diabetes
High blood pressure	Stroke or TIA
Asthma	High cholesterol
Epilepsy	Cancer
Chronic lung condition e.g COPD	Other

Please list any medication that you are currently taking:

Duloxetine, Letrozole, Tramadol

Please list any allergies you have:

N/A

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[redacted]

Which Pharmacy would you like us to send your prescriptions to? **Please circle one.**

(Boots Bothwell) Uddingston Pharmacy Boots Uddingston

A&G Pharmacy Boots Scotmid Dicksons

Grahams

Please circle one of the following:

Non-smoker (Ex-smoker) – when did you stop? 2years / I Vape !

Smoker – how many daily? .....

How much alcohol do you consume per week? (1 unit = half pint beer, 1 glass wine, 1 measure spirit)

None

How much exercise do you take in an average week? (Exercise that makes your heart race!!)

Nil Little (Moderate)

[redacted]

Are you a [redacted] Yes (No) If Yes, who do you care for?

FEMALE PATIENTS ONLY

Date & Result of Last Smear few years ago, no abnormalities

TELL US ABOUT YOUR FAMILY HISTORY.....

Which of your blood relatives have suffered from any of the following:

Heart disease Uncle. Cancer Mum, Gran, 2 aunts.

Diabetes ..... High blood pressure .....

Asthma Son High cholesterol .....

Stroke Gran Epilepsy .....

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BOTHWELL MEDICAL CENTRE

Bothwell Medical Centre wishes to expand its method of communicating with patients to include the use of text messages and/or email. The service will be used to send text messages and/or emails about test results being available, practice news and health promotion.

This form provides information about the risks of email and texts. Patient privacy is important to us, which means we need your consent.

Benefits
There are a number of advantages to contacting patients via email/text:

- Quick and easy communication without delays
- Reduced possibility of loss of communication through incorrect postal address

Risks
Communication by email and text has a number of risks which include, but are not limited to, the following:

- Email and texts can be circulated, forwarded and stored in paper and electronic files.
- Backup copies of email and texts may exist even after the sender or the recipient has deleted his/her copy.
- Email and text can be received by unintended recipients.
- Email and text can be intercepted, altered, forwarded or used without authorisation or detection.
- Email and text senders can easily type in the wrong email address or mobile number.
- Email and texts can be used to introduce viruses into computer systems or [redacted] phones.

You must be at least 16 years old to sign up for this service and your mobile number must be your **personal** mobile number (and cannot be a landline). You cannot use a friend or relative's number. This will compromise your confidentiality and it is your responsibility to keep this up to date.

Patient Name:	Shirley Young
Date of Birth:	25/09/1974
Mobile Number:	07967734971
Email Address:	shirley.y1974@gmail.com
Patient Home Address:	58 CLYDE HVE, BOTHWELL

I consent to the practice contacting me by text message and/or email for the purpose of:

Test Results Available Alert: **Text:** (Yes) € No € **Email:** Yes € No €

Practice News: **Text:** (Yes) € No € **Email:** Yes € No €

Practice News: **Text:** (Yes) € No € Email: Yes € No €

Health Promotion: **Text:** (Yes) € No € **Email:** Yes € No €

Sick-lines: **Email:** Yes € No €

☑ I will ensure that I keep the practice informed of my up to date mobile number at all times.

☑ I understand that it is still my responsibility for attending appointments or cancelling them by contacting the practice directly.

☑ I understand I can cancel the text message facility at any time

Signature of Patient: [signature] Date: 23/4/25

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[redacted] code #9NdP – consented to receiving SMS text message

[redacted] code #9NdS – Consent given for communication by email

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NHS Confidential: Personal data about a patient

Registration Details - Patient No: 23066

Personal details...		Address details...	
Date of birth	25/09/1974	Post Code	G71 8DU
Sex	F	House Name Flat No	
Surname	Young	No and Street	58 Clyde Ave
Previous Surname		Village	
Forenames	Shirley	Town	Bothwell
Calling Name	Shirley	County	
Title	Miss		
Birth Surname			
Marital Status			
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Gre Glasgow	Home Tel No	
Registered GP	Dr Milmore	Work Tel No	
Usual GP	Dr Milmore	Mobile Tel No	07987734971
Residential Inst		E Mail Address	shirley.y1974@gmail.com
Branch Surgery	Govan Health Centre		
CHI Number	2509745263		
NHS Number	587/74/038		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number	2	Blocked Special	
Records At	Govan health centre	Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent [2]	Implied Consent (default)
Date of registration	13/04/2022		
Next of Kin			
Next of Kin Contact Details			
Previous Address			

AMS/MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details	Boots UK Ltd-Lanarkshire,(G13 1HH)		
Item Collected Check	Yes		
MCR Suitability Status	-1		
MCR Registration Status	0		

Medical Record

Problems

Active Problems		Authorised By	Code
10/03/2026	Patient file returned to Health Board	Ms Watt	PCS18973PA2
10/06/2024	Pseudophakia right eye	Mr Khadra	F4K61
10/06/2024	Retinopexy NEC (Right) laser	Dr Milmore	72794
10/06/2024	Vitreous detachment (Right) posterior with retinal tear	Dr Milmore	F4K21
07/03/2024	Benign neoplasm of long bones of lower limb (Left) Cartilaginous lesion on intertronchanteric region of proximal femur	Mr Khadra	B737
25/11/2022	Genital herpes simplex	Dr	A541
01/07/2022	Irritable bowel syndrome	Dr Milmore	J521-1

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01/07/2022	Wireless capsule endoscopy two tiny hyperplastol polyps otherwise NAD	Dr Milmore	316C
10/05/2022	Patient MRE received from HB Docman only	Miss McAusland	9125-z14
08/01/2021	Anxiety with depression	Mr. Culley	E2003
16/04/2019	Salpingoophorectomy NEC (Bilateral)	Mr. Culley	7E120
26/09/2018	Neutropenia	Mr. Culley	42J2
01/06/2018	Mastectomy of left breast + sentinel node biopsy + immediate DIEP reconstruction	Mr. Culley	7130C
18/04/2018	Malignant neoplasm of female breast (Left) Ductal Carcinoma NST, ER positive, HER-2 negative	Mr Khadra	B34
23/02/2016	FH: Bowel cancer (Maternal [redacted] in 80s	Mr. Culley	1241-2
02/03/2010	FH: Diabetes mellitus	Mr. Culley	1252
28/09/2002	[X]Depressive disorder NOS	Mr. Culley	Eu32z-2

Past Problems		Authorised By	Code
01/07/2024	**Migraine** although different to patients usual migraine pattern	Ms Smith	F28
25/06/2024	**Viral sinusitis** viral sinus conjestion	Ms Smith	^ESCTVI729831
24/06/2024	**Angular cheilitis**	Mr Khadra	J0854-1
15/03/2022	**COVID-19 confirmed by laboratory test**	Mr. Culley	^ESCT1300228
20/12/2012	**Phacoemulsification of lens (Right)**	Mr. Culley	72631-1
10/10/2012	**Migraine**	Mr. Culley	F28
02/03/2010	**Ex-smoker - amount unknown**	Mr Khadra	137F
19/10/2007	**[X]Depressive episode**	Mr. Culley	Eu32
01/07/2007	**Genital herpes simplex**	Mr. Culley	A541
11/05/2006	**Rhinoplasty**	Mr Khadra	7400-1
05/08/2003	**Alcohol problem drinking**	Mr. Culley	E23-2
23/08/1999	**Chronic anxiety**	Mr. Culley	E2004
09/03/1999	**Nondependent abuse of drugs** Ecstasy and Cannabis	Mr. Culley	E25

Due Diary Entries		Authorised By	Code
25/09/2039	**Influenza vaccination**	Dr Milmore	65E.
13/09/2027	**Cervical smear due** SCCRS Recall	Miss McAusland	665F.

Overdue Diary Entries		Authorised By	Code
04/12/2024	**Medication review OVERDUE** 17/01/2025	Dr [redacted]	8B314
25/09/2024	**No response to bowel cancer screening programme invitation OVERDUE** Bowel Cancer Screening Exclusion	Ms [redacted]	9Ow2.

Alerts		Authorised By	Code
	None		

Drug Allergies		[redacted] By	Code
	None		

Non Drug Allergies		Authorised By	Code
	None		

Health Status		
26/06/2023	**Weight 70 Kg**	
13/12/2024	**Blood pressure reading** O/E - BP **reading**	
13/12/2024	**Blood pressure reading** 137/81 mm Hg	
02/03/2010	**Smoking Status** Ex-smoker - amount unknown	

Consultations		
14/02/2025 14:37	Dr Stephanie Campbell at Telephone Consultation	
History	Feels numb on 90mg duloxetine - requestig to go back down to 60mg - agree. Advised CMHT was rejected as now living in Bothwell - needs to register with local GP and have referral sent to local CMHT - advised to do this early next	

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	week - pt in agreement
Medication	Duloxetine Gastro-resistant Capsules 60 mg *28 capsule 1 Cap Daily*
-	---
10/02/2025 12:31	Miss Laura McQuillan at Westfield Health Centre
Comment	Prebook tel 14/02 - Meds Duloxetine 07967 734 971
-	---
31/01/2025 11:38	Dr Brian Milmore at Data Entry
History	referral checked and sent, admin to update address now that referral has been completed.
-	---
31/01/2025 09:29	Ms Lynn [redacted] at Data Entry
Comment	Urgent weekly 5 days referral typed to CMHT for Dr Muir, ready to be sent. Please note as per referral patient has not updated her current address in Bothwell as yet and Locum has requested patient be contacted by phone as per referral.
-	---
30/01/2025 16:32	Dr Gillian Muir at Westfield Health Centre
History	Lengthy consult.Nb Now living as 58 Clyde Avenue Bothwell G71 8DU . Experiencing significant decline in mental health last few weeks, suicidal ideation, anxiety, insomnia, has recently started counselling for childhood trauma via her work (working with recovering addicts) . Describing difficulty in knowing whats reality and not reality at times. Feels paranoid that people are talking about her. Negative internal monologue ++. Frequent suicidal ideason for last month or so, thoughts of jumping from bridge, no planning or intent at present. Also that she has thought about mentioning suicide pact to her son as her has MH issues and has mentioned feeling suicidal to her at times previously, although so far has not mentons to him. Spoke to her boss today and she is supportve and happy for her still to go into work, shirley herself feels work is a positive at present. Has been 2.5 years abstinent from alcohol. Does tell me that feels better after of loading somehwat to myself and AA meeting last ight. Plans to go to further AA meeting tonight. Evidence of future planning in that is going to work tomorrow [redacted] meeting tonight, yoga retreat during the day on saturday and may see her [redacted] on sunday, work on monday. Has had about 2-3 hours sleep this week. [redacted] increased duloxetine to 90mg few days ago
Medication	Duloxetine Gastro-resistant Capsules 90 mg *28 capsule 1 Cap Daily*
Examination	good eye contact, casually dressed, denies auditory hallucinations, speech normal, SI as above.
Comment	Long chat, risks and current SI is concerning, dw [redacted] at length, does assure me is able to keep self safe currently and engage with MH team . I advised [redacted] is likely to be within 5 days, she tells me is not going to mention anything to [redacted] at present as would not want to frighten him. She is aware all crisis contacts including 111, GP in hours, agrees would utilise. aware to contact here prior to weekend if needs. we agreed inc dose duloxetine to 90mg- will need longer to assess response to this, has already been taking this dose for a few days, short course zopiclone, shirley hopeful this will help. DW MHAU in case they feel needs seen tonight- Gillian there feels current plan is suitable and agrees 5 day referral cmht but advises they are happy to be contacted tomorrow should situation change. she is aware will need to change GP tbn due course however currently acute nature of issue I think best warrants local referral to ensure is seen
Medication	Zopiclone Tablets 7.5 mg *5 tablet ONE TO BE TAKEN AT NIGHT*

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type

None

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Pages:

NHS Confidential: [redacted] data about a patient

Young Shirley CHI: 2509745263

Letter to Patient:

NHS Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Shirley Young
58 CLYDE AVENUE
BOTHWELL
Glasgow
Lanarkshire
G71 8DU

Main Switchboard:	0141 211 3000
Department:	General Surgery - Breast
Contact Tel:	0141 301 9857
Enquiries to:	Lorna.MacCrae@ggc.scot.nhs.uk
Letter Date:	08/07/2025
Reference:	LM/MR
Dictated Date:	10/06/2025
Transcribed Date:	06/07/2025

Dear Shirley,

I am writing as part of your routine breast follow-up. It is now over seven years since you had a left mastectomy and reconstruction for an early hormone sensitive breast cancer. You had your ovaries removed the following year and have been taking Letrozole since then. As mentioned last year, please stop this now as you have now completed the recommended seven years of this.

Your final set of mammograms are also due. I have ordered these today and will be in contact with the results.

I note your last bone density was normal which is good.

After I contact you with your mammogram results, we plan to discharge you from follow-up. Please continue to be breast aware and attend breast screening when called, and contact us if you have any questions or concerns.

Yours sincerely,

[redacted]

Specialist Doctor

Electronically Signed: Dr [redacted] Doctor

cc. AL [redacted]
Bothwell Medical Centre,
3 Uddingston Road,
Bothwell,
Glasgow, G71 8ET

Printed on 08/07/2025 09:42 by [redacted] Riches2 Page 1 of 1

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Pages:

NHS Confidential: Personal data about a patient

Young Shirley CHI: 2509745263

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. AL [redacted]
Bothwell Medical Centre
3 Uddingston Road
Bothwell
Lanarkshire
G71 8ET

Main Switchboard:	0141 211 3000
Department:	General Surgery - Breast
Contact Tel:	0141 301 9857
Enquiries to:	Lorna.MacRae@ggc.scot.nhs.uk
Letter Date:	10/06/2025
Reference:	LM/MR
Dictated Date:	10/06/2025
Transcribed Date:	03/07/2025

Dear Dr. AL [redacted]

Shirley Young; D.O.B: 25 Sep 1974; CHI: 2509745263
58 CLYDE AVENUE, BOTHWELL, Glasgow, Lanarkshire, G71 8DU

Attendance: Specialty - General Surgery; Clinic - GGGBGS4-GGH GENERIC BREAST WRITTEN CLINIC TUES PM
Date and Time of Appointment - 10/06/2025 14:50

Clinical Comments:
Please could you now remove Letrozole from Shirley's repeat prescription as she has had a full course of treatment.

Yours sincerely,

[redacted]

Specialist Doctor

Electronically Signed: Dr [redacted] Doctor

cc.

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NHS Confidential: [redacted]

Young Shirley CHI: 2509745263

Letter to Patient:

NHS Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000
Breast Surgery
0141 301 9858
[redacted]Crompton@ggc.scot.nhs.uk
05/08/2025
LMcD/RG
28/07/2025
31/07/2025

Shirley Young
58 CLYDE AVENUE
BOTHWELL
Glasgow
Lanarkshire
G71 8DU

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Dear Shirley,

Your right mammogram from 10/07/25 is entirely normal.

Yours sincerely

Dr [redacted]

Speciality Doctor

Electronically Signed: Dr [redacted] Doctor

cc. ,Bothwell Medical Centre,
3 Uddingston Road,
Bothwell,
G71 8ET

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NHS Confidential: Personal data about a patient

Keep well

NHS Lanarkshire

Keep Well
Shotts Health Centre,
36 Station Road,
Shotts,
ML7 5DS

Dear Practice Manager,

Please find the following patient information for your patient who attended a Keep Well health clinic in Lanarkshire. Should you have any queries about this information then please do not hesitate to contact me.

Yours faithfully

[redacted]
Keep Well Nurse Case Manager
Tele: 01698 687659
Mobile: 07747756519

South Lanarkshire University Health and Social Care Partnership

University Health & Social Care North Lanarkshire

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NHS Confidential: [redacted]

Patient name: SHIRLEY YOUNG CHI number: 2509745263

Health and Wellbeing: First Appointment	No Action	Advice	Act Now
1. Thinking about your client's physical needs, are there any symptoms or problems (risk indicators) that require further investigations?			✓
2. Are the client's physical health problems impacting on their mental wellbeing?	✓		
3. Are there any problems with your client's lifestyle behaviours (alcohol, drugs, diet, exercise) that are impacting on mental wellbeing?		✓	
4. Do you have any other concerns about your client's mental well-being? How would you rate their severity and impact on the client?	✓		
Social Environment	**No Action**	**Advice**	**Act Now**
1. How would you rate their Home Environment in terms of Safety and Stability (including domestic violence, insecure tenancy, neighbour harassment)?	✓		
2. Do Daily Activities impact on the client's wellbeing (include current or anticipated unemployment, employability, work, caring or other)?	✓		
3. Does your client have adequate Social Networks (family, work, friends)?	✓		
4. Are there Financial Concerns?	✓		
Health Literacy and Communication	**No Action**	**Advice**	**Act Now**
1. How well does the client Now Understand their health and wellbeing and what they need to do to manage their health?	✓		
2. How well do you think your client can Engage in healthcare discussions (impairments including deafness, aphasia, alcohol or drug problems, learning difficulties, concentration)?	✓		
		TOTAL:	3

Completed by: (PRINT NAME) MARIE CROOT Designation: RN KEEP WELL

Signature: [signature] Date: 24/10/25 Time: 12.00

Health and Wellbeing: At Discharge	No Action	Advice	Act Now
1. Thinking about your client's physical needs, are there any symptoms or problems (risk indicators) that require further investigations?			
2. Are the client's physical health problems impacting on their mental wellbeing?			
3. Are there any problems with your client's lifestyle behaviours (alcohol, drugs, diet, exercise) that are impacting on mental wellbeing?			
4. Do you have any other concerns about your client's mental well-being? How would you rate their severity and impact on the client?			
Social Environment	**No Action**	**Advice**	**Act Now**
1. How would you rate their Home Environment in terms of Safety and Stability (including domestic violence, insecure tenancy, neighbour harassment)?			
2. Do [redacted] Activities impact on the client's wellbeing (include current or anticipated unemployment, employability, work, [redacted]			
3. Does your client have adequate Social Networks (family, work, friends)?			
4. Are there Financial Concerns?			
Health Literacy and Communication	**No Action**	**Advice**	**Act Now**
1. How well does the client Now Understand their health and wellbeing and what they need to do to manage their health?			
2. How well do you think your client can Engage in healthcare discussions (impairments including deafness, aphasia, alcohol or drug problems, learning difficulties, concentration)?			
		TOTAL:	

Completed by: (PRINT NAME) Designation:

Signature: Discharge Date: / / Time:

Keep Well Patient Record

NHS Lanarkshire

Healthier Scotland | Health & Social Care North Lanarkshire

ADMIN USE ONLY:

☐ SIMD ☐ Sent to GP ☑ Follow up required ☐ Completed follow up

D T C H I B BD S 0 CHI number: 2509745263

Screening Date: 24/10/25 Time: 1200 GP Name/Practice: BOTHWELL MEDICAL PRACT

Screening Venue: BEACONS LANARK Address:

Interpreter required? ☐ Yes ☐ No Phone number:

Referrer details:

To be completed by the client:

Gender: ☐ Male ☐ Female

First Name: [redacted] (BLOCK CAPITALS) Last name: YOUNG (BLOCK CAPITALS)

Middle name(s): (BLOCK CAPITALS) Date of birth: 25/09/74 Age: 51

Current Address (BLOCK CAPITALS)	Previous Address	Contact Numbers
73 ARDEN ROAD	58 CLYDE AVENUE	Home:
HAMILTON.	BOTHWELL	Mobile 1: 07967734971
		Mobile 2:
		Other number:
Postcode: ML3 6TT	G71 8DU	Who is other:

Consent

We would like your consent to: (tick as appropriate)

☑ Share your information with your GP

☑ Contact you in the future to assess your progress - this may be by text

☐ Be contacted by Keep Well referral support programmes - this may be by text

"NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.org.uk or ask a member of staff for a copy of our Data Protection Notice."

I agree / ~~disagree~~ (delete as appropriate) to my detail being held for the purposes described above.

Patient Signature: [signature] Date: 24/10/25

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NHS Confidential: Personal data about a patient

Patient name: SHIRLEY YOUNG **CHI number:** 2509745263

Ethnic Group

- [X] White Scottish
- [ ] White British
- [ ] White Irish
- [ ] Other White Group
- [ ] Other Ethnic, Mixed Origin
- [ ] Polish
- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Chinese
- [ ] Gypsy Traveller
- [ ] Black Caribbean
- [ ] Black African
- [ ] Other Black Ethnic Group
- [ ] Other Ethnic Group
- [ ] Ethnic Group - not disclosed

Residence Type: [X] Permanent [ ] Temporary [ ] Contact only [ ] No fixed abode [ ] Decline to answer

Are you a Family/Kinship Carer? [ ] Yes [X] No If yes, who do you care for:

Employment Status: [X] Full time employment [ ] Part time employment [ ] Works from Home [ ] Voluntary Work [ ] In Education [ ] Unemployed [ ] Retired [ ] Unfit for Work [ ] Full Time [redacted]

Benefits: [ ] Personal Independence Payment (PIP) [ ] No benefits [ ] Unemployment Benefit [ ] [redacted]d [ ] Universal Credit [redacted] Allowance

Smoking Status: **Current Smoker:** (How many: 10)
- [ ] Passive smoker
- [ ] Trivial: <1 cigarette per day (cpd)
- [ ] Light: 1-9 cpd
- [ ] Moderate: 10-19 cpd
- [ ] Heavy: 20-39 cpd
- [ ] Very heavy: 40+ cpd
- [ ] Rolls own cigarettes
- [ ] On Cessation
- [ ] Non Smoker
- [X] Ex-Smoker - how long? 2 years
- [ ] CO measured? Reading:

Vapes

Alcohol Consumption: **Units of alcohol per week:**
- [ ] Nil
- [ ] Trivial: <1 unit per day (upd)
- [ ] Light: 1-2 upd
- [ ] Moderate: 3-6 upd
- [ ] Heavy: 7-9 upd
- [ ] Very heavy >9 upd
- [ ] Binge drinking
- [ ] EX-Heavy: 7-9 upd
- [X] EX-Very heavy >9 upd

FAST Score:
- [ ] Client declined
- [ ] Alcohol Brief Intervention (ABI) completed

stopped 3½yrs

Exercise: [ ] Avoid exercise [ ] Enjoys heavy [X] Enjoys light [ ] Enjoys moderate

Diet: [ ] Poor [X] Average [ ] Good Portions of fruit and vegetables per day:

Have you ever been diagnosed with any of the following: [ ] CHD [ ] Diabetes [ ] Hypertension [ ] CVA/TIA/Stroke [ ] Other: (specify) previous breast Ca - bx6 ago

Personal History: [ ] Registered Disabled [ ] Registered Blind [ ] Registered Partially Blind [ ] Deafness [ ] Literacy problems

Family History: (FH) [ ] Cardiovascular disease <60 [X] Cardiovascular disease >60 [ ] No FH Cardiovascular disease [ ] Diabetes [X] No FH diabetes

Relevant Prescribed Medication? Dolaxatine - for migraines. 10mg.

Patient name: SHIRLEY YOUNG **CHI number:** 2509745263

To be completed by the nurse:

Blood Pressure:
- [ ] On Hypertensive Medication
- Left: 114 / 66
- Right: 108 / 74
- Pulse: 64
- [X] Regular [ ] Irregular [ ] Reg.-Irreg.

- [ ] On Lipid Lowering Therapy
- **Blood Lipids Cholesterol:** 6·43
- Serial number of meter: L20122857
- Lot number of test strips: 011
- **Assumptive CVD Risk (10 year):** 1·5 %
- [X] ASSIGN

Height: 1 m 61.3 cm
Weight: 72·8 kg
Waist Circumference: 85 cm
BMI: 28

Capillary Glucose: 5·6
Serial number of meter: 2061008230
Lot number of test strips: 3309
If <3mmol/l:
How many hours since last eaten:

Advice/ Info. Given	Referral Accepted	Referral Declined	Ag[redacted] Goals and Referrals	Notes
			Smoking	Shirley report that she had been in recovery from alcohol for 7 years. She also report that she stopped smoking 5½ years ago but that she occasionally vapes.
			Alcohol/Drugs	
✓			Exercise	
			Diet/Dietitian	
			Advice: low cholesterol diet	She was diagnosed with breast cancer over 7 years ago and completed treatment 6 years ago. She has not attended her bowel screening but she thinks she still has it in house. Advised to contact KP if Noted to have a raised cholesterol today. She accepted a referral to practice nurse and to discuss that. She will have to arrange an appointment. Shirley was reminded upon discharge to re-book with local GP. Heart UK lifestyle provided regarding cholesterol and healthy eating. Exercise advised at length. Shirley accepted a referral to [redacted] Smile Lanarkshire leaflet today. Patient record card printed and explanation of results given.
			Advice: weight reduction diet	
			[redacted]	
			Nurse/Practice Nurse	
			[redacted] Support Service	
			Lanarkshire Weight Management Team	
			Mental Health and Wellbeing	
			Well Connected	
			Benefits/Financial Advice	
			Bowel Screening Programme	
			Cervical Screening Programme	
			Breast Screening Programme	
			Sexual Health/Cancer Screening Nurse	
			Harm Reduction Team	
			Home Energy Scotland	
			Stress Control	
			Other:	
			Other:	
			Dry blood spot test taken	

Date of Planned Review (if applicable): 21/1/25

M. CROSS KN Rapid

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NHS Confidential: Personal data about a patient

Keep Well Service Multidisciplinary Referral

NHS Lanarkshire

Patient Details

CHI number: CHI No: 2509745263
First name: YOUNG SHIRLEY
Last name:
Address: 25/09/1974 F
58 CLYDE AVENUE
BOTHWELL G71 8DU
GP: Dr [redacted]
Bothwell Medical Centre

Postcode:
Sex: ☐ M ☒ F
Date of birth:
Age: 51

PINDEX:

Patient phone numbers:
Day: 07967734971
Evening:

General Practitioner name and details:

☐ **No referral - Information only/FAO:** ..... Screening Date: 24 / 10 / 25

☐ GP ☐ Weight management ☐ Stop Smoking Service
☑ Practice Nurse ☐ Exercise programme ☐ Other: (specify) .....

Screening Results

Height: 1m 61.5cm Weight: 72.8kg BMI: 28 Waist circumference: 35
BP (Left): 114/66 BP (Right): 103/74 Pulse: 64 ☒ Regular ☐ Irregular
Glucose: 5.6 (Random capillary) Cholesterol: 6.43 (Random capillary) ASSIGN CVD Risk: 1.5% (Assumptive)

Smoker: ☐ Never ☑ Ex Years stopped: 2 Current amount per day: ..... CO reading: .....
Alcohol: ☐ Women >14 units/week ☐ Men >14 units/week FAST Score: .....

Additional Information (if required)

Dear Dube, Shirley was seen at an opportunistic Keep Well clinic today. During the clinic she was noted to have a raised capillary cholesterol. I have advised her to arrange an appointment with yourself to have this rechecked. I provided her with Heart UK literature regarding healthy eating and cholesterol.

Referred by: (PRINT N) HAZEL C [redacted]
Designation: RGN
Signature:
Date: 24 / 10 / 25 **Time:** 12 : 00

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