Subject Access Request

Patient	Mrs Carol Avery
Date of birth	08-Jun-1972 (age 54)
Gender	F
NHS number	601/72/720
Patient's address	Flat 14-3 71 Glenavon Road Glasgow G20 0HR
Date range selected	01-Jan-2000 - 06-May-2026
Organisation	
Policy number	

Problems

Active

08-July-2025 Miss Michelle McGuinness (MICHELLE_111876)
Reflux oesophagitis
(gastroscopy)

08-July-2025 Miss Michelle McGuinness (MICHELLE_111876)
Gastritis and duodenitis
(gastroscopy)

15-Apr-2025 Dr Amy McDonald (8574)
Oesophagitis
grade D

15-Apr-2025 Dr Amy McDonald (8574)
Hiatus hernia

20-May-2024 Mr Marcus Marsigliese (MML)
Consent given for electronic record sharing

25-Oct-2023 Mrs Joanne Evans (JOANNE_11876)
Excepted from diabetes quality indicators: Informed dissent

22-Oct-2021 Mrs Joanne Evans (JOANNE_11876)
Acute reaction to stress

25-Jan-2021 Mrs Joanne Evans (JOANNE_11876)
Osteoarthritis

10-July-2020 Mrs Joanne Evans (JOANNE_11876)
Chronic pain

14-Jun-2018 Mrs Joanne Evans (JOANNE_11876)
Low back pain

25-July-2017 Dr Des Spence (SPENCE_11876)
Peripheral vascular disease NOS

09-Mar-2016 Miss Vivien Kelly (5555)
Diagnostic lumbar puncture

25-Apr-2013 Dr D M Byford (BYFORD_11876)
MED3 issued to patient

25-Nov-2011 Sister Joan Kennedy (JOAN_11876)
Type 2 diabetes mellitus

Significant Past

15-Apr-2025 Dr Amy McDonald (8574)
Gastritis unspecified
severe antral

15-Oct-2013 Mrs Joanne Evans (JOANNE_11876)
Constipation
with admission to hospital

01-July-2013 Mrs Joanne Evans (JOANNE_11876)
Knee arthritis NOS
right

20-Sept-2012 Mrs Joanne Evans (JOANNE_11876)
H/O: depression

15-Apr-2009 Dr Des Spence (SPENCE_11876)
Pulmonary embolus

18-Sept-2008 Dr Des Spence (SPENCE_11876)
Drug addictn therap-methadone

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Minor Past

29-Jan-2024 Mrs Joanne Evans (JOANNE_11876)
Notes summary on computer
As per previous summary

23-Apr-2018 Mrs Siobhan McCarron (SM)
Consent given for communication by SMS text messaging

Consultations

24-Apr-2026 Dr Hilary McNaughtan (HMCN) Maryhill BarclayBranch Surgery

History — History tel call - called to ask if there was any additional pain relief she can have - fully accepts she is on max dose of 3 drugs and cannot have oral nsaids - over 22 stones in weight and she knows this is the issue - long supportive chat - addition of meds not in her interests and she fully accpets this- she may contact again to have ht / wt check and be re-referred to gwms - does not wish this today

24-Apr-2026 Dr Hilary McNaughtan (HMCN) Maryhill BarclayBranch Surgery

History — History no reply 12.51 - await call back - msg is regarding pain relief

24-Apr-2026 Dr Hilary McNaughtan (HMCN) Maryhill BarclayBranch Surgery

History — History NO REPLY 12.16

09-Apr-2026 Miss Mandie McDonald (MMCD) Barclay Medical PracticeMain Surgery

Comment — Comment DNA breast screening 16/03/2026

16-Mar-2026 Mr Anonymous User (ANON) MJog

Read Code — SMS text sent to patient Summary of text message sent to patient / For access to your Medical records, please complete the following form: https://www.maryhillbarclay.com/access-my-medical-records/ DO NOT REPLY, MAILBOX NOT MONITORED

11-Feb-2026 Dr Scott MacKenzie (007) Barclay Medical PracticeMain Surgery

History — History see below. On this occcasion ok but if repeating pattern will not continue to do so

11-Feb-2026 Mrs Sharon Gray (SAG) Barclay Medical PracticeMain Surgery

Comment — Comment friend ***** called as pt no credit in phone, says pt has been sick and bringing up meds due to this none for today asking if can get a day earlier from pharmacy? -SG

31-Dec-2025 Dr Laura Pennington (4321) Barclay Medical PracticeMain Surgery

Medication — Medication Clopidogrel Tablets 75 mg 28 TABLET ONE TO BE TAKEN EACH DAY
Medication — Medication Atorvastatin Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH DAY

07-Nov-2025 Mrs Sally Baker (VIKK) Barclay Medical PracticeMain Surgery

History — History RAD - Upper GI biopsy shows gastritis, advised to contine on high dose PPI - was reduced down to maintenance dose in July, appnt to discuss ?if symptoms recurred to increase back up to high dose.

07-Oct-2025 MS Joanne Caldwell (JEC) Data Entry

Comment — Comment DNA Neurology appt 23/09/2025 at 10:30am, MJOG sent

06-Aug-2025 Miss Lauren McDonald (LMCD) Maryhill BarclayBranch Surgery

Comment — Comment DNA review. Mjog sent

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06-Aug-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / We have noticed, you did not attend your appointment today. In future, if you are unable to attend an appointment, please call the surgery to cancel, as this allows other patients to use these appointments. Barclay Medical Practice. NO REPLY- MAILBOX NOT MONITORED

05-Aug-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Dear Mrs Avery- we have received a letter from the hospital asking us to review your medications- please could you call us at 8.30 one weekday morning to arrange an appointment for his, thank you- Barclay Medical Practice NO REPLY- MAILBOX NOT MONITORED

23-July-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / For access to your Medical records, please complete the following form: https://www.maryhillbarclay.com/access-my-medical-records/ DO NOT REPLY, MAILBOX NOT MONITORED

17-July-2025 Pharmacist Moira Smith (MS) Barclay Medical PracticeMain Surgery

Comment	Comment PPI review. Gastroscopy report 08/07 significant improvement, Grade B oesophagitis, moderate gastritis, ulcers all resolved. To continue PPI therapy but can reduce to maintenance dose if symptoms allow. Phoned and d/w Carol, tells me symptoms have much improved. Agreed to reduce PPI therapy to lansoprazole 30mg OD. Aware to contact practice if any deterioration in symptoms. Med change form and script sent to pharmacy.
Medication	Medication Lansoprazole Capsules (Gastro-Resistant) 30 mg 28 capsule ONE TO BE TAKEN EACH DAY
Read Code	Prescription by supplementary prescriber Rx issued by Pharmacist Independent Prescriber
Read Code	Medication commenced Medication Started Pharmacy Team lansoprazole
Read Code	Drug therapy discontinued rabeprazole
Read Code	Discussed with pharmacist
Read Code	Medication review done by pharmacist

15-July-2025 MS Joanne Caldwell (JEC) Data Entry

Comment	Comment DNA General Surgery clinic appt on 12/06/2025 at 11:10am, MJOG sent

15-July-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Dear Carol Avery, We have been informed, you did not attend your General Surgery appointment on 12/06/2025 at 11:10am. If you still want this appointment, please contact the surgery at 8.30 and make a routine GP appointment for a new referral. If you have already arranged an appointment with a hospital please ignore this message.Barclay Medical Practice NO REPLY- MAILBOX NOT MONITORED

14-July-2025 Dr Maeve MacLeod (2222) Barclay Medical PracticeMain Surgery

History	History Resp arranging follow up CT.

09-July-2025 Dr Maeve MacLeod (2222) Barclay Medical PracticeMain Surgery

History	History Referred resp for FU CT scan as per admission to Cumberland Infirmary.

04-July-2025 Ms Sandra Allan (SA1) Barclay Medical PracticeMain Surgery

History	History Special Request: can pt have supply of co-codamol to do until box starts next thursday? lc
Medication	Medication Co-Codamol 30/500 Tablets 50 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

THIRD PARTY COPY

03-July-2025 Pharmacist Elaine Bowhay (EB11876) Barclay Medical PracticeMain Surgery

History	History Special Request: amt 50, amt 25 & pregabalin - aslo req co-codamol instead of co-dydramol and can this be changed to weekly dispense for dosset box? see emis re co-cod lc
Medication	Medication Amitriptyline Hydrochloride Tablets 25 mg 28 TABLET ONE TO BE TAKEN IN THE EVENING
Medication	Medication Amitriptyline Hydrochloride Tablets 50 mg 56 TABLET TWO TO BE TAKEN IN THE EVENING
Medication	Medication Co-Codamol 30/500 Tablets 224 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Medication	Medication Pregabalin Capsules 300 mg 56 CAPSULE ONE TO BE TAKEN TWICE A DAY
Read Code	Prescription by supplementary prescriber Rx issued by Pharmacist Independent Prescriber

03-July-2025 Miss Loui Cochrane (LOUI) Barclay Medical PracticeMain Surgery

Comment	Comment Carol attends desk advises Dr murphy was going to do supply of co-dydramol/co-codamol on tuesday? nothing done asking if can have supply until dossette starts next week?

03-July-2025 Pharm Tech Patricia McGuigan (PM) Pharmacy Hub

Read Code	Post hospital dischrge med reconciliation with medical notes GRI Ward 50/51 02/07/25 same day discharge, see letter for details-IDL includes historical meds list, IDL comments state no change to rmeds
Read Code	Drugs not issued no change to current Rx
Read Code	Site of encounter NOS Actioned in Pharmacotherapy Hub

03-July-2025 Miss Loui Cochrane (LOUI) Barclay Medical PracticeMain Surgery

Comment	Comment Friend calling on Carol's behalf as Carol has no phone credit - states Carol wishes to have a dossette box and that MHC pharmacy told her to call us to arrange? Called MHC spoke to Imran dossette boxes done at Gairbraid so to change tag to them and repeat tabs to weekly dispense - done and acutes requested. Also called Carol and confirmed with her. She asked if Gairbraid would deliver I advised I would check with Gairbraid and let her know. Called Gairbraid Spoke to Malena not able to take her on for delivery currently can check back at a later date. Confirmed dossette to start from next thursday. Carol informed.

03-July-2025 Miss Loui Cochrane (LOUI) Barclay Medical PracticeMain Surgery

Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME
Medication	Medication Diclofenac Diethylammonium Gel 1.16 % 100 gram APPLY TWO TO THREE TIMES A DAY
Medication	Medication Rabeprazole Sodium E/c tablets 20 mg 112 tablet TAKE TWO TABLETS TWICE DAILY
Medication	Medication Clopidogrel Tablets 75 mg 28 TABLET ONE TO BE TAKEN EACH DAY
Medication	Medication Atorvastatin Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH DAY

01-July-2025 Dr Richard Murphy (RMUR) Barclay Medical PracticeMain Surgery

History	History walk in on call - didn't wait for 2nd call back. Fall at home yesterday injury to knee and hip. Hyper flexion of knee and lower leg trapped under her after trip. Now struggling to mobilse although weight bearing. Pain and swelling to calf. Bit jumbled during consult - whilst walking up corridor to consulting room appeared to slump against the wall with eyes closed and appeared to fall asleep in consult. Denies any substances or overuse of medication - see recent admission to hospital.
Examination	Examination T 37.0 P 86 Sats 97% Tender on flexion of knee R calf circ 43cm L calf 40cm restricted passive flexion extension of knee.
Comment	Comment Not suitable for MIU advised A+E.

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24-Jun-2025 Pharmacist Elaine Bowhay (EB11876) Barclay Medical PracticeMain Surgery

History	History IDL 14/06/2025 - North Cumbria NHS trust
Comment	Comment Admitted with low GCS having taken doses of amitriptyline and gabapentin to help her sleep on train. Discharged as fit to continue journey. Request for review of amitrityline, gabapentin and co-codamol by GP.
Comment	Comment Rxs moved to acute and mjog sent asking patient to make an appointment for review prior to next prescription request.

24-Jun-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / CarolAvery, Please contact the surgery any day at 8.30am to arrange an appointment for a review before you order your next prescription. Thank you, Barclay Medical Practice DO NOT REPLY- MAILBOX NOT MONITORED

12-Jun-2025 Mrs Sharon Gray (SAG) Barclay Medical PracticeMain Surgery

Comment	Comment Going to visit ***** tomorrow for 2 weeks asking to get 2 boxes away from MHC pharmacy today. Loui

06-Jun-2025 Dr Scott MacKenzie (007) Barclay Medical PracticeMain Surgery

History	History reauth
Medication	Medication Rabeprazole Sodium E/c tablets 20 mg 112 tablet TAKE TWO TABLETS TWICE DAILY

30-May-2025 Ms Paula Kane (PKAN) Maryhill BarclayBranch Surgery

Comment	Comment All ready delt with.

30-May-2025 Dr Iain Hansom (IH01) Barclay Medical PracticeMain Surgery

History	History Tel app. Wishing to change analgesia. Wants to stop cocodamol and start DHC. Was given latter during hopsital admission and tells me worked better and felt less groggy and nauseus on it - keen to change. Discussed this at length including higher risk of reliance/dependance and not an ideal medication to consider for long term pain. Carol quite keen to stop cocodamol as convinced making her more unwell. Quite insistent we change her to DHC - I have refused citing my issues with this. I have agreed I will remove from repeats and can try co-dydramol as paracetamol component unlikely causing symptoms. Regular meds noted.

14-May-2025 Miss Selina Gok (SEG) Pharmacy Hub

Comment	Comment Entry by Selina Gok (FTY pharmacist)
Comment	Comment IDL: General Surgery GRI Ward 64 [06/05-13/05] - PC: Epigastric pain - found small hiatus hernia containing stomach.
Comment	Comment Discharged with laxido and senna.
Comment	Comment Nil med changes.
Comment	Comment Note: pt on rabeprazole although lansoprazole on IDL - however pt was changed to rabeprazole due to clopidogrel interaction at high PPI dose (see entry 16/04) hence will leave as is.
Read Code	Post hospital dischrge med reconciliation with medical notes
Read Code	Site of encounter NOS Actioned in Pharmacotherapy Hub

13-May-2025 Mr Docman Docman1 (DOC1) Docman

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16-Apr-2025 Pharmacist Catriona Clareburt (7777) Phone Encounter

Comment	Telephone encounter Inpatient 12-15 apr - grade D oesophagitis, hiatus hernia, severe antral gastritis, sml superficial ulcers. Given short course metoclopramide on d/c. K+ low in hospital (sent home q 2/7 Sando K- request that U&Es rechecked 1/52). Rpt OGD 8/52. I note pt is on clopidogrel - not ideal to be on high dose omeprazole due to interaction - switched to rabeprazole hopefully temporarily whilst on high dose PPI w pt - explained rationale for (hopefully) temporary switch to rabeprazole
Medication	Medication Rabeprazole Sodium E/c tablets 20 mg 112 tablet TAKE TWO TABLETS TWICE DAILY
Read Code	Post hospital dischrge med reconciliation with medical notes
Read Code	Medication commenced Medication Started Pharmacy Team rabeprazole temporarily
Read Code	Drug therapy discontinued omeprazole temporarily
Read Code	Site of encounter NOS Actioned in Pharmacotherapy Hub

17-Mar-2025 Pharmacist Elaine Bowhay (EB11876) Barclay Medical PracticeMain Surgery

History	History Special Request: amt 25mg,pregabalin -sg
Read Code	Medication review done by pharmacist
Medication	Medication Amitriptyline Hydrochloride Tablets 25 mg 28 TABLET ONE TO BE TAKEN IN THE EVENING
Medication	Medication Pregabalin Capsules 300 mg 56 CAPSULE ONE TO BE TAKEN TWICE A DAY
Read Code	Prescription by supplementary prescriber Rx issued by Pharmacist Independent Prescriber

04-Mar-2025 Ms Kirsty Donnelly (KIRSTY DON11876) Barclay Medical PracticeMain Surgery

Comment	Comment PLEASE KINDLY REMIND CAROL TMA FOR SMEAR LAST ONE CARRIED OUT 08/04/13 UNSATISFACTORY 5 INVITE LETTERS SENT (THANKS) - KIRSTY

18-Feb-2025 Dr Julia Houston (1209) Barclay Medical PracticeMain Surgery

History	History Duty doc SR "- amt, tramadol sinead"
Comment	Comment See latest AMT dosing 125mg so issued 50mg tabs (25mg already issued today).
Comment	Comment Tramadol not done as see this was stopped when co-codamol was started and co-codamol already issued today.
Medication	Medication Amitriptyline Hydrochloride Tablets 50 mg 56 TABLET TWO TO BE TAKEN IN THE EVENING

14-Jan-2025 Dr Scott MacKenzie (007) Barclay Medical PracticeMain Surgery

History	History REAUTH
Medication	Medication Co-Codamol 30/500 Tablets 224 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

24-Dec-2024 Pharmacist Moira Smith (MS) Barclay Medical PracticeMain Surgery

Comment	Comment IDL 05/12/24 GRI. Gastritis. Omeprazole dose increased. Note amitriptyline dose on IDL incorrect as has since had increased.
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 112 CAPSULE TWO CAPS TWICE DAILY
Read Code	Post hospital dischrge med reconciliation with medical notes
Read Code	Medication changed
Read Code	Site of encounter NOS Actioned in Pharmacotherapy Hub

20-Dec-2024 Dr Scott MacKenzie (007) Barclay Medical PracticeMain Surgery

History	History s/r
Medication	Medication Diclofenac Diethylammonium Gel 1.16 % 100 gram APPLY TWO TO THREE TIMES A DAY

20-Dec-2024 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Mrs Avery, the system shows part of the prescription you requested, is not due. If you have any issues, please contact the surgery. Regards, Barclay Medical Practice DO NOT REPLY- MAILBOX NOT MONITORED

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12-Dec-2024 Dr Julia Houston (1209) Barclay Medical PracticeMain Surgery

History	History Keen to avoid hormones given PMHx and FHx.
Examination	Examination Chatty and briefly appropriately tearful but reactive engaging throughout.
Comment	Comment Long supportive chat - discussed SSRI pt would like to try this - try sertraline - for anxiety / perimenopause / low mood - advise for FU phone appt pt to arrange 2w / sooner PRN eg if increase in anxiety or concerns sooner call us or 111 - utilise social support network - pt happy w plan.
Medication	Medication Sertraline Hydrochloride Tablets 50 mg 28 TABLET ONE TO BE TAKEN EACH DAY
History	History Also requests referral back to continence team.
New Referral	New Referral EMISQRE4: Referral to continence advisor (SCI Gateway Referral)

05-Dec-2024 Dr Richard Murphy (RMUR) Barclay Medical PracticeMain Surgery

Medication	Medication Amitriptyline Hydrochloride Tablets 50 mg 56 TABLET TWO TO BE TAKEN IN THE EVENING

05-Dec-2024 Miss Loui Cochrane (LOUI) Barclay Medical PracticeMain Surgery

Comment	Comment Re Amitriptyline 50mg 2 tabs to be taken in the evening 28 tablets issued but pharmacy text says 'dispense 7 tabs weekly'

27-Nov-2024 Dr Nada Al-Muhandis (NAL) Maryhill BarclayBranch Surgery

History	History F2F Very worried about lesions being warts.
Examination	Examination Examined with consent, chaperone declined. Right labia maj - two 2 mm cyst like spots, firm, light yellow. Normal external genitalia.
Comment	Comment Imp: cysts, not warts. Advised will likely resolve in due course. Carol keen to increase AMT to 125 mg per day - says she was on this dose previously and very effective for her. No C/I noted to this - not driving or operating machinery. Worsening advice given.
Medication	Medication Amitriptyline Hydrochloride Tablets 50 mg 28 TABLET TWO TO BE TAKEN IN THE EVENING
Medication	Medication Diclofenac Diethylammonium Gel 1.16 % 100 gram APPLY TWO TO THREE TIMES A DAY

27-Nov-2024 Dr Nada Al-Muhandis (NAL) Maryhill BarclayBranch Surgery

History	Telephone encounter Had sex a few months ago and noticed wart down below. Noticed a couple of flesh coloured lumps down below. Were tender to start with, now just feel tingly. Denies any hx of genital warts in past.
Comment	Comment Have asked if can come down to surgery for examination - will be down shortly.

19-Nov-2024 Mrs Michelle Gemmell (MG) Barclay Medical PracticeMain Surgery

Comment	Comment Mobile switched off - MJOG sent to TMA with HCA for OVERDUE CDM MG

31-Oct-2024 Pharmacist Elaine Bowhay (EB11876) Barclay Medical PracticeMain Surgery

History	History Special Request: co-codamol -sg
Medication	Medication Co-Codamol 30/500 Tablets 224 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Read Code	Prescription by supplementary prescriber Rx issued by Pharmacist Independent Prescriber

29-Oct-2024 Ms Kirsty Donnelly (KIRSTY DON11876) Barclay Medical PracticeMain Surgery

Comment	Comment DNA APPT FOR CDM REVIEW - KIRSTY

22-Oct-2024 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Dear Carol, I have made an appointment for you on Tuesday 29th October 2024 at 11.20am with Kirsty HCA to have an Annual review. If you are unable to attend please call ***** to rearrange. Kind regards Michelle Barclay Medical Practice NO REPLY- MAILBOX NOT MONITORED

26-Sept-2024 Miss Lauren McDonald (LMCD) Maryhill BarclayBranch Surgery

Comment	Comment N/ - DNA below. Mjog sent TMA and interim added

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26-Sept-2024 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / Dear Carol, We're sorry you were not able to attend your appointment. Next time please let us know so we can offer it to someone else. Please contact the practice to rebook. Kind regards, Barclay Medical Practice

13-Sept-2024 Miss Lauren McDonald (LMCD) Maryhill BarclayBranch Surgery

Comment Comment N/S - doing diabetes audit, no recent review, phoned and appt booked - aware she in poor at engaging

13-Sept-2024 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / Dear Carol Avery Your appointment is on 26th September at 12pm. Regards, Barclay Medical Practice NO REPLY- MAILBOX NOT MONITORED

15-Aug-2024 Mr Angus Cooney (1245) Barclay Medical PracticeMain Surgery

Problem Problem Mental Health - F2F had been rearranged for 2pm today
Comment Comment Carol did not attend for F2F at appointment time, allowed time incase running late before trying to make T/C.
Result Result T/C, brief interaction, Carol answered the mobile and sounded out of breath, Carol said she had just woken up and would not be able to attend, I started to respond but then the line was disconnected, I called back and the call was answered but then disconnected again, I tried a 3rd time and Carol answered again, I voiced idea we had been cut off maybe due to bad weather, carol did not comment, I confirmed if unable to attend today that is ok but she sounded breathless and wondered if she was ok/what she was doing in the flat, Carol gave impression she did not want to talk and said she will "just leave it", referring to the appointment and hung up.

12-Aug-2024 Mr Angus Cooney (1245) Barclay Medical PracticeMain Surgery

Problem Problem Mental Health - Depression, pain, bereavement, family stress, housing and mobility issues, F2F had been rearranged for today following reports slip getting out of bath last week
Comment Comment Carol did not arrive for F2F at appointment time, allowed time incase running late before trying to make T/C.
Result Result T/C, supportive chat, pleasant manner, informed me had fallen asleep on the couch earlier and not long woken and having tea, has sore neck from sleeping on sofa, went on to complain about arthritis and gout "getting worse", not helped by the "banging and falling" she has done. Went on to speak about housing issues and her mobility, PIP and ***** Officer trying to get her "full rate" benefits, will need somesort of "OT" assessment, already expecting home assessment via "physio". I asked Carol what she wanted to do about missing our appointment today. She confirmed would want to rearrange f2F for Thursday as she will need to attend the Practice that day to collect a prescription. She made comment has been dealing with stress about her family and past experiences. I agreed to rearrange the F2F for 2pm on Thursday, 15-8-2024, and advised Carol to report at Reception upon her arrival. Thanks expressed, call concluded.

07-Aug-2024 Mr Angus Cooney (1245) Barclay Medical PracticeMain Surgery

Comment Comment T/C, brief supportive chat, acknowledged has missed her appointment today as had "slipped" when getting out of the bath, has hurt herself a bit and "forgot" the appointment.
Result Result COnfirmed wanting to rearrange F2F, has family stress/worry, indicated this relating to her children. AGreed to rearrange F2F for Monday 12-8-2024 at 12:15pm. Thanks expressed, call concluded.

07-Aug-2024 Mr Angus Cooney (1245) Barclay Medical PracticeMain Surgery

Comment Comment Still no answer on mobile, no voicemail, will try once more a little later before needing to send MJOG.

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07-Aug-2024 Mr Angus Cooney (1245) Barclay Medical PracticeMain Surgery

Problem	Problem Mental Health - Depression, Pain, bereavement
Comment	Comment DNA F2F, allowed time incase running late before needing to try T/C.
Result	Result T/C tried twice but no answer and no voicemail. Automated message call "cannot be completed" and to try later. Plan to try later and send MJOG as required.

06-Aug-2024 Pharmacist Elaine Bowhay (EB11876) Barclay Medical PracticeMain Surgery

History	History Special Request: co-codamol,peptac,omeprazole -sg
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Co-Codamol 30/500 Tablets 224 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME
Read Code	Prescription by supplementary prescriber Rx issued by Pharmacist Independent Prescriber

25-July-2024 Mrs Archana Joshi (AJ) Data Entry

Comment	Comment Patient DNA'd the Physio App

09-July-2024 Dr Scott MacKenzie (007) Duty Doctor Telephone Call

History	History feel last week and has large brusie on thigh. can weight bear. states not getting better. concerned as prev hx VTE. leg ? bit swollen. feeling lethargic. keen for rv. asked to attend for f2f at 11

12-Jun-2024 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Mrs Carol Avery, Part of your prescription has not been issued today as this is not a medication you are prescribed. Please contact the surgery if you have any issues.Barclay Medical Practice

03-Jun-2024 Mr Marcus Marsigliese (MML) Maryhill BarclayBranch Surgery

Comment	Comment Call from pt supportive chat - no further CLW input at this time engaging with Sustainment team

31-May-2024 Dr Pearce Cusack (PCUS) Barclay Medical PracticeMain Surgery

History	History on call - pt has taken prescription to pharmacy in building rather gorston street as we had agreed. now also wants weekly dispense 3d early. cites her ***** injuring his hand in a motorbike accident.
Comment	Comment had to DECLINE request - explained with controlled drugs there are safety concerns as well legal responsibilities. encouraged to collect regularly and only take as prescribed.

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20-May-2024 Dr Pearce Cusack (PCUS) Barclay Medical PracticeMain Surgery

History	History ON CALL - lost her keys/bank card/medications on a bus 8 days ago. co-codamol appears to be on weekly dispense, states has not collected latest installment. advised of controlled drug status of pregabalin and responsibilities this entails
Comment	Comment called pharmacy - checked collection history. uses and will continue to use GORSTAN ST PHARMACY agreed cancel all outstanding scripts. align all issue dates and COCODAMOL/AMT/PREGABALIN ALL WEEKLY DISPENSE FROM NOW ON.
Medication	Medication Amitriptyline Hydrochloride Tablets 25 mg 28 TABLET ONE TO BE TAKEN IN THE EVENING
Medication	Medication Amitriptyline Hydrochloride Tablets 50 mg 28 TABLET ONE TO BE TAKEN IN THE EVENING
Medication	Medication Atorvastatin Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH DAY
Medication	Medication Clopidogrel Tablets 75 mg 28 TABLET ONE TO BE TAKEN EACH DAY
Medication	Medication Co-Codamol 30/500 Tablets 224 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME
Medication	Medication Pregabalin Capsules 300 mg 56 CAPSULE ONE TO BE TAKEN TWICE A DAY

20-May-2024 Miss Danielle Brown (DB) Barclay Medical PracticeMain Surgery

Comment	Comment Patient called in to say has lost medications on the bus last Sunday. Had co-codamol & pregabalin in a carrier bag & got off bus without it. Didn't know what to do & spoke to M/H nurse this morning & they have advised to contact gp & request new script for both meds - dani

20-May-2024 Mr Marcus Marsigliese (MML) Maryhill BarclayBranch Surgery

Comment	Comment Telephone contact. Pt presented as distressed - lost her medication and bus pass on the bus five days ago. Currently has no Pregablin and Co Codamol author spoke to pharmacist who explained the procedure for obtaining a replacement prescription and relayed to pt who will call the practice today. Face to face apt scheduled as agreed.

30-Apr-2024 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Mrs Avery, the system shows part of the prescription you requested, is not due. If you have any issues, please contact the surgery. Regards, Barclay Medical Practice DO NOT REPLY- MAILBOX NOT MONITORED

24-Apr-2024 Mr Marcus Marsigliese (MML) Maryhill BarclayBranch Surgery

Comment	Comment FTA appt - phone switched off.

22-Apr-2024 Mr Marcus Marsigliese (MML) Maryhill BarclayBranch Surgery

Comment	Comment FTA todays appt

22-Apr-2024 Mr Marcus Marsigliese (MML) Maryhill BarclayBranch Surgery

Comment	Comment Pt forgot appt - rescheduled f2f as agreed supportive chat - discussed Sustainment team referral to assist with housing needs

19-Apr-2024 Mr Marcus Marsigliese (MML) Maryhill BarclayBranch Surgery

Comment	Comment FTA todays appt. Author contacted pt and rescheduled as agreed

17-Apr-2024 Mr Marcus Marsigliese (MML) Maryhill BarclayBranch Surgery

Comment	Comment Intro call and supportive chat - pt was difficult to understand mumbling words f2f scheduled as agreed

THIRD PARTY COPY

16-Apr-2024 Dr Jessica Wright (7P7P) Duty Doctor Telephone Call

History	History Quite upset on the phone today. Says not coping well. Chronic pain in all her joints. Struggling mentally as has been moved to a flat away from her support network, doesn't feel it is well adapted to her needs. Doesn't have adaptations in her home or crutches that she needs. Struggles with her mobility because of her previous DVT and chronic pain. Getting pregabalin, amitriptyline and co-codamol. No new changes in her physical symptoms but isn't coping well with it just now. Upset but safe at present with no suicidality.
Examination	Examination Spoke at great length about current and previous stressors. Clearly upset.
Comment	Comment Extremely long call. Asking for lots of things today - wants to be referred back to neurology for LP as feeling pressure in her head again. Looking for help with *****/housing - will add to link worker list to see if they can help with this. Wanting to be referred back to incontinence clinic for pads. Also wants to go back to mental health service and pain clinic. Suggested routine appointment to discuss pain management.

09-Apr-2024 Dr Scott MacKenzie (007) Barclay Medical PracticeMain Surgery

History	History S/R - omeprazole, peptac

09-Apr-2024 Dr Scott MacKenzie (007) Barclay Medical PracticeMain Surgery

History	History s/r - pregabalin, tramadol. no longer on tramadol as per entry 25/3
Medication	Medication Pregabalin Capsules 300 mg 56 CAPSULE ONE TO BE TAKEN TWICE A DAY

25-Mar-2024 Dr Pearce Cusack (PCUS) Barclay Medical PracticeMain Surgery

History	History ON CALL - tel cons - says over the last few months 'managed to get myself in a lot of trouble with the police'. has caused some stress. feels chronic pain has been worse in recent months - ankles, knees, hips, low back, hands, fingers. says is v overweight weight -19st - would give BMI in high 40s. prev gwms input but doesn't feel ready to pursue this further right now.
Comment	Comment she says is getting some support ***** - helping with PT and OT referrals. advised on strategies for chronic pain - given flippinpain website details. she is insistent on trying a change in medication - will STOP TRAMADOL AND START COCODAMOL INSTEAD. suggest routine rv appt in due course
Medication	Medication Co-Codamol 30/500 Tablets 224 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

13-Feb-2024 Dr Saqib Ali (ALI1) Barclay Medical PracticeMain Surgery

History	History SR allow. MJOG sent TMA for review.
Medication	Medication Pregabalin Capsules 300 mg 56 CAPSULE ONE TO BE TAKEN TWICE A DAY
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 100 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY

22-Nov-2023 Dr GP Locummhc (LOC1) Barclay Medical PracticeMain Surgery

History	History H Main. Spoke to Carol again- she handed in scripts as below which were declined by pharmacy from Broomhill as she had already been removed from practice list there as out of catchmnet area. Also on Venlafaxine m/r 75mg but has sufficient supply of this. Cross referrenced to scripts dated 7/11/23 and 9/11/23 and scanned notes
Medication	Medication Amitriptyline Hydrochloride Tablets 25 mg 56 TABLET ONE TO BE TAKEN IN THE EVENING
Medication	Medication Amitriptyline Hydrochloride Tablets 50 mg 56 TABLET ONE TO BE TAKEN IN THE EVENING
Medication	Medication Atorvastatin Tablets 20 mg 56 TABLET ONE TO BE TAKEN EACH DAY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 56 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Pregabalin Capsules 300 mg 56 CAPSULE ONE TO BE TAKEN TWICE A DAY
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 100 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY

THIRD PARTY COPY

22-Nov-2023 Dr GP Locummhc (LOC1) Barclay Medical PracticeMain Surgery

History History H Main 7509736. New pt. Looking to get prescriptions done. Moved from another practice- reports prescription 7th Nov was cancelled but is unsure why. Looking for prescriptions-Pregabalin, AMT, and tramadol, omerprazole, atorvastatin- looking for weekly dispense meds- explained unfortunately still no notes available and these meds are not listed on portal. I note admin are attempting to chase up notes already. Explained not willing to prescribe without evidence of previous Rx.

22-Nov-2023 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of SMS message / Mrs Carol Avery, Your prescription has not been issued today. Please contact the surgery at 8.30am on ***** to make an appointment to discuss. Barclay Medical Practice

22-May-2018 Mr Scott Brown (SCOT) Barclay Medical PracticeMain Surgery

Comment Comment Full docman exported from 01/06/2006 no paper records.

17-May-2018 Dr Jayne Macnamara (JAYNE_188611876) Phone Encounter

History History requesting HV for painful burning in legs and arms for last few days Legs are swollen and hard PH of Thrombosis worried this has recurred tried lying down No better Denies lying out in sun/sunburn No rash Hardly able to walk Unable to come ot surgery butliving in temporary accomodation In Denistoun Offered to see pt in practice if she can come down She declines Says no money for taxi Advised that cannot come out to a HV outwith our area Advised to register with GP locally or attend AE Seem sunhappy with this reiterated my offer to see her in surgery if she can make her way down left her to consider her options

14-May-2018 Dr Achudan Anduvan (7147) Barclay Medical PracticeMain Surgery

Medication Medication Sertraline Hydrochloride Tablets 50 mg 14 tablet ONE TO BE TAKEN EACH DAY

11-May-2018 Dr Jon Meredith (JON_11876) Barclay Medical PracticeMain Surgery

Comment Comment s/r jon

27-Apr-2018 Dr Jon Meredith (JON_11876) Barclay Medical PracticeMain Surgery

Comment Comment S/R

25-Apr-2018 Mrs Jean Redmond (2020) Barclay Medical PracticeMain Surgery

Comment Comment dna a diabetic screening appointment on 20/04/2018, mjog sent

13-Apr-2018 Dr James McBride (8521) Barclay Medical PracticeMain Surgery

History History SR - allow
Medication Medication Gabapentin Capsules 300 mg 60 capsule ONE TO BE TAKEN TWICE A DAY
Medication Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY
Medication Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

20-Mar-2018 Dr Jayne Macnamara (JAYNE_188611876) Data Entry

History History SR - gabapentin, tramadol, peptac- Is Gabapentin not due Others done
Medication Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME
Medication Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

05-Feb-2018 Dr Maeve MacLeod (2222) Barclay Medical PracticeMain Surgery

History History SR gabapentin/gel/tramadol

THIRD PARTY COPY

22-Jan-2018 Dr D M Byford (BYFORD_11876) Telephone Consultation

History History From pharmacy re pharmacy message on script for orlistat - to be issued or not?
Comment Comment Told NOT to issue as per instructions.

19-Jan-2018 Dr Jon Meredith (JON_11876) Barclay Medical PracticeMain Surgery

Comment Comment some s/r jon

08-Jan-2018 Dr Achudan Anduvan (7147) Barclay Medical PracticeMain Surgery

Medication Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

22-Dec-2017 Dr Rachael Comfort (RC) Barclay Medical PracticeMain Surgery

Examination Examination variable eye contact. speech ok. pushing for diazepam, saying CPN said to ask
Comment Comment Switch medication, has last fluoxetine script in pocker - cancelled on system. Start mirtazapine. see 2/52. tried to address tramadol - states for arthritis and would be due next week when shut. Reissued but explained need to look at this as well. PCMHT input also
Medication Medication Mirtazapine Tablets 15 mg 14 tablet ONE TO BE TAKEN AT NIGHT
Medication Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

21-Dec-2017 Dr Jayne Macnamara (JAYNE_188611876) Phone Encounter

History History MP - please call re letter in docman dated 15/11 - vk Called pt Query re medication looking to restart anti-dep Said doctor been trying to get her to discuss a letter received by practice Suggest atending appt Not something to be done over the phone Note CPN letter stating to self-refer to PCMHT (COPE in Drumchapel) No mention of anti-deps Note had double appt this morning and DNA Said slept in So given pm appt for tomorrow Advised to call and cancel if not able to make this

20-Dec-2017 Dr Harjeev Dhillon (HD11) Data Entry

History History req for tramadol. 21 * 30 capsules since 15/12/16 - no clear rationale for being on this medication. issued 27/11/17 and 11/12/17 - therefore not issued. Need GP review to discuss in HC centre.

20-Dec-2017 Dr Catherine Johnston (7245) Phone Encounter

History History oncall- called regarding last message, upset as will be due her tramadol on Tuesday and as we are shut would miss out. Difficult phone consultation- agreed to issue tramadol as been getting 2 weekly for years if appears (for OA in knees), Carol then asked me to increase this as pain control poor and fed up not getting enough. Also on gabapentin. Suggest a face to face appointment as esclating request for meds -offered one tomorrow,will attend. Will be due her gabapentin script as well.

19-Dec-2017 Ms Gemma Redmond (GR11876) Barclay Medical PracticeMain Surgery

Comment Comment patient called said was at mental health team in drumchapel and they had wrote a letter to us to start new medication, no letter in docman. I phoned arndale they said patient was now discharged from them and no mention of starting any new meds in patients notes- GR

19-Dec-2017 Dr Jennifer Wall (JW) Maryhill BarclayBranch Surgery

Comment Telephone encounter - see previous entry. Seen recently by CPN who had suggested going back on medication. No letter received yet. I will try to contact ***** ***** at Drumchapel. Call to CPN. Saw Carol on 14/11/17 and states made no suggestion re: medication. He will send over copy of letter. Call back to Carol to advise of this. Suggested we can discuss with her contents of letter when available but ideally would need to see GP if wishes to discuss medication again.

THIRD PARTY COPY

19-Dec-2017 Dr Jayne Macnamara (JAYNE_188611876) Data Entry

History	History SR - ketoconazole, orlistat, fluoxetine- Is Note below Note on Rx TMA for review prior to next Rx
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Ketoconazole Shampoo 2 % 120 ML FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS
Medication	Medication Orlistat Capsules 120 mg 84 CAPSULE ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

27-Nov-2017 Dr Jennifer Wall (JW) Maryhill BarclayBranch Surgery

Comment	Comment SR as below. REview 1/11/17. Allow
Medication	Medication Diclofenac Diethylammonium Gel 1.16 % 100 GRAM APPLY 3-4 TIMES A DAY AS REQUIRED
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Gabapentin Capsules 300 mg 56 capsule ONE TWICE DAILY - FORTNIGHTLY DISPENSE ON TUESDAYS
Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 1 TABLET AS REQUIRED FOR PAIN
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Orlistat Capsules 120 mg 84 CAPSULE ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

14-Nov-2017 Dr James MacKenzie (MACK_1886011876) Barclay Medical PracticeMain Surgery

Comment	Comment MEssage pad - reports unable to come tomorrow for scripp as has CPN appointment- Suggested kep monthly quantity to 56 not 60 as facilitates fortnightly dispensing, cancel balance scrip dated 1/11 and due for dispensing tomorrow. She was agreeble to this approach.

10-Nov-2017 Dr Kerry Sneddon (2587) Acute Scripts

History	History sr gabapentin - pb- given 1 monthh supply on 1/11/17 so declined- if wishing then needs TMA to disucss this

10-Nov-2017 Dr Jon Meredith (JON_11876) Barclay Medical PracticeMain Surgery

Comment	Comment s/r jon

03-Nov-2017 Mrs Natasha McCafferty (N11876) Barclay Medical PracticeMain Surgery

Comment	Comment arndale resource centre cant get in contact with patiuent on mobile-have given ***** number....natasha

THIRD PARTY COPY

01-Nov-2017 Dr Laura Pennington (4321) Barclay Medical PracticeMain Surgery

Examination	O/E - weight	122.6 Kg
Examination	O/E - blood pressure reading	
Examination	Systolic blood pressure	142 mm Hg
Examination	Diastolic blood pressure	86 mm Hg
Social	Social 5 ***** in total, all left home except *****, in touch with them all - currently living with *****.	
Comment	Comment discussion management - mixed feelings about medication.. says has lacked faith in ones tried previously but wants to give it another go. Discussed importance of self help and lifestyle change. Addressing weight and ^ activity to help with OA pains and help with self esteem and mood. -Weight^^ despite orlistat so not the correct approach to managing weight. Agree to ref to Live Active. Headspace, moodjuice, moodGYM, ref to Shawpark for CPN support. - GP rev in 4/52.	
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY	
Medication	Medication Gabapentin Capsules 300 mg 60 capsule ONE TO BE TAKEN TWICE A DAY	
History	History says missed appt for Xrays and wanting further forms - advised I will need to look into this and call her back.	
History	History wanting copy of letter for Housing re bath (letter 2016)	
Comment	Comment **also req gabapentin is no longer on weekly disp as struggling to get to pharmacy on time all the time - note previous issues with overuse and scripts missing on the bus.. agree to 2 week supply at a time but will need to monitor this**.	
Examination	O/E - height	158 cm

01-Nov-2017 Dr Laura Pennington (4321) Barclay Medical PracticeMain Surgery

History	History see below - can see from consult w/ Dr McNamara in March 17 there was a plan to get Xray of hands/ feet and ankle - ? these the ones Carol means.. phoned to discuss. Vm left and asked her to call GP back, advised I. have not reordered these until first discussed with GP. Copy of letter to Housing sent out in post.

31-Oct-2017 Dr Caroline Bisset (9137) Telephone Consultation

27-Oct-2017 Dr Cathleen McGaw (0000) Barclay Medical PracticeMain Surgery

History	History SR - diclofenac, gabapentin, omeprazole, orlistat, peptac and tramadol. See note re orlistat 05/10 - TMA for r/v, 1 week early for gabapentin also. Using maximum tramadol, so monitor carefully.
Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME
Medication	Medication Diclofenac Diethylammonium Gel 1.16 % 100 GRAM APPLY 3-4 TIMES A DAY AS REQUIRED
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 1 TABLET AS REQUIRED FOR PAIN

27-Oct-2017 Mrs Sharon Gray (SAG) Barclay Medical PracticeMain Surgery

Comment	Comment tried to call several times no answer sounds like engaged tone or maybe international tone -sg

20-Oct-2017 Dr Kerry Sneddon (2587) Acute Scripts

History	History sr tramadol- allow
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 1 TABLET AS REQUIRED FOR PAIN

THIRD PARTY COPY

05-Oct-2017 Dr Laura Pennington (4321) Barclay Medical PracticeMain Surgery

History	History sr - note has been getting orlistat for long time and no weight since 2015 - note on script TMA with GP before next issue
Medication	Medication Orlistat Capsules 120 mg 84 CAPSULE ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 1 TABLET AS REQUIRED FOR PAIN
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Diclofenac Diethylammonium Gel 1.16 % 100 GRAM APPLY 3-4 TIMES A DAY AS REQUIRED
Medication	Medication Gabapentin Capsules 300 mg 60 capsule ONE TO BE TAKEN TWICE A DAY
Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

22-Sept-2017 Dr Kerry Sneddon (2587) Acute Scripts

History	History sr - Peptac, Gabapentin & Tramadol (MG)- WATCH tramadol use please
Medication	Medication Gabapentin Capsules 300 mg 60 capsule ONE TO BE TAKEN TWICE A DAY
Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 1 TABLET AS REQUIRED FOR PAIN

19-Sept-2017 Mrs Lynne Fyfe (LF) Data Entry

Comment	Comment medical report posted to Jobcentre - Lynne

13-Sept-2017 Dr Amy McDonald (8574) Acute Scripts

Comment	Comment SR
Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 1 TABLET AS REQUIRED FOR PAIN

12-Sept-2017 Mrs Lynne Fyfe (LF) Data Entry

Comment	Comment medical report received by jobcentre plus - Lynne

01-Sept-2017 Dr Kerry Sneddon (2587) Acute Scripts

History	History sr - Gabapentin & Tramadol (asking if she can get today pls) thanks (MG)- not due- TMA to discuss

01-Sept-2017 Dr Anna Rex (ANNA) Barclay Medical PracticeMain Surgery

History	History Chat about pain killers. The main issue iS OVERUSING the gabapentin, suggest we do WD from now on. 2. cough /sputum , smoker. Had for &gt 1 week. OE temp 36, sats 98%. HR 80 reg. Chest clear. Cover with clarithro as pen allergy. Will stop atorva whilst on. 3. Urinary incontince and ? prolapse. Bring urine and dbl appt with female
Medication	Medication Gabapentin Capsules 300 mg 60 capsule ONE TO BE TAKEN TWICE A DAY
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY
Medication	Medication Simple Linctus sugar free 200 ML ONE 5ML SPOONFUL TO BE TAKEN THREE TO FOUR TIMES A DAY

21-Aug-2017 Dr Stewart King (7631) Barclay Medical PracticeMain Surgery

History	History sr
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY
Medication	Medication Gabapentin Capsules 300 mg 60 capsule ONE TO BE TAKEN TWICE A DAY

04-Aug-2017 Dr D M Byford (BYFORD_11876) Acute Scripts

Comment	Comment Special Request: gabapentin,tramadol, diclofenac gel, orlistat, oneprazole, ketoconazole.

THIRD PARTY COPY

01-Aug-2017 Miss Zoe Kesson (0202) Barclay Medical PracticeMain Surgery

Comment Comment all scripts cancelled at boots fulton st 958-0634 - zk

31-July-2017 Dr Jayne Macnamara (JAYNE_188611876) Phone Encounter

History History MP - pls call - ***** has stole ALL medication - vk Called 1410h Now saying ***** left bag of messages including all meds given on 25 jul See below (except peptac and shampoo) Has contacted bus company and no bag found Has not contacted police Advised due to nature of meds (tramadol and gabapentin) should really contact police They can check CCTV on bus Once she gets incident number we can replace meds Consider weekly disp

31-July-2017 Miss Zoe Kesson (0202) Barclay Medical PracticeMain Surgery

Comment Comment ***** called with incident number : 1889 31/07/2017 - zk

31-July-2017 Dr Sarah Ross (SAR11876) Telephone Consultation

History History See below calls back with incident number, now tells me ***** did not steal meds she was on bus with ***** and left bag on bus. Bus company and police aware and looking for bag. One week of meds had with her issued only in hope that bag is found to get in touch if not. Tells me had all meds with her as was away staying at *****.

Medication Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

Medication Medication Propranolol Hydrochloride Tablets 40 mg 21 tablet ONE TO BE TAKEN THREE TIMES A DAY

Medication Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

Medication Medication Ketoconazole Shampoo 2 % 120 ML FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS (FOR PROPHYLAXIS APPLY ONCE EVERY 1-2 WEEKS)

Medication Medication Hydrocortisone And Miconazole Cream 1 % + 2 % 30 GRAM APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY

Medication Medication Gabapentin Capsules 300 mg 14 capsule ONE TWICE DAILY

Medication Medication Diclofenac Diethylammonium Gel 1.16 % 100 gram APPLY 3-4 TIMES DAILY

Medication Medication Atorvastatin Tablets 20 mg 7 tablet ONE TO BE TAKEN EACH DAY

Medication Medication Clopidogrel Tablets 75 mg 7 tablet ONE TO BE TAKEN EACH DAY

31-July-2017 Dr Sarah Ross (SAR11876) Acute Scripts

History History See below Tramadol issued however pt unable to collect script from surgery, can't be faxed to pharmacy as controlled drug, 2 co-codamol tabs issued to do her tonight and reception staff will fax this to pharmacy and Carol will collect Tramadol script tomorrow.

Medication Medication Co-Codamol 30/500 Tablets 2 tablet ONE AT NIGHT AND ONE IN THE MORNING

31-July-2017 Mrs Nikki Wilson (4589) Barclay Medical PracticeMain Surgery

Comment Comment All Scripts (except Tramadol) faxed to Boots Fulton Street, ***** and then posted: Boots, 90 Fulton Street, G13 1DS - Nikki

31-July-2017 Dr Sarah Ross (SAR11876) Data Entry

History History See below Boots Fulton street closed by the time pt got there, script cancelled and fax sent to fulton street to advise of this and reception staff will kindly call in the morning also, scripts re issued and faxed to pharmacy in Anniesland where pt can collect tonight, Tramadol script controlled drug therefore to be collected from surgery tomorrow (very short supply co-codamol issued instead tonight as pt unable to get to surgery to collect Tramadol script).

31-July-2017 Mrs Nikki Wilson (4589) Barclay Medical PracticeMain Surgery

Comment Comment All Scriptes reissued and phoned into Morrison Pharmacy Anniesland, have now posted them to Morrison Pharmacy 900 Crow Road, G13 1JD - Nlkki

THIRD PARTY COPY

25-July-2017 Dr Jayne Macnamara (JAYNE_188611876) Barclay Medical PracticeMain Surgery

History	History c/o painful cramps Good story for PAD Really bad last night Kept her awake all night despite circling ankles etc Also on walking Obese PH DVT smoker NIDDM	
Examination	Examination Good pedal pulses but feet cool and reduced cap refill time Hair loss Vari veins on lower legs	
Medication	Medication Clopidogrel Tablets 75 mg 28 TABLET ONE TO BE TAKEN EACH DAY	
Medication	Medication Atorvastatin Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH DAY	
Medication	Medication Hydrocortisone And Miconazole Cream 1 % + 2 % 30 GRAM APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY	
Medication	Medication Gabapentin Capsules 300 mg 60 capsule ONE TO BE TAKEN TWICE A DAY	
Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME	
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 1 TABLET AS REQUIRED FOR PAIN	
Medication	Medication Orlistat Capsules 120 mg 84 CAPSULE ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)	
Medication	Medication Ketoconazole Shampoo 2 % 120 ML FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS	
History	History nasty sub-mammary rash Rx anti-fungal/steroid combo	
Problem	Peripheral vascular disease NOS	
Examination	Systolic blood pressure	128 mm Hg
Examination	Diastolic blood pressure	99 mm Hg
Comment	Comment Note high BP today Rpt with PN in 1 week NIDDM Not on Rx	
History	History try ketoconazole shampoo	

07-July-2017 Dr Jon Meredith (JON_11876) Barclay Medical PracticeMain Surgery

Comment	Comment s/r jon

19-Jun-2017 Dr Jayne Macnamara (JAYNE_188611876) Barclay Medical PracticeMain Surgery

History	History With ***** c/o posterior chest wall pain Worried about lung and bone CA as ***** and 2 ***** and one ***** had same Is a smoker and obese
Examination	Examination Chest- clear No tenderness
Comment	Comment Agree to CXR
History	Consent given to receive test results by SMS text messaging claims Dx with Rh A but not in fact just postulated but did not attend for bloods or XRs Agree to Xrays of hands and knees where gets most of her pain If suggestive then follow up with bloods

16-Jun-2017 Mrs Sharon McGhee (0303) Barclay Medical PracticeMain Surgery

Comment	Comment pt dna appt retinopathy

13-Jun-2017 Dr Jayne Macnamara (JAYNE_188611876) Data Entry

History	History SR - peptac, orlisat, omeprazole,gabapentin,cocodamol,diclofenic,propanalol,tramadol
Medication	Medication Co-Codamol 8/500 Tablets 32 tablet ONE TO TWO TO BE TAKEN FOUR TIMES A DAY
Medication	Medication Diclofenac Diethylammonium Gel 1.16 % 100 GRAM APPLY 3-4 TIMES A DAY AS REQUIRED
Medication	Medication Gabapentin Capsules 300 mg 60 capsule ONE TO BE TAKEN TWICE A DAY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Orlistat Capsules 120 mg 84 CAPSULE ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)
Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME
Medication	Medication Propranolol Hydrochloride Tablets 40 mg 60 tablet ONE TO BE TAKEN UP TO THREE TIMES A DAY
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 1 TABLET AS REQUIRED FOR PAIN

13-Jun-2017 Mrs Michelle Gemmell (MG) Barclay Medical PracticeMain Surgery

Comment	Comment Scripts reprinted today for items dated 13/06/17 (8 no.)- not in box (MG)

THIRD PARTY COPY

17-May-2017 Dr Laura Pennington (4321) Telephone Consultation

History	History as per messages - requesting painkillers - script was printed yesterday for tramadol and gabapentin. Also says hasn't attended for hand Xray yet - looks like form was written on 30/3/17 by Dr Macnamara I.e. will be out of date and need re-requesting, adv to bring form in for us to look at.

08-May-2017 Dr Fiona Taylor (FIONA_11876) Acute Scripts

Comment	Comment co-codomal diclofenec gabapentin omeprazole ortistat peptac tramadol propranolol - only got on 24th april so not due. Given peptac, diclofenac gel and cocodamol - will ned tma for rest.

24-Apr-2017 Dr Jayne Macnamara (JAYNE_188611876) Data Entry

History	History SR- ...tramadol, gabapentin, co-codamol, diclofenac, omeprazole, orlistat, peptac DUE SO ALLOW
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 1 TABLET AS REQUIRED FOR PAIN
Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME
Medication	Medication Orlistat Capsules 120 mg 84 CAPSULE ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Gabapentin Capsules 300 mg 60 capsule ONE TO BE TAKEN TWICE A DAY
Medication	Medication Diclofenac Diethylammonium Gel 1.16 % 100 GRAM APPLY 3-4 TIMES A DAY AS REQUIRED
Medication	Medication Co-Codamol 8/500 Tablets 32 tablet ONE TO TWO TO BE TAKEN FOUR TIMES A DAY

11-Apr-2017 Dr GP Locumcity (LOC2) Telephone Consultation

History	History Asking if can try cocodamol- used some of freiends. Felt worked well for pain relief. Off methadone for years. Trial below, increasing gabapentin, not helped. Awaiting xrays as below- has lost form, asking if can have new form. Discussed options. Happy to stop tramadol if not helping. Can try low dose cocodamol and attend for review with xray results. JC
Medication	Medication Co-Codamol 8/500 Tablets 32 tablet ONE TO TWO TO BE TAKEN FOUR TIMES A DAY

11-Apr-2017 Dr Jacqueline Urwin (JACQUELINE11876) Phone Encounter

History	History Pt phoned saying was looking for stronger co-codamol- given 8/500 this morning after phone consult- note entry below- doc has written to try low dose co-codamol so assume that was what was intended. Also on tramadol so wouldn't be happy to issue alongside

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30-Mar-2017 Dr Jayne Macnamara (JAYNE_188611876) Barclay Medical PracticeMain Surgery

History	Consent given to receive test results by SMS text messaging in floods of tears with misfortunes Having to rely on ***** ***** to help her with ADLs due to widespread joint pains Worried about bone cancer as 4 family members had same but sounds like mets rather than 1y Her pain more chronic Likely OA 2y obesity Is trying to lose weight but catch22 with lack of phys activity due to pain Being prosecuted for ***** non-attendence at school but cant afford bus fare since move to Knightswood Didn't want him to change school but now being forced to Trying to miove back toMaryhill Feels govt agencies not listening Pain+++ On tramadol 50 & gabapentin 100mg tds Also nortriptyline but unhelpful/makes her feel funny Discussed options Try increasing gabapentin to 300mg bd rather than introducing another agent (least worst option) Encourged wt loss XR hands. feet and ankles in view of FH of RhA and widespread joitn pain To change numner at reception
Medication	Medication Gabapentin Capsules 300 mg 60 capsule ONE TO BE TAKEN TWICE A DAY
Medication	Medication Diclofenac Diethylammonium Gel 1.16 % 100 GRAM APPLY 3-4 TIMES A DAY AS REQUIRED
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Orlistat Capsules 120 mg 84 CAPSULE ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)
Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 1 TABLET AS REQUIRED FOR PAIN
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: depression arthritis; Duration: 27/02/2017 - 06/04/2017)*

29-Mar-2017 Dr Amy McDonald (8574) Acute Scripts

Comment	Comment sr tramadol, orlistat, gabapentin, notriptyline.

02-Mar-2017 Dr Fiona Taylor (FIONA_11876) Barclay Medical PracticeMain Surgery

Comment	Comment 1) bilateral leg pains as if has a chill - worried re bone cancer as several family memebrs have been diagnosed. No specific place for pain but worreid re bone marrow. Taken FBC SO HOPEFULLY CAN REASSURE 2) headaches worse again and amt no help. Doesn't find tramadol helpful either. Try nortryptiline. Doing really well - off methadone, reduced tramadol++, ***** doing very well at school and football
Medication	Medication Nortriptyline Tablets 10 mg 30 tablet ONE TABLET DAILY
Medication	Medication Diclofenac Diethylammonium Gel 1.16 % 100 GRAM APPLY 3-4 TIMES A DAY AS REQUIRED
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 1 TABLET AS REQUIRED FOR PAIN
Medication	Medication Gabapentin Capsules 100 mg 30 capsule ONE TO BE TAKEN THREE TIMES A DAY

02-Feb-2017 Dr Laura Pennington (4321) Barclay Medical PracticeMain Surgery

Medication	Medication Diclofenac Diethylammonium Gel 1.16 % 100 GRAM APPLY 3-4 TIMES A DAY AS REQUIRED

01-Feb-2017 Dr D M Byford (BYFORD_11876) Acute Scripts

Comment	Comment Special Request: AMT, peptac, propranolol. Allow to continue.

01-Feb-2017 Dr GP Locumcity (LOC2) Barclay Medical PracticeMain Surgery

History	History Special Request JM

01-Feb-2017 Dr GP Locumcity (LOC2) Barclay Medical PracticeMain Surgery

History	History Special Request tramadol JM

05-Jan-2017 Dr Scott MacKenzie (007) Barclay Medical PracticeMain Surgery

History	History s/r- peptac

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15-Dec-2016 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment	Comment Seeking and extension on her sick line MED 3 - see - can colllect - des
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Depression Arthritis; Duration: 28/11/2016 - 27/02/2017)*

15-Dec-2016 Dr Maeve MacLeod (2222) Barclay Medical PracticeMain Surgery

History	History SR usual acutes

12-Dec-2016 Mrs Vikki Nicol (VIKKI_11876) Barclay Medical PracticeMain Surgery

Comment	Comment PLEASE CAN WE REVIEW THE GAPAPENTINOIDS PRESCRIPTION

23-Nov-2016 Ms Stacey Hill (SB) Barclay Medical PracticeMain Surgery

Comment	Comment employment and support allowance report posted to Job Centre

18-Nov-2016 Mr Peter Brown (PB) Maryhill BarclayBranch Surgery

Problem	DNA Surgery Appt

16-Nov-2016 Dr GP Locumcity (LOC2) Barclay Medical PracticeMain Surgery

History	History Special Request JM
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 1 TABLET AS REQUIRED FOR PAIN
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Gabapentin Capsules 100 mg 30 capsule ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Diclofenac Diethylammonium Gel 1.16 % 60 gram APPLY 3-4 TIMES A DAY AS REQUIRED

01-Nov-2016 Dr Laura Pennington (4321) Barclay Medical PracticeMain Surgery

History	History SR
Medication	Medication Amitriptyline Hydrochloride Tablets 10 mg 28 TABLET ONE TO BE TAKEN IN THE EVENING
Medication	Medication Diclofenac Diethylammonium Gel 1.16 % 60 gram APPLY 3-4 TIMES A DAY AS REQUIRED
Medication	Medication Gabapentin Capsules 100 mg 30 capsule ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME
Medication	Medication Propranolol Hydrochloride Tablets 40 mg 60 tablet ONE TO BE TAKEN UP TO THREE TIMES A DAY
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 1 TABLET AS REQUIRED FOR PAIN

18-Oct-2016 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment	Comment SR for MED 3 extension - des
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Depression Arthritis; Duration: 12/10/2016 - 28/11/2016)*

06-Sept-2016 Dr GP Locummhc (LOC1) Barclay Medical PracticeMain Surgery

History	History Special Request med3 6 weeks
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: depression, arthritis; Duration: 31/08/2016 - 12/10/2016)*

06-Sept-2016 Dr GP Locummhc (LOC1) Data Entry

History	History Special Request amitriptyline, diclofenac, gabapentin, omeprazole, peptac, propranolol, tramadol

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22-July-2016 Dr Scott MacKenzie (007) Barclay Medical PracticeMain Surgery

History	History S/R - "Amitriptyline, Diclofenac, Gabapentin, Omeprazole, Peptac, Propranolol, tramadol"
Medication	Medication Amitriptyline Hydrochloride Tablets 10 mg 28 TABLET ONE TO BE TAKEN IN THE EVENING
Medication	Medication Diclofenac Diethylammonium Gel 1.16 % 60 gram APPLY 3-4 TIMES A DAY AS REQUIRED
Medication	Medication Gabapentin Capsules 100 mg 30 capsule ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME
Medication	Medication Propranolol Hydrochloride Tablets 40 mg 60 tablet ONE TO BE TAKEN UP TO THREE TIMES A DAY
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 1 TABLET AS REQUIRED FOR PAIN

21-Jun-2016 Dr Scott MacKenzie (007) Barclay Medical PracticeMain Surgery

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: depression, arthritis; Duration: 08/03/2016 - 31/08/2016)*
History	History looking for meds and med3. note prev entries. has now moved to knightswood area and has been advised to register with GP there. unhappy re this and would prefer to stay. discussed rationale for asking her to move practice and seemed to take this on board. advised if wishes to discuss this further could ask to speak to practice manager. no px issued from practice since March. epxlained pains had been better but recent deterioration since moving house. agreed to issue usual meds.

13-Jun-2016 Dr Fiona Taylor (FIONA_11876) Acute Scripts

Comment	Comment tramadol omeprazole propranolol amitriptyline peptac diclofenac gel gabapentin - see notes below - asked tma before issuing

13-Jun-2016 Dr Jayne Macnamara (JAYNE_188611876) Data Entry

History	History MP - was refused medication told TMA, says has moved out of area and needs to speak - Dr re meds - Heather Called pt No answer Left VM to call back and reiterated that she needs seen for meds Note no meds since March so not taking these regularly Also not been seen since March and Hx of opiate addiction Must be seen for Rx

13-Jun-2016 Dr Catherine Johnston (7245) Barclay Medical PracticeMain Surgery

History	History Asked to call about medications- 5 minute chat. Carol has moved to Knightswood, she has extreme arm pain from moving and co-codamol isn't touching the pain. Agitated++ on phone, angry that script refused unless makes appointment. Tells me she has no money to come. I also told her that she would need to re-register with GP in her area- angry about the potential delay in script. Advised again that this is the policy- asked to speak with other GP- Dr Macnamara called but no answer.

27-Apr-2016 Mrs Vikki Nicol (VIKKI_11876) Barclay Medical PracticeMain Surgery

Comment	Comment ATOS - PIP form done. vikki

25-Apr-2016 Miss Loui Cochrane (LOUI) Barclay Medical PracticeMain Surgery

Comment	Comment Atos Health Personal Independence Payment request for medical evidence received and put in for paper work sesion.

24-Mar-2016 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment	Comment On Gabapentin for menopause suggest review - has HX of opiate addiction so would be careful with GABA meds - des

23-Mar-2016 Dr Amy Clark (AC) Acute Scripts

History	History Sr tramadol, AMT, propranolol all due also gabapentin see below due r/v and cant be taking regulary as also 30 tabs given for eview

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22-Mar-2016 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment	Comment PLEASE NOTE DOES NOT HAVE BENIGN RAISED INTRA CRANIAL PRESSURE - des

26-Feb-2016 Dr Scott MacKenzie (007) Barclay Medical PracticeMain Surgery

History	History 1) wants to try propranolol for headaches and nerves. been on prev and wishes to retry. await LP for invx of IIH 2) flushes - stopped having periods ~ 2 years ago. hx of premature menopause in *****. not keen on HRT - lots of cancer in family. ***** died of breast ca in 30's. discussed risk of osteoporosis/IHD if not on HRT. troublesome flushes for over a year. finds them embarrassing. using sage oil but not helping
Medication	Medication Propranolol Hydrochloride Tablets 40 mg 60 tablet ONE TO BE TAKEN UP TO THREE TIMES A DAY
Medication	Medication Amitriptyline Hydrochloride Tablets 10 mg 28 TABLET ONE TO BE TAKEN IN THE EVENING
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 1 TABLET AS REQUIRED FOR PAIN
Medication	Medication Gabapentin Capsules 100 mg 30 capsule ONE TO BE TAKEN THREE TIMES A DAY
Comment	Comment discussed options for flushes. not keen on antidepressants. discussed some evidence gabapentin can help - keen to try. commence low dose. reassess in ~ 2 weeks

03-Feb-2016 Dr Andrene McCall (AMC) Barclay Medical PracticeMain Surgery

History	History ***** has scabies
Medication	Medication Permethrin Dermal cream 5 % 60 GRAM(S) APPLY OVER WHOLE BODY AND WASH OFF AFTER 8-12 HOURS. REPEAT APPLICATION AFTER 7 DAYS

01-Feb-2016 Miss Loui Cochrane (LOUI) Barclay Medical PracticeMain Surgery

Comment	Comment DNA Letter Diabetic Retinopathy Screening Programme 26.01.2016.

01-Feb-2016 Miss Loui Cochrane (LOUI) Barclay Medical PracticeMain Surgery

Comment	Comment Spoke to Carol who said she has received the invitations but hasn't made an appointment as her diabetes 'is much better' and that she is 'on top of it since loosing the weight'.

29-Jan-2016 Dr Scott MacKenzie (007) Barclay Medical PracticeMain Surgery

History	DNA hospital appointment - retinal screening

26-Jan-2016 Dr James MacKenzie (MACK_1886011876) Data Entry

Comment	Comment Message pad - requests extension med3
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Osteoarthritis; depression; Duration: 23/01/2016 - 21/03/2016)*

21-Dec-2015 Dr Gemma Smith (910) Barclay Medical PracticeMain Surgery

History	History idiopathic intracranial hypertension. last few days increase in headaches - having to take co-codamol and ibuprofen. Mostly at night and if she moves her head. Pain free at the moment. lost to follow up with neurology as moved house - previously was on diamox. Cant remember if that helped. lots of stress at moment - just got her ***** back, disabled other ***** and finacial concerns
Examination	Examination looks well BP 110/60 fundocopy - nad
Comment	Comment ? headaches secondary to ICH - suggested discuss with neuro - may need admission. Patient refuses this. Wishes to try a pain killer first of all. Already uses tramadol for her knee, co-codamol not helping. previosuly tried amitriptyline - try this again. I will refer as OP back to neuro and given strong worsening advice to attend A&e if severe headache.
Medication	Medication Amitriptyline Hydrochloride Tablets 10 mg 28 TABLET ONE TO BE TAKEN IN THE EVENING
Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

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23-Nov-2015 Dr David Blane (0011) Barclay Medical PracticeMain Surgery

Comment Comment seen during ***** appt - for line extension - seen recently. DBL
Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: osteoarthritis and depression; Duration: 23/11/2015 - 23/01/2016)

02-Nov-2015 Dr Achudan Anduvan (7147) Barclay Medical PracticeMain Surgery

Medication Medication Diclofenac Diethylammonium Gel 1.16 % 60 gram APPLY 3-4 TIMES A DAY AS REQUIRED
Medication Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 1 TABLET AS REQUIRED FOR PAIN

02-Nov-2015 Dr Achudan Anduvan (7147) Barclay Medical PracticeMain Surgery

History History 1. Long standing R knee pain, says has been XRed a few times. Now L knee pain, grinding, clicking + stiffness. Worried about becoming incapacitated + not being able to look after dependant *****. Wants referral to ortho - agreed not indicated at this point, esp given age. P: xr form given, self refer physio, weight loss, analgesia : including tramadol - not over using and voltarol gel - used a friends and found it helped).
History History 2. Requesting orlistat - has been on this in the past, would like another go. Aware of side effects. Explored diet and things like weight watchers. Was cycling in the past, but has stopped as ***** doesn't enjoy it. Agreed.
History History 3. med 3 not due yet. Forgot to mention ACP apt.
Examination O/E - weight 102.9 Kg

16-Oct-2015 Ms Kirsty Donnelly (KIRSTY DON11876) Barclay Medical PracticeMain Surgery

Comment Comment Please ask Carol TMA with Kirsty for ACP review Thanks K

07-Oct-2015 Dr Andrene McCall (AMC) Data Entry

History History sickline extension
Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Osteoarthritis and depression; Duration: 30/09/2015 - 25/11/2015)

07-Sept-2015 Sister Joan Kennedy (JOAN_11876) Barclay Medical PracticeMain Surgery

Comment Comment DNA Diabetic appt.

07-Sept-2015 Miss Loui Cochrane (LOUI) Barclay Medical PracticeMain Surgery

Problem DNA Surgery Appt

02-Sept-2015 Dr Gemma Smith (910) Barclay Medical PracticeMain Surgery

History History sr: tramadol

28-Aug-2015 Dr Gemma Smith (910) Barclay Medical PracticeMain Surgery

History History attended oncall window - needs sick lien or wont get her benefits - unabel to wait for review as needs to pick her ***** up - given one month and review next time - has been off now for many months
Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Osteoarthritis and depression; Duration: 06/08/2015 - 30/09/2015)

08-July-2015 Dr Gemma Smith (910) Barclay Medical PracticeMain Surgery

History History sr: tramadol

02-July-2015 Dr Maeve MacLeod (2222) Barclay Medical PracticeMain Surgery

History History SR extension of line - discussed on phone and review next time.
Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Osteoarthritis and depression; Duration: 24/06/2015 - 06/08/2015)

26-Jun-2015 Miss Loui Cochrane (LOUI) Barclay Medical PracticeMain Surgery

Problem DNA Surgery Appt

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03-Jun-2015 Dr Solange Lawrence (SL11876) Barclay Medical PracticeMain Surgery

History	History seen while in with ***** - low back pain on and off 2 weeks but worse last few days - right sided. no radiation. no red flags
Examination	Examination non tender back but limited moveemnt back
Comment	Comment requesting usual tramadol and try nsaid gel. r/v by inhouse physio and r/v if not helping.sl
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE TO BE TAKEN FOUR TIMES A DAY
Medication	Medication Piroxicam Gel 0.5 % 60 GRAM Rub into the affected site three to four times daily

20-May-2015 Dr Gemma Smith (910) Barclay Medical PracticeMain Surgery

History	History sr: extended sick line
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: osteoarthritis and depression; Duration: 06/05/2015 - 24/06/2015)*

06-May-2015 Dr Maeve MacLeod (2222) Barclay Medical PracticeMain Surgery

History	History SR tramadol

13-Apr-2015 Dr David Blane (0011) Barclay Medical PracticeMain Surgery

Comment	Comment SR - Tramadol (in a lot of (knee) pain) thanks. note no evidence of DVT. monitor and review if not settling. DBL
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE TO BE TAKEN FOUR TIMES A DAY

01-Apr-2015 Dr Gemma Smith (910) Barclay Medical PracticeMain Surgery

History	History Painful right leg and knee for three days. Previous DVT and PE 6 years ago - previous IVDU but stopped 20 years ago. Heparin Injections for approx 6 months to one year. Has been fine since. Has OA in right knee so uncertain if this is cause of pain.
Examination	Examination Limping. right calf slightly swollen compared to left but no erythema. Soft, tender lateral calf just below knee. Crepitus on examination of knee and tender posterior knee
Comment	Comment ? DVT given hx. Increased pain despite tramadol. Please see and rule out DVT. - referred to DVT nurse.

25-Mar-2015 Dr Solange Lawrence (SL11876) Barclay Medical PracticeMain Surgery

History	History sr- tramadol.sl
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE TO BE TAKEN FOUR TIMES A DAY

10-Mar-2015 Dr D M Byford (BYFORD_11876) Barclay Medical PracticeMain Surgery

Comment	Comment Med 3 issued to ***** - due up today. No change in situation.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Osteoarthritis and depression; Duration: 10/03/2015 - 05/05/2015)*

02-Mar-2015 Dr Solange Lawrence (SL11876) Barclay Medical PracticeMain Surgery

History	History not greta over the last week- sore throat and worsneing cough and sob. felt salbutamol helepd a bit. has spirometry appt in april. frontal headaches too no visual blurring and wears glasses. been stressed as trying to ***** taken into care- gettign counsellign. been feelign shivery too. off food but managing fluids. takign paracetamol. ears feel muffled.
Examination	Examination apyrexial hr 90 sats995air chest clear equal air entry. throat red. ears nad, optic disc nad.
Comment	Comment liekly viral inf - try eblow. clear wa.sl
Medication	Medication Benzydamine Hydrochloride Spray Sugar Free 0.15 % 1 SPRAY USE 4-8 SPRAYS ONTO AFFECTED AREA EVERY 90 MINUTES TO 3 HOURS
Medication	Medication Paracetamol Tablets 500 mg 32 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE TO BE TAKEN FOUR TIMES A DAY

12-Feb-2015 Dr GP Locumcity (LOC2) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Osteoarthritis and depression; Duration: 10/02/2015 - 10/03/2015)*

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12-Feb-2015 Dr GP Locumcity (LOC2) Acute Scripts

Comment	Comment Special request Tramadol. JA
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE TO BE TAKEN FOUR TIMES A DAY

09-Jan-2015 Dr Solange Lawrence (SL11876) Barclay Medical PracticeMain Surgery

History	History ongoign co0ugh wqorse recently didn't take abx and imrpoved then got worse. also sob. chest xray nad - heavy smoker- smoked for 20 years- iscutting down. no wght loss.
Examination	Examination chest fairly clear.
Comment	Comment nil tosuggest acute inf- given longstanding history and smoker- ?copd, trial of slabutamola nd refer spirometry. 2. repeat analegsia and med 3. sl
Medication	Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 inhaler 2 Puffs Take as required
New Referral	New Referral 8H...: Referral for further care (SCI Gateway Referral)
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: osteoarthritis and depression; Duration: 05/01/2015 - 09/02/2015)*

20-Nov-2014 Dr Lynsey Webster (1234) Barclay Medical PracticeMain Surgery

History	History Chesty cough for 2 months. Productive of green sputum. No SOB. no haemoptysis. No fever. SOme pain in left lower chest wall - worse on moving. Heavy smoker. Was supposed to have CXR but never managed to go and lost form.
Examination	Examination OE sats 98%OA. P 120 - very anxious +++. Speaking in sentences. no resp distress. Tender over rib left lower chest wall. No wheeze. ? creps left base.
Comment	Comment Imp LRTI so treat with antibiotics. Allergy to penicillin so clarithromycin. CXR as heavy smoker and persistnet cough. Review with results. Also was due to have X ray of knee- see previosu consultation - re requested. Analgesia for knee - tramadol and sick line.
Medication	Medication Clarithromycin Tablets 500 mg 14 tablet 1 Tab Twice daily
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE TO BE TAKEN FOUR TIMES A DAY
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Depression and osteoarthritis; Duration: 13/11/2014 - 20/12/2014)*
Social	Current smoker
Read Code	Smoking cessation advice

31-Oct-2014 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment	Comment Sr request - uses the Tramadol sparingly and occasionally - des

22-Oct-2014 Dr Rebecca Brown (RB11876) Barclay Medical PracticeMain Surgery

Comment	Comment Fit note given for 1 month as on-going issues. Will need TMA before next one.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Osteoarthritis & depression; Duration: 16/10/2014 - 13/11/2014)*

13-Oct-2014 Miss Danielle Brown (DB) Barclay Medical PracticeMain Surgery

Comment	Comment Comps slip put in with Diabetic Letter to make an appointment to have diabetic foot check done - dani

02-Oct-2014 Ms Kirsty Donnelly (KIRSTY DON11876) Barclay Medical PracticeMain Surgery

Comment	Comment Verbal consent given v/b to lab,Influ vac administered to L arm side effects explained - Kirsty
Vaccination	Seasonal influenza vaccination *L8206-1 exp 05/2015 L Arm (GMS)*

17-Sept-2014 Dr GP Locumcity (LOC2) General Practice Surgery

Read Code	WML document Menopause - Alternatives to HRT Printed

17-Sept-2014 Dr GP Locumcity (LOC2) General Practice Surgery

Read Code	WML document Menopause and HRT Printed

17-Sept-2014 Dr GP Locumcity (LOC2) General Practice Surgery

Read Code	WML document Menopause and HRT Printed

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17-Sept-2014 Dr GP Locumcity (LOC2) Barclay Medical PracticeMain Surgery

History	Heavy smoker - 20-39 cigs/day has been having problems with a cough for the last 2 months, feels as if there is a coating in the throat and then coughing, no phlegm, worse at night and propping self up on pillows. , no blood, no more SOB than normal, feels as if sand is at the back of her throat, no post nasal drip felt
Examination	Examination sats98 hr 112 throat - erythematous, no cervical LN, chest clear, hs pure
Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE TO BE TAKEN FOUR TIMES A DAY
History	History has been feeling sweaty, moody and feels her moods dipping at the same time every month, sleeping not great, has other things going on in her life but not changed recently, not had period in months but denies any recent sexual contact or chance of pregnancy, ***** went through the menopause at 36, has never had regular periods though. feels that it may be related to change in her hormones, no appetite, no thoughts self harm
History	History came off all medications for knee - starting to get worse - clicking and grinding ++, paracetamol and co-cod not working, pain on walking
Comment	Comment as cough for &gt6weeks - for chest x-ray to ensure no cause for cough, but also restart omeprazole incase related to reflux symptoms and review with results
Comment	Comment discussed that symptoms may be related to menopausal symptoms - suggested a trial of fluoxetine for mood and sweats but not keen for antidepressants, has a family history of breast cancer but not sure that HRT is the answer for her symptoms. Initially check bloods for menopause but also TFT's and Glc - review with results, PIL given on info for Menopause and alternatives to HRT
Examination	Examination not enough time for full examination today - crepitus +++, grinding noise also
Comment	Comment re- xray for worsening degeneration and review with results - A Lochhead

09-Sept-2014 Ms Kirsty Donnelly (KIRSTY DON11876) Barclay Medical PracticeMain Surgery

Comment	Comment Please check Smoking Status on next visit - Kirsty

21-Aug-2014 Dr Maeve MacLeod (2222) Barclay Medical PracticeMain Surgery

History	History SR fit note - says due from today although last line states 3/9/14
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Osteoarthritis and depression; Duration: 21/08/2014 - 16/10/2014)*

03-July-2014 Dr D M Byford (BYFORD_11876) Telephone Consultation

Comment	Comment Med 3 cert is over-due. Situation vis a vis health and social situaion as before. Med 3 issued 2 months.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Depression and osteoarthritis; Duration: 03/07/2014 - 03/09/2014)*

01-May-2014 Dr Fiona Taylor (FIONA_11876) Barclay Medical PracticeMain Surgery

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Depression and OA -; Duration: 22/04/2014 - 23/06/2014)*

28-Apr-2014 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Medication	Medication Fucidin Cream 2 % 15 GRAM APPLY THREE TO FOUR TIMES DAILY

28-Apr-2014 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment	Comment 1. Needs drusg screen - done - these is input drom SW - there are no ongoing drug issues
Comment	Comment 2. minor acne spots - des

THIRD PARTY COPY

28-Apr-2014 Miss Danielle Brown (DB) General Practice Surgery

Result	**(Non Coded Event - Urine Opiates)**:		
	Urine Opiates Negative		(No range available)
Result	**(Non Coded Event - Urine Methadone)**:		
	Urine Methadone Negative		(No range available)
Result	**(Non Coded Event - Ur Creatinine (DOA))**:		
	Urine Creatinine	17.3 mmol/L	(No range available)
Result	**(Non Coded Event - Urine Cocaine)**:		
	Urine Cocaine Negative		(No range available)
Result	**(Non Coded Event - Urine Benzodiazepine)**:		
	Urine Benzodiazepine Negative		(No range available)
Result	**(Non Coded Event - Urine Amphetamines)**:		
	Urine Amphetamines Negative		(No range available)

14-Apr-2014 Mrs Vikki Nicol (VIKKI_11876) Barclay Medical PracticeMain Surgery

History	Rep.presc. monitoring NOS MM LES
Comment	Comment simvastatin and metaformin removed from repeats not requested these in 6 mths

12-Mar-2014 Dr Anna Rex (ANNA) Barclay Medical PracticeMain Surgery

History	History Late for appt. 1. In for sick line. 2. Sore right hip now and wanting x-ray of hip . Seems to be sore lateral hip. Walking ok and is trying to lose weight to help with OA sx. Discussed not sure will add anything and radiation risk to pelvis. States not for benefits reasons. OE Tender lateral hip. Not too sore on rotation. ? more soft tissue. Suggest we can send for x-ray as adament has this done and see as needed in meantime. 3. Has a warty naevus on back - very small and regular outline - suggest wart clinic if wishes removal 4. Rpt tramadol for hip - denies any other drug use. Doesn't seem under influence of anything today
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Depression and osteoarthritis; Duration: 25/02/2014 - 22/04/2014)*

11-Mar-2014 Dr Martin Wilson (0123) Barclay Medical PracticeMain Surgery

History	History Asking for sick notes from 24/11/13 - reissued line from 25/11/13- if further lines required needs to attend for assessment.

26-Feb-2014 Dr Anna Rex (ANNA) Barclay Medical PracticeMain Surgery

History	History FAILED TO ATTEND APPOINTMENT

24-Feb-2014 Dr Anna Rex (ANNA) Barclay Medical PracticeMain Surgery

Comment	Comment SR - allow (note below - last got 30 12/2/14) and asked tma to discuss
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

21-Feb-2014 Dr Martin Wilson (0123) Barclay Medical PracticeMain Surgery

History	History TC from social worker ***** - note HV reported that she suspect Carol to be under influence of drugs - socail work have spoken to local addictions team who are going to do urine drug test - they have asked what meds she is on. Confirmed on tramadol. Situation with ***** ***** being monitored.

13-Feb-2014 Dr Solange Lawrence (1000) Barclay Medical PracticeMain Surgery

History	History issues with getting money since uagust depsite handing in med3 - has a ***** officer who ahs advised needs med 3 from august - issued duplicates of lines from sept till nov but cant find anything in notes from beforehand - med 3 issued from 25/11 till 20th feb OA and depression to cover her for the last 3 mths. sl
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: depression and osteoarthritis; Duration: 25/11/2013 - 25/02/2014)*

12-Feb-2014 Dr D M Byford (BYFORD_11876) Acute Scripts

Comment	Comment SR - tramadol.

09-Dec-2013 Dr Maeve MacLeod (2222) Barclay Medical PracticeMain Surgery

Comment	Comment SR tramadol.

THIRD PARTY COPY

27-Nov-2013 Dr Martin Wilson (0123) Barclay Medical PracticeMain Surgery

History	History Flare or right knee pain - didn;t fall but felt she twisted it and ***** stood on ankle. Says no swelling, just pain but managiung to weight bear and flex/ extend knee. Offered appt but prefers to try analgesia. Advised ICE also and keeping joint active, if any ongoing problems will attend surgery for assessment.

23-Oct-2013 Dr Noreen Haggerty (HAGGERTY_11876) Barclay Medical PracticeMain Surgery

History	History med cert requested and issued as before .
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: depression and arthritis; Duration: 14/10/2013 - 25/11/2013)*

04-Oct-2013 Dr Solange Lawrence (1000) Barclay Medical PracticeMain Surgery

History	History sr- tramadol - takes for oa knee.sl
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

23-Sept-2013 Dr A McDonald (ALISON_11876) Barclay Medical PracticeMain Surgery

History	History Heavy PV bleeding ongoing since wed- offered appt to come today but cant get down- Appt made for tomorrow. STRONG WA. AMcD

23-Sept-2013 Dr A McDonald (ALISON_11876) Barclay Medical PracticeMain Surgery

History	History SR- tramadol- being seen tomorrow AMcD

06-Sept-2013 Mrs Karen Dougal (KAREN_11876) Barclay Medical PracticeMain Surgery

Examination	Systolic blood pressure	118 mm Hg
Examination	Diastolic blood pressure	70 mm Hg
Comment	Comment Came for renewal of implant Has had current implant in situ for 10yrs! Not SA at present but has a new *****. Implant removed and Nexplanon inserted Left upper arm Lot 421827/416119 exp 11/17 Lignocaine 1% 5mls lot 212503 exp exp 03/15. Implant palpated following insertion. Aware not effective for 7 days Bleeding issueds discussed	
Read Code	Removal of etonogestrel radiopaque contraceptive implant	
Read Code	Insertion of etonogestrel radiopaque contraceptive implant	

02-Sept-2013 Dr D M Byford (BYFORD_11876) Barclay Medical PracticeMain Surgery

History	History In hospital last week with abdo pain - now on pantoprazole instead of omeprazole - says working well. Has also stopped her suboxon without difficulty - feels completely drug-free.
Comment	Comment Patoprazole issued. med 3 issued.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: depression, arthritis of knees; Duration: 02/09/2013 - 14/10/2013)*

29-Aug-2013 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment	Comment PLEASE NOTE THAT HAS STOPPED ALL HER MEDICATION NO LONGER ON SUBOXONE - DES

28-Aug-2013 Dr Maeve MacLeod (2222) Barclay Medical PracticeMain Surgery

Comment	Comment SR tramadol - script for 30 issued.

28-Aug-2013 Mrs Vikki Nicol (VIKKI_11876) Data Entry

Comment	Comment suboxone script from 01/08 was not collected , Carol is no longer taking this and is doing good - so px destroyed - vikki

19-Aug-2013 Dr Anna Rex (ANNA) Barclay Medical PracticeMain Surgery

History	History See d/c letter - ?? Why switched to pantoprazole - suggest we review this when next asks for as not second line after omeprazole. Only other new medication is lactulose but may need reviewed so not added to rpts yet.

13-Aug-2013 Dr Fiona Taylor (FIONA_11876) Data Entry

Comment	Comment please encourage to attend colposcopy

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30-July-2013 Dr Anna Rex (ANNA) Barclay Medical PracticeMain Surgery

Comment	Comment SR	
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 100 capsule ONE TO BE TAKEN FOUR TIMES A DAY	

24-July-2013 Dr Katie O'Neill (KATO) Barclay Medical PracticeMain Surgery

Problem	Problem 2 days cough. Green spit, no blood, foamy. No pain. Tightness lower central chest, non radiating and anxious ++ ***** staying at the mo and has pneumonia. PMH 'clots in lungs'. Also episode of diarrhoea last night. Wonders if could get inhaler (her ***** had this plus steroids).	
Comment	Comment Asked to attend 1500 for rv.	

24-July-2013 Dr Katie O'Neill (KATO) Barclay Medical PracticeMain Surgery

Examination	Examination Increased BMI, looks hot/red in face, sweaty. T37.4, Chest - harsh BS anteriorly but R=L, good a/e throughout R=L. RR12, sats 98% in air. HR 100bpm. BP 124/84. No calf swelling/tenderness.	
Comment	Comment Imp: history sounds more like infection. Pt herself says very different from when had clots where she had pleuritic pain. Given course of abx but VERY CLEAR worsening advice ie chest pain, feeling faint, swelling in legs, haemoptysis - should prompt contact with GP/NHS 24.	

22-July-2013 Mrs Siobhan McCarron (SM) Barclay Medical PracticeMain Surgery

Comment	Comment Carol didn't attend to collect prescription 18.7.13, so cancelled off system and script destroyed SMc	

10-July-2013 Dr D M Byford (BYFORD_11876) Barclay Medical PracticeMain Surgery

Comment	Comment TRy naproxen. On PPI already. Will contact physios.	
Medication	Medication Peptac Liquid (aniseed) 500 ML 10-20MLS AFTER MEALS AND AT BEDTIME	
Medication	Medication Naproxen Tablets 500 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY	
History	History Recent XR showed moderate OA changes right knee. Getting a fair bit of pain and locking. Has continued to lose weight by dieting. Takimg tramadol but not very effective and has tried brufen/cocodamol.	
Examination	O/E - height	157 cm
Examination	O/E - weight	118 Kg
Examination	Ideal Weight	56.69 Kg

04-July-2013 Dr Lynda Newland (LN) Acute Scripts

Comment	Comment SR subuxone. (as per Elaine)	

04-July-2013 Ms Elaine McIntyre (1010) Barclay Medical PracticeMain Surgery

Comment	Comment Carol still doing well and no problems with suboxone dose. Also started to diet again very positive in mood. No change to prescription issued x 14 days Elaine.	

27-Jun-2013 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment	Comment Doing well - currently on 8mg which is holding her - discussed optiosn - request split as scholl holidays - OK - see next week with elaine - DES	

20-Jun-2013 Mrs Siobhan McCarron (SM) Barclay Medical PracticeMain Surgery

Comment	Comment Carol attended clinic as arranged adamant that she wants to change to suboxone. Seen by GP and me and given 25mls x3 days and statr suboxone on Monday. Elaine	

20-Jun-2013 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment	Comment Long discussed re switch to suboxone - I think if this what she wanst to do we shoulkd supoport her in this - reduce to 25ml over weekend and stop on Sunday and then 8mg of the suboxone - des	

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11-Jun-2013 Dr Lynda Newland (LN) Barclay Medical PracticeMain Surgery

History	History Severe pain in right knee. Gave way last week.
Comment	Comment For physio and weight loss. Has lost 6 lb.
Medication	Medication Peptac Liquid (aniseed) 500 ML 10-20MLS AFTER MEALS AND AT BEDTIME
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

05-Jun-2013 Mrs Joanne Evans (JOANNE_11876) General Practice Surgery

Comment	Cervical smear - suspend recall Exclusion From SCCRS Until 05/12/2013. Reason: At Colposcopy

05-Jun-2013 Mrs Joanne Evans (JOANNE_11876) General Practice Surgery

Comment	Cervical smear - suspend recall Exclusion From SCCRS Until 05/12/2013. Reason: At Colposcopy

30-May-2013 Dr Ruth Gibson (RGIB) Barclay Medical PracticeMain Surgery

History	History sr- tramadol. note previous comments- TMA

30-May-2013 Dr D M Byford (BYFORD_11876) Barclay Medical PracticeMain Surgery

History	History Discussed tramadol use - takes for pain in right hip/lower back. Has tried to use milder analgesics but not helpful.
Comment	Comment Does not seem to be over-using and only gets 30 at a time,so allow to continue.
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED
Medication	Medication Peptac Liquid (aniseed) 500 ML 10-20MLS AFTER MEALS AND AT BEDTIME
Social	Current smoker
Read Code	Smoking cessation advice

23-May-2013 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment	Comment SR allowed - des

13-May-2013 Dr Lynda Newland (LN) Acute Scripts

Comment	Comment SR. TMA for next script.
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

07-May-2013 Dr Fiona Taylor (FIONA_11876) Barclay Medical PracticeMain Surgery

Comment	Comment Please discuss tramadol use/ need at next visit. Started in hospital when admitted with ? pancreatitis in Aug 2012 but ? any ongoing need.

25-Apr-2013 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment	Comment Carol attended clinic as arranged self reports no illicit drug use and coping well with family. Carol also would like to explore the option os suboxone will discuss with Des. No changes to prx issued x 28 days Elaine.

25-Apr-2013 Dr D M Byford (BYFORD_11876) Telephone Consultation

Problem	MED3 issued to patient
History	History Med cert needs renewed.
Comment	Comment Med 3 issued - 8 weeks - anxiety state.

23-Apr-2013 Dr A McDonald (ALISON_11876) Barclay Medical PracticeMain Surgery

History	History Flu type symptoms- with pounding headache- pyrexial at 38.2. no red flags- discussed most likely viral and supportive measures in first instance but strong WA and review as needed.AMcD
Medication	Medication Ibuprofen Tablets 400 mg 24 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD
Medication	Medication Paracetamol Tablets 500 mg 32 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Social	Current smoker
Read Code	Smoking cessation advice

17-Apr-2013 Dr D M Byford (BYFORD_11876) Acute Scripts

Comment	Comment SR - tramadol. As before.

THIRD PARTY COPY

08-Apr-2013 Mrs Joanne Evans (JOANNE_11876) General Practice Surgery

Result	**Cervical Cytology**: Cervical smear:inadequate spec 3 months - UNSATISFACTORY due to insufficient cellular content	(No range available)

04-Apr-2013 Mrs Vikki Nicol (VIKKI_11876) Data Entry

Comment	Comment NEEDS URINE DRUG SCREEN - VIKKI

02-Apr-2013 Mrs Siobhan McCarron (SM) Barclay Medical PracticeMain Surgery

Comment	Comment DNAd RETINAL SCREENING! SMc

28-Mar-2013 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment	Comment Carol attended clinic as arranged self reports no illicit drug use no change in presentation. Carol ***** to have C/P pre-birth meeting Carol not concerned in regards to this. No changes to prx issued x 14 days Elaine.

27-Mar-2013 Dr Fiona Taylor (FIONA_11876) Barclay Medical PracticeMain Surgery

Comment	Comment Freq and dysuria and PUing "grit". Unable to provide sample so Rx as prev. Alsod eafulted from colposcopy in 2010 and prev ***** lll so refer colposcopy again (does not feel able to be seen here in surgery due to pain)
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 100 capsule ONE TO BE TAKEN FOUR TIMES A DAY
New Referral	New Referral 8H...: Referral for further care (SCI Gateway Referral)

13-Mar-2013 Dr Fiona Taylor (FIONA_11876) Barclay Medical PracticeMain Surgery

Comment	Comment Few day Hx feeling terrible - seedy and lightheaded, urinary freq++ and poor sleep. O/E temp 36.8, clammy, o2 sat 98%, pr 88 reg chest clear. Pain across both loins. BM 10.3, unable to PU as just been. Allergic to penicillin so Rx cipro as empiric for ? UTI and clear worsening statement, review if concerns. Very haphazard with diabetic meds and antidep - discussed
Medication	Medication Ciprofloxacin Tablets 500 mg 10 tablet ONE TO BE TAKEN TWICE A DAY

28-Feb-2013 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment	Comment Carol attended clinic as arranged self reports no illicit drug use and stabil on prescription - presentation consistent. Carol no longer involved with C/F SW, but will request support if required. Due to family commitments Carol has requested 28 day prescription I have no issues with this Des not available, but will be requested from Dr Byford. Also request repeat prx for pain and antacid. Elaine.

28-Feb-2013 Dr D M Byford (BYFORD_11876) Data Entry

Comment	Comment Methadone changed to 28 day script - same dispensing arrangements - as per Elaine from CAT. SR - tramadol. OK.

15-Feb-2013 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment	Comment TOLD THAT SHE MUST COME TO THE CLINIC !!!! Des

22-Jan-2013 Dr Lynda Newland (LN) Barclay Medical PracticeMain Surgery

History	History Anxious. not sleeping - wakes up.
Examination	Examination Tearful.
Social	Social Lives with 5 ***** and 1 *****. ***** ***** is pregnant with her 2nd child (1st is 18/12) and this ***** ***** is alcoholic so the 2 of them ended up in jail!.
Comment	Comment Restart sertraline at her request. For brisk walks. review 3/52 or earlier if distressed by lack of sleep. To make an appointment for smear.
Medication	Medication Peptac Liquid (aniseed) 500 ML 10-20MLS AFTER MEALS AND AT BEDTIME
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 112 CAPSULE ONE CAP TWICE DAILY

THIRD PARTY COPY

11-Jan-2013 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment Comment Given a weeks script dtaed for toady - so should be baxck at the clinic next week - des

07-Jan-2013 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment Comment SW the pharamcy cancell all out standing scripts and return on Thursday to sort the script out - des

04-Jan-2013 Dr Jon Meredith (JON_11876) Barclay Medical PracticeMain Surgery

Comment Comment rx handwritten to allow dose for today to be dispensed today before reverting to normal as missed clinic jon

04-Jan-2013 Dr D M Byford (BYFORD_11876) Barclay Medical PracticeMain Surgery

History Comment Constant pain across front of chest for past three days - like someone crushing her. Started when she woke up on new year's morning. Has had a slight tickly cough but feels well otherwise and pain is not aggravated by exertion. Does not feel short of breath. No similar pains in past and no history of exertional chest pain.

Examination Comment Walked in normally, looks well, Pulse 100SR. HS normal, chest clear clinically. BP 122/84.

Comment Comment Discussed - my feeling is that IHD extremely unlikely given the fact that it has been constant for three days and she looks so well. Offered to send her to A & E for ECG/troponin - declined - feels not necessary. Will see how things go over next few days and report back as reqd. Worsening advice. Rpt tramadol as before (for back).

04-Jan-2013 Dr D M Byford (BYFORD_11876) Barclay Medical PracticeMain Surgery

History Comment Came back to request med 3 dated from 12 May 12. Unable to see record of her having been given med 3s after Dec 11 - may have been given but omitted to record.

Comment Comment Med 3 issued for 8 weeks - anxiety state. Back dated to 12 May.

20-Dec-2012 Dr Lynda Newland (LN) Barclay Medical PracticeMain Surgery

Comment Comment DNA

06-Dec-2012 Mrs Siobhan McCarron (SM) Barclay Medical PracticeMain Surgery

Comment Comment Carol attended self reports no illicit drug use and doing well reports to have lost weight for diabetes purpose and cut our fizzy juice. No prescription available requested with no changes Elaine.

27-Nov-2012 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment Comment has this ongoing pain - worroed ***** be "bone cancer" like her ***** - explored this - will check blods strongly reassaured - see use of tramadol - advice here - des

27-Nov-2012 Mrs Lynne Fyfe (LF) General Practice Surgery

Result **Plasma C reactive protein**:

C-reactive Protein	19 mg/L	(No range available)

Result **Bone profile**:

Phosphate NA		(No range available)
Calcium (adjusted)	2.45 mmol/L	(Range: 2.1 - 2.6)
Calcium	2.38 mmol/L	(No range available)
Albumin	39 g/L	(Range: 32 - 45)
Alkaline Phosphatase	107 U/L	(Range: 40 - 150)

THIRD PARTY COPY

27-Nov-2012 Mrs Lynne Fyfe (LF) General Practice Surgery

Result	**Erythrocyte sedimentation rate**:		
	ESR NA		(No range available)
Result	**Full blood count - FBC**:		
	Basophils	0.08 10^9/L	(Range: 0.01 - 0.1)
	Eosinophils	0.14 10^9/L	(Range: 0.04 - 0.4)
	Monocytes	0.4 10^9/L	(Range: 0.2 - 0.8)
	Lymphocytes	2.5 10^9/L	(Range: 1.5 - 4)
	Neutrophils	6.3 10^9/L	(Range: 2 - 7.5)
	Platelets	162 10^9/L	(Range: 150 - 400)
	RDW	13.3 %	(Range: 11.5 - 14.5)
	MCH	30.6 pg	(Range: 27 - 32)
	MCV	92.2 fL	(Range: 78 - 99)
	Haematocrit	**0.485 L/L**	**(Range: 0.37 - 0.47)**
	HAEMOGLOBIN	161 g/l	(Range: 115 - 165)
	Red Cell Count	5.26 10^12/L	(Range: 3.8 - 5.8)
	White Cell Count	9.4 10^9/L	(Range: 4 - 11)

20-Nov-2012 Dr Lynsey Webster (1234) Barclay Medical PracticeMain Surgery

Comment	Comment SR tramadol. claiming that she cleared out drug cabinet and returned painkillers to pharmacy. Note prescription for 100 tramadol tablets on 08/11/12. Note on methadone therefore need to be careful with opiate prescription. TMA for review first.

08-Nov-2012 Dr D M Byford (BYFORD_11876) Barclay Medical PracticeMain Surgery

History	History Chronic lower lumbar pain left side. Worse recently - thinks colder damper weather may be a factor but worried because her ***** died of bone cancer. Description is suggestive of degenerative lower back pain. Some radiation down buttock to thigh but no red flags.
Comment	Comment Arrange bloods but reassured likely to be normal. Rpt tramadol as this helps the pain.
Read Code	Medication review
Vaccination	Seasonal influenza vaccination (Left arm) *Batch No A05 Expiry 05/13*
Vaccination	Consent given for seasonal influenza vaccination

08-Nov-2012 Mrs Siobhan McCarron (SM) General Practice Surgery

Result	**(Non Coded Event - Urine Opiates)**:		
	Urine Opiates Negative		(No range available)
Result	**(Non Coded Event - Urine Methadone)**:		
	Urine Methadone Positive		(No range available)
Result	**(Non Coded Event - Ur Creatinine (DOA))**:		
	Urine Creatinine	25.3 mmol/L	(No range available)
Result	**(Non Coded Event - Urine Cocaine)**:		
	Urine Cocaine Negative		(No range available)
Result	**(Non Coded Event - Urine Benzodiazepine)**:		
	Urine Benzodiazepine Positive		(No range available)
Result	**(Non Coded Event - Urine Amphetamines)**:		
	Urine Amphetamines Negative		(No range available)

05-Nov-2012 Sister Joan Kennedy (JOAN_11876) Barclay Medical PracticeMain Surgery

History	Rep.presc. monitoring NOS MM LES
History	Equivalent quantities for all medication checked MM LES

25-Oct-2012 Mrs Siobhan McCarron (SM) Barclay Medical PracticeMain Surgery

Comment	Comment Carol attended clinic self reports no illicit drug use, but taking co-codomol and heat rub for her back. Carol coping well at hope with minimum SW input. No issues or changes with prexcription Elaine.

23-Oct-2012 Dr Anna Rex (ANNA) Barclay Medical PracticeMain Surgery

History	History TC-unable to come down as still in her bed with back pain-wants methadone released to ***** ***** - ok will ask pharmacy but this is not to happen regularly. AS

22-Oct-2012 Dr Anna Rex (ANNA) Barclay Medical PracticeMain Surgery

History	History TC-was lifting box of irn bru at weekend when felt back going into spasm. Using co-codamol for chemist but wants something stronger. No red flags. Bowels and bladder ok. No numbness or weakness. mobilising well. Suggest be seen today but can't make down-given appt for tomorrow and add in NSAID rub in meantime. Watch opiates here-appt given tomorrow and suggest physio at this point if not settling
Medication	Medication Ibuprofen Gel 10 % 50 gram Apply 3 times daily

THIRD PARTY COPY

11-Oct-2012 Mrs Siobhan McCarron (SM) Barclay Medical PracticeMain Surgery

09-Oct-2012 Dr Anna Rex (ANNA) Barclay Medical PracticeMain Surgery

History — History SR-tramadol-unsure why using this-given in hospital for altered bowel habit ? suggest make appt-is using infreq but need to know why on. AS

19-Sept-2012 Dr GP Locummhc (LOC1) Data Entry

History — History SR for tramadol and gaviscon - note on peptact on repeats so this was issued instead. If worsening symptoms or wishes to discuss -TMA. MW GP locum.

19-Sept-2012 Dr Lynda Newland (LN) Acute Scripts

Comment — Comment SR migraine tabs. What tabs does she mean?

17-Sept-2012 Sister Joan Kennedy (JOAN_11876) Barclay Medical PracticeMain Surgery

Social — DNA - Did not attend diabetic clinic

13-Sept-2012 Mrs Siobhan McCarron (SM) Barclay Medical PracticeMain Surgery

Comment — Comment Carol attended clinic looking well self reports no issues with illicit drugs Discussion in regards to Carol wanting to reduce methadone in the new year. Carol starting she is feeling good and is now also attending group twice a week for support for herself and enjoying this. No prescription and will call back pm when Des is back Elaine.

06-Sept-2012 Nurse Kelly Walker (KELLY_11876) Barclay Medical PracticeMain Surgery

Comment — Comment Was booked for a keep well appt but is diabetic and does not qualify for this. Made appt for diabetic clinic on mon 17/9. Struggled to get blood....small amount for glucose but can try again at DM clinic. Admits to not taking her meds in the past but realises that without them she will get unwell.

06-Sept-2012 Miss Danielle Brown (DB) General Practice Surgery

Result — **Plasma glucose level**:
Glucose NA (No range available)

30-Aug-2012 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment — Comment Unnable to come ndown recently in hospital - discussed thsio - on this occasiona will relaese to her ***** *****- alos givena small anount of tramadol as had in the hospital - des

Medication — Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule ONE TO BE TAKEN FOUR TIMES A DAY

29-Aug-2012 Dr Des Spence (SPENCE_11876) Acute Scripts

Comment — Comment Not been taking her diabetic meds but restarted in hospital - needs tma to discuss as also asking for more tramadol but no clear reason for ongoing need. Given metformin and simvastatin. FT

22-Aug-2012 Dr Fiona Taylor (FIONA_11876) Barclay Medical PracticeMain Surgery

Comment — Comment Epigastric pain++ assoc with nausea. O/E pr 92 reg, abd soft but v tender ? pancraetatis. Refer surgeons

19-July-2012 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment — Comment has Benign cranial hypertension - can't finfd the read code - explored this flare of symptoms again - responded well to Diamox in the past - see rx - I will review nexrt week - nil in the fundi - bp ok - des

Medication — Medication Diamox Tablets 250 mg 56 tablet 1 Tab Twice daily

Medication — Medication Lotriderm Cream 30 gram APPLY TWICE A DAY

THIRD PARTY COPY

19-July-2012 Mrs Siobhan McCarron (SM) General Practice Surgery

Result	**(Non Coded Event - Amphet. Confirmation)**:		
	Urine Creatinine	20.9 mmol/L	(No range available)
	Ur T/cyclic Antideps		(No range available)
	Urine Buprenorphine		(No range available)
	Urine Barbiturates		(No range available)
	Urine Alcohol		(No range available)
	Urine Cannabinoids		(No range available)
	Urine Opiates Negative		(No range available)
	Urine Methadone Positive		(No range available)
	Urine Cocaine Negative		(No range available)
	Urine Benzodiazepine Negative		(No range available)
	Urine Amphetamines Positive		(No range available)
	Amphet. Confirmation Positive		(No range available)
Result	**(Non Coded Event - Urine Opiates)**:		
	Urine Opiates Negative		(No range available)
Result	**(Non Coded Event - Urine Methadone)**:		
	Urine Methadone Positive		(No range available)
Result	**(Non Coded Event - Ur Creatinine (DOA))**:		
	Urine Creatinine	20.9 mmol/L	(No range available)
Result	**(Non Coded Event - Urine Cocaine)**:		
	Urine Cocaine Negative		(No range available)
Result	**(Non Coded Event - Urine Benzodiazepine)**:		
	Urine Benzodiazepine Negative		(No range available)
Result	**(Non Coded Event - Urine Amphetamines)**:		
	Urine Amphetamines To Follow		(No range available)

14-July-2012 Mrs Joanne Evans (JOANNE_11876) General Practice Surgery

Comment Cervical smear defaulter Exclusion From SCCRS Until 14/04/2014. Reason: Defaulter

05-July-2012 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment Comment Carol attended clinic as arranged and self reports no illicit drug use. Struggling with stress relating to *****, but is going to join group to stop social isolation and obtain adult company. No changes or issues with prescription issued x 14 days Elaine.

02-July-2012 Dr A McDonald (ALISON_11876) Acute Scripts

History History SR- AMT- pharmacy request for 7 days as emergency supply.AMcD

24-May-2012 Dr D M Byford (BYFORD_11876) Barclay Medical PracticeMain Surgery

Comment Comment Rpt methadone x 14 days. Carol missed her appointment earlier today with Elaine - family illness. Will attend in two weeks' time.

26-Apr-2012 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment Comment Carol attended clinic as arranged and self reports no illicit drug use. Recent problem with her ***** *****, but has resolved now. Carol advised that she is at times taking more amitriptylene at night 4 tabs instead of 2 tabs as she cannot sleep - advised she would need to make appt to see GP in regards reviewing this. No changes or issues with methadone prescription issued x 14 days Elaine.

23-Apr-2012 Dr D M Byford (BYFORD_11876) Acute Scripts

Comment Comment SR - amitriptylene.

04-Apr-2012 Dr Noreen Haggerty (HAGGERTY_11876) Barclay Medical PracticeMain Surgery

History History SR- amitriptyline

23-Mar-2012 Dr Anna Rex (ANNA) Barclay Medical PracticeMain Surgery

Comment Comment SR-amitrip AS

19-Mar-2012 Mrs Siobhan McCarron (SM) Data Entry

Comment Comment DNAd Annual Diabetic Appnt, therefore no podiatry assessment done so far SMc

THIRD PARTY COPY

01-Mar-2012 Miss Danielle Brown (DB) General Practice Surgery

Result	**Urine opiates screening test**:		
	U Opiates Negative		(No range available)
Result	**Urine methadone**:		
	U Methadone Positive		(No range available)
Result	**Urine creatinine**:		
	U Creatinine	19 mmol/L	(No range available)
Result	**Urine cocaine**:		
	U Cocaine Negative		(No range available)
Result	**Urine benzodiazepine**:		
	U Benzodiazepines Negative		(No range available)
Result	**Urine amphetamine screening test**:		
	U Amphetamines Negative		(No range available)

29-Feb-2012 Dr D M Byford (BYFORD_11876) Barclay Medical PracticeMain Surgery

History	History Vague discomfort/swelling upper abdo area intermittently for some time. Suffers from frequent loose stools for severalmonths. Says no longer taking metformin as was suppressing her appetite.
Examination	Examination Abdo NAD.
Comment	Comment Trial of mebeverine - ? IBS - then review.
Medication	Medication Mebeverine Hydrochloride Tablets 135 mg 30 tablet ONE TO BE TAKEN THREE TIMES A DAY 20-30 MINS BEFORE MEALS
Social	Current smoker
Read Code	Smoking cessation advice

20-Feb-2012 Dr Solange Lawrence (1000) Barclay Medical PracticeMain Surgery

History	History SR: amitryptilline. sl

16-Feb-2012 Mrs Siobhan McCarron (SM) Barclay Medical PracticeMain Surgery

Comment	Comment Carol attended presnetation good self reports no illict drug use still seeing addiction children/families worker. Prescription issued x 14 days. Elaine

02-Feb-2012 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment	Comment Carol attended clinic as arranged and self no reports no illicit drug use presented well no issues in regards to prescription and issued for 14 days Elaine.

30-Jan-2012 Dr D M Byford (BYFORD_11876) Acute Scripts

Comment	Comment SR - gaviscon advance - has had this from us before but preferred choice is peptac so try with this - explanation attached to script.

12-Jan-2012 Dr D M Byford (BYFORD_11876) Barclay Medical PracticeMain Surgery

History	History Reports anxiety symptoms fpr some time despite amitriptylene at 30mg nocte. *****	
Examination	O/E - height	157 cm
Examination	O/E - weight	135 Kg
Comment	Comment Stop AMT and try sertraline 50mg daily for a month, then review. Weight = 135kg - wishes to re-start orlistat. Not had for several months and now concentrating on diet. Also has diabetes. Restart orlistat.	
Medication	Medication Sertraline Hydrochloride Tablets 50 mg 28 TABLET ONE TO BE TAKEN EACH DAY	
Read Code	Depression screening using questions	

05-Jan-2012 Sister Joan Kennedy (JOAN_11876) Barclay Medical PracticeMain Surgery

22-Dec-2011	Result	Urine microalbumin negative

05-Jan-2012 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment	Comment SR allowed - DES

05-Jan-2012 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment	Comment SR allowed - DEs

THIRD PARTY COPY

22-Dec-2011 Sister Joan Kennedy (JOAN_11876) Barclay Medical PracticeMain Surgery

	Vaccination	Influenza vaccination *110202 exp04/2012 L deltoid im. (GMS)*	
	Vaccination	Pneumococcal vaccination *G007722 EXP 07/2012 r DELTOID IM. (GMS)*	
	History	Number of portions of fruit and vegetables daily	5 /day
	Social	Thinking about stopping smoking	
	Social	Current smoker	
	Social	Cigarette consumption	20 cigs/day
	Social	Tobacco consumption	20
	Social	Patient initiated diet NOS	2
	Social	Exercise grading, 0	
	Social	Exercise grading NOS	1
	Social	Declined referral to physical exercise programme	
	Read Code	Follow-up diabetic assessment	
	Read Code	Interpreter not needed	
	Read Code	Smoking cessation advice	
	Read Code	Refuses stop smoking monitor	
	Read Code	Health ed. - diet	
	Read Code	Health ed. - exercise	
	History	Polyuria	
	Examination	O/E - height	157 cm
	Examination	O/E - weight	136 Kg
	Examination	Body Mass Index	55.17
	Examination	Diastolic blood pressure	80 mm Hg
	Examination	Systolic blood pressure	130 mm Hg
	Examination	O/E - pulse rhythm regular	
	Examination	O/E - pulse rate NOS	72
	Examination	Referral to DESMOND diabetes structured education programme	1
	Comment	Comment initial diabetic assessment bloods confirm is Type 2 diabetic. Says has changed her diet use to drink a lot of ginger. Desperate to have medication to help her not happy that I was sending away for 3 months on diet alone. Commenced metformin 500mgs 1 daily.Will discuss weight management & smoking next visit.	
	Read Code	[D]Polydipsia	
	Read Code	Advice about weight	
12-Dec-2011	Result	Plasma fasting glucose level	9.1 mmol/l
25-Nov-2011	Result	Plasma random glucose level	8.9 mmol/L

22-Dec-2011 Dr D M Byford (BYFORD_11876) Telephone Consultation

	Comment	Comment Has long standing IBS type symptoms Looking for something for the pain. Describes colicky type pain followed by loose motions. Suggest trial of buscopan. Also says her nerves are bad just now - anxious/jittery. On AMT nocte. Advised leave tackling this till after festive season.

22-Dec-2011 Mrs Siobhan McCarron (SM) General Practice Surgery

	Result	**Urine microalbumin**:		
		U Prot/Creat Ratio	12 mg/mmol	(No range available)
		24h U Creatinine NA		(No range available)
		24h U Protein NA		(No range available)
		U Alb/Creat Ratio	1 mg/mmol	(No range available)
		Volume (ml) NA		(No range available)
		U Protein	0.3 g/L	(No range available)
		U Creatinine	25.9	(No range available)
		U Albumin	27 mg/L	(No range available)

12-Dec-2011 Sister Joan Kennedy (JOAN_11876) Barclay Medical PracticeMain Surgery

	Comment	Comment Fasting bloods taken along with HBA1c. Await results appt given.Reminded re Keep well cosnsult.

12-Dec-2011 Dr Noreen Haggerty (HAGGERTY_11876) Data Entry

	History	History Repeat med cert as per Des- 8 weeks- anxiety.

12-Dec-2011 Mrs Frances Hair (FRANCES_11876) General Practice Surgery

	Result	**Hb. A1C - diabetic control**:		
		IFCC HbA1c	**63 mmol/mol**	**(Range: 20 - 42)**
		DCCT HbA1c	**7.9 %**	**(Range: 4 - 5.9)**

THIRD PARTY COPY

12-Dec-2011 Mrs Frances Hair (FRANCES_11876) General Practice Surgery

Result	**Thyroid function test**:		
	Free T4	15 pmol/L	(Range: 9 - 21)
	TSH	4.4 mu/L	(Range: 0.35 - 5)
Result	**Serum lipids**:		
	Chol/HDL Ratio	7.5	(No range available)
	LDL Cholesterol		(No range available)
	HDL Cholesterol	0.72 mmol/L	(No range available)
	Triglycerides	3.69 mmol/L	(No range available)
	Cholesterol	5.4 mmol/L	(No range available)
Result	**Liver function test**:		
	Globulins	28 g/L	(Range: 23 - 38)
	Albumin	33 g/L	(Range: 32 - 45)
	Total Protein	61 g/L	(Range: 60 - 80)
	Alkaline Phosphatase	109 U/L	(Range: 40 - 150)
	Gamma-GT	76 U/L	(No range available)
	Alanine Transaminase	47 U/L	(No range available)
	Aspartate Transamina	31 U/L	(No range available)
	Total Bilirubin	6 umol/L	(No range available)
Result	**Plasma glucose level**:		
	Glucose	**9.1 mmol/L**	**(Range: 3.5 - 5.5)**
Result	**Urea and electrolytes**:		
	Estimated GFR > 60		(No range available)
	Creatinine	61 umol/L	(Range: 40 - 130)
	Urea	**2 mmol/L**	**(Range: 2.5 - 7.5)**
	Chloride	103 mmol/L	(Range: 98 - 108)
	Potassium	3.8 mmol/L	(Range: 3.5 - 5)
	Sodium	139 mmol/L	(Range: 135 - 145)

08-Dec-2011 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment Comment Split have discussed - will try 3 spits a week - DEs

08-Dec-2011 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment Comment Carol attended and self reports no illict drug use and presented well. Discussion with addiction children/families worker who advised that Carol struggles to get to chemist every day has no issues regarding risk, locked storage and addiction worker will increase home visits. Discussed with Des request for take home Carol now given split prescription no other issues.

25-Nov-2011 Sister Joan Kennedy (JOAN_11876) Barclay Medical PracticeMain Surgery

Comment Comment Fasting glucose taken. To return 2 weeks for s2nd fasting glucose along with other routine bloods. Alert TMA Keep well clinic.Patient says will make.

25-Nov-2011 Mrs Michelle Gemmell (MG) General Practice Surgery

Result	**Plasma glucose level**:		
	Glucose	**8.9 mmol/L**	**(Range: 3.5 - 5.5)**

24-Nov-2011 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment Comment Carol attended clinic as arranged and self reports no illicit drug use - urine screen taken. Carol requested take home because she is unwell at times and cannot make the chemist - phoned chemist who confirmed that Carol had missed 21-11 and 23-11 dose. Carol has 5 ***** plus ***** at home tried to contact children and families addiction worker to see if secure storage as Carol self reports worker not available. Advised Carol that I would ask GP and it would be his decision. Prx left with Vicki. Discussed DNA keep well appointment Carol advised that she would be making appointment with GP.

24-Nov-2011 Dr Lynda Newland (LN) Barclay Medical PracticeMain Surgery

History History Apparently told had high blood sugar when attending OOH.
Comment Comment Was 10.8 as per disharge letter. Fo fasting blood sugar tomorrrow and then review.

THIRD PARTY COPY

24-Nov-2011 Mrs Michelle Gemmell (MG) General Practice Surgery

Result	**Urine opiates screening test**:		
	U Opiates Negative		(No range available)
Result	**Urine methadone**:		
	U Methadone Positive		(No range available)
Result	**Urine creatinine**:		
	U Creatinine	25.5 mmol/L	(No range available)
Result	**Urine cocaine**:		
	U Cocaine Negative		(No range available)
Result	**Urine benzodiazepine**:		
	U Benzodiazepines Positive		(No range available)
Result	**Urine amphetamine screening test**:		
	U Amphetamines Negative		(No range available)

17-Nov-2011 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment Comment SR allowed - DES

20-Oct-2011 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment Comment Carol attended Clinic, presented well, she was discussing reducing her daily dose but may wait until after tne festive period, writer discussed coping strategies for various high risk situations, Carol appears to have thought long and hard about making this decision, she also stated that if she doesn't feel like reducing at the time she's planned then she's comfotable to acknowledge this an wait. Carol also asked if she could get a longer PX, she has her ***** back in the house and her *****, she seems to be kept busy and occupied with all their needs and wants. PX given for 3weeks to slot in to Elaine's week, Carol OK with this.

14-Oct-2011 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment Comment has been put off ejher benefits - nad ahs housing arrears - discussed optiosn request backed dated line - OK - Anxiety from 20/6/11 till 14 /10/11 then 2 months from there - DES

06-Oct-2011 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment Comment Carol attended clinic, reports no drug use, she informs that she is having headaches more frequently, has Dr appointment tomorrow, she also reports that she has no more legal issues pending and is happy about this, states that she is feeling a bit stressed at the moment.

05-Oct-2011 Dr GP Locumcity (LOC2) Acute Scripts

History History SR - AMT and gaviscon and another unknown what ?omeprazole (not issued ask pt to confirm) cm

21-Sept-2011 Dr Solange Lawrence (1000) Barclay Medical PracticeMain Surgery

History History SR: amtriptilline and gavsicon. SL

15-Sept-2011 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment Comment Carol attended clinic, she was not due until next week, however, she was taken in to custody last Thursday - Cornton Vale and appeared at court yesterday, this was due to non-appearances, got high court bail as Sheriff was over ruled, will return to clinic next week - got 7 day PX.

25-Aug-2011 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment Comment Carol attended clinic today, she states that things are ok and no issues with any illicit drugs, she feels that her current daily Methadone is meeting her needs, presentation good.

THIRD PARTY COPY

25-Aug-2011 Miss Danielle Brown (DB) General Practice Surgery

Result	**Urine opiates screening test**:		
	U Opiates Negative		(No range available)
Result	**Urine methadone**:		
	U Methadone Positive		(No range available)
Result	**Urine creatinine**:		
	U Creatinine	25 mmol/L	(No range available)
Result	**Urine cocaine**:		
	U Cocaine Negative		(No range available)
Result	**Urine benzodiazepine**:		
	U Benzodiazepines Negative		(No range available)
Result	**Urine amphetamine screening test**:		
	U Amphetamines Negative		(No range available)

22-Aug-2011 Dr Lynda Newland (LN) Barclay Medical PracticeMain Surgery

Comment Comment DNA

17-Aug-2011 Dr Noreen Haggerty (HAGGERTY_11876) Data Entry

History History Note Inc LFTs and slightly raised ESR and CRP. patient spoken to - still has episodes of severe RUQ pain and nausea. buccastem not helping. Trial of cyclizine.

11-Aug-2011 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment Comment Carol attended clinic today, she reports no illicit drug issues and feels her current 30mls is still meeting her needs, was due in court on Monday but unwell, lawyer trying to get an invitation warrant for her, no other issues at this time.

11-Aug-2011 Ms Marlene McMillan (MARLENE_11876) General Practice Surgery

Result	**Erythrocyte sedimentation rate**:		
	ESR	**18 mm/hr**	**(Range: 1 - 12)**
Result	**Full blood count - FBC**:		
	Basophils	0.03 10^9/L	(Range: 0.01 - 0.1)
	Eosinophils	0.13 10^9/L	(Range: 0.04 - 0.4)
	Monocytes	0.4 10^9/L	(Range: 0.2 - 0.8)
	Lymphocytes	2.1 10^9/L	(Range: 1.5 - 4)
	Neutrophils	5.2 10^9/L	(Range: 2 - 7.5)
	Platelets	245 10^9/L	(Range: 150 - 400)
	RDW	14 %	(Range: 11.5 - 14.5)
	MCH	31.2 pg	(Range: 27 - 32)
	MCV	93.3 fL	(Range: 78 - 99)
	Haematocrit	0.449 L/L	(Range: 0.37 - 0.47)
	HAEMOGLOBIN	150 g/l	(Range: 115 - 165)
	Red Cell Count	4.81 10^12/L	(Range: 3.8 - 5.8)
	White Cell Count	7.8 10^9/L	(Range: 4 - 11)

11-Aug-2011 Ms Marlene McMillan (MARLENE_11876) General Practice Surgery

Result	**Liver function test**:		
	Globulins	30 g/L	(Range: 23 - 38)
	Albumin	34 g/L	(Range: 32 - 45)
	Total Protein	64 g/L	(Range: 60 - 80)
	Alkaline Phosphatase	78 U/L	(Range: 40 - 150)
	Gamma-GT	47 U/L	(No range available)
	Alanine Transaminase	55 U/L	(No range available)
	Aspartate Transamina	45 U/L	(No range available)
	Total Bilirubin	9 umol/L	(No range available)
Result	**Urea and electrolytes**:		
	Estimated GFR > 60		(No range available)
	Creatinine	69 umol/L	(Range: 40 - 130)
	Urea	2.5 mmol/L	(Range: 2.5 - 7.5)
	Chloride	101 mmol/L	(Range: 98 - 108)
	Potassium	4.7 mmol/L	(Range: 3.5 - 5)
	Sodium	141 mmol/L	(Range: 135 - 145)
Result	**Plasma C reactive protein**:		
	C-reactive Protein	20 mg/L	(No range available)

08-Aug-2011 Dr Noreen Haggerty (HAGGERTY_11876) Home visit

History History Wakening up each morning for 7 days feeling tired, nauseus and then vomitts bile stained fluid. feels hot weak and shaky, nausea for rest of day but no more vomitting. feels more tired than usual. o/e- in bed but not scutely ill, chatty and alert. Pulse- 76/reg, temp- 36.7, abdomen- soft, tender at RUQ, has had lap choly in past. describes abdo cramp also. Plan- unable to get bloods so will attend when feeling up to it. Tx- buccastem tid as needed. review with results.

Read Code Medication review

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28-July-2011 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment	Comment Carol attended clinic, presentation good, no issues to report at this time, no illicit drug use, informs that she has been put on Amitriptyline by Dr due to poor sleeping pattern, she has a meeting in a couple of weeks to see about getting one of her children back to stay with her feels this will go well.

28-July-2011 Dr A McDonald (ALISON_11876) Acute Scripts

Comment	Comment Sr- at thurs clinic as below. methadone and AMT script issued.AMcD

25-July-2011 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment	Comment was in the jail and seemsm to have not had herr methadone - therefore given 3 days - to be seen back at the clinic - DES

13-July-2011 Nurse Kelly Walker (KELLY_11876) Barclay Medical PracticeMain Surgery

Comment	Comment DNA'd Keep Well. She dosen't actually qualify but DS told her TMA.

08-July-2011 Ms Marlene McMillan (MARLENE_11876) Barclay Medical PracticeMain Surgery

History	History SW called. not had meth today as been in court and now pharmacy closed. I have given 90ml (30ml daily) to get her over weekend then restart script as per usual monday 11/7/11-(changed date on script done on 7/7/11).

28-Jun-2011 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment	Comment see result psotive for Hpylori - I think has had ewrdaication in the past but she is not sure - ok - see rx - observe - see if helps her pain - DES

23-Jun-2011 Mrs Frances Hair (FRANCES_11876) General Practice Surgery

Result	**Urine opiates screening test**: Urine opiates screening test Negative		(No range available)
Result	**Urine methadone**: Urine methadone Positive		(No range available)
Result	**Urine creatinine**: Urine creatinine	15 mmol/L	(No range available)
Result	**Urine cocaine**: Urine cocaine Negative		(No range available)
Result	**Urine benzodiazepine**: Urine benzodiazepine Negative		(No range available)
Result	**Urine amphetamine screening test**: Urine amphetamine screening test Negative		(No range available)

17-Jun-2011 Dr Anna Rex (ANNA) Barclay Medical PracticeMain Surgery

History	History TC-on the whole feels better. was sick this morning describes as "bile" but no further vomiting and no nausea. Bowel motions very loose again. No Abdo pain. Eating fine. Drinking fine. bloods ok that were taken from wed. offered appt but happy to observe sx just now as no further vomiting. can try imodium if diarrhoea really bad. Must seek help over weekend if feels she is deteriorating.

15-Jun-2011 Dr Anna Rex (ANNA) Barclay Medical PracticeMain Surgery

History	History Not been feeling right for the last few days-upper abdo pain, colicky, worse before moves bowels. Now a bit of radiation to back but seems to be waxing and waning. No vomiting. Describes as a burning pain in tummy. No chest pain. No shortness of breath or cough . Never attended for any bowel investigations as too scared may find something sinister.
Examination	Examination Doesn't appear unwell. RR 12. sats 98%, pulse 89. Chest clear. HS pure. Abdo soft, large BMI tender epigastrium. No guarding.
Comment	Comment Note hx of PTE in past and cholecystectomy. I told her I am not 100% sure what is causing this and given option of hosp. for investigation. Not keen for this today-ok try doubling PPI, bloods taken tonight. Clear WA and should attend OOH if any deterioration. See back if not settling. Try below for crampy pain. looking for propranolol for anxiety

THIRD PARTY COPY

15-Jun-2011 Mrs Frances Hair (FRANCES_11876) General Practice Surgery

Result	**Erythrocyte sedimentation rate**:		
	Erythrocyte sedimentation rate	**17 mm/hr**	**(Range: 1 - 12)**
Result	**Full blood count - FBC**:		
	Basophil count	0.02 10^9/L	(Range: 0.01 - 0.1)
	Eosinophil count	0.11 10^9/L	(Range: 0.04 - 0.4)
	Monocyte count	0.4 10^9/L	(Range: 0.2 - 0.8)
	Lymphocyte count	2 10^9/L	(Range: 1.5 - 4)
	Neutrophil count	3.8 10^9/L	(Range: 2 - 7.5)
	Platelet count	200 10^9/L	(Range: 150 - 400)
	Red blood cell distribution width	13.9 %	(Range: 11.5 - 14.5)
	Mean corpusc. haemoglobin(MCH)	31 pg	(Range: 27 - 32)
	Mean corpuscular volume (MCV)	94.1 fL	(Range: 78 - 99)
	Haematocrit	0.449 L/L	(Range: 0.37 - 0.47)
	Haemoglobin estimation	148 g/l	(Range: 115 - 165)
	Red blood cell (RBC) count	4.77 10^12/L	(Range: 3.8 - 5.8)
	Total white blood count	6.4 10^9/L	(Range: 4 - 11)

15-Jun-2011 Mrs Frances Hair (FRANCES_11876) General Practice Surgery

Result	**Liver function test**:		
	Serum globulin	31 g/L	(Range: 23 - 38)
	Serum albumin	38 g/L	(Range: 32 - 45)
	Serum total protein	69 g/L	(Range: 60 - 80)
	Serum alkaline phosphatase	78 U/L	(Range: 40 - 150)
	Serum gamma-glutamyl transferase level	49 U/L	(No range available)
	ALT/SGPT serum level	41 U/L	(No range available)
	AST serum level	29 U/L	(No range available)
	Serum total bilirubin level	7 umol/L	(No range available)
Result	**Urea and electrolytes**:		
	GFR calculated abbreviated MDRD > 60		(No range available)
	Serum creatinine	69 umol/L	(Range: 40 - 130)
	Serum urea level	4.3 mmol/L	(Range: 2.5 - 7.5)
	Serum chloride	102 mmol/L	(Range: 98 - 108)
	Serum potassium	**5.3 mmol/L**	**(Range: 3.5 - 5)**
	Serum sodium	138 mmol/L	(Range: 135 - 145)
Result	**Plasma C reactive protein**:		
	Plasma C reactive protein	13 mg/L	(No range available)
Result	**Serum amylase level**:		
	Serum amylase level	41 U/L	(No range available)
Result	**Plasma glucose level**:		
	Plasma glucose level	**5.7 mmol/L**	**(Range: 3.5 - 5.5)**

15-Jun-2011 Mrs Lynne Fyfe (LF) General Practice Surgery

Result	**(Non Coded Event - Helicobacter pyl ser)**:	
	HP Serology : (Non Coded Event - HP Serology :) Positive	(No range available)

09-Jun-2011 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment	Comment Carol attended clinic, she reports no issues at this time although she did mention that she was getting sore stomachs occassionally, she asked if it could be her medication but nothing has changed in the last few months, she informs that this is a very recent thing, will se Dr regarding this. Presented well no drug use reported.

09-Jun-2011 Ms Marlene McMillan (MARLENE_11876) General Practice Surgery

Result	**Urine opiates screening test**:		
	Urine opiates screening test Negative		(No range available)
Result	**Urine methadone**:		
	Urine methadone Positive		(No range available)
Result	**Urine creatinine**:		
	Urine creatinine	18.4 mmol/L	(No range available)
Result	**Urine cocaine**:		
	Urine cocaine Negative		(No range available)
Result	**Urine benzodiazepine**:		
	Urine benzodiazepine Negative		(No range available)
Result	**Urine amphetamine screening test**:		
	Urine amphetamine screening test Negative		(No range available)

26-May-2011 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment	Comment Carol attended clinic, presented well, reports no issues in terms of drug use and is happy to remain on current dose - 30mls, she also informs that she has been given Propanalol on prescription, she is also still engaging with workers from children and families addiction team.

THIRD PARTY COPY

26-May-2011 Ms Marlene McMillan (MARLENE_11876) General Practice Surgery

Result	**Urine opiates screening test**:		
	Urine opiates screening test Negative		(No range available)
Result	**Urine methadone**:		
	Urine methadone Positive		(No range available)
Result	**Urine creatinine**:		
	Urine creatinine	29 mmol/L	(No range available)
Result	**Urine cocaine**:		
	Urine cocaine Negative		(No range available)
Result	**Urine benzodiazepine**:		
	Urine benzodiazepine Negative		(No range available)
Result	**Urine amphetamine screening test**:		
	Urine amphetamine screening test Negative		(No range available)

12-May-2011 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment Comment Carol attended the clinic, presented well, urinalysis clear - only Methadone, she informs she's not had anything for her headaches ,however, she has been prescribed Propanolol, has not taken Co-codomol as she states she's none left. Had a hearing for one of her children yesterday the decision was taken not to go for a permanancy order and her ***** will remain at home with her.

12-May-2011 Dr Lynda Newland (LN) Acute Scripts

12-May-2011 Mrs Frances Hair (FRANCES_11876) General Practice Surgery

Result	**Urine opiates screening test**:		
	Urine opiates screening test Negative		(No range available)
Result	**Urine methadone**:		
	Urine methadone Positive		(No range available)
Result	**Urine creatinine**:		
	Urine creatinine	12.7 mmol/L	(No range available)
Result	**Urine cocaine**:		
	Urine cocaine Negative		(No range available)
Result	**Urine benzodiazepine**:		
	Urine benzodiazepine Negative		(No range available)
Result	**Urine amphetamine screening test**:		
	Urine amphetamine screening test Negative		(No range available)

03-May-2011 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment Comment 1. has these on going headaches - keen to explore options - see rx as found tyhis effective last time .
Comment Comment 2. mc - 3 months dpression - des

28-Apr-2011 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment Comment Carol attended clinic, states she's feeling okay, has had a few days out with her *****, she reminded writer that she's been taking Co-codomol as she gets headaches due to fluid in her head, she states that she has had lumber punctures in the past to ease this condition, presented well, reports no illicit drug use.

28-Apr-2011 Ms Marlene McMillan (MARLENE_11876) General Practice Surgery

Result	**Urine opiates screening test**:		
	Urine opiates screening test Negative		(No range available)
Result	**Urine methadone**:		
	Urine methadone Positive		(No range available)
Result	**Urine creatinine**:		
	Urine creatinine	36.4 mmol/L	(No range available)
Result	**Urine cocaine**:		
	Urine cocaine Negative		(No range available)
Result	**Urine benzodiazepine**:		
	Urine benzodiazepine Negative		(No range available)
Result	**Urine amphetamine screening test**:		
	Urine amphetamine screening test Negative		(No range available)

THIRD PARTY COPY

20-Apr-2011 Dr Debbie Morrison (DM) Barclay Medical PracticeMain Surgery

History	History previous PTE. Flu like symptoms over the last week. This morning woke with severe pleuritic chest pain and feeling SOB. Feels like when had previous PTE. Describes green spit, but is clear here this morning. No blood. Denies previous risk factors when had previous PTE. No leg swelling etc. Patient very worried that return of PTE.	
Examination	Examination HR 88-95. BP 120/80. Temp 36.4. chest clear (pt overweight). RR 22, but can talk in sentences.	
Comment	Comment Likely LRTI, but in absence of temp/chest signs or other signs of active infection and given patient concerns refer WIG for assessment.	

20-Apr-2011 Dr Debbie Morrison (DM) Barclay Medical PracticeMain Surgery

Comment	Comment phoned ambulance transport for patient. planned within one hour. control staff advised that busy and may need within 2 hours or blue light. blue light not required so within 2 hours. advised patient of wait and unwilling to wait that long. wants to take a taxi. advised of risks of collapse, and no medical staff to resus in taxi. still wants taxi. aware against medical advice. given letter for WIG.	

14-Apr-2011 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment	Comment Carol attended and self reports no illict drug use no issues or changes to prescription.	

31-Mar-2011 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

31-Mar-2011 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment	Comment Carol attended the clinic, She informs that she was prescribed Co-Codomol by one of the Dr's here at the health centre and this is why her urinalysis has shown opiates, Carol reports no illicit use but writer explained our concerns when substances are detected in urine, she agrees that if there was an issue with opiates that she would certainly ask for an increase in her Methadone, however, she doesn't see this as likely.	

31-Mar-2011 Mrs Frances Hair (FRANCES_11876) General Practice Surgery

Result	**Urine opiates screening test**: Urine opiates screening test Positive		(No range available)
Result	**Urine methadone**: Urine methadone Positive		(No range available)
Result	**Urine creatinine**: Urine creatinine	19.2 mmol/L	(No range available)
Result	**Urine cocaine**: Urine cocaine Negative		(No range available)
Result	**Urine benzodiazepine**: Urine benzodiazepine Negative		(No range available)
Result	**Urine amphetamine screening test**: Urine amphetamine screening test Negative		(No range available)

17-Mar-2011 Dr Anna Rex (ANNA) Barclay Medical PracticeMain Surgery

History	History has a few issues. 1. weight. admits diet poor, not exercising. wanting water tablets and xenicol. discussed weight main reason for feeling "swollen" therefore need to tackle this. advice. wants gym ref. 2. not attended for colpsocopy-re-refer. .	
Examination	Examination 5ft 2 inch. weight 130kg. BMI 52	
Comment	Comment refer gym. 2. refer gyn-phoned gyna sec who will make another appt for her. monday 4th april 0930.	
Examination	O/E - height	157 cm
Examination	O/E - weight	130 Kg

17-Mar-2011 Mr Colin Davidson (0101) Barclay Medical PracticeMain Surgery

Comment	Comment Carol attended clinic, explained to her about the clinic and how it ran, she informs that she has not had any illicit drugs since sept last year and has just moved back to the Maryhill area, she also informed that she came off Methadone, perhaps too quickly in her view now, and was then restarted, currently on 30mls and appears ok with this dose at the moment.	

THIRD PARTY COPY

17-Mar-2011 Ms Marlene McMillan (MARLENE_11876) General Practice Surgery

Result	**Urine opiates screening test**:		
	Urine opiates screening test Positive		(No range available)
Result	**Urine methadone**:		
	Urine methadone Positive		(No range available)
Result	**Urine creatinine**:		
	Urine creatinine	17.2 mmol/L	(No range available)
Result	**Urine cocaine**:		
	Urine cocaine Negative		(No range available)
Result	**Urine benzodiazepine**:		
	Urine benzodiazepine Negative		(No range available)
Result	**Urine amphetamine screening test**:		
	Urine amphetamine screening test Negative		(No range available)

14-Mar-2011 Dr Lynda Newland (LN) Barclay Medical PracticeMain Surgery

History History Pain in left chest similar to previous PE. See letter below. Refer WIG. Will go now.

08-Mar-2011 Dr GP Locumcity (LOC2) University Barclay (UNI)Branch Surgery

Comment Comment Written in retrospect. Seen at ***** appointment 4/3/11. Chronic headaches-see before. No change. Monitored at SGH. Currently takes Diamox, paracetamol and Naproxen but some pain inbetween these. Suggest try co-codamol instead of pcm. Rv if not helping. yc

04-Mar-2011 Dr Des Spence (SPENCE_11876) Barclay Medical PracticeMain Surgery

Comment Comment the CAT team have asked that we might take over her care - stable no issues - fine with us - at Maryhill Pahramacy opposite Eastpak - will attend on the 17th - DES

10-Feb-2011 Mrs Vikki Nicol (VIKKI_11876) Data Entry

Comment Comment urgernt req for notes

08-Feb-2011 Dr Laura Coia (LAURA_11876) Barclay Medical PracticeMain Surgery

Comment Comment Just registered today so no old notes and nil on docman. Several issues 1. has FTA several clinics including neurosurgery at SGH for FU of ? hydrocephalus-will re-refer when have old notes to see what clinic it was and what diagnosis 2 gyn clinic ? cervical ca also at sgh-again can only refer when have info. 2 In for med 3-given but could not back date to 1st feb as noly met today-chronic headaches-again need to rv old notes. Wishes to disucss going back on prev meds for weight-advised tma whne we have old notes for this. happy to do so-prev been to glasgow weight mx and not keen to go back-offered this today. lc

THIRD PARTY COPY

Medications (inc. issues)

Acute

20-Dec-2024 Diclofenac Diethylammonium Gel 1.16 %
100 gram - APPLY TWO TO THREE TIMES A DAY

27-Nov-2024 Diclofenac Diethylammonium Gel 1.16 %
100 gram - APPLY TWO TO THREE TIMES A DAY

09-Apr-2024 Pregabalin Capsules 300 mg
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

09-Apr-2024 Peptac Liquid (peppermint)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

14-Mar-2024 Pregabalin Capsules 300 mg
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

13-Feb-2024 Pregabalin Capsules 300 mg
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

18-Jan-2024 Pregabalin Capsules 300 mg
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

22-Dec-2023 Pregabalin Capsules 300 mg
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

25-July-2017 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

Repeat

24-Apr-2026 Co-Codamol 30/500 Tablets
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

24-Apr-2026 Amitriptyline Hydrochloride Tablets 50 mg
56 TABLET - TWO TO BE TAKEN IN THE EVENING

24-Apr-2026 Peptac Liquid (peppermint)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

24-Apr-2026 Atorvastatin Tablets 20 mg
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24-Apr-2026 Lansoprazole Capsules (Gastro-Resistant) 30 mg
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THIRD PARTY COPY

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07-Nov-2025 Co-Codamol 30/500 Tablets
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10-Oct-2025 Amitriptyline Hydrochloride Tablets 50 mg
56 TABLET - TWO TO BE TAKEN IN THE EVENING

10-Oct-2025 Diclofenac Diethylammonium Gel 1.16 %
100 gram - APPLY TWO TO THREE TIMES A DAY

10-Oct-2025 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

10-Oct-2025 Co-Codamol 30/500 Tablets
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

THIRD PARTY COPY

10-Oct-2025 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

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10-Oct-2025 Pregabalin Capsules 300 mg
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

12-Sept-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 capsule - ONE TO BE TAKEN EACH DAY

12-Sept-2025 Diclofenac Diethylammonium Gel 1.16 %
100 gram - APPLY TWO TO THREE TIMES A DAY

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56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

15-Aug-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 capsule - ONE TO BE TAKEN EACH DAY

15-Aug-2025 Amitriptyline Hydrochloride Tablets 50 mg
56 TABLET - TWO TO BE TAKEN IN THE EVENING

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28 TABLET - ONE TO BE TAKEN EACH DAY

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56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

25-July-2025 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

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17-July-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 capsule - ONE TO BE TAKEN EACH DAY

17-July-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg
28 capsule - ONE TO BE TAKEN EACH DAY

03-July-2025 Co-Codamol 30/500 Tablets
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

THIRD PARTY COPY

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56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

06-Jun-2025 Amitriptyline Hydrochloride Tablets 25 mg
28 TABLET - ONE TO BE TAKEN IN THE EVENING

06-Jun-2025 Atorvastatin Tablets 20 mg
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13-May-2025 Diclofenac Diethylammonium Gel 1.16 %
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13-Jan-2025 Peptac Liquid (peppermint)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

13-Jan-2025 Amitriptyline Hydrochloride Tablets 50 mg
56 TABLET - TWO TO BE TAKEN IN THE EVENING

30-Dec-2024 Amitriptyline Hydrochloride Tablets 50 mg
56 TABLET - TWO TO BE TAKEN IN THE EVENING

20-Dec-2024 Peptac Liquid (peppermint)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

20-Dec-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

20-Dec-2024 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

20-Dec-2024 Pregabalin Capsules 300 mg
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

20-Dec-2024 Amitriptyline Hydrochloride Tablets 25 mg
28 TABLET - ONE TO BE TAKEN IN THE EVENING

05-Dec-2024 Amitriptyline Hydrochloride Tablets 50 mg
56 TABLET - TWO TO BE TAKEN IN THE EVENING

27-Nov-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

27-Nov-2024 Diclofenac Diethylammonium Gel 1.16 %
100 gram - APPLY TWO TO THREE TIMES A DAY

27-Nov-2024 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

27-Nov-2024 Amitriptyline Hydrochloride Tablets 25 mg
28 TABLET - ONE TO BE TAKEN IN THE EVENING

27-Nov-2024 Pregabalin Capsules 300 mg
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

27-Nov-2024 Amitriptyline Hydrochloride Tablets 50 mg
28 TABLET - ONE TO BE TAKEN IN THE EVENING

14-Nov-2024 Peptac Liquid (peppermint)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

31-Oct-2024 Amitriptyline Hydrochloride Tablets 25 mg
28 TABLET - ONE TO BE TAKEN IN THE EVENING

31-Oct-2024 Amitriptyline Hydrochloride Tablets 50 mg
28 TABLET - ONE TO BE TAKEN IN THE EVENING

31-Oct-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

31-Oct-2024 Peptac Liquid (peppermint)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

THIRD PARTY COPY

31-Oct-2024 Pregabalin Capsules 300 mg
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

31-Oct-2024 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

03-Oct-2024 Peptac Liquid (peppermint)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

03-Oct-2024 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

03-Oct-2024 Amitriptyline Hydrochloride Tablets 50 mg
28 TABLET - ONE TO BE TAKEN IN THE EVENING

03-Oct-2024 Pregabalin Capsules 300 mg
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

03-Oct-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

03-Oct-2024 Amitriptyline Hydrochloride Tablets 25 mg
28 TABLET - ONE TO BE TAKEN IN THE EVENING

04-Sept-2024 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

04-Sept-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

04-Sept-2024 Peptac Liquid (peppermint)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

04-Sept-2024 Amitriptyline Hydrochloride Tablets 25 mg
28 TABLET - ONE TO BE TAKEN IN THE EVENING

04-Sept-2024 Amitriptyline Hydrochloride Tablets 50 mg
28 TABLET - ONE TO BE TAKEN IN THE EVENING

04-Sept-2024 Pregabalin Capsules 300 mg
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

06-Aug-2024 Amitriptyline Hydrochloride Tablets 50 mg
28 TABLET - ONE TO BE TAKEN IN THE EVENING

06-Aug-2024 Pregabalin Capsules 300 mg
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

06-Aug-2024 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

06-Aug-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

06-Aug-2024 Peptac Liquid (peppermint)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

06-Aug-2024 Amitriptyline Hydrochloride Tablets 25 mg
28 TABLET - ONE TO BE TAKEN IN THE EVENING

09-July-2024 Peptac Liquid (peppermint)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

09-July-2024 Pregabalin Capsules 300 mg
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

02-July-2024 Amitriptyline Hydrochloride Tablets 25 mg
28 TABLET - ONE TO BE TAKEN IN THE EVENING

02-July-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

02-July-2024 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

02-July-2024 Amitriptyline Hydrochloride Tablets 50 mg
28 TABLET - ONE TO BE TAKEN IN THE EVENING

12-Jun-2024 Peptac Liquid (peppermint)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

12-Jun-2024 Pregabalin Capsules 300 mg
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

20-May-2024 Amitriptyline Hydrochloride Tablets 25 mg
28 TABLET - ONE TO BE TAKEN IN THE EVENING

20-May-2024 Pregabalin Capsules 300 mg
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

20-May-2024 Peptac Liquid (peppermint)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

20-May-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

20-May-2024 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

20-May-2024 Amitriptyline Hydrochloride Tablets 50 mg
28 TABLET - ONE TO BE TAKEN IN THE EVENING

THIRD PARTY COPY

08-May-2024 Pregabalin Capsules 300 mg
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

09-Apr-2024 Peptac Liquid (peppermint)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

08-Apr-2024 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

08-Apr-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

08-Apr-2024 Amitriptyline Hydrochloride Tablets 25 mg
56 TABLET - ONE TO BE TAKEN IN THE EVENING

08-Apr-2024 Amitriptyline Hydrochloride Tablets 50 mg
56 TABLET - ONE TO BE TAKEN IN THE EVENING

13-Mar-2024 Amitriptyline Hydrochloride Tablets 50 mg
56 TABLET - ONE TO BE TAKEN IN THE EVENING

13-Mar-2024 Amitriptyline Hydrochloride Tablets 50 mg
56 TABLET - TWO TO BE TAKEN IN THE EVENING

13-Mar-2024 Amitriptyline Hydrochloride Tablets 25 mg
56 TABLET - ONE TO BE TAKEN IN THE EVENING

13-Mar-2024 Amitriptyline Hydrochloride Tablets 25 mg
28 TABLET - ONE TO BE TAKEN IN THE EVENING

15-Jan-2024 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

15-Jan-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

22-Dec-2023 Pregabalin Capsules 300 mg
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

19-Dec-2017 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

19-Dec-2017 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

27-Nov-2017 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

27-Nov-2017 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

26-Oct-2017 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

26-Oct-2017 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

05-Oct-2017 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

05-Oct-2017 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

01-Sept-2017 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

01-Sept-2017 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

04-Aug-2017 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

03-Aug-2017 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

25-July-2017 Clopidogrel Tablets 75 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

25-July-2017 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

25-July-2017 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

Past

04-July-2025 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

04-July-2025 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

03-July-2025 Rabeprazole Sodium E/c tablets 20 mg Repeat Medication (Past)
112 tablet - TAKE TWO TABLETS TWICE DAILY

06-Jun-2025 Rabeprazole Sodium E/c tablets 20 mg Repeat Medication (Past)
112 tablet - TAKE TWO TABLETS TWICE DAILY

THIRD PARTY COPY

30-May-2025 Co-Dydramol 10/500 Tablets Repeat Medication (Past)
224 tablet - ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

30-May-2025 Co-Dydramol 10/500 Tablets Acute Medication (Past)
224 tablet - ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

13-May-2025 Rabeprazole Sodium E/c tablets 20 mg Repeat Medication (Past)
112 tablet - TAKE TWO TABLETS TWICE DAILY

13-May-2025 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

16-Apr-2025 Rabeprazole Sodium E/c tablets 20 mg Repeat Medication (Past)
112 tablet - TAKE TWO TABLETS TWICE DAILY

16-Apr-2025 Rabeprazole Sodium E/c tablets 20 mg Repeat Medication (Past)
112 tablet - TAKE TWO TABLETS TWICE DAILY

10-Apr-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
112 CAPSULE - TWO CAPS TWICE DAILY

10-Apr-2025 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

17-Mar-2025 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

17-Mar-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
112 CAPSULE - TWO CAPS TWICE DAILY

18-Feb-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
112 CAPSULE - TWO CAPS TWICE DAILY

18-Feb-2025 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

14-Jan-2025 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

13-Jan-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
112 CAPSULE - TWO CAPS TWICE DAILY

20-Dec-2024 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

20-Dec-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

12-Dec-2024 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

12-Dec-2024 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

27-Nov-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Nov-2024 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

31-Oct-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

31-Oct-2024 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

03-Oct-2024 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

03-Oct-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

04-Sept-2024 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

04-Sept-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

06-Aug-2024 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

06-Aug-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

09-July-2024 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

09-July-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

12-Jun-2024 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

12-Jun-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

20-May-2024 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

20-May-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

THIRD PARTY COPY

07-May-2024 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

30-Apr-2024 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

09-Apr-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
112 CAPSULE - TWO CAPS TWICE DAILY

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

25-Mar-2024 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

25-Mar-2024 Co-Codamol 30/500 Tablets Repeat Medication (Past)
224 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

14-Mar-2024 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

13-Feb-2024 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

13-Feb-2024 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

13-Feb-2024 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

18-Jan-2024 Amitriptyline Hydrochloride Tablets 25 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN IN THE EVENING

18-Jan-2024 Amitriptyline Hydrochloride Tablets 25 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN IN THE EVENING

18-Jan-2024 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

18-Jan-2024 Amitriptyline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN IN THE EVENING

18-Jan-2024 Amitriptyline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN IN THE EVENING

22-Dec-2023 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

22-Dec-2023 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

22-Nov-2023 Atorvastatin Tablets 20 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

22-Nov-2023 Amitriptyline Hydrochloride Tablets 25 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN IN THE EVENING

22-Nov-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 CAPSULE - ONE TO BE TAKEN EACH DAY

22-Nov-2023 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

22-Nov-2023 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

22-Nov-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 CAPSULE - ONE TO BE TAKEN EACH DAY

22-Nov-2023 Amitriptyline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN IN THE EVENING

22-Nov-2023 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

22-Nov-2023 Amitriptyline Hydrochloride Tablets 25 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN IN THE EVENING

22-Nov-2023 Amitriptyline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN IN THE EVENING

22-Nov-2023 Pregabalin Capsules 300 mg Acute Medication (Past)
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

22-Nov-2023 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

22-Nov-2023 Atorvastatin Tablets 20 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

22-Nov-2023 Pregabalin Capsules 300 mg Acute Medication (Past)
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

14-May-2018 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN EACH DAY

14-May-2018 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN EACH DAY

11-May-2018 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

THIRD PARTY COPY

11-May-2018 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

11-May-2018 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

11-May-2018 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

27-Apr-2018 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

27-Apr-2018 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

13-Apr-2018 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

13-Apr-2018 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

13-Apr-2018 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

03-Apr-2018 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

03-Apr-2018 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

20-Mar-2018 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

20-Mar-2018 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

05-Mar-2018 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

05-Mar-2018 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

05-Mar-2018 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

19-Feb-2018 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

19-Feb-2018 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

05-Feb-2018 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

05-Feb-2018 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

05-Feb-2018 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

05-Feb-2018 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 GRAM - APPLY 3-4 TIMES A DAY AS REQUIRED

19-Jan-2018 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 GRAM - APPLY 3-4 TIMES A DAY AS REQUIRED

19-Jan-2018 Mirtazapine Tablets 15 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

19-Jan-2018 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

19-Jan-2018 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

19-Jan-2018 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

19-Jan-2018 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS

08-Jan-2018 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

08-Jan-2018 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

08-Jan-2018 Mirtazapine Tablets 15 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

08-Jan-2018 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

08-Jan-2018 Mirtazapine Tablets 15 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

22-Dec-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

22-Dec-2017 Mirtazapine Tablets 15 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

THIRD PARTY COPY

22-Dec-2017 Mirtazapine Tablets 15 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

19-Dec-2017 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS

19-Dec-2017 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

11-Dec-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

11-Dec-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

11-Dec-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

11-Dec-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

27-Nov-2017 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

27-Nov-2017 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS

27-Nov-2017 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Nov-2017 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 GRAM - APPLY 3-4 TIMES A DAY AS REQUIRED

27-Nov-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Nov-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

27-Nov-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
56 capsule - ONE TWICE DAILY - FORTNIGHTLY DISPENSE ON TUESDAYS

27-Nov-2017 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS

27-Nov-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

14-Nov-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
56 capsule - ONE TWICE DAILY - FORTNIGHTLY DISPENSE ON TUESDAYS

14-Nov-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
56 capsule - ONE TWICE DAILY - FORTNIGHTLY DISPENSE ON TUESDAYS

10-Nov-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

01-Nov-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

01-Nov-2017 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

01-Nov-2017 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Oct-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Oct-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

27-Oct-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

27-Oct-2017 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 GRAM - APPLY 3-4 TIMES A DAY AS REQUIRED

20-Oct-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

05-Oct-2017 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

05-Oct-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

05-Oct-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

05-Oct-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

05-Oct-2017 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 GRAM - APPLY 3-4 TIMES A DAY AS REQUIRED

05-Oct-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

22-Sept-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

THIRD PARTY COPY

22-Sept-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

22-Sept-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

13-Sept-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

13-Sept-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

01-Sept-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

01-Sept-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

01-Sept-2017 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 tablet - 1 Tab Twice daily

01-Sept-2017 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 tablet - 1 Tab Twice daily

01-Sept-2017 Simple Linctus sugar free Acute Medication (Past)
200 ML - ONE 5ML SPOONFUL TO BE TAKEN THREE TO FOUR TIMES A DAY

01-Sept-2017 Simple Linctus sugar free Acute Medication (Past)
200 ML - ONE 5ML SPOONFUL TO BE TAKEN THREE TO FOUR TIMES A DAY

21-Aug-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

21-Aug-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

04-Aug-2017 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS

04-Aug-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

04-Aug-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

04-Aug-2017 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 gram - APPLY 3-4 TIMES DAILY

04-Aug-2017 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

04-Aug-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

31-July-2017 Co-Codamol 30/500 Tablets Acute Medication (Past)
2 tablet - ONE AT NIGHT AND ONE IN THE MORNING

31-July-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

31-July-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

31-July-2017 Co-Codamol 30/500 Tablets Acute Medication (Past)
2 tablet - ONE AT NIGHT AND ONE IN THE MORNING

31-July-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

31-July-2017 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

31-July-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
14 capsule - ONE TWICE DAILY

31-July-2017 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS (FOR PROPHYLAXIS APPLY ONCE EVERY 1-2 WEEKS)

31-July-2017 Atorvastatin Tablets 20 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN EACH DAY

31-July-2017 Clopidogrel Tablets 75 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN EACH DAY

31-July-2017 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

31-July-2017 Hydrocortisone And Miconazole Cream 1 %+ 2 % Acute Medication (Past)
30 GRAM - APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY

31-July-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE AS REQUIRED FOR PAIN UP TO FOUR TIMES DAILY

31-July-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
14 capsule - ONE TWICE DAILY

31-July-2017 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS (FOR PROPHYLAXIS APPLY ONCE EVERY 1-2 WEEKS)

31-July-2017 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 gram - APPLY 3-4 TIMES DAILY

THIRD PARTY COPY

31-July-2017 Clopidogrel Tablets 75 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN EACH DAY

31-July-2017 Atorvastatin Tablets 20 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN EACH DAY

31-July-2017 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 gram - APPLY 3-4 TIMES DAILY

31-July-2017 Hydrocortisone And Miconazole Cream 1 %+ 2 % Acute Medication (Past)
30 GRAM - APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY

25-July-2017 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

25-July-2017 Hydrocortisone And Miconazole Cream 1 %+ 2 % Acute Medication (Past)
30 GRAM - APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY

25-July-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

25-July-2017 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS

25-July-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

25-July-2017 Ketoconazole Shampoo 2 % Acute Medication (Past)
120 ML - FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS

25-July-2017 Hydrocortisone And Miconazole Cream 1 %+ 2 % Acute Medication (Past)
30 GRAM - APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY

25-July-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

07-July-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

07-July-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

07-July-2017 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY

07-July-2017 Co-Codamol 8/500 Tablets Acute Medication (Past)
32 tablet - ONE TO TWO TO BE TAKEN FOUR TIMES A DAY

07-July-2017 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 GRAM - APPLY 3-4 TIMES A DAY AS REQUIRED

07-July-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

07-July-2017 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

07-July-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

07-July-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

13-Jun-2017 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 GRAM - APPLY 3-4 TIMES A DAY AS REQUIRED

13-Jun-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

13-Jun-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

13-Jun-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

13-Jun-2017 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY

13-Jun-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

13-Jun-2017 Co-Codamol 8/500 Tablets Acute Medication (Past)
32 tablet - ONE TO TWO TO BE TAKEN FOUR TIMES A DAY

13-Jun-2017 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

16-May-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

16-May-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

08-May-2017 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY

08-May-2017 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY

08-May-2017 Co-Codamol 8/500 Tablets Acute Medication (Past)
32 tablet - ONE TO TWO TO BE TAKEN FOUR TIMES A DAY

THIRD PARTY COPY

08-May-2017 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 GRAM - APPLY 3-4 TIMES A DAY AS REQUIRED

08-May-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

24-Apr-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

24-Apr-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

24-Apr-2017 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 GRAM - APPLY 3-4 TIMES A DAY AS REQUIRED

24-Apr-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

24-Apr-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

24-Apr-2017 Co-Codamol 8/500 Tablets Acute Medication (Past)
32 tablet - ONE TO TWO TO BE TAKEN FOUR TIMES A DAY

24-Apr-2017 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

11-Apr-2017 Co-Codamol 8/500 Tablets Acute Medication (Past)
32 tablet - ONE TO TWO TO BE TAKEN FOUR TIMES A DAY

11-Apr-2017 Co-Codamol 8/500 Tablets Acute Medication (Past)
32 tablet - ONE TO TWO TO BE TAKEN FOUR TIMES A DAY

30-Mar-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

30-Mar-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

30-Mar-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

30-Mar-2017 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 GRAM - APPLY 3-4 TIMES A DAY AS REQUIRED

30-Mar-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

30-Mar-2017 Gabapentin Capsules 300 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN TWICE A DAY

30-Mar-2017 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

29-Mar-2017 Gabapentin Capsules 100 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN THREE TIMES A DAY

02-Mar-2017 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

02-Mar-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

02-Mar-2017 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

02-Mar-2017 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 GRAM - APPLY 3-4 TIMES A DAY AS REQUIRED

02-Mar-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

02-Mar-2017 Nortriptyline Tablets 10 mg Acute Medication (Past)
30 tablet - ONE TABLET DAILY

02-Mar-2017 Gabapentin Capsules 100 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN THREE TIMES A DAY

02-Mar-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

02-Mar-2017 Nortriptyline Tablets 10 mg Acute Medication (Past)
30 tablet - ONE TABLET DAILY

02-Feb-2017 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 GRAM - APPLY 3-4 TIMES A DAY AS REQUIRED

01-Feb-2017 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY

01-Feb-2017 Gabapentin Capsules 100 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN THREE TIMES A DAY

01-Feb-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

01-Feb-2017 Gabapentin Capsules 100 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN THREE TIMES A DAY

01-Feb-2017 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

THIRD PARTY COPY

01-Feb-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

01-Feb-2017 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 GRAM - APPLY 3-4 TIMES A DAY AS REQUIRED

01-Feb-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

01-Feb-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

01-Feb-2017 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

05-Jan-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

05-Jan-2017 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

04-Jan-2017 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY

04-Jan-2017 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

04-Jan-2017 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY

04-Jan-2017 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

15-Dec-2016 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
60 gram - APPLY 3-4 TIMES A DAY AS REQUIRED

15-Dec-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

15-Dec-2016 Gabapentin Capsules 100 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN THREE TIMES A DAY

15-Dec-2016 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

16-Nov-2016 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
60 gram - APPLY 3-4 TIMES A DAY AS REQUIRED

16-Nov-2016 Gabapentin Capsules 100 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN THREE TIMES A DAY

16-Nov-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

16-Nov-2016 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

01-Nov-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

01-Nov-2016 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

01-Nov-2016 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
60 gram - APPLY 3-4 TIMES A DAY AS REQUIRED

01-Nov-2016 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY

01-Nov-2016 Gabapentin Capsules 100 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN THREE TIMES A DAY

01-Nov-2016 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

01-Nov-2016 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

04-Oct-2016 Gabapentin Capsules 100 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN THREE TIMES A DAY

04-Oct-2016 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

04-Oct-2016 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY

04-Oct-2016 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

04-Oct-2016 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

04-Oct-2016 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
60 gram - APPLY 3-4 TIMES A DAY AS REQUIRED

04-Oct-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

06-Sept-2016 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY

THIRD PARTY COPY

06-Sept-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

06-Sept-2016 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

06-Sept-2016 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

06-Sept-2016 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

06-Sept-2016 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

06-Sept-2016 Gabapentin Capsules 100 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN THREE TIMES A DAY

06-Sept-2016 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

06-Sept-2016 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
60 gram - APPLY 3-4 TIMES A DAY AS REQUIRED

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60 gram - APPLY 3-4 TIMES A DAY AS REQUIRED

06-Sept-2016 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

06-Sept-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

06-Sept-2016 Gabapentin Capsules 100 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN THREE TIMES A DAY

06-Sept-2016 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY

22-July-2016 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

22-July-2016 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
60 gram - APPLY 3-4 TIMES A DAY AS REQUIRED

22-July-2016 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

22-July-2016 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

22-July-2016 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY

22-July-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

22-July-2016 Gabapentin Capsules 100 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN THREE TIMES A DAY

21-Jun-2016 Gabapentin Capsules 100 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN THREE TIMES A DAY

21-Jun-2016 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

21-Jun-2016 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

21-Jun-2016 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

21-Jun-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

21-Jun-2016 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

21-Jun-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

21-Jun-2016 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY

21-Jun-2016 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

21-Jun-2016 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
60 gram - APPLY 3-4 TIMES A DAY AS REQUIRED

21-Jun-2016 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

21-Jun-2016 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
60 gram - APPLY 3-4 TIMES A DAY AS REQUIRED

21-Jun-2016 Gabapentin Capsules 100 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN THREE TIMES A DAY

21-Jun-2016 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY

THIRD PARTY COPY

24-Mar-2016 Gabapentin Capsules 100 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN THREE TIMES A DAY

24-Mar-2016 Gabapentin Capsules 100 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN THREE TIMES A DAY

23-Mar-2016 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

23-Mar-2016 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

23-Mar-2016 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

23-Mar-2016 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY

26-Feb-2016 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

26-Feb-2016 Gabapentin Capsules 100 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN THREE TIMES A DAY

26-Feb-2016 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY

26-Feb-2016 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

26-Feb-2016 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

26-Feb-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

26-Feb-2016 Gabapentin Capsules 100 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN THREE TIMES A DAY

26-Feb-2016 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
60 gram - APPLY 3-4 TIMES A DAY AS REQUIRED

26-Feb-2016 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY

26-Feb-2016 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

26-Feb-2016 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
60 gram - APPLY 3-4 TIMES A DAY AS REQUIRED

03-Feb-2016 Permethrin Dermal cream 5 % Acute Medication (Past)
60 GRAM(S) - APPLY OVER WHOLE BODY AND WASH OFF AFTER 8-12 HOURS. REPEAT APPLICATION AFTER 7 DAYS

03-Feb-2016 Permethrin Dermal cream 5 % Acute Medication (Past)
60 GRAM(S) - APPLY OVER WHOLE BODY AND WASH OFF AFTER 8-12 HOURS. REPEAT APPLICATION AFTER 7 DAYS

26-Jan-2016 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

26-Jan-2016 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

26-Jan-2016 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

26-Jan-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

21-Dec-2015 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

21-Dec-2015 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

21-Dec-2015 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

21-Dec-2015 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

21-Dec-2015 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

21-Dec-2015 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

21-Dec-2015 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

21-Dec-2015 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN IN THE EVENING

02-Nov-2015 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

02-Nov-2015 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

02-Nov-2015 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
60 gram - APPLY 3-4 TIMES A DAY AS REQUIRED

THIRD PARTY COPY

02-Nov-2015 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

02-Nov-2015 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 TABLET AS REQUIRED FOR PAIN

02-Nov-2015 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
60 gram - APPLY 3-4 TIMES A DAY AS REQUIRED

02-Sept-2015 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

02-Sept-2015 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

08-July-2015 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

03-Jun-2015 Piroxicam Gel 0.5 % Acute Medication (Past)
60 GRAM - Rub into the affected site three to four times daily

03-Jun-2015 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

03-Jun-2015 Piroxicam Gel 0.5 % Acute Medication (Past)
60 GRAM - Rub into the affected site three to four times daily

06-May-2015 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

13-Apr-2015 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

25-Mar-2015 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

02-Mar-2015 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - 2 Puffs Take as required

02-Mar-2015 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - 2 Puffs Take as required

02-Mar-2015 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

02-Mar-2015 Paracetamol Tablets 500 mg Acute Medication (Past)
32 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

02-Mar-2015 Benzydamine Hydrochloride Spray Sugar Free 0.15 % Acute Medication (Past)
1 SPRAY - USE 4-8 SPRAYS ONTO AFFECTED AREA EVERY 90 MINUTES TO 3 HOURS

02-Mar-2015 Paracetamol Tablets 500 mg Acute Medication (Past)
32 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

02-Mar-2015 Benzydamine Hydrochloride Spray Sugar Free 0.15 % Acute Medication (Past)
1 SPRAY - USE 4-8 SPRAYS ONTO AFFECTED AREA EVERY 90 MINUTES TO 3 HOURS

12-Feb-2015 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

09-Jan-2015 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - 2 Puffs Take as required

09-Jan-2015 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

09-Jan-2015 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

09-Jan-2015 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

09-Jan-2015 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - 2 Puffs Take as required

09-Jan-2015 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

20-Nov-2014 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 tablet - 1 Tab Twice daily

20-Nov-2014 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

20-Nov-2014 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 tablet - 1 Tab Twice daily

31-Oct-2014 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

31-Oct-2014 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

17-Sept-2014 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

17-Sept-2014 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

17-Sept-2014 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

THIRD PARTY COPY

17-Sept-2014 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

17-Sept-2014 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

17-Sept-2014 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

28-Apr-2014 Fucidin Cream 2 % Acute Medication (Past)
15 GRAM - APPLY THREE TO FOUR TIMES DAILY

28-Apr-2014 Fucidin Cream 2 % Acute Medication (Past)
15 GRAM - APPLY THREE TO FOUR TIMES DAILY

12-Mar-2014 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

24-Feb-2014 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

12-Feb-2014 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

12-Feb-2014 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

23-Dec-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

09-Dec-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

27-Nov-2013 Paracetamol Tablets 500 mg Acute Medication (Past)
32 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

27-Nov-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

27-Nov-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

27-Nov-2013 Paracetamol Tablets 500 mg Acute Medication (Past)
32 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

05-Nov-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

05-Nov-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

04-Oct-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

03-Oct-2013 Pantoprazole Gastro-resistant Tablets 40 mg Repeat Medication (Past)
28 tablet - ONE DAILY

03-Oct-2013 Metformin Hydrochloride Tablets 500 mg Repeat Medication (Past)
56 tablet - INITIALLY ONE TO BE TAKEN EACH MORNING WITH BREAKFAST

03-Oct-2013 Simvastatin Tablets 40 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

03-Oct-2013 Peptac Liquid (aniseed) Repeat Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

23-Sept-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

02-Sept-2013 Pantoprazole Gastro-resistant Tablets 40 mg Repeat Medication (Past)
28 tablet - ONE DAILY

02-Sept-2013 Pantoprazole Gastro-resistant Tablets 40 mg Repeat Medication (Past)
28 tablet - ONE DAILY

28-Aug-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

28-Aug-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

01-Aug-2013 Suboxone Sublingual tablets 8 mg/2 mg Acute Medication (Past)
14 TABLET - 1 DAILY SUPLLY 1 DAILY 4 ON THURSDAY AND 3 ON MONDAY SUPERVISE ON DAY OF DISPENSING

30-July-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

30-July-2013 Peptac Liquid (aniseed) Repeat Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

24-July-2013 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 tablet - 1 Tab Twice daily

24-July-2013 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 tablet - 1 Tab Twice daily

18-July-2013 Suboxone Sublingual tablets 8 mg/2 mg Acute Medication (Past)
14 TABLET - 1 DAILY SUPLLY 1 DAILY 4 ON THURSDAY AND 3 ON MONDAY SUPERVISE ON DAY OF DISPENSING

10-July-2013 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

THIRD PARTY COPY

10-July-2013 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

10-July-2013 Peptac Liquid (aniseed) Repeat Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

04-July-2013 Suboxone Sublingual tablets 8 mg/2 mg Acute Medication (Past)
14 TABLET - 1 DAILY SUPLLY 1 DAILY 4 ON THURSDAY AND 3 ON MONDAY SUPERVISE ON DAY OF DISPENSING

27-Jun-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

27-Jun-2013 Suboxone Sublingual tablets 8 mg/2 mg Acute Medication (Past)
14 TABLET - 1 DAILY SUPLLY 1 DAILY 4 ON THURSDAY AND 3 ON MONDAY SUPERVISE ON DAY OF DISPENSING

27-Jun-2013 Suboxone Sublingual tablets 8 mg/2 mg Acute Medication (Past)
7 tablet - 1 DAILY SUPLLY 1 DAILY 4 ON THURSDAY AND 3 ON MONDAY SUPERVISE ON DAY OF DISPENSING

27-Jun-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

20-Jun-2013 Methadone 1 Mg/Ml Oral solution Acute Medication (Past)
75 ml - 25MLDAILY SUPLLY 25ML DAILY 50ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

20-Jun-2013 Methadone 1 Mg/Ml Oral solution Acute Medication (Past)
75 ml - 25MLDAILY SUPLLY 25ML DAILY 50ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

20-Jun-2013 Suboxone Sublingual tablets 2 mg/500 micrograms Acute Medication (Past)
12 tablet - 4 DAILY

20-Jun-2013 Suboxone Sublingual tablets 2 mg/500 micrograms Acute Medication (Past)
12 tablet - 4 DAILY

11-Jun-2013 Peptac Liquid (aniseed) Repeat Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

11-Jun-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

30-May-2013 Peptac Liquid (aniseed) Repeat Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

30-May-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

30-May-2013 Peptac Liquid (aniseed) Repeat Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

23-May-2013 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
840 ML - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

13-May-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

13-May-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY IF REQUIRED

25-Apr-2013 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
840 ML - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

23-Apr-2013 Ibuprofen Tablets 400 mg Acute Medication (Past)
24 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

23-Apr-2013 Ibuprofen Tablets 400 mg Acute Medication (Past)
24 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

23-Apr-2013 Paracetamol Tablets 500 mg Acute Medication (Past)
32 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

23-Apr-2013 Paracetamol Tablets 500 mg Acute Medication (Past)
32 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

18-Apr-2013 Simvastatin Tablets 40 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

18-Apr-2013 Metformin Hydrochloride Tablets 500 mg Repeat Medication (Past)
56 tablet - INITIALLY ONE TO BE TAKEN EACH MORNING WITH BREAKFAST

18-Apr-2013 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
112 CAPSULE - ONE CAP TWICE DAILY

18-Apr-2013 Peptac Liquid (aniseed) Repeat Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

17-Apr-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

17-Apr-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

28-Mar-2013 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
840 ML - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

27-Mar-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

27-Mar-2013 Clotrimazole And Hydrocortisone Cream 1 %+ 1 % Acute Medication (Past)
30 gram - APPLY TWICE A DAY

27-Mar-2013 Ciprofloxacin Tablets 500 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN TWICE A DAY

THIRD PARTY COPY

27-Mar-2013 Ciprofloxacin Tablets 500 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN TWICE A DAY

27-Mar-2013 Clotrimazole And Hydrocortisone Cream 1 %+ 1 % Acute Medication (Past)
30 gram - APPLY TWICE A DAY

13-Mar-2013 Ciprofloxacin Tablets 500 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN TWICE A DAY

13-Mar-2013 Ciprofloxacin Tablets 500 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN TWICE A DAY

28-Feb-2013 Peptac Liquid (aniseed) Repeat Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

28-Feb-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

28-Feb-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

28-Feb-2013 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
840 ML - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

15-Feb-2013 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ML - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

31-Jan-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

31-Jan-2013 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ML - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

22-Jan-2013 Peptac Liquid (aniseed) Repeat Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

22-Jan-2013 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

22-Jan-2013 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
112 CAPSULE - ONE CAP TWICE DAILY

22-Jan-2013 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

17-Jan-2013 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ML - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

11-Jan-2013 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ML - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

11-Jan-2013 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ML - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

04-Jan-2013 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
180 ML - 30ML DAILY SUPPLY 30ML DAILY 30ML ON FRI DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

04-Jan-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

04-Jan-2013 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
210 ML - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

04-Jan-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

04-Jan-2013 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
180 ML - 30ML DAILY SUPPLY 30ML DAILY 30ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

20-Dec-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
840 ML - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

19-Dec-2012 Peptac Liquid (aniseed) Repeat Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

06-Dec-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

27-Nov-2012 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

22-Nov-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

08-Nov-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

08-Nov-2012 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

08-Nov-2012 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

25-Oct-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

22-Oct-2012 Ibuprofen Gel 10 % Acute Medication (Past)
50 gram - Apply 3 times daily

22-Oct-2012 Ibuprofen Gel 10 % Acute Medication (Past)
50 gram - Apply 3 times daily

THIRD PARTY COPY

11-Oct-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

11-Oct-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

09-Oct-2012 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

27-Sept-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

19-Sept-2012 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

19-Sept-2012 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
56 capsule - ONE CAP TWICE DAILY

19-Sept-2012 Peptac Liquid (aniseed) Repeat Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

19-Sept-2012 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

13-Sept-2012 Diamox Tablets 250 mg Acute Medication (Past)
56 tablet - 1 Tab Twice daily

13-Sept-2012 Diamox Tablets 250 mg Acute Medication (Past)
56 tablet - 1 Tab Twice daily

13-Sept-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

30-Aug-2012 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

30-Aug-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

30-Aug-2012 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

29-Aug-2012 Simvastatin Tablets 40 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

29-Aug-2012 Metformin Hydrochloride Tablets 500 mg Repeat Medication (Past)
56 tablet - INITIALLY ONE TO BE TAKEN EACH MORNING WITH BREAKFAST

17-Aug-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

02-Aug-2012 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN EACH EVENING

02-Aug-2012 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN EACH EVENING

02-Aug-2012 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
56 capsule - ONE CAP TWICE DAILY

02-Aug-2012 Peptac Liquid (aniseed) Repeat Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

02-Aug-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

02-Aug-2012 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
112 CAPSULE - ONE CAP TWICE DAILY

19-July-2012 Diamox Tablets 250 mg Acute Medication (Past)
56 tablet - 1 Tab Twice daily

19-July-2012 Diamox Tablets 250 mg Acute Medication (Past)
56 tablet - 1 Tab Twice daily

19-July-2012 Lotriderm Cream Acute Medication (Past)
30 gram - APPLY TWICE A DAY

19-July-2012 Lotriderm Cream Acute Medication (Past)
30 gram - APPLY TWICE A DAY

19-July-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

05-July-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

02-July-2012 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN EACH EVENING

02-July-2012 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
7 tablet - ONE TO BE TAKEN EACH EVENING

29-Jun-2012 Peptac Liquid (aniseed) Repeat Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

21-Jun-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

07-Jun-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

THIRD PARTY COPY

24-May-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

10-May-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

26-Apr-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

23-Apr-2012 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

12-Apr-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

04-Apr-2012 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

04-Apr-2012 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

29-Mar-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

23-Mar-2012 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

15-Mar-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

01-Mar-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

29-Feb-2012 Mebeverine Hydrochloride Tablets 135 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY 20-30 MINS BEFORE MEALS

29-Feb-2012 Mebeverine Hydrochloride Tablets 135 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY 20-30 MINS BEFORE MEALS

20-Feb-2012 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

20-Feb-2012 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

16-Feb-2012 Simvastatin Tablets 40 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

16-Feb-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

16-Feb-2012 Peptac Liquid (aniseed) Repeat Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

02-Feb-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

30-Jan-2012 Peptac Liquid (aniseed) Repeat Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

30-Jan-2012 Peptac Liquid (aniseed) Repeat Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

19-Jan-2012 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

12-Jan-2012 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

12-Jan-2012 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

12-Jan-2012 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

12-Jan-2012 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

05-Jan-2012 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

05-Jan-2012 Gaviscon Advance Oral suspension Acute Medication (Past)
500 ml - 10ML QDS

05-Jan-2012 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

05-Jan-2012 Gaviscon Advance Oral suspension Acute Medication (Past)
500 ml - 10ML QDS

05-Jan-2012 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

22-Dec-2011 Simvastatin Tablets 40 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

22-Dec-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

22-Dec-2011 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

THIRD PARTY COPY

22-Dec-2011 Simvastatin Tablets 40 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

22-Dec-2011 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
56 tablet - 2 TABS 4 TIMES DAILY AS REQD

22-Dec-2011 Gaviscon Advance Oral suspension Acute Medication (Past)
500 ml - 10ML QDS

22-Dec-2011 Metformin Hydrochloride Tablets 500 mg Repeat Medication (Past)
56 tablet - INITIALLY ONE TO BE TAKEN EACH MORNING WITH BREAKFAST

22-Dec-2011 Simvastatin Tablets 40 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

22-Dec-2011 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
56 tablet - 2 TABS 4 TIMES DAILY AS REQD

22-Dec-2011 Metformin Hydrochloride Tablets 500 mg Repeat Medication (Past)
56 tablet - INITIALLY ONE TO BE TAKEN EACH MORNING WITH BREAKFAST

22-Dec-2011 Metformin Hydrochloride Tablets 500 mg Repeat Medication (Past)
56 tablet - INITIALLY ONE TO BE TAKEN EACH MORNING WITH BREAKFAST

08-Dec-2011 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
840 ML - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

08-Dec-2011 Gaviscon Advance Oral suspension Acute Medication (Past)
500 ml - 10ML QDS

08-Dec-2011 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

08-Dec-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPPLY 30ML DAILY 60ML ON THURS DAY 60ML ON SAT AND 90ML ON MON SUPERVISE ON DAY OF DISPENSING

24-Nov-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

17-Nov-2011 Gaviscon Advance Oral suspension Acute Medication (Past)
500 ml - 10ML QDS

17-Nov-2011 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

17-Nov-2011 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

17-Nov-2011 Gaviscon Advance Oral suspension Acute Medication (Past)
500 ml - 10ML QDS

10-Nov-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

10-Nov-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

26-Oct-2011 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

20-Oct-2011 Methadone 1 Mg/Ml Mixture Acute Medication (Past)
630 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

20-Oct-2011 Methadone 1 Mg/Ml Oral solution Acute Medication (Past)
630 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

06-Oct-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

05-Oct-2011 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

05-Oct-2011 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

05-Oct-2011 Gaviscon Advance Oral suspension Acute Medication (Past)
500 ml - 10ML QDS

21-Sept-2011 Gaviscon Advance Oral suspension Acute Medication (Past)
500 ml - 10ML QDS

21-Sept-2011 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

21-Sept-2011 Gaviscon Advance Oral suspension Acute Medication (Past)
500 ml - 10ML QDS

15-Sept-2011 Methadone 1 Mg/Ml Mixture Acute Medication (Past)
210 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML 0N FRIADY SUPERVISE ON DAY OF DISPENSING

15-Sept-2011 Methadone 1 Mg/Ml Oral solution Acute Medication (Past)
210 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML 0N FRIADY SUPERVISE ON DAY OF DISPENSING

08-Sept-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

25-Aug-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

17-Aug-2011 Cyclizine Tablets 50 mg Acute Medication (Past)
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY

THIRD PARTY COPY

17-Aug-2011 Cyclizine Tablets 50 mg Acute Medication (Past)
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY

17-Aug-2011 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

17-Aug-2011 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

11-Aug-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

08-Aug-2011 Prochlorperazine Maleate Buccal tablets 3 mg Acute Medication (Past)
10 TABLET - ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY

08-Aug-2011 Prochlorperazine Maleate Buccal tablets 3 mg Acute Medication (Past)
10 TABLET - ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY

28-July-2011 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

28-July-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

25-July-2011 Methadone 1 Mg/Ml Mixture Acute Medication (Past)
90 ml - 30ML DAILY SUPLLY 30ML DAILY SUPERVISE ON DAY OF DISPENSING

25-July-2011 Methadone 1 Mg/Ml Oral solution Acute Medication (Past)
90 ml - 30ML DAILY SUPLLY 30ML DAILY SUPERVISE ON DAY OF DISPENSING

08-July-2011 Methadone 1 Mg/Ml Oral solution Acute Medication (Past)
90 ml - 30ML DAILY SUPPLY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

08-July-2011 Methadone 1 Mg/Ml Mixture Acute Medication (Past)
90 ml - 30ML DAILY SUPPLY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

07-July-2011 Gaviscon Advance Oral suspension Acute Medication (Past)
500 ml - 10ML QDS

07-July-2011 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
56 capsule - ONE CAP TWICE DAILY

07-July-2011 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

07-July-2011 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

07-July-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

07-July-2011 Mebeverine Hydrochloride Tablets 135 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY 20-30 MINS BEFORE MEALS

28-Jun-2011 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY

28-Jun-2011 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

28-Jun-2011 Tetracycline Hydrochloride Capsules 250 mg Acute Medication (Past)
28 capsule - 2 BD

28-Jun-2011 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 TABLET - 1 - 2 NOCTE

28-Jun-2011 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY

28-Jun-2011 Gaviscon Advance Oral suspension Acute Medication (Past)
500 ml - 10ML QDS

28-Jun-2011 Gaviscon Advance Oral suspension Acute Medication (Past)
500 ml - 10ML QDS

28-Jun-2011 Tetracycline Hydrochloride Capsules 250 mg Acute Medication (Past)
28 capsule - 2 BD

23-Jun-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

15-Jun-2011 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

15-Jun-2011 Mebeverine Hydrochloride Tablets 135 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY 20-30 MINS BEFORE MEALS

15-Jun-2011 Gaviscon Advance Oral suspension Acute Medication (Past)
500 ml - 10ML QDS

15-Jun-2011 Mebeverine Hydrochloride Tablets 135 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY 20-30 MINS BEFORE MEALS

15-Jun-2011 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

09-Jun-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

26-May-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

THIRD PARTY COPY

12-May-2011 Gaviscon Advance Oral suspension Acute Medication (Past)
500 ml - 10ML QDS

12-May-2011 Paracetamol Tablets 500 mg Acute Medication (Past)
32 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

12-May-2011 Paracetamol Tablets 500 mg Acute Medication (Past)
32 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

12-May-2011 Gaviscon Advance Oral suspension Acute Medication (Past)
500 ml - 10ML QDS

12-May-2011 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
56 capsule - ONE CAP TWICE DAILY

12-May-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

03-May-2011 Propranolol Hydrochloride Tablets 10 mg Acute Medication (Past)
60 tablet - 1 Tab Twice daily

03-May-2011 Propranolol Hydrochloride Tablets 10 mg Acute Medication (Past)
60 tablet - 1 Tab Twice daily

28-Apr-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

20-Apr-2011 Erythromycin E/c tablets 250 mg Acute Medication (Past)
56 tablet - 2 TABS FOUR TIMES A DAY

20-Apr-2011 Erythromycin E/c tablets 250 mg Acute Medication (Past)
56 tablet - 2 TABS FOUR TIMES A DAY

14-Apr-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

14-Apr-2011 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

31-Mar-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

17-Mar-2011 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

17-Mar-2011 Methadone 1 Mg/Ml Oral solution Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

17-Mar-2011 Methadone 1 Mg/Ml Mixture Repeat Medication (Past)
420 ml - 30ML DAILY SUPLLY 30ML DAILY 90ML ON FRIDAY SUPERVISE ON DAY OF DISPENSING

17-Mar-2011 Orlistat Capsules 120 mg Acute Medication (Past)
84 CAPSULE - ONE CAPSULE TO BE TAKEN DIRECTLY BEFORE, WITH OR JUST AFTER MAIN MEALS (MAXIMUM THREE CAPSULES DAILY)

04-Mar-2011 Naproxen Tablets 250 mg Acute Medication (Past)
56 tablet - 1 Tab Twice daily

04-Mar-2011 Co-Codamol 8/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

04-Mar-2011 Co-Codamol 8/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

04-Mar-2011 Co-Codamol 8/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

04-Mar-2011 Naproxen Tablets 250 mg Acute Medication (Past)
56 tablet - 1 Tab Twice daily

04-Mar-2011 Naproxen Tablets 250 mg Acute Medication (Past)
56 tablet - 1 Tab Twice daily

08-Feb-2011 Gaviscon Advance Oral suspension (peppermint) Acute Medication (Past)
500 ml - AS DIRECTED

08-Feb-2011 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
56 capsule - ONE CAP TWICE DAILY

08-Feb-2011 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
56 capsule - ONE CAP TWICE DAILY

08-Feb-2011 Gaviscon Advance Oral suspension (peppermint) Acute Medication (Past)
500 ml - AS DIRECTED

Allergies

08-Feb-2011 Miss Danielle Brown (DB)
Adverse reaction to Penicillins
Drug group allergy
Episodicity - None

Vaccinations

THIRD PARTY COPY

18-Sept-2015 Mr Anonymous User (ANON)
Influenz vaccin invt lett sent
Flu invite text sent

13-Jan-2015 Mrs Vikki Nicol (VIKKI_11876)
Seasonal influenza vaccination
Vaccine was given after 01 10 2014

02-Oct-2014 Ms Kirsty Donnelly (KIRSTY DON11876)
Seasonal influenza vaccination
L8206-1 exp 05/2015 L Arm (GMS)

26-Sept-2014 Mrs Lynne Fyfe (LF)
Influenza vaccination invitation first letter sent

12-Nov-2013 Mr Anonymous User (ANON)
Influenz vaccin invt lett sent
Text Sent

03-Oct-2013 Mr Anonymous User (ANON)
Influenz vaccin invt lett sent
Text Sent

08-Nov-2012 Dr D M Byford (BYFORD_11876)
Seasonal influenza vaccination (Left arm)
Batch No A05 Expiry 05/13

08-Nov-2012 Dr D M Byford (BYFORD_11876)
Consent given for seasonal influenza vaccination

01-Oct-2012 Mrs Siobhan McCarron (SM)
Influenza vaccination invitation first letter sent

22-Dec-2011 Sister Joan Kennedy (JOAN_11876)
Influenza vaccination
110202 exp04/2012 L deltoid im. (GMS)

22-Dec-2011 Sister Joan Kennedy (JOAN_11876)
Pneumococcal vaccination
G007722 EXP 07/2012 r DELTOID IM. (GMS)

Referrals

09-July-2025 Dr Maeve MacLeod (2222)
EMISSPR1: Speciality referrals (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

12-Dec-2024 Dr Julia Houston (1209)
EMISQRE4: Referral to continence advisor (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

16-Apr-2024 Dr Jessica Wright (7P7P)
EMISSPR400: Neurology referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

16-Apr-2024 Dr Jessica Wright (7P7P)
EMISQRE4: Referral to continence advisor (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

02-Nov-2017 Dr Fiona Taylor (FIONA_11876)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

02-Nov-2017 Dr Fiona Taylor (FIONA_11876)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

21-Dec-2015 Dr Gemma Smith (910)
EMISSPR400: Neurology referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

09-Jan-2015 Dr David Blane (0011)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

27-Mar-2013 Dr Fiona Taylor (FIONA_11876)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

Test Requests

30-Dec-1899 Dr D M Byford (BYFORD_11876)

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

Test Results

THIRD PARTY COPY

28-Apr-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Opiates)

Urine Opiates Negative		(No range available)

28-Apr-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Methadone)

Urine Methadone Negative		(No range available)

28-Apr-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Ur Creatinine (DOA))

Urine Creatinine	17.3 mmol/L	(No range available)

28-Apr-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Cocaine)

Urine Cocaine Negative		(No range available)

28-Apr-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Benzodiazepine)

Urine Benzodiazepine Negative		(No range available)

28-Apr-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Amphetamines)

Urine Amphetamines Negative		(No range available)

08-Apr-2013 Mrs Joanne Evans (JOANNE_11876)
Result: Cervical Cytology

Cervical smear:inadequate spec 3 months - UNSATISFACTORY due to insufficient cellular content		(No range available)

27-Nov-2012 Mr Anonymous User (ANON)
Result: Plasma C reactive protein

C-reactive Protein	19 mg/L	(No range available)

27-Nov-2012 Mr Anonymous User (ANON)
Result: Bone profile

Phosphate NA		(No range available)
Calcium (adjusted)	2.45 mmol/L	(Range: 2.1 - 2.6)
Calcium	2.38 mmol/L	(No range available)
Albumin	39 g/L	(Range: 32 - 45)
Alkaline Phosphatase	107 U/L	(Range: 40 - 150)

27-Nov-2012 Mr Anonymous User (ANON)
Result: Erythrocyte sedimentation rate

ESR NA		(No range available)

27-Nov-2012 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Basophils	0.08 10^9/L	(Range: 0.01 - 0.1)
Eosinophils	0.14 10^9/L	(Range: 0.04 - 0.4)
Monocytes	0.4 10^9/L	(Range: 0.2 - 0.8)
Lymphocytes	2.5 10^9/L	(Range: 1.5 - 4)
Neutrophils	6.3 10^9/L	(Range: 2 - 7.5)
Platelets	162 10^9/L	(Range: 150 - 400)
RDW	13.3 %	(Range: 11.5 - 14.5)
MCH	30.6 pg	(Range: 27 - 32)
MCV	92.2 fL	(Range: 78 - 99)
Haematocrit	**0.485 L/L**	**(Range: 0.37 - 0.47)**
HAEMOGLOBIN	161 g/l	(Range: 115 - 165)
Red Cell Count	5.26 10^12/L	(Range: 3.8 - 5.8)
White Cell Count	9.4 10^9/L	(Range: 4 - 11)

08-Nov-2012 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Opiates)

Urine Opiates Negative		(No range available)

08-Nov-2012 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Methadone)

Urine Methadone Positive		(No range available)

08-Nov-2012 Mr Anonymous User (ANON)
Result: (Non Coded Event - Ur Creatinine (DOA))

Urine Creatinine	25.3 mmol/L	(No range available)

08-Nov-2012 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Cocaine)

Urine Cocaine Negative		(No range available)

08-Nov-2012 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Benzodiazepine)

Urine Benzodiazepine Positive		(No range available)

08-Nov-2012 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Amphetamines)

Urine Amphetamines Negative		(No range available)

THIRD PARTY COPY

06-Sept-2012 Mr Anonymous User (ANON)
Result: Plasma glucose level

Glucose NA		(No range available)

19-July-2012 Mr Anonymous User (ANON)
Result: (Non Coded Event - Amphet. Confirmation)

Urine Creatinine	20.9 mmol/L	(No range available)
Ur T/cyclic Antideps		(No range available)
Urine Buprenorphine		(No range available)
Urine Barbiturates		(No range available)
Urine Alcohol		(No range available)
Urine Cannabinoids		(No range available)
Urine Opiates Negative		(No range available)
Urine Methadone Positive		(No range available)
Urine Cocaine Negative		(No range available)
Urine Benzodiazepine Negative		(No range available)
Urine Amphetamines Positive		(No range available)
Amphet. Confirmation Positive		(No range available)

19-July-2012 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Opiates)

Urine Opiates Negative		(No range available)

19-July-2012 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Methadone)

Urine Methadone Positive		(No range available)

19-July-2012 Mr Anonymous User (ANON)
Result: (Non Coded Event - Ur Creatinine (DOA))

Urine Creatinine	20.9 mmol/L	(No range available)

19-July-2012 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Cocaine)

Urine Cocaine Negative		(No range available)

19-July-2012 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Benzodiazepine)

Urine Benzodiazepine Negative		(No range available)

19-July-2012 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Amphetamines)

Urine Amphetamines To Follow		(No range available)

01-Mar-2012 Mr Anonymous User (ANON)
Result: Urine opiates screening test

U Opiates Negative		(No range available)

01-Mar-2012 Mr Anonymous User (ANON)
Result: Urine methadone

U Methadone Positive		(No range available)

01-Mar-2012 Mr Anonymous User (ANON)
Result: Urine creatinine

U Creatinine	19 mmol/L	(No range available)

01-Mar-2012 Mr Anonymous User (ANON)
Result: Urine cocaine

U Cocaine Negative		(No range available)

01-Mar-2012 Mr Anonymous User (ANON)
Result: Urine benzodiazepine

U Benzodiazepines Negative		(No range available)

01-Mar-2012 Mr Anonymous User (ANON)
Result: Urine amphetamine screening test

U Amphetamines Negative		(No range available)

22-Dec-2011 Mr Anonymous User (ANON)
Result: Urine microalbumin

U Prot/Creat Ratio	12 mg/mmol	(No range available)
24h U Creatinine NA		(No range available)
24h U Protein NA		(No range available)
U Alb/Creat Ratio	1 mg/mmol	(No range available)
Volume (ml) NA		(No range available)
U Protein	0.3 g/L	(No range available)
U Creatinine	25.9	(No range available)
U Albumin	27 mg/L	(No range available)

12-Dec-2011 Mr Anonymous User (ANON)
Result: Hb. A1C - diabetic control

IFCC HbA1c	**63 mmol/mol**	**(Range: 20 - 42)**
DCCT HbA1c	**7.9 %**	**(Range: 4 - 5.9)**

THIRD PARTY COPY

12-Dec-2011 Mr Anonymous User (ANON)
Result: Thyroid function test

Free T4	15 pmol/L	(Range: 9 - 21)
TSH	4.4 mu/L	(Range: 0.35 - 5)

12-Dec-2011 Mr Anonymous User (ANON)
Result: Serum lipids

Chol/HDL Ratio	7.5	(No range available)
LDL Cholesterol		(No range available)
HDL Cholesterol	0.72 mmol/L	(No range available)
Triglycerides	3.69 mmol/L	(No range available)
Cholesterol	5.4 mmol/L	(No range available)

12-Dec-2011 Mr Anonymous User (ANON)
Result: Liver function test

Globulins	28 g/L	(Range: 23 - 38)
Albumin	33 g/L	(Range: 32 - 45)
Total Protein	61 g/L	(Range: 60 - 80)
Alkaline Phosphatase	109 U/L	(Range: 40 - 150)
Gamma-GT	76 U/L	(No range available)
Alanine Transaminase	47 U/L	(No range available)
Aspartate Transamina	31 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

12-Dec-2011 Mr Anonymous User (ANON)
Result: Plasma glucose level

Glucose	**9.1 mmol/L**	**(Range: 3.5 - 5.5)**

12-Dec-2011 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	61 umol/L	(Range: 40 - 130)
Urea	**2 mmol/L**	**(Range: 2.5 - 7.5)**
Chloride	103 mmol/L	(Range: 98 - 108)
Potassium	3.8 mmol/L	(Range: 3.5 - 5)
Sodium	139 mmol/L	(Range: 135 - 145)

25-Nov-2011 Mr Anonymous User (ANON)
Result: Plasma glucose level

Glucose	**8.9 mmol/L**	**(Range: 3.5 - 5.5)**

24-Nov-2011 Mr Anonymous User (ANON)
Result: Urine opiates screening test

U Opiates Negative		(No range available)

24-Nov-2011 Mr Anonymous User (ANON)
Result: Urine methadone

U Methadone Positive		(No range available)

24-Nov-2011 Mr Anonymous User (ANON)
Result: Urine creatinine

U Creatinine	25.5 mmol/L	(No range available)

24-Nov-2011 Mr Anonymous User (ANON)
Result: Urine cocaine

U Cocaine Negative		(No range available)

24-Nov-2011 Mr Anonymous User (ANON)
Result: Urine benzodiazepine

U Benzodiazepines Positive		(No range available)

24-Nov-2011 Mr Anonymous User (ANON)
Result: Urine amphetamine screening test

U Amphetamines Negative		(No range available)

25-Aug-2011 Mr Anonymous User (ANON)
Result: Urine opiates screening test

U Opiates Negative		(No range available)

25-Aug-2011 Mr Anonymous User (ANON)
Result: Urine methadone

U Methadone Positive		(No range available)

25-Aug-2011 Mr Anonymous User (ANON)
Result: Urine creatinine

U Creatinine	25 mmol/L	(No range available)

25-Aug-2011 Mr Anonymous User (ANON)
Result: Urine cocaine

U Cocaine Negative		(No range available)

25-Aug-2011 Mr Anonymous User (ANON)
Result: Urine benzodiazepine

U Benzodiazepines Negative		(No range available)

THIRD PARTY COPY

25-Aug-2011 Mr Anonymous User (ANON)
Result: Urine amphetamine screening test

U Amphetamines Negative		(No range available)

11-Aug-2011 Mr Anonymous User (ANON)
Result: Erythrocyte sedimentation rate

ESR	**18 mm/hr**	**(Range: 1 - 12)**

11-Aug-2011 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Basophils	0.03 10^9/L	(Range: 0.01 - 0.1)
Eosinophils	0.13 10^9/L	(Range: 0.04 - 0.4)
Monocytes	0.4 10^9/L	(Range: 0.2 - 0.8)
Lymphocytes	2.1 10^9/L	(Range: 1.5 - 4)
Neutrophils	5.2 10^9/L	(Range: 2 - 7.5)
Platelets	245 10^9/L	(Range: 150 - 400)
RDW	14 %	(Range: 11.5 - 14.5)
MCH	31.2 pg	(Range: 27 - 32)
MCV	93.3 fL	(Range: 78 - 99)
Haematocrit	0.449 L/L	(Range: 0.37 - 0.47)
HAEMOGLOBIN	150 g/l	(Range: 115 - 165)
Red Cell Count	4.81 10^12/L	(Range: 3.8 - 5.8)
White Cell Count	7.8 10^9/L	(Range: 4 - 11)

11-Aug-2011 Mr Anonymous User (ANON)
Result: Liver function test

Globulins	30 g/L	(Range: 23 - 38)
Albumin	34 g/L	(Range: 32 - 45)
Total Protein	64 g/L	(Range: 60 - 80)
Alkaline Phosphatase	78 U/L	(Range: 40 - 150)
Gamma-GT	47 U/L	(No range available)
Alanine Transaminase	55 U/L	(No range available)
Aspartate Transamina	45 U/L	(No range available)
Total Bilirubin	9 umol/L	(No range available)

11-Aug-2011 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	69 umol/L	(Range: 40 - 130)
Urea	2.5 mmol/L	(Range: 2.5 - 7.5)
Chloride	101 mmol/L	(Range: 98 - 108)
Potassium	4.7 mmol/L	(Range: 3.5 - 5)
Sodium	141 mmol/L	(Range: 135 - 145)

11-Aug-2011 Mr Anonymous User (ANON)
Result: Plasma C reactive protein

C-reactive Protein	20 mg/L	(No range available)

23-Jun-2011 Mr Anonymous User (ANON)
Result: Urine opiates screening test

Urine opiates screening test Negative		(No range available)

23-Jun-2011 Mr Anonymous User (ANON)
Result: Urine methadone

Urine methadone Positive		(No range available)

23-Jun-2011 Mr Anonymous User (ANON)
Result: Urine creatinine

Urine creatinine	15 mmol/L	(No range available)

23-Jun-2011 Mr Anonymous User (ANON)
Result: Urine cocaine

Urine cocaine Negative		(No range available)

23-Jun-2011 Mr Anonymous User (ANON)
Result: Urine benzodiazepine

Urine benzodiazepine Negative		(No range available)

23-Jun-2011 Mr Anonymous User (ANON)
Result: Urine amphetamine screening test

Urine amphetamine screening test Negative		(No range available)

15-Jun-2011 Mr Anonymous User (ANON)
Result: Erythrocyte sedimentation rate

Erythrocyte sedimentation rate	**17 mm/hr**	**(Range: 1 - 12)**

THIRD PARTY COPY

15-Jun-2011 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Basophil count	0.02 10^9/L	(Range: 0.01 - 0.1)
Eosinophil count	0.11 10^9/L	(Range: 0.04 - 0.4)
Monocyte count	0.4 10^9/L	(Range: 0.2 - 0.8)
Lymphocyte count	2 10^9/L	(Range: 1.5 - 4)
Neutrophil count	3.8 10^9/L	(Range: 2 - 7.5)
Platelet count	200 10^9/L	(Range: 150 - 400)
Red blood cell distribution width	13.9 %	(Range: 11.5 - 14.5)
Mean corpusc. haemoglobin(MCH)	31 pg	(Range: 27 - 32)
Mean corpuscular volume (MCV)	94.1 fL	(Range: 78 - 99)
Haematocrit	0.449 L/L	(Range: 0.37 - 0.47)
Haemoglobin estimation	148 g/l	(Range: 115 - 165)
Red blood cell (RBC) count	4.77 10^12/L	(Range: 3.8 - 5.8)
Total white blood count	6.4 10^9/L	(Range: 4 - 11)

15-Jun-2011 Mr Anonymous User (ANON)
Result: Liver function test

Serum globulin	31 g/L	(Range: 23 - 38)
Serum albumin	38 g/L	(Range: 32 - 45)
Serum total protein	69 g/L	(Range: 60 - 80)
Serum alkaline phosphatase	78 U/L	(Range: 40 - 150)
Serum gamma-glutamyl transferase level	49 U/L	(No range available)
ALT/SGPT serum level	41 U/L	(No range available)
AST serum level	29 U/L	(No range available)
Serum total bilirubin level	7 umol/L	(No range available)

15-Jun-2011 Mr Anonymous User (ANON)
Result: Urea and electrolytes

GFR calculated abbreviated MDRD > 60		(No range available)
Serum creatinine	69 umol/L	(Range: 40 - 130)
Serum urea level	4.3 mmol/L	(Range: 2.5 - 7.5)
Serum chloride	102 mmol/L	(Range: 98 - 108)
Serum potassium	**5.3 mmol/L**	**(Range: 3.5 - 5)**
Serum sodium	138 mmol/L	(Range: 135 - 145)

15-Jun-2011 Mr Anonymous User (ANON)
Result: Plasma C reactive protein

Plasma C reactive protein	13 mg/L	(No range available)

15-Jun-2011 Mr Anonymous User (ANON)
Result: Serum amylase level

Serum amylase level	41 U/L	(No range available)

15-Jun-2011 Mr Anonymous User (ANON)
Result: Plasma glucose level

Plasma glucose level	**5.7 mmol/L**	**(Range: 3.5 - 5.5)**

15-Jun-2011 Mr Anonymous User (ANON)
Result: (Non Coded Event - Helicobacter pyl ser)

HP Serology : (Non Coded Event - HP Serology :) Positive		(No range available)

09-Jun-2011 Mr Anonymous User (ANON)
Result: Urine opiates screening test

Urine opiates screening test Negative		(No range available)

09-Jun-2011 Mr Anonymous User (ANON)
Result: Urine methadone

Urine methadone Positive		(No range available)

09-Jun-2011 Mr Anonymous User (ANON)
Result: Urine creatinine

Urine creatinine	18.4 mmol/L	(No range available)

09-Jun-2011 Mr Anonymous User (ANON)
Result: Urine cocaine

Urine cocaine Negative		(No range available)

09-Jun-2011 Mr Anonymous User (ANON)
Result: Urine benzodiazepine

Urine benzodiazepine Negative		(No range available)

09-Jun-2011 Mr Anonymous User (ANON)
Result: Urine amphetamine screening test

Urine amphetamine screening test Negative		(No range available)

26-May-2011 Mr Anonymous User (ANON)
Result: Urine opiates screening test

Urine opiates screening test Negative		(No range available)

26-May-2011 Mr Anonymous User (ANON)
Result: Urine methadone

Urine methadone Positive		(No range available)

THIRD PARTY COPY

26-May-2011 Mr Anonymous User (ANON)
Result: Urine creatinine

Urine creatinine	29 mmol/L	(No range available)

26-May-2011 Mr Anonymous User (ANON)
Result: Urine cocaine

Urine cocaine Negative		(No range available)

26-May-2011 Mr Anonymous User (ANON)
Result: Urine benzodiazepine

Urine benzodiazepine Negative		(No range available)

26-May-2011 Mr Anonymous User (ANON)
Result: Urine amphetamine screening test

Urine amphetamine screening test Negative		(No range available)

12-May-2011 Mr Anonymous User (ANON)
Result: Urine opiates screening test

Urine opiates screening test Negative		(No range available)

12-May-2011 Mr Anonymous User (ANON)
Result: Urine methadone

Urine methadone Positive		(No range available)

12-May-2011 Mr Anonymous User (ANON)
Result: Urine creatinine

Urine creatinine	12.7 mmol/L	(No range available)

12-May-2011 Mr Anonymous User (ANON)
Result: Urine cocaine

Urine cocaine Negative		(No range available)

12-May-2011 Mr Anonymous User (ANON)
Result: Urine benzodiazepine

Urine benzodiazepine Negative		(No range available)

12-May-2011 Mr Anonymous User (ANON)
Result: Urine amphetamine screening test

Urine amphetamine screening test Negative		(No range available)

28-Apr-2011 Mr Anonymous User (ANON)
Result: Urine opiates screening test

Urine opiates screening test Negative		(No range available)

28-Apr-2011 Mr Anonymous User (ANON)
Result: Urine methadone

Urine methadone Positive		(No range available)

28-Apr-2011 Mr Anonymous User (ANON)
Result: Urine creatinine

Urine creatinine	36.4 mmol/L	(No range available)

28-Apr-2011 Mr Anonymous User (ANON)
Result: Urine cocaine

Urine cocaine Negative		(No range available)

28-Apr-2011 Mr Anonymous User (ANON)
Result: Urine benzodiazepine

Urine benzodiazepine Negative		(No range available)

28-Apr-2011 Mr Anonymous User (ANON)
Result: Urine amphetamine screening test

Urine amphetamine screening test Negative		(No range available)

31-Mar-2011 Mr Anonymous User (ANON)
Result: Urine opiates screening test

Urine opiates screening test Positive		(No range available)

31-Mar-2011 Mr Anonymous User (ANON)
Result: Urine methadone

Urine methadone Positive		(No range available)

31-Mar-2011 Mr Anonymous User (ANON)
Result: Urine creatinine

Urine creatinine	19.2 mmol/L	(No range available)

31-Mar-2011 Mr Anonymous User (ANON)
Result: Urine cocaine

Urine cocaine Negative		(No range available)

31-Mar-2011 Mr Anonymous User (ANON)
Result: Urine benzodiazepine

Urine benzodiazepine Negative		(No range available)

THIRD PARTY COPY

31-Mar-2011 Mr Anonymous User (ANON)
Result: Urine amphetamine screening test

Urine amphetamine screening test Negative		(No range available)

17-Mar-2011 Mr Anonymous User (ANON)
Result: Urine opiates screening test

Urine opiates screening test Positive		(No range available)

17-Mar-2011 Mr Anonymous User (ANON)
Result: Urine methadone

Urine methadone Positive		(No range available)

17-Mar-2011 Mr Anonymous User (ANON)
Result: Urine creatinine

Urine creatinine	17.2 mmol/L	(No range available)

17-Mar-2011 Mr Anonymous User (ANON)
Result: Urine cocaine

Urine cocaine Negative		(No range available)

17-Mar-2011 Mr Anonymous User (ANON)
Result: Urine benzodiazepine

Urine benzodiazepine Negative		(No range available)

17-Mar-2011 Mr Anonymous User (ANON)
Result: Urine amphetamine screening test

Urine amphetamine screening test Negative		(No range available)

08-July-2025 Mrs Dot Murray (DM2)
Result: GMS Contract Back Population

Serum creatinine	65 umol/L	(No range available)

15-May-2025 Mrs. Maureen Boyd (MB01)
Result: GMS Contract Back Population

Serum creatinine	58 umol/L	(No range available)

21-Apr-2025 MS Joanne Caldwell (JEC)
Result: GMS Contract Back Population

Serum creatinine	71 umol/L	(No range available)

11-Dec-2024 Mrs Pamela McKay (0212)
Result: GMS Contract Back Population

Serum creatinine	53 umol/L	(No range available)

02-July-2024 Mrs. Maureen Boyd (MB01)
Result: GMS Contract Back Population

Serum creatinine	72 umol/L	(No range available)

27-Nov-2023 Mrs. Maureen Boyd (MB01)
Result: GMS Contract Back Population

Serum creatinine	61 umol/L	(No range available)

06-Nov-2017 Mr Peter Brown (PB)
Result: GMS Contract Back Population

Body Mass Index	**49.11 kg/m2**	**(Range: 20 - 25)**

06-Mar-2017 Mrs Michelle Gemmell (MG)
Result: GMS Contract Back Population

Haemoglobin A1c level - IFCC standardised	45 mmol/mol	(No range available)
Serum creatinine	67 umol/L	(No range available)

02-Mar-2017 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.09 x10^9/l	(No range available)
Monocytes	0.5 x10^9/l	(Range: 0.2 - 0.8)
Lymphocytes	2.2 x10^9/l	(Range: 1.5 - 4)
Neutrophils	5.5 x10^9/l	(Range: 2 - 7.5)
Platelet Count	261 x10^9/l	(Range: 150 - 400)
MCH	30.5 pg	(Range: 27 - 32)
Mean Cell Volume	90.3 fl	(Range: 80 - 100)
Haematocrit	0.439 l/l	(Range: 0.37 - 0.47)
Haemoglobin	148 g/l	(Range: 115 - 165)
Red Cell Count	4.86 x10^12/l	(Range: 3.8 - 5.8)
White Blood Count	8.4 x10^9/l	(Range: 4 - 11)

02-Mar-2017 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	43 g/L	(Range: 35 - 50)
Alkaline Phosphatase	75 U/L	(Range: 30 - 130)
AST	30 U/L	(No range available)
ALT	25 U/L	(No range available)
Total Bilirubin	21 umol/L	(No range available)

THIRD PARTY COPY

02-Mar-2017 Mr Anonymous User (ANON)			
Result: (Non Coded Event - Urea & Electrolytes)			
	Estimated GFR > 60		(No range available)
	Creatinine	67 umol/L	(Range: 40 - 130)
	Urea	4.9 mmol/L	(Range: 2.5 - 7.8)
	Chloride	104 mmol/L	(Range: 95 - 108)
	Potassium	3.9 mmol/L	(Range: 3.5 - 5.3)
	Sodium	138 mmol/L	(Range: 133 - 146)
02-Mar-2017 Mr Anonymous User (ANON)			
Result: (Non Coded Event - Bone Profile)			
	Alkaline Phosphatase	75 U/L	(Range: 30 - 130)
	Albumin	43 g/L	(Range: 35 - 50)
	Phosphate	1.42 mmol/L	(Range: 0.8 - 1.5)
	Calcium (adjusted)	2.36 mmol/L	(Range: 2.2 - 2.6)
	Calcium	2.42 mmol/L	(Range: 2.2 - 2.6)
02-Mar-2017 Mr Anonymous User (ANON)			
Result: Serum folate			
	Serum Folate NA		(No range available)
02-Mar-2017 Mr Anonymous User (ANON)			
Result: Serum ferritin			
	Serum Ferritin	**246 ug/l**	**(Range: 15 - 200)**
02-Mar-2017 Mr Anonymous User (ANON)			
Result: Serum vitamin B12			
	Serum Vitamin B12 NA		(No range available)
02-Mar-2017 Mr Anonymous User (ANON)			
Result: (Non Coded Event - HbA1C (IFCC))			
	HbA1c (IFCC)	**45 mmol/mol**	**(Range: 20 - 42)**
05-Feb-2016 Miss Vivien Kelly (5555)			
Result: GMS Contract Back Population			
	Serum creatinine	68 umol/L	(No range available)
09-Nov-2015 Miss Loui Cochrane (LOUI)			
Result: GMS Contract Back Population			
	Body Mass Index	**41.75 kg/m2**	**(Range: 20 - 25)**
06-Apr-2015 Mrs Jean Redmond (2020)			
Result: GMS Contract Back Population			
	Serum creatinine	70 umol/L	(No range available)
02-Oct-2014 Mr Anonymous User (ANON)			
Result: (Non Coded Event - Glucose)			
	Glucose	5.2 mmol/L	(Range: 3.5 - 6)
02-Oct-2014 Mr Anonymous User (ANON)			
Result: (Non Coded Event - LH)			
	LH	4.4 U/L	(No range available)
02-Oct-2014 Mr Anonymous User (ANON)			
Result: (Non Coded Event - FSH)			
	FSH	11.2 U/L	(No range available)
02-Oct-2014 Mr Anonymous User (ANON)			
Result: (Non Coded Event - Thyroid funct test)			
	Total T3		(No range available)
	Free T4	12.8 pmol/L	(Range: 9 - 21)
	TSH	2.04 mU/L	(Range: 0.35 - 5)

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Other Items

18-Mar-2026	Read Code	SMS text sent to patient Summary of text message sent to patient / MrsCarolAvery To improve our service and patient safety, prescription requests must now be made through our online ordering system (link below). Phone lines will only be open 11am-3pm for patients without internet access only. Thank you for your support. Barclay Medical Practice / Change to prescription line for ordering
18-Mar-2026	Read Code	SMS text sent to patient Summary of text message sent to patient / MrsCarolAvery To improve our service and patient safety, prescription requests must now be made through our online ordering system (link below). Phone lines will only be open 10am-3pm for patients without internet access only. Thank you for your support. Barclay Medical Practice / Change to prescription line for ordering
08-July-2025	Read Code	Reflux oesophagitis (gastroscopy)

08-July-2025	Read Code	Gastritis and duodenitis (gastroscopy)
20-Jun-2025	Read Code	O/E - pulse rate 77 beats/minute
20-Jun-2025	Read Code	Diastolic blood pressure 87 mm Hg
20-Jun-2025	Read Code	Systolic blood pressure BP 131 mm Hg
20-Jun-2025	Read Code	O/E - BP reading
01-Jun-2025	Recall	Patient "recall" admin. NOS
01-May-2025	Read Code	Barclay CDM Recall - 1st Letter DIABETIC CDM SENT TODAY
15-Apr-2025	Read Code	Oesophagitis grade D
15-Apr-2025	Read Code	Gastritis unspecified severe antral
15-Apr-2025	Read Code	Hiatus hernia
28-Mar-2025	Read Code	Drug over usage checked
28-Mar-2025	Read Code	Equivalent quantities for all medication checked MM LES
28-Mar-2025	Read Code	Rep.presc. monitoring NOS MM LES
21-Nov-2024	Recall	Barclay Interim Recall *overdue cdm - move if doesnt attend*
06-Sept-2024	Read Code	No response to bowel cancer screening programme invitation Non-Responder
08-Jun-2024	Recall	No response to bowel cancer screening programme invitation *Bowel Cancer Screening Exclusion*
20-May-2024	Read Code	Consent given for electronic record sharing
29-Jan-2024	Read Code	Notes summary on computer As per previous summary
25-Oct-2023	Read Code	Excepted from diabetes quality indicators: Informed dissent
22-Oct-2021	Read Code	Acute reaction to stress
25-Jan-2021	Read Code	Osteoarthritis
10-July-2020	Read Code	Chronic pain
09-July-2020	Recall	Cervical smear due *SCCRS Recall*
14-Jun-2018	Read Code	Low back pain
14-May-2018	Read Code	Cervical smear defaulter Exclusion From SCCRS Until 14/02/2020. Reason: Defaulter
23-Apr-2018	Read Code	Consent given for communication by SMS text messaging
21-Dec-2017	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivery Failed Message: This is a reminder of your appointment on 22 of December at 12:00 PM, at BARCLAY MEDICAL PRACTICE - *****. PLEASE CHECK-IN...
20-Dec-2017	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: This is a reminder of your appointment on 21 of December at 10:20 AM, at BARCLAY MEDICAL PRACTICE - *****. PLEASE CHECK-IN AT RE...
02-Nov-2017	Read Code	Equivalent quantities for all medication checked MM LES
02-Nov-2017	Read Code	Rep.presc. monitoring NOS MM LES
02-Nov-2017	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivery Failed Message: This is a reminder of your appointment on 01 of November at 2:20 PM, at BARCLAY MEDICAL PRACTICE - *****. PLEASE CHECK-IN ...
15-Sept-2017	Read Code	Third patient "recall"

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08-Aug-2017	Read Code	Second patient "recall"
04-Aug-2017	Read Code	Initial patient "recall"
30-Jun-2017	Read Code	Initial patient "recall"
30-Mar-2017	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivery Failed Message: This is a reminder of your appointment on 30 of March at 2:30 PM, at BARCLAY MEDICAL PRACTICE - *****. PLEASE CHECK-IN A...
09-Mar-2017	Read Code	Administration Mrs Avery, your recent diabetic test showed good control. Dr Taylor, Barclay Medical Practice
07-Mar-2017	Read Code	Administration Result normal - MJOG SENT - LC
02-Mar-2017	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: This is a reminder of your appointment on 02 of March at 12:30 PM, at BARCLAY MEDICAL PRACTICE - *****. PLEASE CHECK-IN AT REC...
10-Feb-2017	Read Code	Third patient "recall" 3rd cdm recall message sent
06-Jan-2017	Read Code	Administration barclay cdm recall mjog sent
06-Jan-2017	Read Code	Second patient "recall"
12-Dec-2016	Read Code	Administration Flu vac reminder MJOG sent - lc
05-Dec-2016	Read Code	Administration Text sent to advise Test Results via text message - LC
01-Dec-2016	Read Code	Initial patient "recall" CDM Recall 1st Ivnite
24-Nov-2016	Read Code	Administration Info about Patient Group focus- Text sent
17-Nov-2016	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: This is a reminder of your appointment on 18 of November at 10:30 AM, at BARCLAY MEDICAL PRACTICE - *****. PLEASE CHECK-IN ON ...
26-Oct-2016	Read Code	Administration DROP IN FLU CLINIC MJOG DELIVERY FAILED - LC
19-Sept-2016	Read Code	Administration NEW ADDRESS & CONTACT NUMBER MESSAGE DELIEVERY FAILED - LC
05-Aug-2016	Read Code	Diabetes monitoring 2nd letter Annual Diabetic recall- 2nd reminder SMc
09-Mar-2016	Read Code	Diagnostic lumbar puncture
29-Jan-2016	Read Code	Refusal to give smoking status
20-Jan-2016	Read Code	Health ed. - smoking Smoking Status required
01-Dec-2015	Read Code	Excepted from diabetes qual indicators: Patient unsuitable NO RESPONSE TO LETTER
16-Oct-2015	Read Code	ACP Review Due - 1st Invite letter sent
14-Apr-2015	Read Code	Cervical smear defaulter Exclusion From SCCRS Until 14/01/2017. Reason: Defaulter
25-Mar-2015	Read Code	OSS Scanning returned
26-Jan-2015	Read Code	OSS Scanning
06-Nov-2014	Read Code	Excepted from diabetes qual indicators: Patient unsuitable 3 OR MORE LETTERS SENT WITH NO RESPONSE
12-May-2014	Read Code	DNA Surgery Appt
26-Feb-2014	Read Code	DNA Surgery Appt
11-Nov-2013	Read Code	Excepted from diabetes quality indicators: Informed dissent NO RESPONSE TO INVITES

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15-Oct-2013	Read Code	Constipation with admission to hospital
08-Oct-2013	Read Code	Diabetes monitoring 3rd letter follow up recall (text)
02-Aug-2013	Read Code	3rd Diabetic Annual Letter MJOG reminder send (text/voice)
01-July-2013	Read Code	Knee arthritis NOS right
17-Apr-2013	Read Code	Medication review
15-Mar-2013	Read Code	Ca cervix screen - not wanted
05-Feb-2013	Read Code	Excepted from diabetes quality indicators: Informed dissent NO RESPONSE TO LETTERS
12-Dec-2012	Read Code	Diabetes monitoring 1st letter Txt sent
30-Oct-2012	Read Code	Diabetes monitor invit by SMS TXT SENT
30-Oct-2012	Read Code	Diabetes monitor.phone invite TXT OR VOICE MESSAGE SENT
26-Oct-2012	Read Code	Equivalent quantities for all medication checked MM LES
26-Oct-2012	Read Code	Rep.presc. monitoring NOS MM LES
28-Sept-2012	Read Code	DNA Surgery Appt Diabetic App
28-Sept-2012	Read Code	DNA Surgery Appt
20-Sept-2012	Read Code	H/O: depression
17-Sept-2012	Read Code	DNA Surgery Appt
05-Sept-2012	Read Code	DNA Surgery Appt
29-Aug-2012	Read Code	Equivalent quantities for all medication checked MM LES
29-Aug-2012	Read Code	Rep.presc. monitoring NOS MM LES
13-July-2012	Read Code	DNA Surgery Appt Annual Diabetic App
19-Mar-2012	Read Code	DNA Surgery Appt
19-Mar-2012	Read Code	Diabetic foot examination declined
10-Feb-2012	Read Code	Equivalent quantities for all medication checked MM LES
10-Feb-2012	Read Code	Rep.presc. monitoring NOS MM LES
22-Dec-2011	Read Code	Type 2 diabetes mellitus
25-Nov-2011	Read Code	Type 2 diabetes mellitus
24-Nov-2011	Read Code	Cigarette smoker 20 Cigarettes/day
01-Mar-2011	Read Code	Notes summary on computer
10-Feb-2011	Read Code	MHC Patient
08-Feb-2011	Read Code	White British
08-Feb-2011	Read Code	Smoking cessation advice
08-Feb-2011	Read Code	White British - ethnic category 2001 census
08-Feb-2011	Read Code	Current smoker
08-Feb-2011	Read Code	Teetotaller

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15-Apr-2009	Read Code	Pulmonary embolus
18-Sept-2008	Read Code	Drug addictn therap-methadone

Attachments

Additional document
07-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Avery Carol CHI: 0806725281

Final Discharge Letter

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. NA Gambhir
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Main Switchboard:	
Department:	
Contact Tel:	
Enquiries to:	
Letter Date:	20/10/2020
Reference:	PK/CW
Dictated Date:	04/10/2020
Transcribed Date:	08/10/2020

Dear Dr. NA Gambhir,

Carol Avery; D.O.B: 08/06/1972; CHI: 0806725281
FLAT 7A, 154 Broomhill Drive, Glasgow, Lanarkshire, G11 7NE

Admission: Specialty - General Medicine; Ward - QEUH ARU2 General Medicine
Consultant - Dr David Crosbie; Date of Admission - 26/08/2020
Date of Discharge - 27/08/2020; Discharged to - Private Residence - living alone

Clinical Comments:

Date of Admission: 26th August 2020

Date of Discharge: 26th August 2020

Diagnosis: Abdominal pain and vomiting

Ms Avery was admitted to the Acute Medical Receiving Unit due to generalised abdominal pain and vomiting. The differential diagnosis was between gastroenteritis and cyclical vomiting.

Unfortunately the patient left the hospital before she was seen by a senior member of the team, and we were concerned about her health. She left without notifying any members of staff, but upon checking CCTV she was seen leaving in a taxi at approximately 11pm the same day.

Please let me know if there is anything else I can help with.

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Kind regards.

Yours sincerely,

Dr Petros Karsaliakos

Consultant Physician

Electronically Signed: Dr Petros Karsaliakos, Consultant

cc.

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Avery Carol CHI: 0806725281

Clinical letter - GP: FTA Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. NA Gambhir
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Main Switchboard: [redacted]
Department: MSK Physiotherapy
Community Centre for Health

Contact Tel: [redacted]
Enquiries to: Kirsten Cluley
Letter Date: 06/10/2020
Reference:
Dictated Date: 06/10/2020
Transcribed Date: 06/10/2020

Dear Dr. a. Hamilton,

Carol Avery; D.O.B: 08/06/1972; CHI: 0806725281
FLAT 7A, 154 Broomhill Drive, Glasgow, Lanarkshire, G11 7NE

This patient did not keep their first telephone appointment with us on 06/10/20 at 1300, and did not notify us that they would not be attending.

No further appointment will be offered and they will be removed from our waiting list, unless they contact us within 24 hours.

Yours sincerely

Kirsten Cluley

Band 6 MSK Physiotherapist

Electronically Signed: ,

cc.

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Avery Carol CHI: 0806725281

Clinic Letter

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
[redacted]

Dr. NA Gambhir
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Main Switchboard:
Department: Orthopaedics
Contact Tel:
Enquiries to:
Letter Date: 25/01/2021
Reference: AM/AF
Dictated Date: 25/01/2021
Transcribed Date: 27/01/2021

Dear Dr. NA Gambhir,

Carol Avery; D.O.B: 08 Jun 1972; CHI: 0806725281
FLAT 7A, 154 Broomhill Drive, Glasgow, Lanarkshire, G11 7NE

Attendance: Specialty - Orthopaedics ; Clinic - VIAMOR2-EXTENDED SCOPE PRACTITIONER MACFIE MONDAY PM
Date and Time of Appointment - 25/01/2021 15:10

Clinical Comments:
Condition: Moderate to severe osteoarthritic changes right knee

Outcome: Conservative care

We conducted a telephone consultation with this 48-year-old lady this afternoon, who has a history of right knee pain dating back 2 to 3 years, with her symptoms escalating. She now reports that her knee pain limits mobility. She walks with the aid of elbow crutches for between 5 to 10 minutes. She is having difficulty ascending and descending stairs, initiating movement and rising from a chair. She complains of episodes of knee swelling, crepitus and giving way but no falls.

Medically Ms Avery has a history of chronic back pain, peripheral vascular disease, hypertension and type 2 diabetes mellitus. She is presently medicated with Gabapentin, Pregabalin and Tramadol without any pain relief. I believe she has been referred to the pain clinic. She was previously significantly overweight but reports today that her weight has now reduced to 13 stone and 7lb, which is the equivalent of a body mass index of 34.7. Previous x-ray of the right knee indicates joint space narrowing, preferentially affecting the medial compartment, with subchondral sclerotic changes and osteophytic lipping evident throughout the knee plus tibial spine spiking.

I have explained these findings to Ms Avery this afternoon. She has moderately severe osteoarthritic changes preferentially affecting the medial compartment. Her only surgical option would be to consider knee replacement surgery, however with respect to Ms Avery's age we are not keen to consider surgery at the age of 48 due to survivorship of the prosthesis, and I would hope that with continued weight loss, reduced pressure on the knee may allow this to be more manageable. I have

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given her encouragement on modified activities and light exercise, and she has been discharged from the orthopaedic clinic.

Yours sincerely,

Alistair MacFie

Advanced Physiotherapy Practitioner (Orthopaedics)

Electronically Signed: Physiotherapist Alistair MacFie, Physiotherapist

cc.

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Diabetic Eye Screening

Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!

NHS
Greater Glasgow and Clyde

GP
THE BROOMHILL PRACTICE
41 BROOMHILL DR
GLASGOW
G11 7AD

Thursday, 4 February 2021

Dear Doctor

DIABETIC RETINOPATHY SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No	0806725281
Name	CAROL AVERY
Date of birth	08-Jun-1972
Address	FLAT 7A, 154 BROOMHILL DR, GLASGOW, G11 7NE

This patient has not attended their screening examination following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries, please contact us on [redacted] or [redacted]

Yours sincerely

Greater Glasgow & Clyde Retinal Screening Service

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Lab Report ID : B,21.0945468.V
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (14155) Carol Avery DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 7a 154 Broomhill Drive GLASGOW Glasgow

Report Text :
-joint pains

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R HbA1C (IFCC)					
HbA1c (IFCC)		33	mmol/mol	(20-41 U)	NR

Sample Collected Date : 25/03/2021 11:59:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 25/03/2021 17:14:00
Received Date : 26/03/2021 15:00:21
Requestor : NIXON, WENDY
Requestor GMC Code :

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Lab Report ID : B,21.0946717.Y
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (14155) Carol Avery DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 7a 154 Broomhill Drive GLASGOW Glasgow

**** ABNORMAL ****

Report Text :
-joint pains

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Bone Profile					
Calcium		2.22	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.32	mmol/L	(2.20-2.60 U)	NK
Phosphate		1.15	mmol/L	(0.80-1.50 U)	NK
Albumin		39	g/L	(35-50 U)	NK
Alkaline Phosphatase		130	U/L	(30-130 U)	NK
R C-reactive Protein	**Y**				
C Reactive Protein	+	11	mg/L	(0-10 U)	NK
R Urea & Electrolytes	**Y**				
-(NA) Specimen haemolysed, result invalid.					
Sodium		139	mmol/L	(133-146 U)	NK
Potassium		NA			NK
-Haemolysed					
Chloride	+	109	mmol/L	(95-108 U)	NK
Urea		3.3	mmol/L	(2.5-7.8 U)	NK
Creatinine		56	umol/L	(40-130 U)	NK
Estimated GFR		>60	ml/min	(>>60 U)	NK
R Liver Function Tests					
-(NA) Specimen haemolysed, result invalid.					
Total Bilirubin		3	umol/L	(<<20 U)	NK
ALT		16	U/L	(<<50 U)	NK
AST		NA			NK
-Haemolysed					
Alkaline Phosphatase		130	U/L	(30-130 U)	NK
Albumin		39	g/L	(35-50 U)	NK
R Lipid profile	**Y**				
Cholesterol		5.2	mmol/L		NK
Triglycerides	+	2.4	mmol/L	(0.2-2.3 U)	NK
HDL Cholesterol		1.7	mmol/L		NK
LDL-Cholest (calc'd)		2.4	mmol/L		NK
R VLDL-Chol (calc'd)		1.1	mmol/L		NK
Chol/HDL ratio		3.1			NK
R Thyroid funct test					
TSH		1.26	mU/L	(0.35-5.00 U)	NK
Free T4		11.5	pmol/L	(9.0-21.0 U)	NK
Total T3					NK

Sample Collected Date : 25/03/2021 11:59:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 25/03/2021 16:44:00
Received Date : 26/03/2021 11:00:07
Requestor : NIXON, WENDY
Requestor GMC Code :

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Lab Report ID : B,21.0946719.F
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (14155) Carol Avery DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 7a 154 Broomhill Drive GLASGOW Glasgow

** ABNORMAL **

Report Text :
-joint pains
-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	**Y**				
White Blood Count		5.4	x10^9/l	(4.0-10.0 U)	NK
Red Cell Count		4.66	x10^12/l	(3.80-5.80 U)	NK
Haemoglobin		149	g/l	(115-165 U)	NK
Haematocrit	+	0.471	l/l	(0.370-0.470 U)	NK
Mean Cell Volume	+	101.1	fl	(83.0-101.0 U)	NK
MCH		32.0	pg	(27.0-32.0 U)	NK
Platelet Count		192	x10^9/l	(150-410 U)	NK
Neutrophils		3.0	x10^9/l	(2.0-7.0 U)	NK
Lymphocytes		1.9	x10^9/l	(1.1-5.0 U)	NK
Monocytes		0.3	x10^9/l	(0.2-1.0 U)	NK
Eosinophils		0.17	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 : 25/03/2021 11:59:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 25/03/2021 16:51:00
Received Date : 25/03/2021 19:00:50
Requestor : Nixon, Wendy
Requestor GMC Code :

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NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow G21 3UW

Telephone: [redacted]

Email: [redacted]

07/04/2021

Pain Management Service

Dr NA Gambhir
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr. NA Gambhir

Re CHI Number: **0806725281** Carol Avery

We have recently received a referral requesting input from our service and have added your patient to our waiting list. As a new initiative within the Glasgow Pain Management Service, we have invited your patient to participate in two initial sessions so we can plan their care together.

The first session is a virtual information session, delivered via video call, detailing what the Pain Management Service is and what we provide. We also explain the science of pain, activity management and influences of thoughts and emotions on pain.

The second session is a telephone conversation to discuss individually with people, their expectations of attending the Pain Management Service. We hope this early approach provides a basis for shared decision making and improved quality of care when they attend the service.

We are testing this new model of early information and asking people to opt-in and participate in these sessions. Your patient has also received a letter from us detailing this information and will have the opportunity to opt-out of these sessions should they be unable to participate virtually.

If they do not contact us to opt-in and, or participate, we will assume they no longer wish to receive input from our service and will remove their name from the Pain Management Service outpatient waiting list.

If you have any concerns, please contact the Pain Service Secretaries on the number above.

Yours sincerely

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Pain Management Service

User ID Fiona Paul

SCGC WL PR Opt-In GP

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Lab Report ID : G516H37093483 **Coding Status** : Not Coded
Filed By User : **File Status** : Not Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (14155) Carol Avery DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 7a 154 Broomhill Drive GLASGOW Glasgow
SPECIMEN : IMAGING

	Abn	Value	Units	Range	Status
R XR Pelvis					
R XR Pelvis					NK

I Click for HTML view
-Carol Avery
Clinical History :
left hip pain, esp with internal
rotation, known OA right knee. ?left hip OA

XR pelvis:

No specific
evidence of hip osteoarthritis.
No acute bony injury.
Minor sclerosis of
the left SI joint noted, possibly osteitis condensans ilii.

Reported
by: Dr Jeffrey Rudston-Brown (SpR) and Dr Oliver Cram
Verified by: Dr
Oliver Cram

Sample Collected Date : 09/04/2021 08:52:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 09/04/2021 16:15:05
Received Date : 09/04/2021 19:00:23
Requestor : Nixon, Dr Wendy
Requestor GMC Code :

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GP Links Microbiology Report

Patient Details

Surname	AVERY
Forename	CAROL
CHI	0806725281
Date of birth	08.06.1972
Address	FLAT 7A 154 BROOMHILL DRIVE GLASGOW LANARKSH G11 7NE

Specimen Details

Specimen Number	M.21.5886645.H
Specimen Type	Vaginal swab, high
Date/Time Collected	11.08.21 / 17:31
Date/Time Received	12.08.21 / 11:42
Requested By	Dr Annie McAlister
GP Practice	40121
Date/Time Reported	16.08.21 / 15:22

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 Annie McAlister Order No:IS15519306
LOCATION: Broomhill Pract Glasgow

Gram Film: SUGGESTIVE OF BACTERIAL VAGINOSIS

CULTURE RESULT: No significant growth

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Ryan Smith MIC QEUH
Date/Time authorised: 16.08.2021 15:21
** END OF REPORT **

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Avery Carol CHI: 0806725281

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
[redacted]

Dr. NA Gambhir
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Main Switchboard:
Department: Obstetrics and Gynaecology
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 24/08/2021
Reference: AD/KMC
Dictated Date: 24/08/2021
Transcribed Date: 03/09/2021

Dear Dr. NA Gambhir,

Carol Avery; D.O.B: 08 Jun 1972; CHI: 0806725281
FLAT 7A, 154 Broomhill Drive, Glasgow, Lanarkshire, G11 7NE

Attendance: Specialty - Gynaecology; Clinic - STHAGYI-DR HASSAN GYN EXTRA CLINIC
Date and Time of Appointment - 24/08/2021 13:55

Clinical Comments:
Thank you for referring this lady to the Gynaecology One Stop Clinic. She is a 49 year old para 5 with previous 5 vaginal deliveries. She attained menopause in 2012 and has been suffering from significant hot flushes. She started having intermittent brown vaginal spotting which started approximately 2 years ago. This is not heavy bleeding and she occasionally gets some cramps along with the spotting. She has a background of previous moderate dyskaryosis in 2013 and underwent a colposcopy. She was advised follow up with the colposcopists however declined to attend. She has a background history of pulmonary embolism and has a BMI of 49. She also has Type 2 Diabetes and suffers from osteoarthritis and chronic pain in her back.

She had an ultrasound examination in the clinic which showed a thin endometrium of 1.9mm. There were no abnormalities in the uterus/ovaries and no free fluid. On examination her cervix appeared normal and the uterus was mobile. There is some degree of cystocele. I have reassured her regarding her cervical findings and the fact that the endometrium appears thin on the ultrasound scan.

She was very keen for HRT given her menopausal symptoms. I have explained that HRT can increase her risk of venous Thromboembolism and at present I have started her on Clonidine, Vitamin B6 and Primrose Oil. I would be grateful if you could dispense this at your surgery.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Yours sincerely

Dr Ajay Dharwle

ST6

Obstetrics & Gynaecology

Electronically Signed: Dr Hassan Ali, Consultant

cc.

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Boots N Co

NHS
Greater Glasgow and Clyde

Patient Label
0805725281
AVERY
Carol F
FLAT 7A 08/05/1972
154 Broomhill Drive
Glasgow, Lanarkshire
G11 7NE

The patient attended Gynecology one stop Clinic at Stobhill hospital

Hospital on 24/08/21 and I would advise a change to drug therapy from

to

or additional therapy of clonidine

as detailed below. Full letter to follow.

Additional Comments: Increase dose to 75 mg if inadequate response

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
- Clonidine	50 mg	BD	4 wks
- Evening primrose oil	1 tab	OD	
- Vitamin B6	1 tab 50mg	OD	

Yours Sincerely

Signature:

Name (print) Dhami Grade: ST6 Ext. No:

White copy to - *G.P.* Pink copy - *File this copy in Case Records*

00545 GGC0004

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NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow G21 3UW

Telephone: 0141 347 8005/06

Email: [redacted]

27/08/2021

Pain Management Service

Dr NA Gambhir
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr, NA Gambhir

Re CHI Number: **0806725281** Carol Avery

We have recently received a referral requesting input from our service and have added your patient to our waiting list. As a new initiative within the Glasgow Pain Management Service, we have invited your patient to participate in two initial sessions so we can plan their care together.

The first session is a virtual information session, delivered via video call, detailing what the Pain Management Service is and what we provide. We also explain the science of pain, activity management and influences of thoughts and emotions on pain.

The second session is a telephone conversation to discuss individually with people, their expectations of attending the Pain Management Service. We hope this early approach provides a basis for shared decision making and improved quality of care when they attend the service.

We are testing this new model of early information and asking people to opt-in and participate in these sessions. Your patient has also received a letter from us detailing this information and will have the opportunity to opt-out of these sessions should they be unable to participate virtually.

If they do not contact us to opt-in and, or participate, we will assume they no longer wish to receive input from our service and will remove their name from the Pain Management Service outpatient waiting list.

If you have any concerns, please contact the Pain Service Secretaries on the number above.

Yours sincerely

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Pain Management Service

User ID Rebecca McCafferty

SCGC WL PR Opt-In GP

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Patient Advice please

Anna Hamilton [redacted]
Tue 21/09/2021 17:13
To: MENOPAUSESUPPORT (NHS GREATER GLASGOW & CLYDE) [redacted]

Hi,

Patient Carol Avery 0806725281. Hot flushes since 2012 and also mentions anger manaement and mood issues. She is high risk for HRT. PTE 2009, BMI 49 and still smoking. No breast cancer or family history. No migraines. Awaiting her attendance for BP. She was seen by gyn recently for intermittent spotting the last two years and exam and USS normal. They suggested trying clonidine, vitamin B6 and evening primrose oil for flushes. We have increased up to 75mcg clonidine bd - has been on this inc for 2 weeks without any benefit. I had suggested an anti-depressant but not so keen. On pregabalin for pain and promethazine for sleep and tramadol for pain. Is this someone you would ever offer transdermal HRT to? Or do we just need to continue to try anti-depressants etc. What would be your first line if non-HRT recommended.
Many thanks,

Dr Anna Hamilton GP
Broomhill Practice

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Covid19 Report

Patient Details

Surname	AVERY
Forename	CAROL
CHI	0806725281
Date of birth	08.06.1972
Sex	Female
Address	FLAT 7A 154 BROOMHILL DRIVE GLASGOW LANARKSH G11 7NE

Specimen Details

Specimen Number	V.21.4044070.B
Specimen Type	THROAT AND NOSE SWAB
Date/Time Collected	18.10.21 / 15:56
Date/Time Received	19.10.21 / 13:10
Requested By	Dr Marion Campbell
GP Practice	40121
Date/Time Reported	19.10.21 / 18:32
Details	routine

Results

2019 NCoV - Authorised on 19.10.21 at 18:27

2019 NCoV	Not detected

Comments:
The laboratory will discard negative SARS-CoV-2 PCR
specimens after 48 hours.
Tests NOT included in UKAS Accreditation (9319) Scope.
This is a THROAT and NOSE SWAB sample.

End of Report

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: [redacted]
Fax: [redacted]
Email:

Date Completed: 18/10/2021

Consultant: Dr Marion Campbell

NA Gambhir
The Broomhill Practice
41 Broomhill Drive
Glasgow
Glasgow
G11 7AD

Dear NA Gambhir

Re: **Avery Carol** DOB: **08/06/1972** CHI: **0806725281**
FLAT 7A
Glasgow G11 7NE

Attended on: **18/10/2021 at 09:43 hrs.** Departed on: **18/10/2021 at 16:14 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
chest pains

Nursing Assessment:
BiBA- D&V since Thursday seen by gp on Friday refused transfer to hospital. pt had onset chest pain radiating through to back worse on inspiration onset 0400hrs.

Investigations in ED:

1. Amylase	**2. Bone Profile**	**3. CRP**
4. LFT	**5. Urea and Electrolytes**	**6. Troponin I hs**
7. Full Blood Count	**8. Coagulation screen**	**9. Glucose**
10. Lactate (Glasgow only)	**11. SARS-CoV-2 (ED/IP use) (COVID-19)**	**12. Troponin I hs**

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Diagnosis:

Diagnosis	Side	Site
Chest Pain, Unspecified		
Nausea and Vomiting		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes.
49yo female BIBA to A&E with 5/7 vomiting and diarrhoea, and 1/7 central chest pain. Troponin = 8, ECG: T wave inversion leads V4-6. Admitted medicine for repeat troponin and IV fluids.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Chloe McMurray2
Doctor

Copies to:
1. NA Gambhir (GP)
School Address:

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. NA Gambhir
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Main Switchboard: [redacted]
Department: Gastroenterology
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 09/11/2021
Reference: GC/ED
Dictated Date: 31/10/2021
Transcribed Date: 04/11/2021

Dear Dr. NA Gambhir,

Carol Avery; D.O.B: 08/06/1972; CHI: 0806725281
FLAT 7A, 154 Broomhill Drive, Glasgow, Lanarkshire, G11 7NE

Admission: Specialty - Gastroenterology; Ward - QEUH Ward 8D General Medicine
Consultant - Dr Graham Curry; Date of Admission - 18/10/2021
Date of Discharge - 21/10/2021; Discharged to - Private Residence - living with relatives or friends

Clinical Comments:
I have reviewed the IDL for this ladies admission between the 18th to the 21st of October. It is an accurate reflection of her presentation, investigation and management. She settled with supported measures and was discharged without follow up. I would be grateful if you could ensure that her potassium is rechecked post discharge. At the time of discharge it had returned to 3.2 from a low of 3.0 many thanks in anticipation.

Yours Sincerely

Dr Graham Curry

Consultant Gastroenterologist

Electronically Signed: Dr Graham Curry, Consultant

THIRD PARTY COPY

cc.

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

NITIN GAMBHIRThe Broomhill Practice,41 Broomhill Drive,Glasgow, G11 7AD

Main Switchboard:
Date of Completion: 21-Oct-2021

Dear NITIN GAMBHIR,

Name	CHI	DoB	Address
Carol Avery	**0806725281**	**08-Jun-1972**	**FLAT 7A, 154 Broomhill Drive, Glasgow, Lanarkshire, G11 7NE**

Admitted	Type	Discharged	Destination
18-Oct-2021 16:14	IP	21-Oct-2021	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Gastroenterology	Curry	QEUH Ward 8D General Medicine	

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: Emma McAllister (Emma McAllister - FY1 Aug 21) on 21 Oct 2021 12:30

Discharge Medication:

Page 1 of 5

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Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Alginate raft-forming oral suspension sugar free (Peptac)	oral	10 mL four times daily when required	No	Patient's own supply		Y	
Atorvastatin 20mg tablets	oral	1 tablet once daily	No	Patient's own supply			Added
Clonidine 25microgram tablets	oral	3 tablets twice daily	No	Patient's own supply			Added
Lidocaine 5% medicated plasters	topical	700 mg 12hr on 12hr off	No	Patient's own supply			Added
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily	No	Patient's own supply			Added
Paracetamol 500mg tablets	oral	2 tablets four times daily when required	No	Patient's own supply			
Pot chlor 600mg/Pot bicarb 400mg (total pot 12mmol) efferv	oral	2 tablets three times daily , Fixed Period 3 Day(s) from 19 Oct 2021	Yes		**Dispensing Details:** 4 supplied		Added
Pregabalin 300mg capsules	oral	1 capsule twice daily	No	Patient's own supply	**Drug Details:** Please supply 14 (FOURTEEN) tablets only		Added
Promethazine hydrochloride 25mg tablets	oral	1 tablet once daily	No	Patient's own supply			Added
Tramadol 50mg capsules	oral	ONE TO BE TAKEN UP TO FOUR TIMES A DAY.	No	Patient's own supply	**Drug Details:** Please supply 28 (twenty-eight) capsules	Y	
Venlafaxine 37.5mg tablets	oral	1 tablet once daily	No	Patient's own supply			Added

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
DISPENSED BY: JANINE ALEXANDER 21/10/2021 Checked - RGlassford 21.10.2021

Withheld Medication:

Page 2 of 5

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

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
2021-10-21	Gabapentin 300mg capsules	oral	2 capsules three times daily		Stopped Before Admission
2021-10-21	Mirtazapine 15mg tablets	oral	ONE TO BE TAKEN AT NIGHT.		Stopped Before Admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:

Dear Doctor

This is a 49 year old lady who was admitted to ward 8D QUEH on 18.10.2021 with chest pain, diarrhea and vomiting.

Impression:
Vomiting - mild electrolyte disturbance.
Prolonged QTc.

Past medical history:
OA.
Type 2 diabetes mellitus.
PE 2009.
PVD.
LBP.
Depression.

Social history:
Lives with [redacted]
Smoker 6cpd.
Nil alcohol.

Page 3 of 5

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Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

	Investigations: ECG (19.20.2021) - normal sinus rhythm. Bloods (20.10.2021) - Potassium 3.2, Total Bilirubin 20, White Blood Count 10.4. Bloods otherwise unremarkable including Troponin I hs, Amylase and D-dimer. Chest x-ray (19.10.2021) - Normal cardiomediastinal contour. The heart is not enlarged. No active lung pathology. No pneumothorax. The bony thorax is intact. CTPA (20.10.2021) - No evidence of central pulmonary embolism. The distal pulmonary arterial branches cannot be accurately assessed due to the image quality. No other cause for the symptoms was demonstrated. Management: Analgesia and antiemetic. IV fluids and IV potassium replacement. Follow up: Could GP please recheck U&E to ensure potassium normalised. Thank you for your ongoing care. Kind regards Ward 8D QEUH
Discharge Comments:	
Follow Up:	Yes Could GP please recheck U&E to ensure potassium normalised.
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Page 4 of 5

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Yours sincerely,

Emma MCALLISTER

Prescription Review
Medications reviewed by pharmacist: Graham Smith (Pharmacist)
Checked by: Rachel GLASSFORD (Pharmacy Technician Pharmacy Prescribing Policy and Support Unit)
Discharged by: Debbie HARRISON3 (GRN)

Page 5 of 5

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Scan to file.

RE: Patient Advice please

MENOPAUSESUPPORT (NHS GREATER GLASGOW & CLYDE) [redacted]

Wed 22/09/2021 14:43

To: Anna Hamilton [redacted]

Hi Anna,

Thanks for your email. Your patient does not have any absolute contraindications to HRT use, however she has risks which I am concerned about (past PE, very high BMI and smoking).

It is likely if the patient lost weight and stopped smoking her menopause symptoms would be much improved!

She COULD be offered transdermal HRT, however I would only give her this if she been willing to try non-HRT alternatives such as a SSRI or gabapentin.... She would also need to be fully informed of the risks of HRT and realise that by taking it she may increase her risk of another clot occurring. Transdermal HRT would be far safer than an oral preparation,

Hope this helps,

Joanna Speedie
SRH Consultant

From: Anna Hamilton
Sent: 21 September 2021 17:13
To: MENOPAUSESUPPORT (NHS GREATER GLASGOW & CLYDE) [redacted]
Subject: Patient Advice please

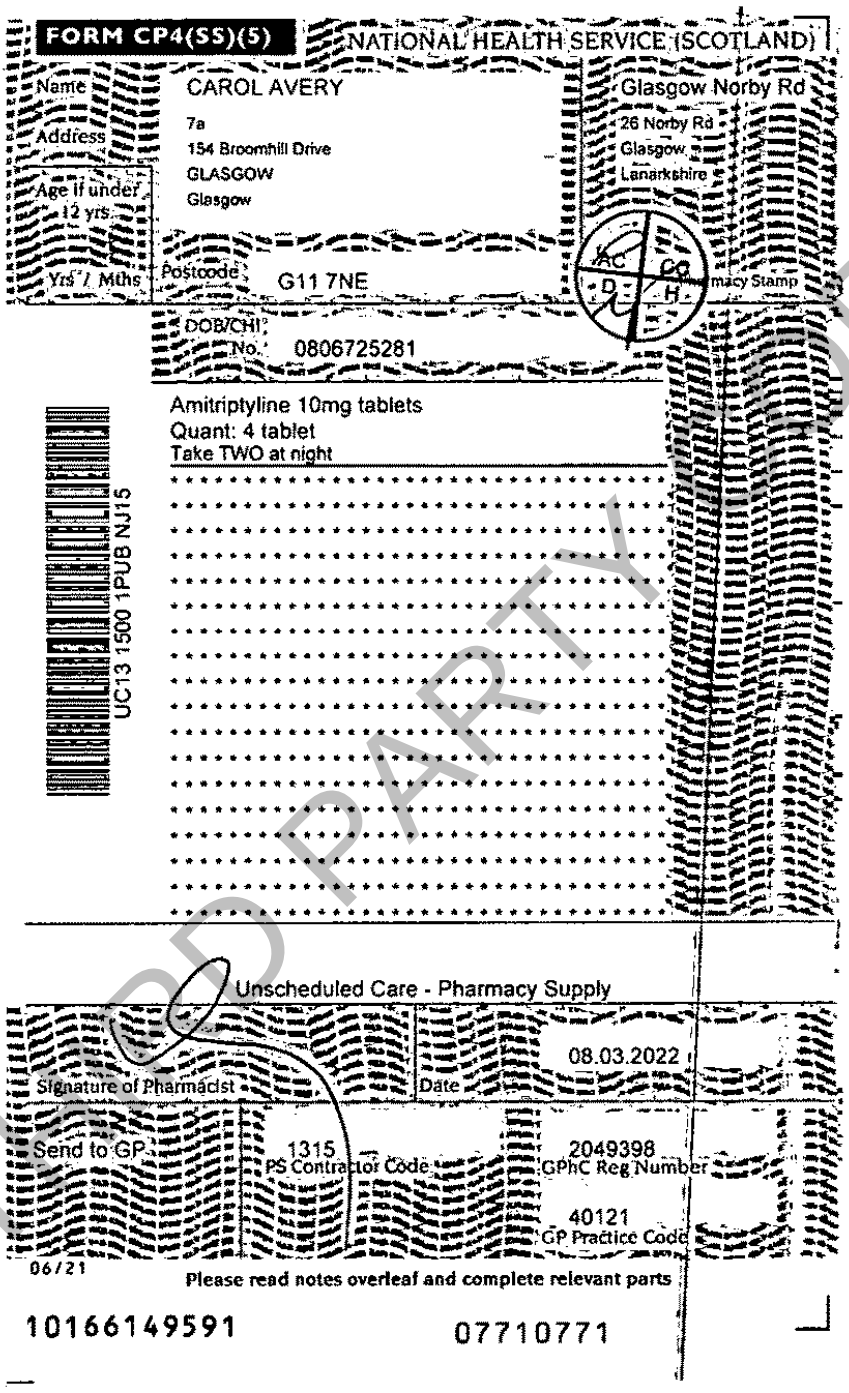
Hi,

Patient Carol Avery 0806725281. Hot flushes since 2012 and also mentions anger manaement and mood issues. She is high risk for HRT. PTE 2009, BMI 49 and still smoking. No breast cancer or family history. No migraines. Awaiting her attendance for BP. She was seen by gyn recently for intermittent spotting the last two years and exam and USS normal. They suggested trying clonidine, vitamin B6 and evening primrose oil for flushes. We have increased up to 75mcg clonidine bd - has been on this inc for 2 weeks without any benefit. I had suggested an anti-depressant but not so keen. On pregabalin for pain and promethazine for sleep and tramadol for pain. Is this someone you would ever offer transdermal HRT to? Or do we just need to continue to try anti-depressants etc. What would be your first line if non-HRT recommended.
Many thanks,

Dr Anna Hamilton GP
Broomhill Practice

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FORM CP4(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name: CAROL AVERY

Address: 7a
154 Broomhill Drive
GLASGOW
Glasgow

Age if under 12 yrs: Yrs / Mths

Postcode: G11 7NE

Glasgow Norby Rd
26 Norby Rd
Glasgow
Lanarkshire

AC CC D H

macy Stamp

DOB/CHI No.: 0806725281

UC13 1500 1PUB NJ15

Amitriptyline 10mg tablets
Quant: 4 tablet
Take TWO at night

Unscheduled Care - Pharmacy Supply

Signature of Pharmacist

Date: 08.03.2022

Send to GP

1315 PS Contractor Code

2049398 GPhC Reg Number

40121 GP Practice Code

06/21

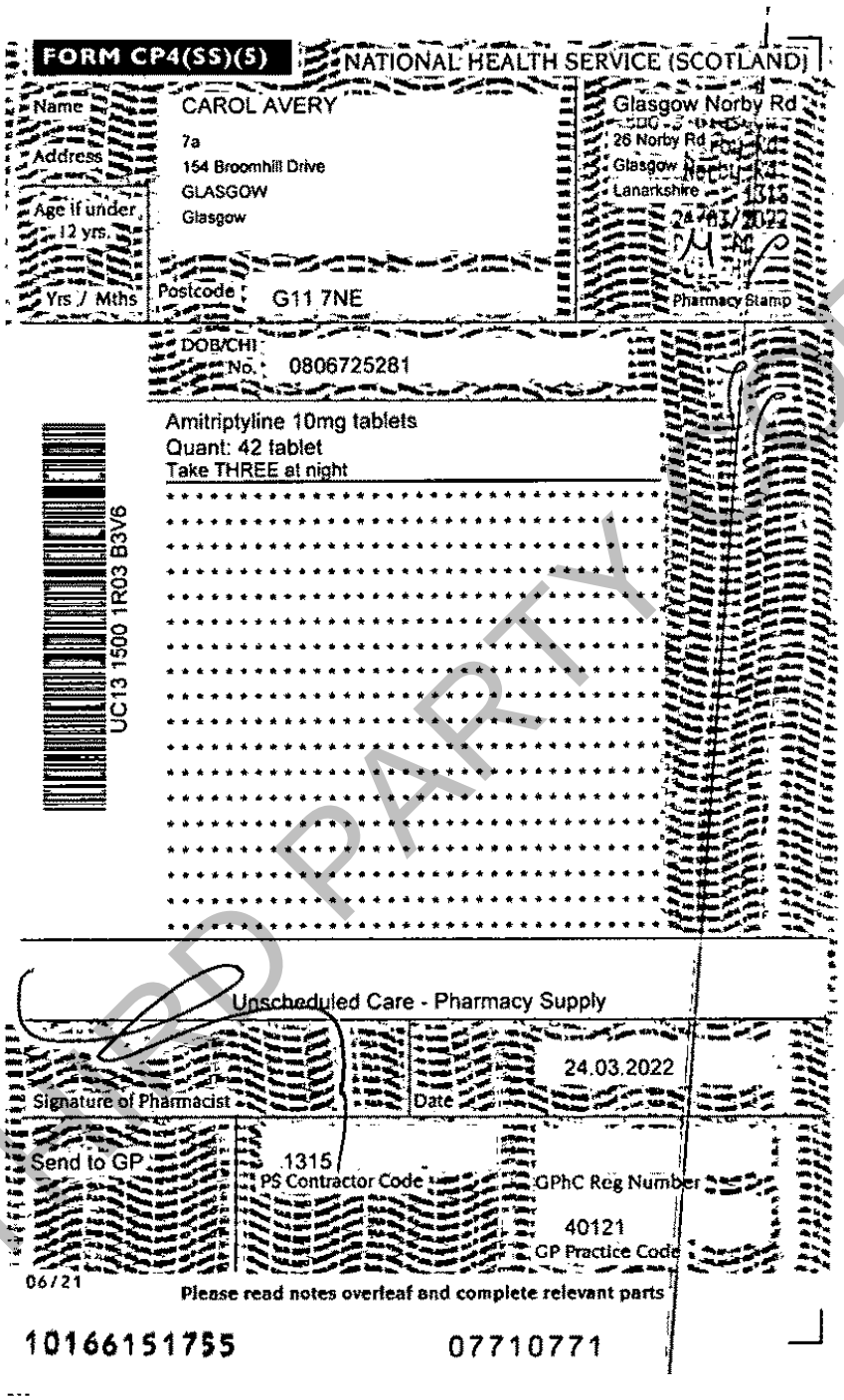
Please read notes overleaf and complete relevant parts

10166149591

07710771

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FORM CP4(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name: CAROL AVERY

Address: 7a
154 Broomhill Drive
GLASGOW
Glasgow

Postcode: G11 7NE

Age if under 12 yrs. Yrs / Mths

Glasgow Norby Rd
26 Norby Rd
Glasgow
Lanarkshire
1315
24/03/2022

Pharmacy Stamp

DOB/CHI No.: 0806725281

UC13 1500 1R03 B3V6

Amitriptyline 10mg tablets
Quant: 42 tablet
Take THREE at night

Unscheduled Care - Pharmacy Supply

Signature of Pharmacist

Date: 24.03.2022

Send to GP

1315
PS Contractor Code

GPhC Reg Number

40121
GP Practice Code

06/21

Please read notes overleaf and complete relevant parts

10166151755 07710771

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NHS Confidential: Personal data about a patient

FORM CP4(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name CAROL AVERY

Address 7a
154 Broomhill Drive
GLASGOW
Glasgow

Age if under 12 yrs.

Yrs / Mths

Postcode G11 7NE

Glasgow Norby Rd
26 Norby Rd
Glasgow
Lanarkshire

Pharmacy Stamp

DOB/CHI No. 0806725281

UC13 1500 1RD7 LBKE

Amitriptyline 50mg tablets
Quant: 3 tablet
Take ONE tablet in the evening

Unscheduled Care - Pharmacy Supply

Signature of Pharmacist

Date 23.05.2022

Send to GP

B/H,M

1315
PS Contractor Code

2205428
GPhC Reg Number

40121
GP Practice Code

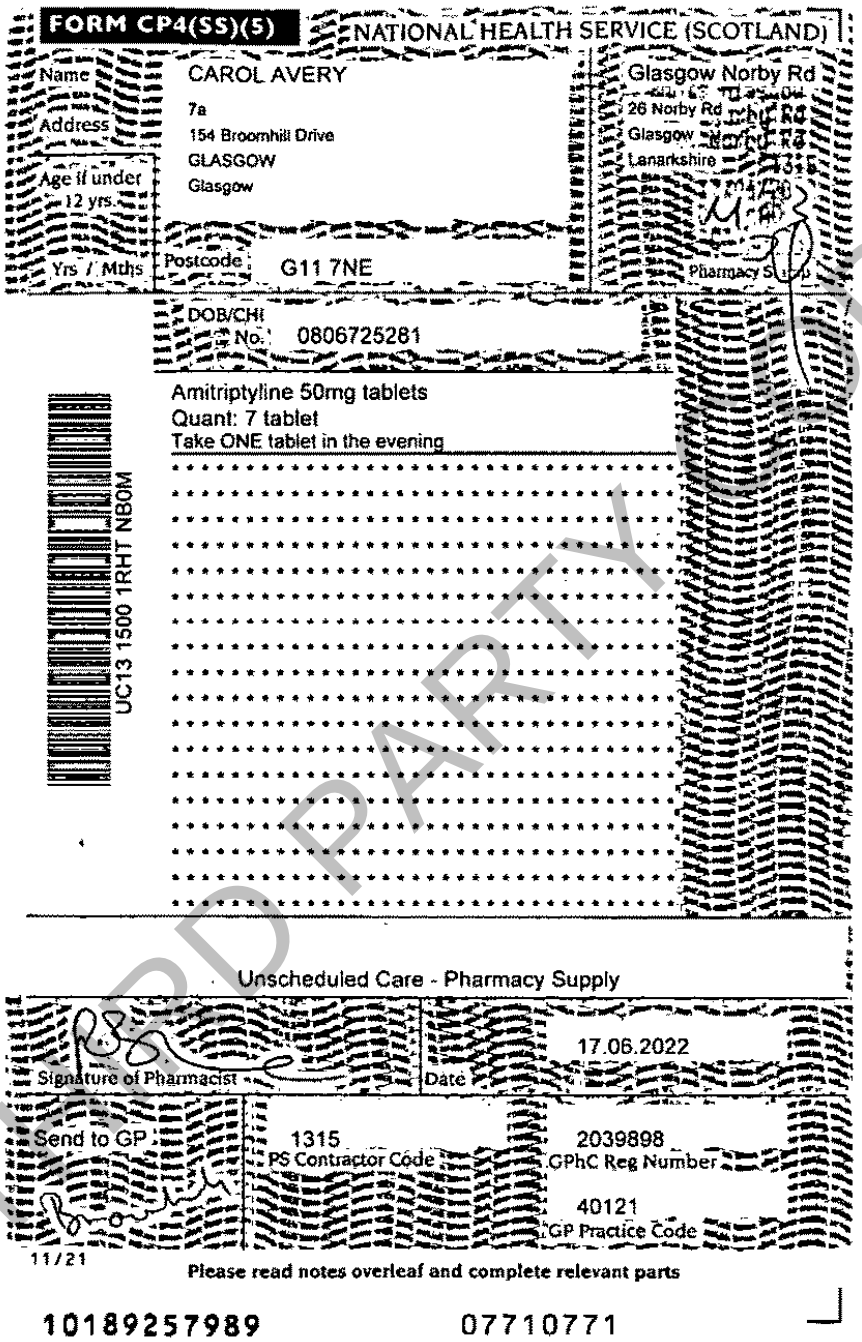
06/21

Please read notes overleaf and complete relevant parts

10166159280 07710771

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FORM CP4(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name CAROL AVERY

Address 7a
154 Broomhill Drive
GLASGOW
Glasgow

Age if under 12 yrs. Yrs / Mths

Postcode G11 7NE

Glasgow Norby Rd
26 Norby Rd
Glasgow
Lanarkshire

Pharmacy Stamp

DOB/CHI No. 0806725281

UC13 1500 1RHT NB0M

Amitriptyline 50mg tablets
Quant: 7 tablet
Take ONE tablet in the evening

Unscheduled Care - Pharmacy Supply

Signature of Pharmacist

Date 17.06.2022

Send to GP

1315 PS Contractor Code

2039898 GPhC Reg Number

40121 GP Practice Code

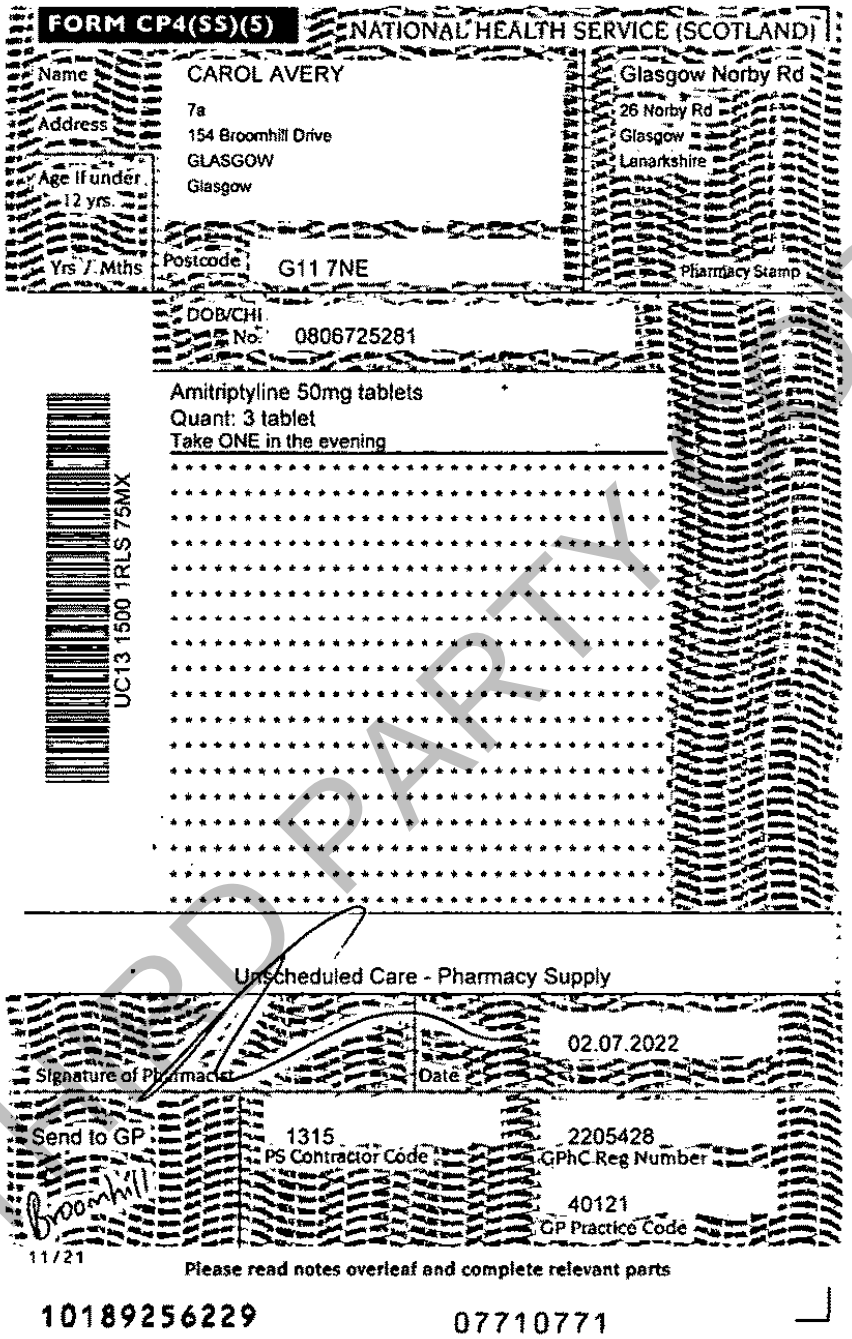
11/21

Please read notes overleaf and complete relevant parts

10189257989 07710771

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NHS Confidential: Personal data about a patient



FORM CP4(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name: CAROL AVERY

Address: 7a
154 Broomhill Drive
GLASGOW
Glasgow

Age if under 12 yrs. Yrs / Mths

Postcode: G11 7NE

Glasgow Norby Rd
26 Norby Rd
Glasgow
Lanarkshire

Pharmacy Stamp

DOB/CHI No: 0806725281

Amitriptyline 50mg tablets
Quant: 3 tablet
Take ONE in the evening

UC13 1500 1RLS 75MX

Unscheduled Care - Pharmacy Supply

Signature of Pharmacist

Date: 02.07.2022

Send to GP

1315 PS Contractor Code

2205428 GPhC Reg Number

40121 GP Practice Code

11/21

Please read notes overleaf and complete relevant parts

10189256229 07710771

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NHS Confidential: Personal data about a patient

[redacted]

Diabetic Eye Screening

Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!

NHS
Greater Glasgow and Clyde

GP
THE BROOMHILL PRACTICE
41 BROOMHILL DR
GLASGOW
G11 7AD

Wednesday, 7 September 2022

Dear Doctor

DIABETIC EYE SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No	0806725281
Name	CAROL AVERY
Date of birth	08-Jun-1972
Address	FLAT 7A, 154 BROOMHILL DR, GLASGOW, G11 7NE

This patient has not attended their screening examination following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries, please contact us on [redacted] or [redacted]

Yours sincerely

Greater Glasgow & Clyde Diabetic Eye Screening Service

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 29/03/2023

Consultant: Dr Donogh Maguire

NA Gambhir
The Broomhill Practice
41 Broomhill Drive
Glasgow
Glasgow
G11 7AD

Dear NA Gambhir

Re: **Avery Carol** DOB: **08/06/1972** CHI: **0806725281**
St. Enochs Hotel
Glasgow G1 4EE

Attended on: **22/03/2023 at 07:10 hrs.** Departed on: **22/03/2023 at 12:20 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
abdo pain

Nursing Assessment:
ABDO PAIN. abdo pain since 21.00. moving to (R) hand side. states had diarrhoea. denies urinary symptoms. has vomited. on omeprazole.

Investigations in ED:

1. Amylase	**2. CRP**	**3. Urea and Electrolytes**
4. Bicarbonate	**5. LFT**	**6. Glucose**
7. Full Blood Count	**8. Amylase**	**9. CRP**
10. Urea and Electrolytes	**11. Bicarbonate**	**12. LFT**
13. Glucose	**14. HCG**	**15. Full Blood Count**

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Diagnosis:

Diagnosis	Side	Site
Diarrhoea and Gastroenteritis of Presumed Infectious Origin		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
D&V with upper abdo tenderness and right paravertebral muscle strain. Well with normal bloods and symptoms settled in ED after antiemetic and analgesia. Discharged with Peptac, DHC60 qds and Paracetamol 1g qds.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Tadhg Kelliher
Consultant

Copies to:
1. NA Gambhir (GP)
School Address:

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow G21 3UW

Telephone: [redacted]

Email: [redacted]

24/04/2023

Pain Management Service

Dr NA Gambhir
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr, NA Gambhir

Re CHI Number: **0806725281** Carol Avery

We have recently received a referral requesting input from our service and have added your patient to our waiting list. As a new initiative within the Glasgow Pain Management Service, we have invited your patient to participate in two initial sessions so we can plan their care together.

The first session is a virtual information session, delivered via video call, detailing what the Pain Management Service is and what we provide. We also explain the science of pain, activity management and influences of thoughts and emotions on pain.

The second session is a telephone conversation to discuss individually with people, their expectations of attending the Pain Management Service. We hope this early approach provides a basis for shared decision making and improved quality of care when they attend the service.

We are testing this new model of early information and asking people to opt-in and participate in these sessions. Your patient has also received a letter from us detailing this information and will have the opportunity to opt-out of these sessions should they be unable to participate virtually.

If they do not contact us to opt-in and, or participate, we will assume they no longer wish to receive input from our service and will remove their name from the Pain Management Service outpatient waiting list.

If you have any concerns, please contact the Pain Service Secretaries on the number above.

Yours sincerely

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Pain Management Service

User ID Amanda Pyke

SCGC WL PR Opt-In GP



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Diabetic Eye Screening

Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!

NHS
Greater Glasgow and Clyde

GP
THE BROOMHILL PRACTICE
41 BROOMHILL DR
GLASGOW
G11 7AD

Wednesday, 26 July 2023

Dear Doctor

DIABETIC EYE SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No	0806725281
Name	CAROL AVERY
Date of birth	08-Jun-1972
Address	FLAT 7A, 154 BROOMHILL DR, GLASGOW, G11 7NE

This patient has not attended their screening examination following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries, please contact us on [redacted]

Yours sincerely

Greater Glasgow & Clyde Diabetic Eye Screening Service

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Avery Carol CHI: 0806725281

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 15/08/2023

Consultant: Dr Samantha Perry

A Hamilton
The Broomhill Practice
41 Broomhill Drive
Glasgow
Glasgow
G11 7AD

Dear A Hamilton

Re: **Avery Carol** DOB: **08/06/1972** CHI: **0806725281**
14/3 71 Glenavon Road
Glasgow G20 0HR

Attended on: **15/08/2023 at 09:22 hrs.** Departed on: **15/08/2023 at 13:20 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
abdo pain

Nursing Assessment:
Epigastric/abdo pain D&V 3 days pmh gallbladder removal. sas administered 5mg morphine & 4mg ondansetron. NEWS 0

Investigations in ED:

1. Amylase	**2. CRP**	**3. Urea and Electrolytes**
4. Bicarbonate	**5. LFT**	**6. Glucose**
7. HCG	**8. Full Blood Count**	

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Avery Carol CHI: 0806725281

Diagnosis:

Diagnosis	Side	Site
Other and Unspecified Abdominal Pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

***GP no follow up * 51F attends with abdominal pain, radiating to back. Vomiting. Prev presentation with same. Exam/bloods/obs reassuring. ECG NSR. Given anti-emetic, analgesia and omeprazole in department and symptoms improved. D/c with prochlorperazine and analgesia, worsening advice given**

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Eve Stobie
Doctor

Copies to:

1. A Hamilton (GP)

School Address:

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ANNA HAMILTONThe Broomhill Practice,41 Broomhill Drive,Glasgow, G11 7AD

Main Switchboard:
Date of Completion: 19-Aug-2023

Dear ANNA HAMILTON,

Name	CHI	DoB	Address
Carol Avery	**0806725281**	**08-Jun-1972**	**14/3 71 Glenavon Road, Glasgow, G20 0HR**

Admitted	Type	Discharged	Destination
16-Aug-2023 18:22	IP	18-Aug-2023	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Surgery	Coats	GRI Ward 66 General Surgery Receiving	

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: Jacqueline Hill (Jacqueline Hill1 - Advanced Nurse Practitioner, GRI) on 18 Aug 2023 13:40

Page 1 of 5

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Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Alginate raft-forming oral suspension sugar free (Peptac)	oral	10 mL four times daily when required	Yes			Y	
Amitriptyline 10mg tablets	oral	ONE TO BE TAKEN IN THE EVENING (TOTAL 85MG)					Added
Amitriptyline 25mg tablets	oral	ONE TO BE TAKEN IN THE EVENING TOTAL DOSE 85MG.				Y	
Amitriptyline 50mg tablets	oral	ONE TO BE TAKEN IN THE EVENING.				Y	
Atorvastatin 20mg tablets	oral	ONE TO BE TAKEN EACH DAY.				Y	
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily					
Pot chlor 600mg/Pot bicarb 400mg (total pot 12mmol) efferv	oral	2 tablets three times daily , Fixed Period 3 Day(s) from 18 Aug 2023	Yes				Added
Pregabalin 300mg capsules	oral	1 capsule twice daily			**Drug Details:** Please supply 14 (FOURTEEN) tablets only.		
Promethazine hydrochloride 25mg tablets	oral	1 tablet once daily					
Tramadol 50mg capsules	oral	ONE TO BE TAKEN UP TO FOUR TIMES A DAY.			**Drug Details:** Please supply 28 (twenty-eight) capsules	Y	
Venlafaxine 75mg modified-release capsules	oral	1 TABLET DAILY.				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.

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Dispensing Comments
check MC

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
2023-08-18	Atorvastatin 20mg tablets	oral	1 tablet once daily		Stopped before admission Medication was removed from, made inactive or made unprescribable in the drug database.
2023-08-18	Clonidine 25microgram tablets	oral	3 tablets twice daily		Stopped before admission
2023-08-18	Lidocaine 5% medicated plasters	topical	700 mg 12hr on 12hr off		Course completed
2023-08-18	Paracetamol 500mg tablets	oral	2 tablets four times daily when required		Course completed
2023-08-18	Pot chlor 600mg/Pot bicarb 400mg (total pot 12mmol) efferv	oral	2 tablets three times daily , Fixed Period 5 Day(s) from 19 Oct 2021		Course completed Medication was removed from, made inactive or made unprescribable in the drug database.
2023-08-18	Venlafaxine 37.5mg tablets	oral	1 tablet once daily		Medication was removed from, made

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
					Inactive or made unprescribable in the drug database.

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, This 51 year old lady was admitted to the surgical assessment unit at GRI on 16/8/23 with a 3-4/7 history of epigastric pain radiating to her back and vomiting. On examination her abdomen was soft with some epigastric tenderness. Bloods were unremarkable on admission. She was admitted for observation, analgesia, antiemetics and PPI. Her K+ dropped to 3.1 and she has been commenced on Sando K for 3/7. She is fit for discharge home today. We would be grateful if you could arrange for repeat bloods in 2-3/52 given her K+. Yours sincerely, Jacqueline Hill ANP (Surgical)
Discharge Comments:	
Follow Up:	No GP to repeat bloods in 2-3/52.
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Page 4 of 5

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Yours sincerely,

Jacqueline HILL

Prescription Review
Medications reviewed by pharmacist: Callum MacDonald (Pharmacist)
Checked by: Kirsty MACFARLANE (Pharmacist)
Discharged by: Pauline HECTOR (Surgical Nurse Practitioner)

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Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
Susanne Millar
MA (Hons) CQSW

Phlebotomy Service
Cardonald Medical Centre
1831 Paisley Road West
GLASGOW
G52 3SS
[redacted]

www.glasgow.gov.uk
www.nhsggc.org.uk

05/09/2023

Private & Confidential
Dr Hamilton
THE BROOMHILL PRACTICE
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr Hamilton

Patient Name : Carol Avery **CHI : 080 672 5281**

Thank you for referring the above patient to the Glasgow City HSCP Phlebotomy Service.

We have tried to contact this patient on 3 occasions and sent them a letter asking them if they still require venepuncture to contact SPoA on [redacted]

Unfortunately, we have not had a response, therefore, we presume that this patient no longer requires this service and will therefore be discharged. If the patient requires any further blood tests please refer via SCI Gateway or SPoA [redacted]

Please ensure that all patients' details are correct when referring.

Phlebotomy Service
Glasgow City HSCP

Read our Privacy Statement at www.glasgow.gov.uk/privacy

NHS Greater Glasgow and Clyde

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NHS Confidential: Personal data about a patient

GP10(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name Miss Carol Avery

Address 7a 154 Broomhill Drive
GLASGOW Glasgow

collect

Age if under 12 yrs.

Yrs / Mths

Postcode G11 7NE

Pharmacy Stamp

No. of Days Treatment

CHI No. 0806725281

Dispensing Endorsements

Atorvastatin Tablets 20 mg Pack size Numbers only ✓
Send <28> tablet
Label ONE TO BE TAKEN EACH DAY
<0397330110000001106>

Omeprazole Capsules (Gastro-Resistant) 20 mg Pack size Numbers only ✓
Send <28> capsule
Label ONE TO BE TAKEN EACH DAY <Weekly Dispense DDS>
<I> <0000000000317291008>

Venlafaxine M/R capsules 75 mg Pack size Numbers only
Send <28> capsule
Label 1 TABLET DAILY <Weekly Dispense DDS>
<I> <0387503110000001104>

taking 1/7 weekly dispense (7) daily.

* * * * * * * * *

07.11.2023

Signature of Prescriber Date

A401 2100 SDMA KSUE

03018
Dr Wendy Nixon
The Broomhill Practice
Broomhill Drive, Glasgow, G11 7AD
Tel No. [redacted]
7041219 40121

06/23

10947661000 00830083

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NHS Confidential: Personal data about a patient

GP10(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name Miss Carol Avery

Address 7a 154 Broomhill Drive
GLASGOW Glasgow

collect

Age if under 12 yrs.

Yrs / Mths

Postcode G11 7NE

Pharmacy Stamp

No. of Days Treatment

CHI No. 0806725281

Dispensing Endorsements

Pregabalin Capsules 300 mg
'CD'
Send <56> fifty six capsule
Label 1 Cap bd <Weekly
Dispense DDS>
<I> <00000000415165003>

Pack size Numbers only

Pack size Numbers only

Pack size Numbers only

A401 2100 SEOE MK21

09.11.2023

Signature of Prescriber Date

03018
Dr Wendy Nixon
The Broomhill Practice
Broomhill Drive, Glasgow, G11 7AD
Tel No. [redacted]
6104181 40121

06/23
10947702507 00830083

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

GP10(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name Miss Carol Avery

Address 7a 154 Broomhill Drive
GLASGOW Glasgow

collect

Age if under 12 yrs.

Yrs / Mths

Postcode G11 7NE

Pharmacy Stamp

No. of Days Treatment

CHI No. 0806725281

Dispensing Endorsements

A401 2100 SDM9 4HD4

Amitriptyline Hydrochloride
Tablets 25 mg
Send <28> tablet
Label ONE TO BE TAKEN IN THE EVENING TOTAL DOSE 75 <Weekly Dispense DDS>
<I> <00000000321746008>

Pack size Numbers only ✓

Amitriptyline Hydrochloride
Tablets 50 mg
Send <28> tablet
Label ONE TO BE TAKEN IN THE EVENING <Weekly Dispense DDS>
<I> <00000000321746004>

Pack size Numbers only ✓

Pack size Numbers only

* * * * * * * * *
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07.11.2023

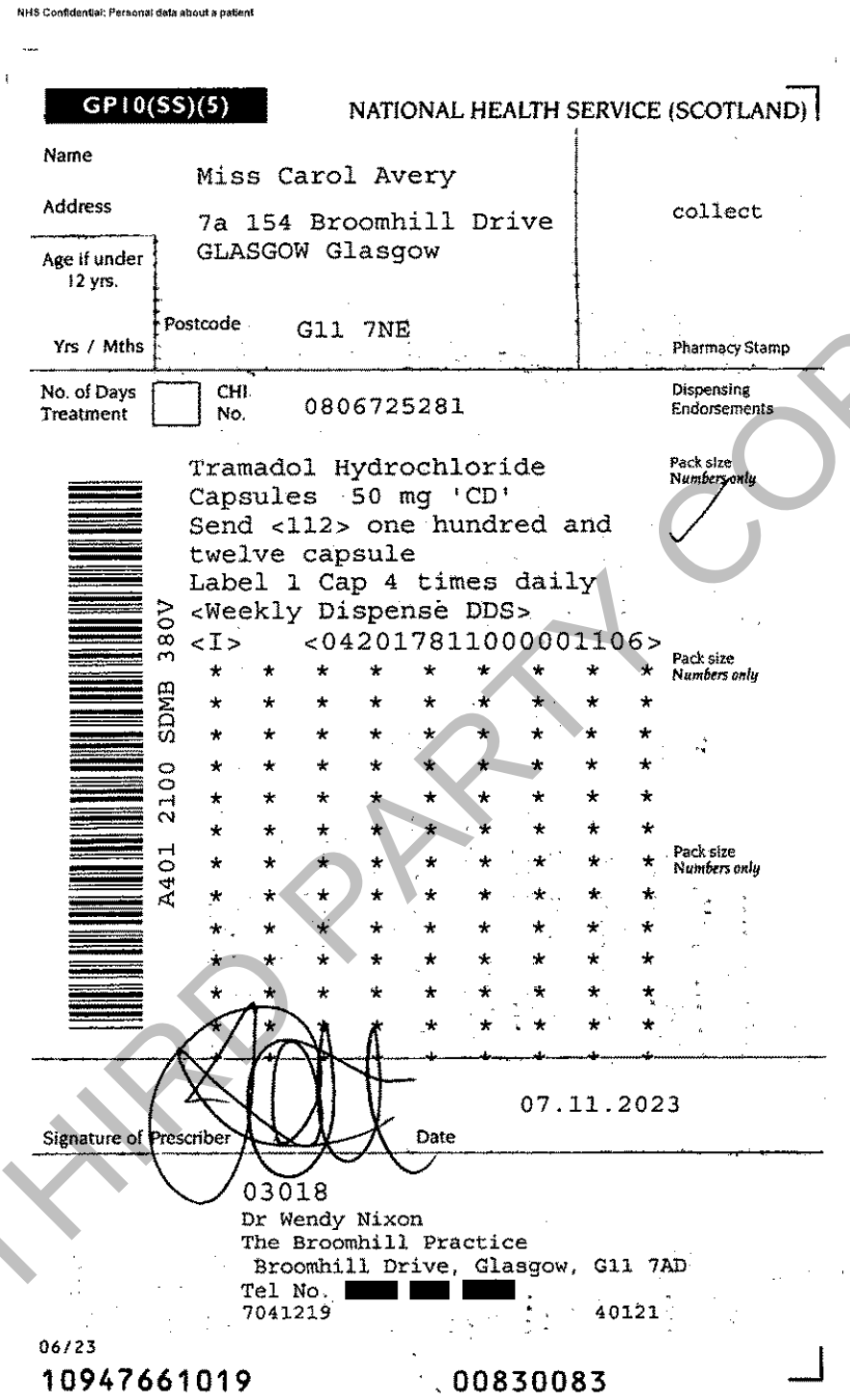
Signature of Prescriber Date

03018
Dr Wendy Nixon
The Broomhill Practice
Broomhill Drive, Glasgow, G11 7AD
Tel No. [redacted]
7041219 40121

06/23

10947660990 00830083

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NHS Confidential: Personal data about a patient

GP10(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name Miss Carol Avery

Address 7a 154 Broomhill Drive
GLASGOW Glasgow

collect

Age if under 12 yrs.

Yrs / Mths

Postcode G11 7NE

Pharmacy Stamp

No. of Days Treatment

CHI No. 0806725281

Dispensing Endorsements

Tramadol Hydrochloride
Capsules 50 mg 'CD'
Send <112> one hundred and
twelve capsule
Label 1 Cap 4 times daily
<Weekly Dispense DDS>
<I> <04201781100000110 6>

Pack size Numbers only

Pack size Numbers only

Pack size Numbers only

A401 2100 SDMB 380V

07.11.2023

Signature of Prescriber Date

03018
Dr Wendy Nixon
The Broomhill Practice
Broomhill Drive, Glasgow, G11 7AD
Tel No. [redacted]
7041219 40121

06/23
10947661019 00830083

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Re - Reg - JR.

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☐ Female* ☑ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☑ Will you be in the area for more than 3 months?* Yes ☑ No ☐
(If 'No', please complete a temporary resident form)

Date of Birth* 8 6 72

Title* MISS

Surname* AVERY

Forenames* CAROL

Previous Surname*

email address # [redacted]

Address* 71 GLENAVON RD. 1413 MARYHILL

Postcode* G20 0HR

Telephone #

Mobile # [redacted]

The following information can be found on your current medical card:

Community Health Index (CHI) Number*

NHS Number* NV 12 52 16 C

The following information can be found on your birth certificate:

Town of Birth* Glasgow

Country of Birth* UK

Registered district of birth (Scotland only) maryhill

[redacted] maiden name [redacted]

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*

Broomhill practice
154 / 7A
Broomhill drive

Postcode* G11 7NE

Name and address of previous GP Practice in UK*

Broomhill Practice
Broomhill drive

Postcode* G11

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 UK

If you have served in the British Armed Forces:

Service Number

Enlistment date*

If yes, please provide your address before enlisting*

Are you a Reservist?* ☐ Yes ☐ No

Leaving date*

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No

Postcode*

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE 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.organdonationscotland.org

Any of my organs and tissue ☐ Or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Notes on tissue - heart valves and corneas come under the 'heart' and 'eyes' boxes respectively so the 'tissue' box covers donating other types of tissue, such as your tendons.

Patient signature Carol Avery Date 21 11 23

GMSGPR001 v5 (04-2019)

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NHS Confidential: Personal data about a patient

4. HOW WE USE YOUR 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 _____ Date DD/MM/YYYY

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 **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 - specify Receptionist initials

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 DD/MM/YYYY

7. OFFICIAL USE ONLY

Input by

Checked by

Date DD/MM/YYYY

Practice Stamp

GMSGPR001 v5 (04-2019)

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 28/06/2024

Consultant: Dr Colin Bell

P Cusack
Barclay Medical Practice
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
Glasgow
G20 8FB

Dear P Cusack

Re: **Avery Carol** DOB: **08/06/1972** CHI: **0806725281**
14/3
Glasgow G20 0HR

Attended on: **25/06/2024 at 22:52 hrs.** Departed on: **26/06/2024 at 05:11 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
Abdo pain

Nursing Assessment:
ABDO PAIN NEWS 2- D&V 1day collapsed 3x today - Ondansetron given by sas and IV paracetamol, pt drank water after, and has vomited since.

Investigations in ED:

1. Amylase	**2. CRP**	**3. Urea and Electrolytes**
4. Bicarbonate	**5. LFT**	**6. Glucose**
7. HCG	**8. Full Blood Count**	**9. XR Abdomen**

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Diagnosis:

Diagnosis	Side	Site
Gastroentiritis and Colitis of Unspecified Origin		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:
52F with D&V and reports collapse episodes (varied history). Bloods and XRs unremarkable. Pt making self sick in department. No diarrhoea in department. Tolerated oral diet. Fit for home.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Katie Thornton
Doctor

Copies to:
1. P Cusack (GP)
School Address:

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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

25/07/2024

Dr P Cusack
Barclay Medical Practice
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Dear Dr P Cusack

Re Patient:
Carol Avery
14/3
71 GLENAVON ROAD
Glasgow
G20 0HR

CHI Number: 0806725281

Speciality: PHYSIO-MSK

It would appear from our records that one of the following applies:

- **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 the 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 David Sherry

SCGC Opwl Removal to GP V1

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NHS Confidential: Personal data about a patient

Registration Details - Patient No: 14155

Personal details...		Address details...	
Date of birth	08/06/1972	Post Code	G20 0HR
Sex	F	House Name Flat No	
Surname	Avery	No and Street	14 3 71 Glenavon Road
Previous Surname		Village	
Forenames	Carol	Town	Glasgow
Calling Name	Carol	County	
Title	Miss		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin	(White) Scottish		

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	[redacted]
Registered GP	Dr Anna Hamilton	Work Tel No	
Usual GP	Dr Anna Hamilton	Mobile Tel No	[redacted]
Residential Inst		E Mail Address	
Branch Surgery		Contact	
CHI Number	0806725261	Contact Relationship	

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	15/09/2021		

AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
MCR Suitability Status	-1		
MCR Registration Status	1		

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type

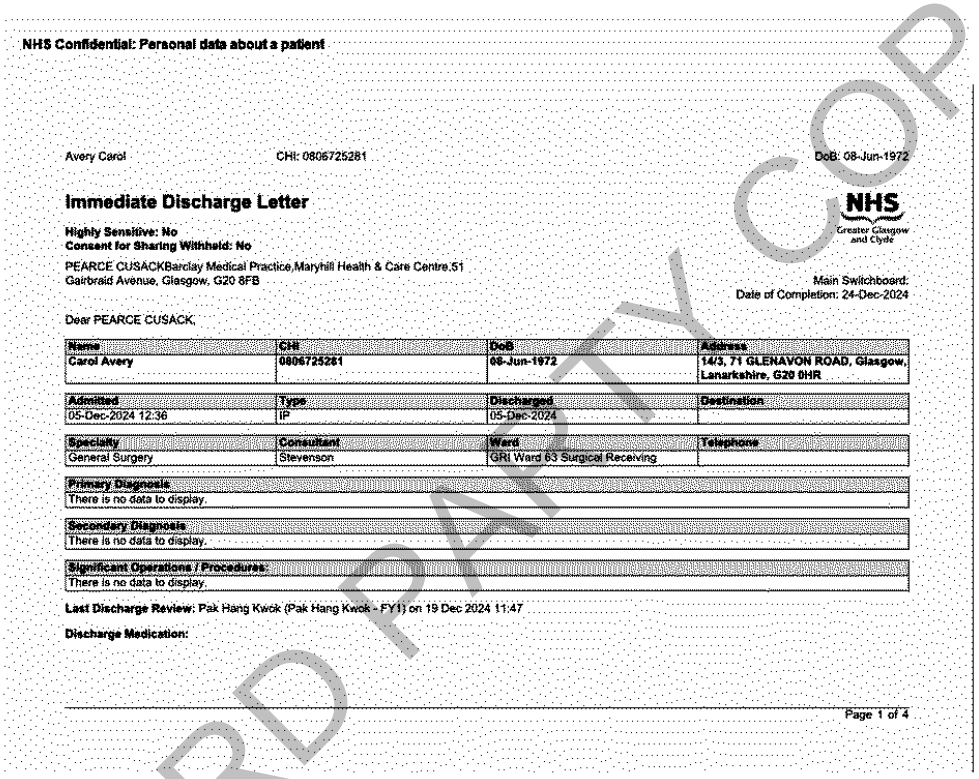
None

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type

[redacted]

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

PEARCE CUSACKBarclay Medical Practice,Maryhill Health & Care Centre,51 Gairbraid Avenue, Glasgow, G20 8FB

Main Switchboard:
Date of Completion: 24-Dec-2024

Dear PEARCE CUSACK,

Name	CHI	DoB	Address
Carol Avery	0806725281	08-Jun-1972	14/3, 71 GLENAVON ROAD, Glasgow, Lanarkshire, G20 0HR

Admitted	Type	Discharged	Destination
05-Dec-2024 12:36	IP	05-Dec-2024	

Specialty	Consultant	Ward	Telephone
General Surgery	Stevenson	GRI Ward 63 Surgical Receiving	

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: Pak Hang Kwok (Pak Hang Kwok - FY1) on 19 Dec 2024 11:47

Discharge Medication:

Page 1 of 4

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Alginate raft-forming oral suspension sugar free (Peptac)	oral	10 mL four times daily when required				Y	
Amitriptyline 25mg tablets	oral	3 tablets once daily at night					Amended
Atorvastatin 20mg tablets	oral	ONE TO BE TAKEN EACH DAY.				Y	
Clopidogrel 75mg tablets	oral	1 tablet once daily in the morning					Added
Co-codamol 30mg/500mg tablets	oral	when required TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)					Added
Omeprazole 20mg gastro-resistant capsules	oral	2 capsules twice daily					Amended
Pregabalin 300mg capsules	oral	1 capsule twice daily			**Drug Details:** Please supply 14 (FOURTEEN) tablets only.		

"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.					

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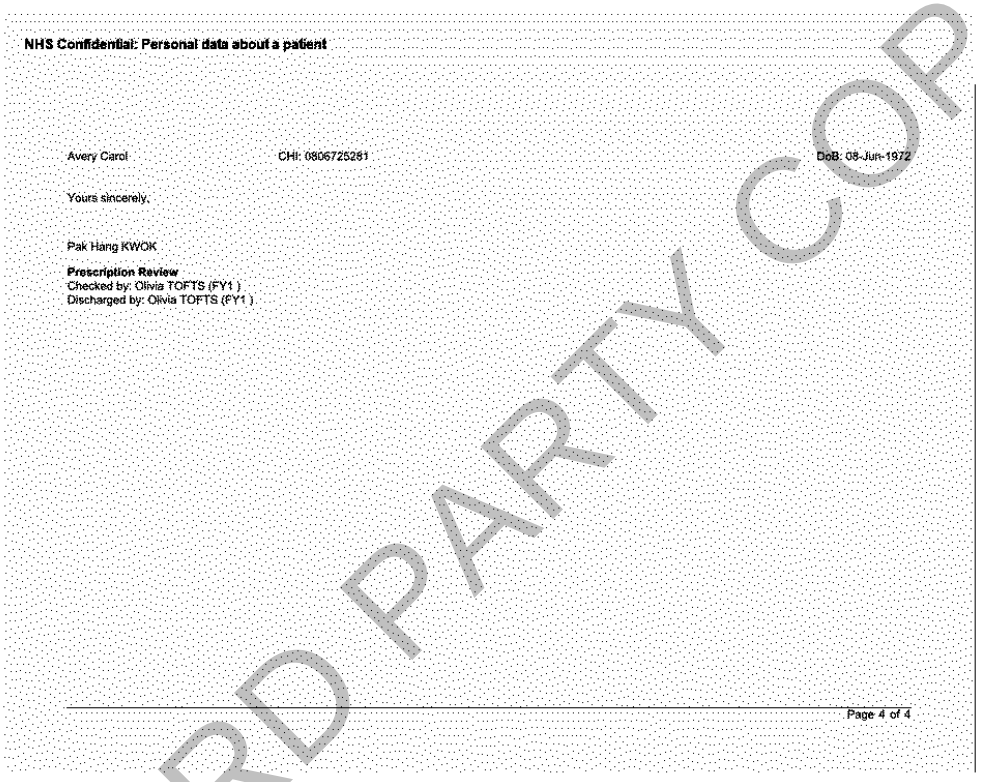
NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, GP follow-up: Nil Ms Carol was a/w epigastric pain on 05/12/2024. BG: obesity, laparoscopic cholecystectomy, T2DM, chronic pain. Issue: 1. Gastritis: changed omeprazole to 40mg BD, pain resolved on admission. Medication changes: omeprazole to 40mg BD Ms Carol is medically fit for discharge. Many Thanks, GRI Ward 63
Discharge Comments:	
Follow Up:	No /
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

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Avery Carol CHI: 0806725261 DoB: 08-Jun-1972

Yours sincerely,

Pak Hang KWOK

Prescription Review
Checked by: Olivia TOFTS (FY1)
Discharged by: Olivia TOFTS (FY1)

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

PEARCE CUSACKBarclay Medical Practice,Maryhill Health & Care Centre,51 Gairbraid Avenue, Glasgow, G20 8FB

Main Switchboard:
Date of Completion: 15-Apr-2025

Dear PEARCE CUSACK,

Name	CHI	DoB	Address
Carol Avery	**0806725281**	**08-Jun-1972**	**14/3, 71 GLENAVON ROAD, Glasgow, Lanarkshire, G20 0HR**

Admitted	Type	Discharged	Destination
12-Apr-2025 19:04	IP	15-Apr-2025	

Specialty	Consultant	Ward	Telephone
General Surgery	Quinn	GRI Ward 63 Surgical Receiving	

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: Monica Kierney (Monica Kierney - FY1) on 15 Apr 2025 15:14

Discharge Medication:

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Alginate raft-forming oral suspension sugar free (Peptac)	oral	10 mL four times daily when required				Y	
Amitriptyline 25mg tablets	oral	3 tablets once daily at night					
Atorvastatin 20mg tablets	oral	ONE TO BE TAKEN EACH DAY.				Y	
Clopidogrel 75mg tablets	oral	1 tablet once daily in the morning					
Co-codamol 30mg/500mg tablets	oral	when required TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)					
Metoclopramide 10mg tablets	oral	1 tablet three times daily , Fixed Period 1 Week(s) from 15 Apr 2025	Yes		**Drug Details:** If ongoing vomiting please can the G.P. review need for ongoing regular metoclopramide		Added
Omeprazole 20mg gastro-resistant capsules	oral	2 capsules twice daily					
Pot chlor 600mg/Pot bicarb 400mg (total pot 12mmol) efferv	oral	2 tablets three times daily , Fixed Period 2 Day(s) from 15 Apr 2025	Yes				Added
Pregabalin 300mg capsules	oral	1 capsule twice daily			**Drug Details:** Please supply 14 (FOURTEEN) tablets only.		

"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 c qureshi

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Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:

Dear Doctor

This 52 year old lady was admitted with epigastric pain.

She has a known history of gastroduodenal ulcers and gastritis. Ms. Avery's omeprazole was uptitrated in December to 40mg BD.

Ms. Avery had an OGD as an inpatient which showed: Grade D oesophagitis. Hiatus hernia. Severe antral gastritis. Some small superficial ulcers in D1, normal D2.

In hospital she was given regular metoclopramide and has been given a short course of this for discharge.

Her potassium was low and received IV replacement for this. On day of discharge her potassium was 3.3 and she has been given a short course of sando K. If her U+E's could be repeated in 1 week it would be greatly appreciated.

Ms. Avery is for a repeat OGD in 8 weeks.

Thank you for your ongoing care of this lady.

Ward 63
GRI

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Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Discharge Comments:	Patient sent home with Sando K due to potassium being on 3.3. Patient is to take TWO tablets THREE times a day for TWO days.
Follow Up:	Yes OGD in 8 weeks
Results Awaited:	Yes OGD in 8 weeks
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Monica KIERNEY

Prescription Review
Medications reviewed by pharmacist: Neve Carson (Pharmacist)
Checked by: Rebecca JERRETT (Pharmacy Technician)
Discharged by: Hasan ALMASHARQAH (FY1)

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

PEARCE CUSACKBarclay Medical Practice,Maryhill Health & Care Centre,51 Gairbraid Avenue, Glasgow, G20 8FB

Main Switchboard:
Date of Completion: 13-May-2025

Dear PEARCE CUSACK,

Name	CHI	DoB	Address
Carol Avery	**0806725281**	**08-Jun-1972**	**14/3, 71 GLENAVON ROAD, Glasgow, Lanarkshire, G20 0HR**

Admitted	Type	Discharged	Destination
06-May-2025 05:20	IP	13-May-2025	

Specialty	Consultant	Ward	Telephone
General Surgery	McSorley	GRI Ward 64 Surgical Receiving	

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: Ethan Thom (Ethan Thom - FY1) on 13 May 2025 11:28

Discharge Medication:

Page 1 of 4

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Alginate raft-forming oral suspension sugar free (Peptac)	oral	10 mL four times daily when required	Yes			Y	
Amitriptyline 25mg tablets	oral	1 tablet once daily at night					
Amitriptyline 50mg tablets	oral	2 tablets once daily at night					Added
Atorvastatin 20mg tablets	oral	ONE TO BE TAKEN EACH DAY.				Y	
Clopidogrel 75mg tablets	oral	1 tablet once daily in the morning					
Co-codamol 30mg/500mg tablets	oral	when required TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)					
Lansoprazole 30mg gastro-resistant capsules	oral	1 capsule twice daily	Yes				Added
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	2 sachets twice daily	Yes				Added
Pregabalin 300mg capsules	oral	1 capsule twice daily			**Drug Details:** Please supply 14 (FOURTEEN) tablets only.		
Senna 7.5mg tablets	oral	2 tablets once daily at night	Yes				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 Catriona Qureshi.

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

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2025-05-13	Metoclopramide 10mg tablets	oral	1 tablet three times daily , Fixed Period 1 Week(s) from 15 Apr 2025	If ongoing vomiting please can the G.P review need for ongoing regular metoclopramide	Patient improved
2025-05-13	Omeprazole 20mg gastro-resistant capsules	oral	2 capsules twice daily		On clopidogrel, switching to lanzoprazole
2025-05-13	Pot chlor 600mg/Pot bicarb 400mg (total pot 12mmol) efferv	oral	2 tablets three times daily , Fixed Period 2 Day(s) from 15 Apr 2025		Course completed

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Thank you for your ongoing care of this patient. Ms Avery was admitted to the GRI following epigastric pain, on a background of known grade D oesophagitis and severe antral gastritis. CT shows no acute intra-abdominal finding. Small hiatus hernia containing stomach. She was given IV fluid therapy and her bowels have opened today. She is eating and drinking, fit for discharge with outpatient appointment in 6/52 with Mr McSorley. Thank you. Regards, Dr Vaishnavi Muthukrishnan General Surgery GRI
Discharge Comments:	

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Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Follow Up:	Yes outpatient appointment in 6/52 with Mr McSorley
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Vaishnavi MUTHUKRISHNAN

Prescription Review
Medications reviewed by pharmacist: Neve Carson (Pharmacist)
Checked by: Jayne GRIBBEN (Pharmacy Technician)
Discharged by: Seetha RADHAMANI (Staff Nurse)

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DLS 3+09

Surname:	Avery	**First Name:**	Carol
DoB:	08 Jun 1972	**Sex:**	Female
PAS No:	1136129	**NHS No:**	633 016 9225

CIC Emergency Department
Cumberland Infirmary, Newtown Road, CARLISLE CA2 7HY
Phone No: [redacted] | email: [redacted]

NHS
North Cumbria Integrated Care
NHS Foundation Trust

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CIC Emergency Department eAttendance Summary

Patient Demographics	
Patients Name:	Avery, Carol
Date of Birth:	08 Jun 1972
Sex:	Female
NHS Number:	633 016 9225
PAS Number:	1136129
Patients Address:	71 GLEN AVON ROAD G20 0HN
Patients Contact Number:	

GP Details	
GP Name:	Pearce Cusack
GP Practice Address:	Barclay Medical Practice Barclay Medical Practice Maryhill Health & Care Centre
GP Postcode:	G20 8FB
GP Practice Code:	S43576

Attendance Details	
Attendance Date & Time:	13 Jun 2025 at 09:56
Discharge Date & Time:	13 Jun 2025 at 22:13
Consultant on Duty:	

Referral Method	
Referral Source:	Emergency Services
Attendance Method:	Emergency road ambulance

Clinical Presentation	
Presenting Complaint:	Unwell Adult
Triage:	Was travelling on a train from Glasgow to her [redacted] @ Coventry, staff were alerted as she couldnt be aroused, got her down in Carlisle station, woke up with the paramedics, made few steps to the trolley, slept again, [redacted] says she might have taken too much Pregabalin in the morning as she couldnt sleep last night . *Sandra Joseph I*
Clinical Assessment:	Assessment: PC: reduced consciousness, drowsy HPC: Carol lives in Glasgow. was on a train from Glasgow to Coventry to see her [redacted] was found drowsy and less responsive on the train. Paramedics noted that she was difficult to wake, but rousable on gentle shake. They spoke to her [redacted] and friend on the phone - were told that she hadn't slept last night and sometimes takes more pregabalin than prescribed. She had been very lethargic with ambulance crew and had slurred speech with them. During my examination she is unresponsive to voice, but localises to pain. GCS keeps fluctuating between 9-11. Sometimes managing incomprehensible sounds on painful stimulus, other times able to respond to questions when roused, but speech remains very slurred. Unable to tell me why she's here. Also kindly seen by A&E cons Dr L Duffy. Does not smell of alcohol. Was snoring, but better after RN kindly tilted her head back. Still maintaining her airway. Since pt is from Glasgow, no records available on our systems. I rang NOK [redacted] - tells me [redacted] had a hernia operation 2wks ago, was recovering well. She also reports that Carol has a PMHx of gout, PE and "fluid around brain" for which she has had LPs in the past. [redacted] also shared Carol's GP information - GP notes give more background about PMHx (summarised below, also scanned on to symphony). Since pt needs CT H, needed to r/o possibility of pregnancy. Pt shakes her head drowsily when asked about possibility of pregnancy after firm trapezius squeeze. [redacted] also confirms that there is no possibility of Carol being pregnant, as she does

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Surname:	Avery	**First Name:**	Carol
DoB:	08 Jun 1972	**Sex:**	Female
PAS No:	1136129	**NHS No:**	633 016 9225

[redacted] Emergency Department
Cumberland Infirmary, Newtown Road, CARLISLE CA2 7HY
Phone No: [redacted] | email: [redacted]

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[redacted] Emergency Department eAttendance Summary

not have a [redacted] As far as [redacted] is aware, Carol has had menopause.
PMHx: as per Glasgow GP records - hiatus hernia, oesophagitis, OA, chronic pain, peripheral vascular disease, T2DM, PE, constipation
DHx: co-dydramol, rabeprazole, diclofenac, peptac, amitriptyline, pregabalin, clopidogrel, atorvastatin
Ax: penicillin ADR

Examination: A - patent, snoring but managing her own airway for now. Head tilted and snoring stopped, airway continues to be open.
B - RR 18, sats 95% on 1L, ABG pH 7.347, pCO2 6.1, pO2 9.1, sats 93.3%, glucose 6, all results acceptable. Chest sounds clear - transmitted sounds from upper airway heard.
C - BP 131/87, HR 77, HS I + II +0 ECG NSR
D - GCS 9/15 E2, V2, M5 ; sometimes improving to 11 (E2, V4, M5) . pupils equal but sluggishly responsive.

Differential Diagnosis: ??pregabalin OD
Needs urgent CT H to r/o bleed/infarct. Discussed with A&E cons Dr L Duffy - also advises CTPA to r/o PE in view of PMHx of PE and hx of recent surgery. Await bloods. Also for BM and ketones + regular BM checks.

Review: GCS remains fluctuating between 9-11. Pt still able to localise pain. CT H nil acute. CTPA confirms no PE. some basal consolidation. referred to medics. they advise ITU review. ITU currently reviewing.
Review Bloods: Yes - No abnormalities

Review Radiology: Yes - Abnormal results noted
consolidation noted. no PE.

Aayush Rai | ST1 Higher Trainee

Specialty Review:	**Notes:**		
			Specialty Review Completed: @ by
Observations on Arrival: (NEWS2)	**Pulse:** 77	**BP:** 140/82	**Sats:** 95
	Resp Rate: 18	**Temp:** 35.3	**AVPU:** Responds to Voice
	Resp Support: Air		**SCORE: 5**
Observations at Discharge: (NEWS2)	**Pulse:** 85	**BP:** 124/78	**Sats:** 96
	Resp Rate: 20	**Temp:** 36.2	**AVPU:** Alert
	Resp Support: Air		**SCORE: 0**

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Surname:	Avery	**First Name:**	Carol
DoB:	08 Jun 1972	**Sex:**	Female
PAS No:	1136129	**NHS No:**	633 016 9225

[redacted] Emergency Department
Cumberland Infirmary, Newtown Road, CARLISLE CA2 7HY
Phone No: [redacted] | email: [redacted]

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CIC Emergency Department eAttendance Summary

Interventions	Diagnoses
	Lower respiratory tract infection - Suspected diagnosis

Plan & Requested Actions

Referrals:	General Medicine -
Message for GP:	

TTO's, Medications & Medical Devices

Medication Name	Dose Amount	Dose Timing	Quant. Supplied	Route	Notes

Current Medications:	see hpc
Medications Discontinued:	
Medications Changes:	

Discharge Details

Discharge Status:	Treatment complete
Discharge Destination:	Acute Medical Unit
Discharging Clinician:	Michelle Robinson | Flow Co-ordinator
Professional Reg No:	

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Avery Carol CHI: 0806725281

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Dr. P Cusack
Barclay Medical Practice
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Main Switchboard:	[redacted]
Department:	General Surgery
Contact Tel:	[redacted]
Enquiries to:	[redacted]
Letter Date:	12/06/2025
Reference:	SM/ET
Dictated Date:	12/06/2025
Transcribed Date:	01/07/2025

Dear Dr. P Cusack,

Carol Avery; D.O.B: 08 Jun 1972; CHI: 0806725281
14/3, 71 GLENAVON ROAD, Glasgow, Lanarkshire, G20 0HR

Attendance: Specialty - General Surgery; Clinic - GRSMGS7-MR MCSORLEY GENERAL SURGERY THURS AM
Date and Time of Appointment - 12/06/2025 11:10

Clinical Comments:
This lady did not attend her follow up clinic appointment and I have discharged her from follow up at present.

Kind regards

Yours sincerely

Mr Stephen McSorley

Consultant Colorectal Surgeon

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Avery Carol CHI: 0806725281 OPCL 12/06/2025 v1

Electronically Signed: Mr Stephen McSorley, Consultant

cc.

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DIS 6 pages

Patient Details
Hospital No: 1136129
Date of Birth: 08/06/1972
Patient Name: CAROL AVERY
Address: 71 GLEN AVON ROAD
GLASGOW
SCOTLAND

Post Code: G20 0HN **GP:** Dr GP UNKNOWN

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DISCHARGE MEDICATION SUMMARY

Ward:	Consultant:	Admission Date:	Pharmaceutical Needs (If a requirement):
ACUTE MEDICAL UNIT Hospital: Cumberland Infirmary	DR B ADEMILUYI	13/06/2025 22:26 Discharge Date: 14/06/2025 17:41	☒ MAR Chart ☒ Compliance Chart ☒ Other
DRUG ALLERGIES/SENSITIVITIES (Specify drug and reflection. If none known, write 'NONE')		Community Pharmacy: ☒ Patient Authorisation	Pharmacy Contact:

Medication on Discharge - (Minimum of 14 days supplied, unless otherwise stated)

New / Altered	Name of Medication on Discharge	Dose	Regimen / Frequency	Stop (S) / Continue (C) / GP Review	Indication, Duration and Comments	Hospital Pharmacy Use Only

Pharmacist's/Doctor's Signature: Date:	Print Name and Bleep No:	Disp.	Check	Date

Medication Stopped

Medication Stopped	Date	Reason

Additional Information and Monitoring:
Pharmacy Advice to GP:

Discharge Medication Annotations

CD - **'Controlled Drug'**	JIC - **'Just In Case ' medication**	MAH - **'More at Home'**
IPD - **'Inpatient Dispensing'**	NEW - **'New Medication'**	POD - **'Patients Own Medication'**
OP - **'Original Pack' provided**	On Ward - **Medication already on the ward to be included**	Fridge - **Medication requires to be refrigerated or already be in fridge**
'In BP or blister pack' – **Medication included in blister pack**		
'Not in BP or blister pack' **Medication supplied outside of blister pack in box/bottle/**		

NOTICE OF CONFIDENTIALITY: The information in this form is intended for the named addressee only. It is likely to be confidential and any unauthorised disclosure of the contents is strictly prohibited. If you have received it in error please notify sender immediately.

Consultant: DR B ADEMILUYI

Contact: 01228 814438

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AKI:	
Frequency of Blood Monitoring following AKI:	

Lead Consultant	
Consultant:	DR B ADEMILUYI
Specialty:	3280 - STROKE MEDICINE
Secretary:	Julia Donaldson/Toni-Marie Kinmond
Secretary Telephone:	[redacted]
Secretary Email Address:	[redacted]

Discharge Summary Completed	
Clinician:	Dr Lucy Hua Hong
Grade:	FY1 (House Officer)
Date:	14/06/2025

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CT pulmonary angiography:
Dense contrast in SVC causes streak artefacts. With this limitation,
Main pulmonary artery and both right/left pulmonary arteries show normal calibre with no evidence of sizable thrombi within.
No obvious evidence of filling defects in the lobar or segmental vessels. The subsegmental vessels are not as well imaged.
No evidence of RV strain.
Patchy ground glass opacity is seen in dependent portions of both lower lobes, slightly more prominent on left side.

A few small ground-glass nodules are seen in left lung (upper as well as lower lobe), measuring 5-7 mm in diameter. These cannot be characterised but could be infective in origin.
No evidence of pleural effusion.
Surgical staples are seen in G B fossa, suggestive of prior cholecystectomy.

IMPRESSION:
No significant intracranial injury.
No evidence of large or medium volume acute PE.
Bands of consolidation are seen in basal segments of both lower lobes, more on left side. The changes, along with a few scattered ground glass nodules in left lung could be infective in origin.
For correlation with other data, as no prior imaging is available.
A follow-up CT chest after 3 months is suggested to assess interval changes in the left lung nodules, if any.

Information given to patient and/or authorised representatives

Dear Carol,

You have been investigated in hospital for the cause of your drowsiness on the train. We have asked your GP to kindly:
- Review your medications, in particular the dosage of her amitriptyline, gabapentin and co-codamol. These medications can make you drowsy
- Organise a follow-up CT thorax in 3 months' time, as per CTAP report

You have declined input from the Psychiatry Liaison Team, as detailed in your discharge letter.

If you experience any new or worsening symptoms, including (but not limited to) chest pain, fever, shortness of breath, drowsiness, falling unconscious, changes in your bowel habits, changes in your urinary habits, any neurological signs, headache, palpitations, incontinence, thoughts about hurting yourself, thoughts from suicide, if you feel generally unwell, or if you have any other symptoms you are worried, please seek immediate medical and/or mental health attention.

Actions and Outstanding Investigations	
Type:	
Action:	
Person Responsible:	
Date Requested:	
Date Completed:	

Acute Kidney Injury (AKI)	
AKI Stage:	
Outcome of AKI Medication Review:	
Recommended Blood Tests on Discharge for	

Consultant: DR B ADEMILUYI Contact [redacted]

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Relevant Investigations and Results

Bloods (13/06/25):
Full Blood Count
Haemoglobin 126 g/L 115 - 165
White Cell Count 5.9 109/L 4.0 - 11.0
Platelets 187 109/L 150 - 400
Red Cell Count 4.10 1012/L 3.80 - 5.80
HCT 0.391 0.370 - 0.470
Mean Cell Volume 95.4 fL 80.0 - 100.0
Mean Cell Hb 30.7 pg 27.0 - 32.0
Red Cell Dist Width 14.4 % 11.0 - 14.8
Neutrophils (Abs) 2.9 109/L 1.8 - 7.5
Lymphocytes (Abs) 2.5 109/L 1.5 - 4.5
Monocytes (Abs) 0.4 109/L 0.2 - 0.8
Eosinophils (Abs) 0.1 109/L 0.0 - 0.4
Basophils (Abs) 0.0 109/L 0.0 - 0.1

U&Es
UREA & ELECTROLYTES
Sodium 141 mmol/L 133 - 146
Potassium 4.0 mmol/L 3.5 - 5.3
Urea 5.0 mmol/L 2.5 - 7.8
Creatinine 84 umol/L 49 - 90
AKI Stage NA
Estimated GFR * 69 mL/min/1.73m2 90 - 120
eGFR is unreliable in AKI, acute illness or patients with high/low muscle mass. Do not use eGFR to calculate drug doses in such cases

Total Protein
Total Protein 61 g/L 60 - 80
LIVER FUNCTION TESTS
T.Bilirubin <5 umol/L <21
Alk.Phos 82 U/L 30 - 130
ALT 15 U/L <40
Salicylate
Salicylate <10 mg/L
Paracetamol
Paracetamol <10 mg/L
C-React. Protein
C-React. Protein * 25 mg/L <5

CT head and CT pulmonary angiogram (13/06/25):
TECHNIQUE:
CT head: Plain scan
CT pulmonary angiography
COMPARISON:
None
FINDINGS:
CT head: Plain scan:
No evidence of acute vascular territory. No evidence of hyperdense [redacted] or basilar artery sign.
No evidence of parenchymal haematoma or any obvious focal lesion. Ventricular system and basal cisterns appear normal.
No midline shift or extra collection.
Review at bone windows does not show any significant pathology. The mastoids and paranasal sinuses appear normal foot mild waviness of nasal septum and slightly bulky right inferior nasal turbinate.

Consultant: DR B ADEMILUYI Contact: 01228 814436

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NHS Confidential: Personal data should be protected

Discharge Date: 14/06/2025 Version Number: 1

Inpatient Discharge Summary

NHS
North Cumbria Integrated Care
NHS Foundation Trust

GP Details	
Address: Unknown GP Practice **Postcode:**	**Registered GP:** Dr GP UNKNOWN **Practice Code:** V81999 **Preferred GP:** Dr **Contact Number:**

Personal Details	Admission Details
Name: Carol Avery Hospital No: 1136129 NHS Number: 633 016 9225 Date of Birth: 08/06/1972 Address: 71 Glen Avon Road, Postcode: G20 0HN Contact Tel No:	**Admission Date:** 13/06/2025 **Discharge Date:** 14/06/2025 **Current Ward:** ACUTE MEDICAL UNIT **Location:** Cumberland Infirmary **Discharge Destination:** Place of usual residence

Advice, Recommendations and Future Plans

GP Action:	GP address: Dr Pearce Cusack Barclay Medical Practice Maryhill Health & Care Centre 51 Gairbraid Avenue Glasgow G20 8FB Dear Doctor, please could you kindly review Carol's regular medications, in particular her amitriptyline, gabapentin and co-codamol doses? It seems that Carol is on a significant dose of these medications for her lower back pain. Please could you also request a CT thorax in 3 months' time as an outpatient, to follow up the nodules identified on CTAP? As Carol is from out of area, we have requested for her GP to organise this outpatient scan. Many thanks
Date:	16/06/2025
Additional Comments:	
Further Investigations including specific Hospital Follow-Up Plans	

Diagnosis at Admission

Consultant: DR B ADEMILUYI

Contact: 01228 814438

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Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

PEARCE CUSACKBarclay Medical Practice,Maryhill Health & Care Centre,51 Gairbraid Avenue, Glasgow, G20 8FB

Main Switchboard:
Date of Completion: 02-Jul-2025

Dear PEARCE CUSACK,

Name	CHI	DoB	Address
Carol Avery	0806725281	08-Jun-1972	14/3, 71 GLENAVON ROAD, Glasgow, Lanarkshire, G20 0HR

Admitted	Type	Discharged	Destination
02-Jul-2025 00:35	IP	02-Jul-2025	

Specialty	Consultant	Ward	Telephone
General Medicine	McKay	GRI Ward 50/51 MR General Medicine	

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: Paige McGregor (7949964 - FY2) on 02 Jul 2025 15:22

Discharge Medication:

Page 1 of 4

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Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Active Drug Name	Route	Dose	Disp	Reason	Further Details	EC8	Since Admission
Alginate raft-forming oral suspension sugar free (Peptac)	oral	10 mL four times daily when required	No	Patient's own drugs at home		Y	
Amitriptyline 25mg tablets	oral	1 tablet once daily at night	No	Patient's own drugs at home			
Amitriptyline 50mg tablets	oral	2 tablets once daily at night	No	Patient's own drugs at home			
Atorvastatin 20mg tablets	oral	ONE TO BE TAKEN EACH DAY.	No	Patient's own drugs at home		Y	
Clopidogrel 75mg tablets	oral	1 tablet once daily in the morning	No	Patient's own drugs at home			
Co-codamol 30mg/500mg tablets	oral	when required TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	No	Patient's own drugs at home			
Lansoprazole 30mg gastro-resistant capsules	oral	1 capsule twice daily	No	Patient's own drugs at home			
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	2 sachets twice daily	No	Patient's own drugs at home			
Pregabalin 300mg capsules	oral	1 capsule twice daily	No	Patient's own drugs at home	**Drug Details:** Please supply 14 (FOURTEEN) tablets only.		
Senna 7.5mg tablets	oral	2 tablets once daily at night	No	Patient's own drugs at home			

"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:

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Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Admitted with substance misuse/mixed overdose. Patient very drowsy on admission. Reports painful leg and fall. HPC: watching cartoons with [redacted] sudden onset leg pain, taken x2 co-codamol, x2 pregabalin 300mg and amitriptyline. Then had a fall and drowsy. Admits to taking cocaine 1/52 and occasionally smokes cannabis. Seen by addictions does not feel she requires this at this time. CT Head: nil acute. R leg: tender knee, but no effusion. Bloods nil acute. Impression: Mechanical fall + XS sedative medications. Seen by PT and discharged no concerns. GP Actions: Recommend GP to review of regular medications. On discussion with Carol on discharge she has disclosed that having multiple medications can be confusing and thinks that a Dosette box would be helpful to ensure she takes the correct doses at the correct time. Please could GP arrange for Dosette box in community, thank you for your continuing care. Best Wishes, Ward 50/51 GRI
Discharge Comments:	NO CHANGES TO REGULAR MEDICATIONS AT PRESENT.

Page 3 of 4

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Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Follow Up:	No nil arranged.
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Paige MCGREGOR

Prescription Review
Checked by: Paige MCGREGOR (FY2)
Discharged by: Paige MCGREGOR (FY2)

Page 4 of 4

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[redacted]

NHS Greater Glasgow and Clyde

GASTROSCOPY REPORT

Name: **Carol AVERY (F)**
Date of birth: **08/06/1972**
CHI No: **0806725281**
Case note no.: **0806725281**

Address: **14/3**
71 Glenavon Road
Glasgow
Lanarkshire
G20 0HR

GP: **CUSACK, PEARCE**
Barclay Medical Practice
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Procedure date: **8th July 2025 (12:15)**
Priority: **Repeat/Scheduled**
Status: **Outpatient/NHS**
Hospital: **GRI**
Referring Cons: **Mr Stephen McSorley (Colorectal)**

Indications
Clinically important comments: OGD with severe gastritis and small ulcers
Check endoscopy post therapy to assess for healing
Note antral Bx awaited for H Pylori.

Consultant/Endoscopist
List consultant: Mr Colin K MacKay
Endoscopist No1: Mr David James Anderson
Nurses: Staff Nurse Mark Lang
SN Regan Smith

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.

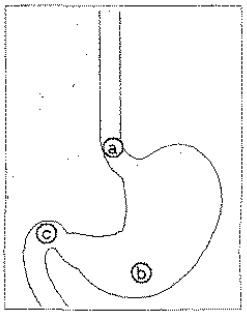
Site a: Lower oesophagus
Grade B oesophagitis (at least one mucosal break longer than 5mm confined to the mucosal fold but not continuous between two folds).

Site b: Lower body
Gastritis: moderate erythematous/exudative with no bleeding.

Site c: Bulb
Duodenitis.

Instrument
SCANTRACK

Premedication
Fentanyl (IV) 50 mcg
Midazolam (IV) 3 mg
Xylocaine (Spray) 100 mg



a: *Lower oesophagus*
b: *Lower body*
c: *Bulb*

Diagnosis
OESOPHAGUS. Oesophagitis/reflux.
STOMACH. Gastritis.
DUODENUM. Duodenitis.

Advice/comments
Inpatient OGD - severe oesophagitis, gastritis, duodenitis with Grade D oesophagitis and small duodenal ulceration.
Check OGD to assess healing
Significant improvement
Grade B Oesophagitis
Moderate Gastritis
Ulcers all resolved
Overall significant improvement
Should continue PPI therapy
Lifestyle advice given again in endo today
Could reduce PPI to maintenence dose if symptoms allow
No routine follow up but if symptoms deteriorate happy to review again

Follow up
If symptomatic deterioration only.

Mr David James Anderson
Surgical Registrar

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Avery Carol CHI: 0806725281

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. P Cusack
Barclay Medical Practice
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Main Switchboard: [redacted]
Department: Neurology
Contact Tel: [redacted]
Enquiries to:
Letter Date: 23/09/2025
Reference: GG/LD
Dictated Date: 23/09/2025
Transcribed Date: 24/09/2025

Dear Dr. P Cusack,

Carol Avery; D.O.B: 08 Jun 1972; CHI: 0806725281
14/3, 71 GLENAVON ROAD, Glasgow, Lanarkshire, G20 0HR

Attendance: Specialty - Neurology; Clinic - SUGGNE3-DR GORRIE HEADACHE TUESDAY AM
Date and Time of Appointment - 23/09/2025 10:30

Clinical Comments:
Your patient did not attend the headache clinic today. Due to pressures on the service, no further appointments are being arranged.

Yours sincerely,

Dr George Gorrie

Consultant Neurologist

Electronically Signed: Dr George Gorrie, Consultant

cc.

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Avery Carol CHI: 0806725281

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Carol Avery
14/3
71 GLENAVON ROAD
Glasgow
Lanarkshire
G20 0HR

Main Switchboard: [redacted]
Department: General Surgery
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 04/11/2025
Reference: MQ/ET
Dictated Date: 01/10/2025
Transcribed Date: 09/10/2025

Dear Ms Avery,

Following your upper GI endoscopy, I am writing to let you know that biopsies taken from your stomach show features in keeping with inflammation in your stomach (gastritis). I would simply suggest that you continue on your high dose antacid treatment and this may be something that you will need to continue long term.

I hope that you will find this reassuring.

Yours sincerely

Ms Martha Quinn

Consultant Colorectal Surgeon

Electronically Signed: Ms Martha Quinn, Consultant

cc. Electronic copy sent to GP

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2

SPHERE
Bladder & Bowel Service

NHS
Greater Glasgow and Clyde

SPHERE Tel Number: [redacted]

Date: 15 January 2026

PRIVATE & CONFIDENTIAL

Dr Cusack
Barclay Medical Practice
Green Wing, Maryhill Health Centre
41 Shawpark Street
Glasgow
City Of Glasgow
G20 9DR

Discharge Report

Patient Name: Carol Avery **CHI Number:** 080 672 5281

Date 1st Appointment: 30/05/2025 **Discharge Date:** 15/01/2026
Referred By: Dr Houston

Telephone consultations: 2 **Attend Anywhere consultations:** 0
Clinic appointments attended: 0 **Cancelled appointments:** 1 **Failed to attend:** 3

SUMMARY OF INVESTIGATION/TREATMENT/ADVIC

Bladder Diaries		Prolapse Management	
Urinalysis		Muscle Stimulation	
Post Void Bladder Scan: ml		Biofeedback	
Bladder Retraining / Deferment		Medication Advice	
Double Voiding		Bowel Management	
Caffeine / Fluid Advice		Intermittent Self Catheterisation	
Lifestyle Advice		Containment Products	x
Pelvic Floor Muscle Training		Other	

SUMMARY OF CONDITION ON DISCHARGE

Fully Resolved	
Partially Resolved and patient expected to make further improvement	
Partially Resolved and patient not expected to make further improvement	
No improvement	
Unknown	x

Comments: Carol has failed to attend 4 hour long appointment with the service. She has not returned any calls we have left for her and has therefore been discharged from the service.

Delivering better health

www.nhsggc.org.uk

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NHS Confidential. Personal data when complete

Yours sincerely

Sister Shona McLeod

SPHERE Bladder and Bowel Service

If further information required please email: [redacted]

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Delivering better health

www.nhsggc.org.uk

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Scottish Breast Screening Programme
West of Scotland Breast Screening Centre
Part of NHS Greater Glasgow and Clyde
Stock Exchange Court
77 Nelson Mandela Place
Glasgow
G2 1QT
[redacted]

Dear Doctor,

Carol Avery 0806725281

Did Not Attend for Breast Screening on 16-03-2026.

Yours sincerely,

Jacqueline Kelly
Clinical Director

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Outlook

Contains Patient Information

From Hamid Majid (NHS Greater Glasgow and Clyde) [redacted]
Date Tue 05/05/2026 13:26
To gp43576clinical (Barclay Medical Practice) [redacted]

FAO Dr Cusack Barclay Medical Practice

Regarding patient Carol Avery CHI 0806725281

Dear Dr Cusack

We have commenced Carol on treatment on MM 1mg/ml 30ml today.
She was considering starting on Espranor however after discussion and interaction with co-codamol 30/500mg she has opted to start on MM.
She is considering to discuss alternative forms of pain relief with you as she may still wish to swap over to Espranor.

Please can you update the patients ECS file to reflect this.
Any questions please feel free to call.

Kind regards
Hamid Majid

Hamid Majid MRPharmS Pharmacist Prescriber ADRS
Working Pattern 9am-5pm Mon-Fri
Current Working Location
South ADRS NGHC
Contact Telephone : [redacted] *Ext 28054*
Mobile : [redacted]
Email [redacted]

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Our Ref: CN
Job ID: 100957984
Date: 06/05/2026

PRIVATE & CONFIDENTIAL

Dr P Cusack
Barclay Medical Practice
Maryhill Health & Care Centre

51 Gairbraid Avenue
Glasgow

G20 8FB

Alcohol Drug Recovery Service
South Alcohol and Drug Recovery Service
Possilpark Health Centre
Glasgow

2 Sandiefield Road

G5 9AB

www.nhsggc.org.uk

Dear Colleague,

Re: Carol Avery DOB: 08/06/1972 CHI: 0806725281
Address: Flat 14/3 71 Glenavon Road, Glasgow, G20 0HR

ADRS Care Manager	Access Team

This patient continues to attend the Alcohol and Drug Recovery Service and I reviewed them on 05/05/2026.

Drug Use:
NP ASSESSMENT
Presentation:
Carol presented well no signs of any intoxication or withdrawals noted.

Prescribed MAT & Substances used:
Not currently in treatment.Was last in treatment with GP practice in Parkhead approx 20 years was smoking heroin at that point managed to stop using MM. Long period of stability approx 17 years. Recent relapse to heroin use 8 weeks as [redacted] was using heroin.Has been smoking heroin £20-40 last used Sat am. Feels unsettled. Looking to start on Espranor. Prescribed co-codamol 30/500mg daily. Using 8 daily last took about 9.30am. Stated she still needed them for pain relief. Explained risk of precipitated withdrawals. Could assess her for withdrawals however recent use would probably result in her feeling withdrawals if Buprenorphine started. Explained differences between MM and Buprenorphine and Carol has decided to start on MM. Plans to speak to GP re pain relief and may swap to Buprenorphine at a later point. UDS was positive for benzodiazepines and pregabalin. Has not used any benzodiazepines, contaminated heroin? Pregabalin 300mg bd from GP. Smokes cannabis x 2 weekly.

UDS:

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Positive for opiates, benzodiazepines and Pregabalin (Rx).

Routes/Frequency/IEP:
Smoking heroin, no IV use.

Withdrawal observed:
None observed, settled throughout.

Previous Episodes of treatment:
With GP practice.

Naloxone:
Has been supplied aware how to use. Have explained risk of overdose if she continues to use opiates/benzo alongside prescribed medication.

Consent to treatment:
Completed.
Alcohol Use:
Current alcohol use pattern:
Non drinker.
Physical Health:
Diagnosed Conditions:
Type II Diabetes diet controlled, sciatic pain, osteoarthritis, oesophagistis

BBV:
Updated today. No previous test or risk advised.

GP/Medication:
Dr Cusack Barclay MP- Lansoprazole 30mg, Peptac, Diclofenac gel, Clopidogrel 75mg, Atorvastatin 20mg, Pregabalin 300mgbd, Amitriptyline 125mg and co-codamol 30/500mg.

Appetite:
No concerns raised.

Allergies:
Penicillin 2011.

Smear/Contraception:
Not asked.
Mental Health:
Mood:
Has been settled, lower due to relapse to heroin use. Hope this will improve now as in treatment.
Sleep:
Affected by recent drug use.

MH service involved:
None previous diagnosis of depression.

MH medication:

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None.

Si/DSH:
Has no thoughts of suicide or DSH.
Contact with Children:
Children:
[redacted] x 5. Has 13 [redacted] advises no caring responsibilities.

Contact:
Yes.

PA needed:
A being carried out for [redacted].
Legal:
DVLA:
No DL.

Legal issues:
None.
Social:
Housing:
Has own tenancy.

Work/Benefits/Debts:
Relevant benefits in place UC/PIP

Social:
Spends most time of her time at home.

Support:
Has family support.

Recovery Goals:
Cease drug use.
Care and Treatment Plan:
1. Carol to attend NP for dose titration and f/u Thu am.
2. Speak to GP re pain relief.
3. Will consider Bup again after speaking with GP.
4. BBV results to patient.
5. Engage with ADRS.

Please add or update the above ADRS prescribed medication(s) to your practice record as medication prescribed by specialist services.

Yours sincerely

Hamid Majid

Authorised on 06/05/2026 14:31:55 by Hamid Majid.

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Additional document
07-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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EMERGENCY DEPARTMENT
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

NHS
Greater Glasgow and Clyde

Dr DAVID BYFORD
DRS BYFORD, SPENCE, HAGGERTY, MERED
MARYHILL HEALTH CENTRE 41 SHAWPARK STREET GLASGOW
G20 9DR

Date: 22 Aug 2012

Dear Dr DAVID BYFORD,

Re: CAROL DEANS, 8 RUCHILL PLACE, GLASGOW, G20 9PR
Date of Birth: 08/06/1972 CHI number: 0806725281

Your patient attended Western Infirmary on the 22 Aug 2012.

The presenting complaint was:	**GP REF TO SURGEONS**
Triage information:	**COMPLAINING ON EPIGASTRIC PAIN RADIATING TO BACK FOR 5/7. VOMITING WITH FOOD. PAST FEW DAYS DESCRIBES GREASY LOOSE STOOLS, KNOWN TO HAVE ALTERNATING BOWEL HABITS. PREVIOUS CHOLECYSTECTOMY. TEMP 36.7**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**PATIENT FOR SPECIALTY TAKE-GP REFERRAL - SURGICAL**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**DIRECT ADMISSION TO SURGICAL WARD**
Follow-up:	**ADMITTED**
Additional information:	**None**

Yours sincerely,

NONE ASSIGNED IN EDIS
NONE ASSIGNED IN EDIS

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Lab Report ID : R,11.5529810.G
Filed By User :
Assigned to : Mrs Joan Kennedy
Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow

**** ABNORMAL ****

Report Text :
-RAISED FASTING GLUCOSE

SPECIMEN : Citrate/EDTA

	Abn	Value	Units	Range	Status
R Hb. A1C - diabetic control	**Y**				
-Note: Results in DCCT % and IFCC mmol/mol					
DCCT HbA1c	+	7.9	%	(4.0-5.9 U)	NK
IFCC HbA1c	+	63	mmol/mol	(20-42 U)	NK

Sample Collected Date : **12/12/2011 09:08:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **12/12/2011 12:30:00**
Received Date : **12/12/2011 15:00:15**
Requestor : **KENNEDY, SR JOAN**
Requestor GMC Code : **84L0027C**

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Lab Report ID : N,11.0772501.Q
Filed By User :
Assigned to : Mrs Joan Kennedy
Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow

**** ABNORMAL ****

SPECIMEN : Specimen

	Abn	Value	Units	Range	Status
R Urine microalbumin	**Y**				
-* Random Urine specimen. No 24h urine values.					
U Albumin	+	27	mg/L	(<<20 U)	NK
U Creatinine		25.9			NK
-Urine creatinine					
U Protein		0.3	g/L		NK
Volume (ml)		NA			NK
U Alb/Creat Ratio		1.0	mg/mmol	(<<3.5 U)	NK
24h U Protein		NA			NK
24h U Creatinine		NA			NK
U Prot/Creat Ratio		12	mg/mmol	(<<30 U)	NK

Sample Collected Date : **22/12/2011 14:28:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **23/12/2011 14:44:00**
Received Date : **23/12/2011 19:00:05**
Requestor : **KENNEDY, SR JOAN**
Requestor GMC Code : **84L0027C**

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DR BYFORD & PARTNERS
INFLUENZA & PNEUMOCOCCAL VACCINE CONSENT FORM

Are you feeling well enough today to receive this vaccine? (Yes) / No

Have you ever had a severe reaction to eggs? Yes / (No)
E.g. Collapse, anaphylactic shock. (If yes please detail)

Any problems with previous influenza vaccine? Yes / (No)
(If yes please detail)

Any severe local reaction or general reaction to immunisation? Yes / (No)
(If yes please detail)

Name: CAROL DEANS Date of Birth: 8/6/72

I have received and understand the advice given to me and consent to the administration of the Influenza Vaccine / Pneumococcal Vaccine

Signed: Carol Deans. Date: 22/12/2011

Both vaccines contain inactivated virus and can only cause mild side effects

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Greater Glasgow & Clyde Retinal Screening Service

Wednesday, 14 March 2012

DR D M BYFORD & PTNRS
MARYHILL HEALTH CENTRE
41 SHAWPARK ST
GLASGOW G 209DR

Dear DR D M BYFORD & PTNRS,

DIABETIC RETINOPATHY SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No:	0806725281
Name:	CAROL DEANS
Address:	8 RUCHILL PL, GLASGOW G209PR

This patient has not attended retinal screening following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries please contact us on [redacted] or [redacted] or [redacted]

Yours sincerely,

Dr William Wykes

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Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!

Page 1 of 1

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Lab Report ID : N,12.7752942.C
Coding Status : Coded
Filed By User :
File Status : Not Filed
Assigned to : Dr D Spence
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F

ADR : 8 Ruchill Place Glasgow

SPECIMEN : Specimen

	Abn	Value	Units	Range	Status
R Urine amphetamine screening test					
U Amphetamines		Negative			NK
R Urine benzodiazepine					
U Benzodiazepines		Negative			NK
R Urine cocaine					
U Cocaine		Negative			NK
R Urine creatinine					
U Creatinine		19.0	mmol/L		NK
R Urine methadone					
U Methadone		Positive			NK
R Urine opiates screening test					
U Opiates		Negative			NK

Sample Collected Date : 01/03/2012 08:47:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 05/03/2012 11:38:00
Received Date : 05/03/2012 15:08:21
Requestor : , 3455256: DR DESMOND
Requestor GMC Code : /3455256:

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Lab Report ID : B,12.1191878.R **Coding Status** : Part Read Coded
Filed By User : **File Status** : Not Filed
Assigned to : Dr D Spence **Task Status** : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow
SPECIMEN : Urine

	Abn	Value	Units	Range	Status
R Urine Amphetamines					
-Interim report: Confirmation of positive amphetamines to follow.					
Urine Amphetamines		To Follow			NK
R Urine Benzodiazepine					
Urine Benzodiazepine		Negative			NK
R Urine Cocaine					
Urine Cocaine		Negative			NK
R Ur Creatinine (DOA)					
Urine Creatinine		20.9	mmol/L		NK
R Urine Methadone					
Urine Methadone		Positive			NK
R Urine Opiates					
Urine Opiates		Negative			NK
R Amphet. Confirmation					
-Confirmation by HPLC-UV:					
-Amphetamine detected.					
Amphet. Confirmation		Positive			NK
Urine Amphetamines		Positive			NK
Urine Benzodiazepine		Negative			NK
Urine Cocaine		Negative			NK
Urine Methadone		Positive			NK
Urine Opiates		Negative			NK
Urine Cannabinoids					NK
Urine Alcohol					NK
Urine Barbiturates					NK
Urine Buprenorphine					NK
Ur T/cyclic Antideps					NK
Urine Creatinine		20.9	mmol/L		NK

Sample Collected Date : **19/07/2012 09:00:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **19/07/2012 19:00:00**
Received Date : **30/07/2012 11:00:06**
Requestor : **SPENCE, DESMOND**
Requestor GMC Code :

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NHS
Greater Glasgow and Clyde

DESMOND Administrator
Possilpark Health Centre
85 Denmark Street
Glasgow, G22 5EG
Tel: [redacted]

Date: 7/08/2012

Our Ref: AL/SF

Direct line: [redacted]
Contact: Sutherland Forrester

Sister J. Kennedey
Green Practice
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Dear Sir/Madam

I am writing to inform you that your patient, Carol Deans 0806725281, who was referred by your practice, failed to attend the Type 2 diabetes DESMOND Structured Education Programme on two separate occassions.

We have now removed this patient from the list.

Yours faithfully

pp
Anne Lindsay
Barbara Ann McKee
Diabetes Specialist Nurses

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NHS Confidential: Personal data about a patient

D.N.A 31/7/12 DNA 29/3/12

Referral to 'Newly Diagnosed' Type 2 Diabetes Education Day/DESMOND

NHS Greater Glasgow and Clyde

CH(C)P PLEASE CIRCLE AS APPROPRIATE: North West West Dun | East East Ren Inverclyde | South East Renfrewshire | South West East Dun

Name: Carol Deans	**CHI No:** 0806725281
Patient Address & Postcode 8 Ruchill Place Glasgow G20 9PR	**Tel No: Day:** **Mobile:** [redacted]
D.O.B. (if no CHI No) 8.6.1972.	**Patient's Email Address:** **Can we contact you by email: Yes/No**
GP: De Byford	**Practice Nurse:**
Practice Address & Postcode Maryhill Health Centre Stadpark St Glasgow G20 9JR	**Tel No:** 0141 5318810.
Date of diagnosis: Dec 2011.	
Clinical indicators required: (please supply where possible)	
HbA1c 7.9.	
Total Chol 5.4.	
HDL 0.92	
LDL —	
BP	130/80.
Waist Circumference	
Weight	136 kgs
BMI	55.17.
Smoker/Ex smoker/Non smoker	Smoker 20 per day
Diabetes Drugs:	
Metformin	500mgs 1/1 daily.
	- 9 JAN 2012
Any other relevant information: Patient insistant on starting Medication for Diabetes.	
Please return forms to **Local DESMOND Administrator**	**CRITERIA FOR REFERRAL** **Newly Diagnosed Type 2 Diabetes (up to 1 year)** **Speaks/Understands English** **Over 18 years of age**

PLEASE ENSURE THE PATIENT WISHES TO BE REFERRED

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Lab Report ID : B,12.1191878.R **Coding Status** : Part Read Coded
Filed By User : **File Status** : Not Filed
Assigned to : Dr D Spence **Task Status** : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow
SPECIMEN : Urine

	Abn	Value	Units	Range	Status
R Urine Amphetamines					
-Interim report: Confirmation of positive amphetamines to follow.					
Urine Amphetamines		To Follow			NK
R Urine Benzodiazepine					
Urine Benzodiazepine		Negative			NK
R Urine Cocaine					
Urine Cocaine		Negative			NK
R Ur Creatinine (DOA)					
Urine Creatinine		20.9	mmol/L		NK
R Urine Methadone					
Urine Methadone		Positive			NK
R Urine Opiates					
Urine Opiates		Negative			NK

Sample Collected Date : **19/07/2012 09:00:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **19/07/2012 19:00:00**
Received Date : **23/07/2012 11:00:16**
Requestor : **SPENCE, DESMOND**
Requestor GMC Code :

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File

Greater Glasgow & Clyde SCI Store - Patient Result Report

Report ID: V,12.0104871.H **Sample Collected:** 23/08/2012 07:00:00

This report has history

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
CAROL DEANS Name Changed	0806725281	08/06/1972	40	TAYLOR, FIONA	Drs Byford, Spence, Haggerty, Mered	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
rogers, dr	(GPL10)	V,12.0104871.H	Virology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	
Viral serology	23/08/2012 07:00:00	25/08/2012 11:04:00	28/08/2012 11:18:05	

Report

Viral serology

```
Tests performed by the West of Scotland Specialist Virology Centre
Scroll down to see complete report

SPecimen type:plasma
-------------------------------------------------------------------------------

                                EBV VCA IgG    :Present
                                Toxoplasma IgG :Negative-susceptible

Evidence of exposure to EBV.
Toxoplasma screen NEGATIVE: no evidence of exposure to
toxoplasmosis detected.
Results are available via the NHS GG and C SCI store/portal.

 End of report
```

Printed By: Christine Martin on 06/09/2012 15:30:22

MB, MRCPsych

Comment pls

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File

Greater Glasgow & Clyde SCI Store - Patient Result Report

Report ID: V,12.0641528.R **Sample Collected:** 23/08/2012 07:00:00

This report has history

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
CAROL DEANS Name Changed	0806725281	08/06/1972	40	TAYLOR, FIONA	Drs Byford, Spence, Haggerty, Mered	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
rogers, dr	(GPL10)	V,12.0641528.R	Virology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	
Viral serology	23/08/2012 07:00:00	24/08/2012 15:01:00	30/08/2012 16:51:57	

Report

Viral serology

```
Tests performed by the West of Scotland Specialist Virology Centre
Scroll down to see complete report

Specimen type:plasma
-------------------------------------------------------------------------------

                                    CMV IgG             :Negative

Hepatitis A antibody  :POSITIVE
Hep B core antibody   :Negative
Hepatitis C screen    :REACTIVE
HCV PCR               :Negative

Immune to hepatitis A infection.
No evidance of previous exposure to HBV.
Tested for HCV RNA by real-time PCR.
Results are available via the NHS GG and C SCI store/portal.

End of report.
```

Printed By: Christine Martin on 06/09/2012 15:30:48

Negative

Comment pt

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Result Details

Fla.

Greater Glasgow & Clyde SCI Store - Patient Result Report

Report ID: N,12.7211237.V **Sample Collected:** 23/08/2012 07:00:00

This report has history

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
CAROL DEANS Name Changed	0806725281	08/06/1972	40	TAYLOR, FIONA	Drs Byford, Spence, Haggerty, Mered	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Rogers, Mr Paul	(G516H-WIL10S) WIG L10 SURGICAL	N,12.7211237.V	Biochemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store
Specimen	23/08/2012 07:00:00	24/08/2012 09:10:00	31/08/2012 13:06:53

Report

Alpha Fetoprotein Cumulative

Authorised By Ms K Smith
Authorised Date 24/08/2012 12:00:00

Description	Value	Range	Unit	Normalcy Notes
Alpha Fetoprotein	4	<6	KU/L	

Protein EP Cumulative

Authorised By Dr Moira Thomas
Authorised Date 31/08/2012 13:00:00

Description	Value	Range	Unit	Normalcy Notes
Total Protein	65	60 - 80	g/l	
Paraprotein 1	NA		g/L	
Paraprotein 2	NA		g/L	
Paraprotein 3	NA		g/L	
Electrophoresis	No paraprotein detected			

Set Comments
Electrophoresis: No paraprotein detected

Immunoglobulins Cumulative

Authorised By Dr Moira Thomas
Authorised Date 31/08/2012 13:00:00

Description	Value	Range	Unit	Normalcy Notes
IgA	2.35	0.80 - 2.80	g/L	
IgG	9.10	6.00 - 16.00	g/L	
IgM	**0.44**	**0.50 - 1.90**	**g/L**	-

Comment plz

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NHS Confidential: Personal data about a patient

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow G11 6NT

Dr D Byford
Drs Byford, Spence, Haggerty,
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

23 August 2012

Dear Dr Byford

Re: CAROL DEANS, 8 RUCHILL PLACE, GLASGOW, G20 9PR
Date of Birth: 08.06.72 Hospital Number: 23001284A CHI Number: 0806725281

Your patient attended Western Infirmary on the 22 AUG 2012 at 17:38 pm.

The presenting complaint was:	**Gp Ref To Surgeons**
Triage Information:	**Complaining On Epigastric Pain Radiating To Back For 5/7. Vomiting With Food. Past Few Days Describes Greasy Loose Stools, Known To Have Alternating Bowel Habits. Previous Cholecystectomy. Temp 36.7**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Patient For Specialty Take-Gp Referral - Surgical**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Direct Admission To Surgical Ward**
Follow-up:	**Admitted**
Additional Information:	**Nil**

Yours sincerely,

Consultants

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IMMEDIATE DISCHARGE LETTER

NHS
Greater Glasgow

PATIENT COPY

First Issued: 24/08/2012 11:17
Printed: 24/08/2012 11:17

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Telephone : [redacted]

Admitted: 22/08/2012 **Discharged:** 24/08/2012
Discharged to: Home
Ward: 10W
Consultant: MR K OGSTON, General Surgery
Hospital No: 23001284A , **Date of birth:** 08/06/1972
CHI: 0806725281

REGISTERED GP
Dr David Byford
Drs Byford, Spence, Haggerty, Mered
Maryhill Health Centre
41 Shawpark Street
Glasgow

PATIENT
CAROL DEANS
8 RUCHILL PLACE
GLASGOW
G20 9PR

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. Altered bowel habit, 24/08/2012	R194		

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 6 12 14 16 22	PRN/Comment	Course Length	Quantity Dispensed
Omeprazole	Cap	Oral	40mg	X		Indefinite	Patients Own
Simvastatin	Tab	Oral	40mg	X		Indefinite	Patients Own
Methadone	Liquid	Oral	30ml			Indefinite	Patients Own
Metformin	Tab	Oral	500mg	X		Indefinite	Patients Own
Tramadol	Tablet	Oral	50mg		PRN for pain, up to 6 hourly	Indefinite	~~18~~ 30

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic **Consultant** **Date**
No arrangements made

Outpatient Investigations **Date**
No arrangements made

Community Care **Date** **Reason**
No arrangements made

GENERAL COMMENTS

Final discharge letter to follow
admitted with abdominal pain, vomiting and loose stools.
likely gastroenteritis but have sent off faecal calprotectin to rule out IBD so please act on this if it is possitive

SG IBB.

Signed: [redacted] **Designation:** [redacted]
Contact: Jack Hollinghurst **Pager Number:**

This letter has been produced by the NHS Greater Glasgow Incremental Discharge Letter System

Page 1 of 1

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Lab Report ID : N,12.8524590.K
Filed By User :
Assigned to : Mrs Joan Kennedy
Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow
SPECIMEN : Specimen

	Abn	Value	Units	Range	Status
R Plasma glucose level					
Glucose		NA			NK
-Haemolysed					

Sample Collected Date : 06/09/2012 15:33:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 07/09/2012 12:53:00
Received Date : 07/09/2012 15:05:14
Requestor : KENNEDY, SR JOAN
Requestor GMC Code : 84L0027C

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NHS Confidential: Personal data about a patient

Lab Report ID : B,12.1198419.J
Filed By User :
Assigned to : Dr D Spence

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow
SPECIMEN : Urine

	Abn	Value	Units	Range	Status
R Urine Amphetamines					
Urine Amphetamines		Negative			NK
R Urine Benzodiazepine					
Urine Benzodiazepine		Positive			NK
R Urine Cocaine					
Urine Cocaine		Negative			NK
R Ur Creatinine (DOA)					
Urine Creatinine		25.3	mmol/L		NK
R Urine Methadone					
Urine Methadone		Positive			NK
R Urine Opiates					
Urine Opiates		Negative			NK

Sample Collected Date : 08/11/2012 09:32:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 09/11/2012 11:41:00
Received Date : 09/11/2012 15:01:04
Requestor : SPENCE, DESMOND
Requestor GMC Code :

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[TOXDOA Run: 59]

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Surname: **DEANS** CHI/Unit No: **0806725281**
Forename: **CAROL**
DOB/Age: **08.06.72** Sex: **Female**
Address: **8 RUCHILL PL**
Location: **Dr Byford & Part Maryhill** Requestor: **Dr Des Spence**
Diagnosis: **Not stated**
Details:
Spec. Comm:
External No:

Screening Tests

	[[CURRENT]]	
Lab No	B,12.1198419.3	B,12.1191878.R
Date/Time collected	08.11.12 09:32	19.07.12 09:00
Date/Time received	09.11.12 11:41	19.07.12 19:00
Urine Amphetamines	Negative	Positive
Urine Benzodiazepine	Positive	Negative
Urine Cocaine	Negative	Negative
Urine Methadone	Positive	Positive
Urine Opiates	Negative	Negative
Urine Cannabinoids		
Urine Barbiturates		
Urine Alcohol		
Urine Buprenorphine		
Ur T/cyclic Antideps		
Urine Creatinine (mmol/L)	25.3	20.9

Result Comments:

Reported: 09.11.12 Authorised by: Tel: [redacted] Option 4

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NHS Confidential: Personal data about a patient

Lab Report ID : R,12.5491765.M
Filed By User :
Assigned to : Dr D Spence

Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow

** ABNORMAL **

Report Text :
-NONE GIVEN

SPECIMEN : Citrate/EDTA

	Abn	Value	Units	Range	Status
R Full blood count - FBC	**Y**				
White Cell Count		9.4	10^9/L	(4.0-11.0 U)	NK
Red Cell Count		5.26	10^12/L	(3.80-5.80 U)	NK
HAEMOGLOBIN		161	g/l	(115-165 U)	NK
Haematocrit	+	0.485	L/L	(0.370-0.470 U)	NK
MCV		92.2	fL	(76.0-99.0 U)	NK
MCH		30.6	pg	(27.0-32.0 U)	NK
RDW		13.3	%	(11.5-14.5 U)	NK
Platelets		162	10^9/L	(150-400 U)	NK
Neutrophils		6.3	10^9/L	(2.0-7.5 U)	NK
Lymphocytes		2.5	10^9/L	(1.5-4.0 U)	NK
Monocytes		0.4	10^9/L	(0.2-0.8 U)	NK
Eosinophils		0.14	10^9/L	(0.04-0.40 U)	NK
Basophils		0.08	10^9/L	(0.01-0.10 U)	NK
R Erythrocyte sedimentation rate					
-Sample insufficient for analysis - please repeat					
ESR		NA			NK

Sample Collected Date : 27/11/2012 16:05:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 28/11/2012 12:13:00
Received Date : 28/11/2012 15:00:24
Requestor : SPENCE, DESMOND
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : N,12.8699182.A
Filed By User :
Assigned to : Dr D Spence

Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow

** ABNORMAL **

SPECIMEN : Specimen

	Abn	Value	Units	Range	Status
R Bone profile					
-Very old specimen					
Alkaline Phosphatase		107	U/L	(40-150 U)	NK
Albumin		39	g/L	(32-45 U)	NK
Calcium		2.38	mmol/L		NK
Calcium (adjusted)		2.45	mmol/L	(2.10-2.60 U)	NK
Phosphate		NA			NK
-V					
R Plasma C reactive protein	Y				
C-reactive Protein	+	19	mg/L	(<<10.0 U)	NK

Sample Collected Date : 27/11/2012 16:05:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 28/11/2012 12:16:00
Received Date : 28/11/2012 15:00:28
Requestor : SPENCE, DESMOND
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Greater Glasgow & Clyde Retinal Screening Service

Monday, 25 February 2013

DR D M BYFORD & PTNRS
MARYHILL HEALTH CENTRE
41 SHAWPARK ST
GLASGOW G 209DR

Dear DR D M BYFORD & PTNRS,

DIABETIC RETINOPATHY SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No:	0806725281
Name:	CAROL AVERY
Address:	8 RUCHILL PL, GLASGOW G209PR

This patient has not attended retinal screening following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries please contact us on [redacted] or [redacted] or [redacted]

Yours sincerely,

Dr William Wykes

Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!

Page 1 of 1

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NHS SCOTLAND **sccrs smear taking** logged on user: joanne evans logged on organisation: 4352 - dr d m

byford & pinrs (password expires in: 83 days)

home person results practice requests alerts logoff

find tips nsd help

0806725281 AVERY, CAROL 08 Jun 1972 8 RUCHILL PL, GLASGOW, G20 9PR

summary

Name	AVERY, CAROL
Correspondence	
CHI Address	8 RUCHILL PL, GLASGOW, G20 9PR
Telecoms	
Sex	Female
Date of Birth	08 Jun 1972
Health Board	NHS Greater Glasgow & Clyde
Excluded	No
Legacy Cytology	
Immunisation	No

current management

Status	Non-Routine
Projected Recall Date	08 Jul 2013
Recall Date	08 Jul 2013
Most Recent Exam	08 Apr 2013
Most Recent Result	Unsatisfactory
Most Recent Advice	3 Months
Last Event	Result

cervical cytopathology request

New

Total	2
Open	0
Complete	2

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NHS Confidential: Personal data about a patient

[redacted]

NHS
Greater Glasgow and Clyde

COLPOSCOPY DEPARTMENT
WOMEN & CHILDREN'S DIRECTORATE
STOBHILL HOSPITAL
133 Balornock Road
Glasgow
G21 3UW
Contact: Alison McCormick
Telephone: Reception - [redacted]
Reference: AMcC / SM
05/06/2013

Dr F Taylor
Drs Byford, Spence, Haggerty, Mered
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Dear Dr Taylor

Patient Details:

CHI Number	0806725281
Unit Number	23001284A
Name	Carol Avery
Date of Birth	08/06/1972
Address	8 Ruchill Place, Glasgow G20 9PR

Your patient was seen at the clinic on 08/04/2013 and at this visit, a colposcopy was done but no treatment was undertaken.

A smear was taken and the test result was Unsatisfactory.

No cervical biopsy was taken.

The management plan for your patient is that a follow-up smear needs to be done in 3 months time. Your patient has been asked to return to the clinic for a repeat smear. An appointment will be sent to her in due course.

Yours sincerely

Dr S Mathew
Consultant Gynaecologist

copy to:

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NHS

Western Infirmary

AVERY, Carol
8 Ruchill Place, , Glasgow, Lanarkshire, G20 9PR
Referrer: Dr.David Byford - GP PRACTICE

Diagnostic Imaging Report
DoB: **08/06/1972**
Chi No: **0806725281**
CRIS No: **768851**
Hosp No: **23001284A**

VERIFIED Verified By: Dr Wilma Kincaid 26/06/13 0859.
Clinical History : Right knee increasingly painful, worse at night, awakens from sleep, gives way.

XR Knee Rt :

Degenerative change is present at the knee joint with a moderate reduction in the height of the medial joint space. No definite evidence of a radio-opaque intra-articular loose body.

North Glasgow Hospitals

Ref. Src: Maryhill Health Centre, 41 Shawpark Street, Glasgow, G20 9DR
Exams: XR Knee Rt
Exam Date: 12/06/13 Event: E-27599068

Page 1 of 1

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

D/S

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: [redacted]
Date of Completion: 06/08/2013

Dr. F Taylor
Drs Byford spence haggerty mered
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Dear Dr F Taylor,

Name	CHI	DoB	Address
[redacted]rol Avery	0806725281	08/06/1972	8 RUCHILL PLACE Glasgow G20 9PR

Admitted	Type	Discharged	Destination
02/08/2013 13:30	In Patient	05/08/2013	Private Residence - living with relatives or friends

Specialty	Consultant	Ward	Telephone
General Surgery	Dr Ruth McKee	GRI Ward 65 General Surgery	[redacted]

Reason for Admission and Presenting Complaints	Admission Category
vomiting, epigastric pain	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

[redacted]inical Comments:

Dear Doctor
This41 year old lady was admitted to GRI on 2/8/13 with epigastric pain and vomiting.
On examination she was tender in the epigastric region.
Bloods unremarkable.
CXR and AXR: nil acute
USS - nil acute
OGD performed 5/8/13 - distal gastritis and duodenitis.
The plan was to observe Mrs.Avery overnight and discharge her if well. Her [redacted] had gone into labour and so she discharged herself from the ward. She was feeeling better and no routine follow-up will be necessary.
Yours sincerely
Dr.David Hewitson, FY1, Ward 65, GRI

Treatments:

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 IDL 05/08/2013 v1

Follow-up arranged: nil

Planned Outpatient Investigations: no

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: 158 cm **Weight:** 111.6 kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

New Medication Started:

Medication Comment:

Medication compliance aid:

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr David Hewitson
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Ian Johnston, Doctor

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: [redacted]
Date of Completion: 06/08/2013

Dr. F Taylor
Drs Byford spence haggerty mered
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Dear Dr F Taylor,

Name	CHI	DoB	Address
Carol Avery	0806725281	08/06/1972	8 RUCHILL PLACE Glasgow G20 9PR

Admitted	Type	Discharged	Destination
02/08/2013 13:30	In Patient	05/08/2013	Private Residence - living with relatives or friends

Specialty	Consultant	Ward	Telephone
General Surgery	Dr Ruth McKee	GRI Ward 65 General Surgery	[redacted]

Reason for Admission and Presenting Complaints	Admission Category
vomiting, epigastric pain	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Dear Doctor
This41 year old lady was admitted to GRI on 2/8/13 with epigastric pain and vomiting.
On examination she was tender in the epigastric region.
Bloods unremarkable.
CXR and AXR: nil acute
USS - nil acute
OGD performed 5/8/13 - distal gastritis and duodenitis.
The plan was to observe Mrs.Avery overnight and discharge her if well. Her [redacted] had gone into labour and so she discharged herself from the ward. She was feeeling better and no routine follow-up will be necessary.
Yours sincerely
Dr.David Hewitson, FY1, Ward 65, GRI

Treatments: .

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 IDL 05/08/2013 v1

Follow-up arranged: nil

Planned Outpatient Investigations: no

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: 158 cm **Weight:** 111.6 kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

New Medication Started: .

Medication Comment: .

Medication compliance aid: .

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr David Hewitson
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Ian Johnston, Doctor

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NHS
Greater Glasgow and Clyde

COLPOSCOPY DEPARTMENT
WOMEN & CHILDREN'S DIRECTORATE
STOBHILL HOSPITAL
133 Balornock Road
Glasgow
G21 3UW
Contact: Angela Stewart
Telephone: Reception - [redacted]
Reference: AS / CB
08/08/2013

Dr F Taylor
Drs Byford, Spence, Haggerty, Mered
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Dear Dr Taylor

Patient Details:		
	CHI Number	0806725281
	Unit Number	23001284A
	Name	Carol Avery
	Date of Birth	08/06/1972
	Address	8 Ruchill Place, Glasgow Lanarkshire G20 9PR

I regret to inform you that we have been unable to persuade your patient to attend the colposcopy clinic. No further appointments will be arranged for her to attend the clinic unless requested by yourself or the patient directly.

I have written to her asking her to contact you or alternatively to contact the clinic directly and we will do our best to try and accommodate her.

If she has changed address or moved from your practice I would be grateful if you could let us know.

Yours sincerely

CBulloch

Ms C Bulloch
Staff Nurse

copy to:

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NHS Confidential: Personal data about a patient

Acute Services Division - Surgery & Anaesthetics Directorate
General Surgery

Glasgow Royal Infirmary, 84 Castle Street, Glasgow, G4 0SF

NHS Greater Glasgow and Clyde

Reply To : Dr Ruth Mckee

Direct :
FAX : [redacted]

15 August 2013

Dr F Taylor
Drs Byford, Spence, Haggerty, Mered
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Dear Dr Taylor,

Re: Carol Avery D.O.B 08/06/1972 (CHI:0806725281)
8 RUCHILL PLACE, Glasgow, Lanarkshire, G20 9PR

Your patient was admitted [Emergency] to Glasgow Royal Infirmary on 2 August 2013.

Diagnoses/Symptoms:
Undiagnosed abdominal pain

Procedures Performed:
Gastroscopy 05/08/2013

Outcome:
Discharged

Your patient was discharged [Home] on 5 August 2013.

This lady was admitted with some upper abdominal pain. Her abdomen was soft and her bloods were normal. She is known to have trouble with gastro-oesophageal reflux. An ultrasound scan was unremarkable. As she was still complaining of pain she had a gastroscopy the following day. This showed some distal gastritis but no other significant abnormality. She was discharged home on a PPI having decided that since her [redacted] had gone into labour she did not wish to stay on the ward.

Yours sincerely

Dr Ruth Mckee
Colorectal Surgery

THIRD PARTY COPY

Discharge Letter

Acute Services Division - Surgery & Anaesthetics Directorate
General Surgery

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary, 84 Castle Street, Glasgow, G4 0SF

Colorectal Surgery

Name	Tel	Fax	Contact EMail
Mr Ian Finlay			
Professor Paul Horgan			
Mr John Anderson			
Dr Ruth Mckee	[redacted]		
David Chong			
Andrew Mcmahon			
Graham John Mackay			

Reply To : Dr Ruth Mckee

Direct :
FAX : [redacted]

15 August 2013

Dr F Taylor
Drs Byford, Spence, Haggerty, Mered
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Dear Dr Taylor,

Re: Carol Avery D.O.B 08/06/1972 (CHI:0806725281)
8 RUCHILL PLACE, Glasgow, Lanarkshire, G20 9PR

Your patient was admitted [Emergency] to Glasgow Royal Infirmary on 2 August 2013.

Diagnoses/Symptoms:
Undiagnosed abdominal pain

Procedures Performed:
Gastroscopy 05/08/2013

Outcome:
Discharged

Your patient was discharged [Home] on 5 August 2013.

This lady was admitted with some upper abdominal pain. Her abdomen was soft and her bloods were normal. She is known to have trouble with gastro-oesophageal reflux. An ultrasound scan was unremarkable. As she was still complaining of pain she had a gastroscopy the following day. This showed some distal gastritis but no other significant abnormality. She was discharged home on a PPI having decided that since her [redacted] had gone into labour she did not wish to stay on the ward.

Yours sincerely

Dr Ruth Mckee
Colorectal Surgery

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Discharge Letter

NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Immediate Discharge Letter

NHS
Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No
This letter supersedes previous version of 16 Aug 2013 15:11

Dr. F Taylor
Drs Byford spence haggerty mered
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: [redacted]
Date of Completion: 14/10/2013

Dear Dr F Taylor,

Name	CHI	DoB	Address
Carol Avery	0806725281	08/06/1972	8 RUCHILL PLACE Glasgow G20 9PR

Admitted	Type	Discharged	Destination
15/08/2013 12:30	In Patient	16/08/2013	

Specialty	Consultant	Ward	Telephone
General Surgery	Mr John Anderson	GRI Ward 65 General Surgery	0141 211 5060

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Dear doctor,
This 41 year old lady was admitted to GRI on 15/8/13 with R sided colicky pain radiating to her back bassage. I note that this is the third admission this week with similar issues. She states that she feels the need to open her bowels but is unable to. She last had a bowel movement 10 days ago. In addition she described bilious vomiting.
On examination she was tender in in the RIF. No abnormalities noted on PR exam. CT abdo/pelvis done on 13/8/13 showed a fatty liver and no other abnormality. Abdo x-ray was unremarkable.
Ms Avery was treated with phosphate enemas and picolax. She is now well and fit for discharge to your care. She will be discharged on pantoprazole 40mg, paracetamol, tramadol and lactulose solution.
Kind regards,

Joann Lum

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 IDL 16/08/2013 v2

FY1 General Surgery

GRI Ward 65

FINAL DISCHARGE COMMENTS: JA/DS 09/10/2013

Carol's pain settled spontaneously but we were not able to establish the cause of her symptoms with certainty. If her pain recurs I would be happy to review her at my clinic.

Treatments: None recorded.

Follow-up arranged: None

Planned Outpatient Investigations: None

Final Discharge letter to follow: no

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Lactulose Solution	Oral	15	ml	TWICE a day	Indefinite	
Metformin Hydrochloride Tablets	Oral	500	mg	In the Morning	No duration defined	patient own supply
Pantoprazole E/C Tablet	Oral	40	mg	In the Morning	Indefinite	
Paracetamol Tablets	Oral	1000	mg	Every 4 - 6 Hours	1 Week	
Peptac Liquid	Oral	10	ml	FOUR Times a Day	Indefinite	after meals and at night
Simvastatin Tablets	Oral	40	mg	At Night	No duration defined	patient own supply
Tramadol Capsule	Oral	50	mg	FOUR Times a Day	1 Week	Patients own supply

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Mr John Anderson

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 IDL 16/08/2013 v2

Consultant

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Doreen Strachan,

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: [redacted]
Date of Completion: 16/08/2013

Dr. F Taylor
Drs Byford spence haggerty mered
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Dear Dr F Taylor,

Name	CHI	DoB	Address
Carol Avery	0806725281	08/06/1972	8 RUCHILL PLACE Glasgow G20 9PR

Admitted	Type	Discharged	Destination
15/08/2013 12:30	In Patient	16/08/2013	

Specialty	Consultant	Ward	Telephone
General Surgery	Mr John Anderson	GRI Ward 65 General Surgery	[redacted]

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Dear doctor,
This 41 year old lady was admitted to GRI on 15/8/13 with R sided colicky pain radiating to her back bassage. I note that this is the third admission this week with similar issues. She states that she feels the need to open her bowels but is unable to. She last had a bowel movement 10 days ago. In addition she described bilious vomiting.
On examination she was tender in in the RIF. No abnormalities noted on PR exam. CT abdo/pelvis done on 13/8/13 showed a fatty liver and no other abnormality. Abdo x-ray was unremarkable.
Ms Avery was treated with phosphate enemas and picolax. She is now well and fit for discharge to your care. She will be discharged on pantoprazole 40mg, paracetamol, tramadol and lactulose solution.
Kind regards,

Joann Lum

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 IDL 16/08/2013 v1

FY1 General Surgery

GRI Ward 65

Treatments: None recorded.

Follow-up arranged: None

Planned Outpatient Investigations: None

Final Discharge letter to follow: Yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Lactulose Solution	Oral	15	ML	TWICE a day	Indefinite	
Metformin Hydrochloride Tablets	Oral	500	MG	In the Morning	No duration defined	patient own supply
Pantoprazole E/C Tablet	Oral	40	MG	In the Morning	Indefinite	
Paracetamol Tablets	Oral	1000	MG	Every 4 - 6 Hours	1 Week	
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Tramadol Capsule	Oral	50	MG	FOUR Times a Day	1 Week	Patients own supply

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Doctor Joann Lum
Doctor

Prescription Review
Medications Reviewed by Pharmacist: Caroline Thomson, Pharmacist
Dispensed Medications Checked by Pharmacy: Sophia McKenna, Pharmacist
Nurse discharging patient: Ruth Alexander, Nurse

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: [redacted]
Date of Completion: 16/08/2013

Dr. F Taylor
Drs Byford spence haggerty mered
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Dear Dr F Taylor,

Name	CHI	DoB	Address
Carol Avery	0806725281	08/06/1972	8 RUCHILL PLACE Glasgow G20 9PR

Admitted	Type	Discharged	Destination
15/08/2013 12:30	In Patient	16/08/2013	

Specialty	Consultant	Ward	Telephone
General Surgery	Mr John Anderson	GRI Ward 65 General Surgery	[redacted]

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

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Ms Avery was treated with phosphate enemas and picolax. She is now well and fit for discharge to your care. She will be discharged on pantoprazole 40mg, paracetamol, tramadol and lactulose solution.
Kind regards,

Joann Lum

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 IDL 16/08/2013 v1

FY1 General Surgery

GRI Ward 65

Treatments: None recorded.

Follow-up arranged: None

Planned Outpatient Investigations: None

Final Discharge letter to follow: Yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Lactulose Solution	Oral	15	ML	TWICE a day	Indefinite	
Metformin Hydrochloride Tablets	Oral	500	MG	In the Morning	No duration defined	patient own supply
Pantoprazole E/C Tablet	Oral	40	MG	In the Morning	Indefinite	
Paracetamol Tablets	Oral	1000	MG	Every 4 - 6 Hours	1 Week	
Peptac Liquid	Oral	10	ML	FOUR Times a Day	Indefinite	after meals and at night
Simvastatin Tablets	Oral	40	MG	At Night	No duration defined	patient own supply
Tramadol Capsule	Oral	50	MG	FOUR Times a Day	1 Week	Patients own supply

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Doctor Joann Lum
Doctor

Prescription Review
Medications Reviewed by Pharmacist: Caroline Thomson, Pharmacist
Dispensed Medications Checked by Pharmacy: Sophia McKenna, Pharmacist
Nurse discharging patient: Ruth Alexander, Nurse

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NHS
Greater Glasgow and Clyde

PHYSIOTHERAPY DEPARTMENT, MARYHILL HEALTH CENTRE
41 SHAWPARK STREET, GLASGOW, G20 9DR TEL [redacted]

DISCHARGE / UPDATE SUMMARY

Dear Dr... Byford Location: MHC

Regarding. 0806725261 CAROL AVERY 08/06/1972 F

Address... G20 9PR

D.O.B.....

CHI.....

GP.....

Consultant..... Dept.....

This patient accessed physiotherapy via:

Self Referral ☑ Hospital Referral ☐ GP Referral ☐ On 9:9:13

The reason for referral was R Knee

He/She

- ☐ was triaged and given advice/exercises
- ☐ received a full assessment
- ☐ received a course of treatment
- ☑ was given advice/exercises
- ☑ was to contact us if further help was required and has not
- ☐ failed to attend / cancelled first / review appointment on .....
- ☐ was put on the waiting list but failed to contact us for an appointment
- ☐ was given an appliance

Physiotherapy Comments

Opt in letter sent - No contact from pt - D/C

This patient has now been discharged from our care.

Yours sincerely

P.P. Maureen Conway

Physiotherapy Department

Date: 15:11:13

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NHS Confidential: Personal data about a patient

Greater Glasgow & Clyde Retinal Screening Service

Tuesday, 18 February 2014

DR D M BYFORD & PTNRS
MARYHILL HEALTH CENTRE
41 SHAWPARK ST
GLASGOW G 209DR

Dear DR D M BYFORD & PTNRS,

DIABETIC RETINOPATHY SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No:	0806725281
Name:	CAROL AVERY
Address:	8 RUCHILL PL, GLASGOW G20 9PR

This patient has not attended retinal screening following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries please contact us on [redacted] or [redacted] or [redacted]

Yours sincerely,

Dr William Wykes

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Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!

Page 1 of 1

NHS Confidential: Personal data about a patient

Lab Report ID : B,14.1004226.G
Filed By User :
Assigned to : Dr D Spence

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Avery DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow

SPECIMEN : Urine

	Abn	Value	Units	Range	Status
R Urine Amphetamines					
Urine Amphetamines		Negative			NK
R Urine Benzodiazepine					
Urine Benzodiazepine		Negative			NK
R Urine Cocaine					
Urine Cocaine		Negative			NK
R Ur Creatinine (DOA)					
Urine Creatinine		17.3	mmol/L		NK
R Urine Methadone					
Urine Methadone		Negative			NK
R Urine Opiates					
Urine Opiates		Negative			NK

Sample Collected Date : 28/04/2014 10:20:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 29/04/2014 11:26:00
Received Date : 29/04/2014 15:00:31
Requestor : SPENCE, DESMOND
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : B,14.4897337.F
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Avery DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow

Report Text :

-? Menopausal

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Thyroid funct test					
TSH		2.04	mU/L	(0.35-5.00 U)	NK
Free T4		12.8	pmol/L	(9.0-21.0 U)	NK
Total T3					NK
R FSH					
-No biochemical evidence of menopause.					
-Hormones may vary widely during perimenopause.					
FSH		11.2	U/L		NK
R LH					
LH		4.4	U/L		NK

Sample Collected Date : 02/10/2014 15:36:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 03/10/2014 12:04:00
Received Date : 03/10/2014 19:00:32
Requestor : MACKENZIE, JAMES
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : B,14.4897338.F
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Avery DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow

Report Text :

-? Menopausal

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Glucose					
-Non-fasting sample					
Glucose		5.2	mmol/L	(3.5-6.0 U)	NK

Sample Collected Date : 02/10/2014 15:36:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 03/10/2014 12:04:00
Received Date : 03/10/2014 15:01:19
Requestor : MACKENZIE, JAMES
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
AVERY, Carol
8 Ruchill Place, , Glasgow, Lanarkshire, G20 9PR
Referrer: Dr Lynsey Webster - GP PRACTICE

Diagnostic Imaging Report
DoB: **08/06/1972**
Chi No: **0806725281**
CRIS No: **768851**
Hosp No: **23001284A**

VERIFIED Verified By: Dr Sue Lassman 26/11/14 1626.
Clinical History :
Smoker with 2-month cough. New right knee clicking and pain.

XR Chest :
Comparison with 22/08/2012.

Normal heart size and mediastinal contours. Lungs are clear.

XR Knee Rt :
Normal alignment. There are tricompartmental degenerative changes which are most prominent in the medial tibiofemoral and patellofemoral compartments with associated with subarticular sclerosis and marginal osteophyte formation.

North Glasgow Hospitals

Ref. Src: Barclay Medical Practice, Maryhill Health Centre, 41 Shawpark Street, Glasgow, G20 9DR
Exams: XR Chest,XR Knee Rt
Exam Date: 25/11/14 Event: E-29029754

Page 1 of 1

08984

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NHS Confidential: Personal data about a patient

Greater Glasgow & Clyde Retinal Screening Service

Wednesday, 04 February 2015

BARCLAY MEDICAL PRACTICE
MARYHILL HEALTH CENTRE
41 SHAWPARK ST
GLASGOW G20 9DR

Dear BARCLAY MEDICAL PRACTICE,

DIABETIC RETINOPATHY SCREENING PROGRAMME
PATIENT NON ATTENDANCE

CHI No:	0806725281
Name:	CAROL AVERY
Address:	8 RUCHILL PL, GLASGOW G20 9PR

This patient has not attended retinal screening following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries please contact us on [redacted] or [redacted] or [redacted]

Yours sincerely,

Dr William Wykes

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Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Immediate Discharge Letter

NHS
Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Main Switchboard: [redacted]
Date of Completion: 01/04/2015

Dr. DM Byford
Barclay Medical Practice
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Dear Dr DM Byford,

Name	CHI	DoB	Address
Carol Avery	0806725281	08/06/1972	8 RUCHILL PLACE Glasgow G20 9PR

Admitted	Type	Discharged	Destination
01/04/2015 11:43	In Patient	01/04/2015	Private Residence - living with relatives or friends

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Robbie Lindsay	WIG Medical Assessment Unit	

Reason for Admission and Presenting Complaints	Admission Category
painful right knee	Acute Admission no additional detail added

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Doctor,
This lady was seen by the DVT srvice on 1/4/15. She presented with a painful right knee and calf on a background of previous DVT and PE. A doppler scan demonsytated no evidence of DVT. The Ddimer was negative. I found her to be hypertesive at 135/97 and her WCC was slightly raised at 12, glucose at 7.5 and Hb of 175. She was apyrxial and quite well. She has been discharged and advised to see her GP if she feels unwell.
Regards
Michael McGurk
Nurse Practitioner
MAU.

Treatments: nil

Follow-up arranged: gp

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 IDL 01/04/2015 v1

Planned Outpatient Investigations: nil

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Nurse Michael McGurk
Nurse

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Michael McGurk, Nurse

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NHS Confidential: Personal data about a patient

1990 Feb 05
1:40 am

NHS SCOTLAND

TRAVEL HEALTH
Pre-travel Clinic Record

Health Protection Scotland
Travel Health Section

Health Travel Booklet given? Yes ☐ No ☐

Name: CAROLE LAVERY	Unit No.	DOB: [redacted]	Sex: Male ☐ Female ☑
Patient's address: 21 SPEY ROAD BEARSDEN		GP name: DR SPENCE Address: BARCLAY MEDICAL PRACTICE MYRTLE HILL HEALTH CENTRE SHAWPARK ST. GLASGOW	
Postcode: G61 1LA		Postcode:	
Tel no. [redacted]		Tel no. [redacted]	
Medical history: HIGH BLOOD PRESSURE RAISED CHOLESTEROL MILD ASTHMA			
Current health problems:		Current medication: ATORVASTATIN - LORATADINE AMLODIPINE - B GUARD	
Allergies:		Pregnancy? Yes ☐ No ☑ N/A ☐ No. of weeks	
TRAVEL DETAILS: (in order first to last)		Date of departure: 08/07/15	Total duration: 31 DAYS

Destination(s): (Record no. of weeks in box)					
ACCRA GHANA (LY)					

Type of trip (please tick all that apply)			Areas to be visited	Accommodation
Package holiday ☐	Immigration ☐	Voluntary/charity work ☐	Urban ☑	Good ☑
Cruise ☐	Organised adventure holiday ☐	Elective/Student ☐	Rural ☐	Basic ☐
Business < 3 months ☐	Backpacking ☐	Aid worker ☐	Altitude >3000m ☐	Poor ☐
Business > 3 months ☐	Visiting family and friends ☑	Self organised ☐	Beach ☑	Not known ☐

Occupation/activities abroad:

Risks discussed:	Yes	No	N/A
Bite avoidance	☐	☐	☐
Food/water hygiene	☐	☐	☐
Blood borne viruses	☐	☐	☐
Rabies	☐	☐	☐
Schistosomiasis	☐	☐	☐
Insurance/accidents	☐	☐	☐
Sun protection	☐	☐	☐
Other please specify below:	☐	☐	☐

MALARIA QUESTIONNAIRE

Have you ever had a convulsion or seizure? YES/NO

Have you ever suffered from any of the following:

*Depression YES/NO *Panic attacks YES/NO
*Anxiety YES/NO *Kidney problems YES/NO
*Psychiatric conditions YES/NO *Liver Problems YES/NO

Do you suffer from Psoriasis YES/NO

Any prescribed medicines inc. Contraceptive Pill YES/NO

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NHS Confidential: Personal data about a patient

CHI: 1904446086 19704/1944 F
LAVERY, Carole A
[redacted] Spey Road, G61 1LA
[redacted]
Dr Andrene McCall: 6055925
Maryhill Health Cent, G20 9DR Practice: 43576
19/02/2015 13:04

18 march - 10.30
26 march - 1.00
Patient Specific Direction (PSD)
2 APRIL - 220

VACCINATION SCHEDULE

Day	Date	Vaccine	Cost	Comments
0	18/3/15	HEP A & HEP B (1)	Free	Zoladex AQU67 Lot AHABB319BS Exp 22-2017 (L) deltoid IM
	18/3/15	TYPHOID	Free	TYPHERIX Lot A1YPB109AA Exp 05-2017 (R) deltoid IM
	18/3/15	? RABIES (1)	£40 (HP AND)	Rabipur. (L) deltoid IM 554011E Exp 2/2018
7		~~? HEP B~~		
	?	~~HEP B~~ Hep A (2)		AVAXim 10544-1 (L) lower 10/2015
14		DTP REMAXIS		(R) K7305 08/16
		Rabies (2)	£40 (HP AND)	(R) upper 554011E Exp 02/18
21	2/4/15	YELLOW FEVER	£60	STAMARIL Lot: L5041-1 Exp: 12-2016 (R) deltoid
		? HEP B (2) HEP A	Free	ENGERIX-B Lot AHBVC429AJ Exp 12-2015 (L) deltoid
28	(3)	? RABIES	£40	(L) deltoid (HP AND) 554011A Exp 05/18
	(3) Hep B 3rd			(R) deltoid AHBVC424AL 04/17

I authorize for the above named patient to receive the following vaccination under PSD.

And that this can be administered by the Practice Nurse Joan Kennedy who is suitably qualified to do so and is employed by the practice.

Signed: _____ Qualifications: _____
Date: _____

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NHS Confidential: Personal data about a patient

Greater Glasgow & Clyde Retinal Screening Service

Tuesday, 26 January 2016

BARCLAY MEDICAL PRACTICE
MARYHILL HEALTH CENTRE
41 SHAWPARK ST
GLASGOW G20 9DR

Dear BARCLAY MEDICAL PRACTICE,

DIABETIC RETINOPATHY SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No:	0806725281
Name:	CAROL AVERY
Address:	8 RUCHILL PL, GLASGOW G20 9PR

This patient has not attended retinal screening following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries please contact us on [redacted] or [redacted] or [redacted]

Yours sincerely,

Dr William Wykes

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Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!

Page 1 of 1

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Avery Carol CHI: 0806725281

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. DM Byford
Barclay Medical Practice
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Main Switchboard:
Department:
Contact Tel: [redacted]
Enquiries to:
Letter Date: 02/02/2016
Reference: GG/MG
Dictated Date: 31/12/2015
Transcribed Date: 03/02/2016

Dear Dr. DM Byford,

Carol Avery; D.O.B: 08 Jun 1972; CHI: 0806725281
8 RUCHILL PLACE, Glasgow, Lanarkshire, G20 9PR

Attendance: Specialty - Neurology; Clinic - SGGGNE7-DR GORRIE HEADACHE TUESDAY AM
Date and Time of Appointment - 02/02/2016 08:45

Clinical Comments:
I reviewed Carol in clinic today. I note in your correspondence the diagnosis of I.I.H., idiopathic intracranial hypertension was made in 2009. Looking at the limited information that was available on the clinical portal I could not see the results of a lumbar puncture to document Carol's csf pressure in the past. There is certainly some suggestion that she was encouraged to start on Diamox for this and there appeared to be no significant follow-up in the clinical service here to document response. Certainly today she gives a history of headache that is certainly worse on waking, suggesting a high pressure component. However there are significant migraine features with this also. The headache tends to be frontal and she can have a "vibration sensitivity" and she can feel nauseated and light sensitive. Certain factors can make her headache worse including anxiety and stress. She denied any visual symptoms; her last eye check was two years ago. Her weight has significantly increased in the last with approximately a weight gain of two stone. She does sleep poorly with a snoring pattern. There is no history of apnoea or significant evolving daytime sleepiness however. She is taking Amitriptyline and Tramadol I understand, not Diamox. She is not working presently. She is a smoker of ten cigarettes per day and drinks little alcohol. Interestingly she has a family history of aneurysms.

On examination today she was significantly overweight with a weight of 107.2 kilograms. Initial blood pressure was 160/101, this dropped to 141/99 and she was tachycardiac at 103 beats per minute. Her visual acuity was preserved at 6/6-2 on the right and 6/9 on the left. There was no pupillary asymmetry with pupils reacting well to light directly and consensually. Visual fields to confrontation were full and blind spot was not particularly increased in size and she had normal disc to my inspection today. I am not convinced that this is a typical history of I.I.H. . I note previous concerns, given the fact that she has had a daily headache for the last two months, I have arranged MRI imaging of her head and venous system and she will then subsequently be admitted for a lumbar

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puncture to look at her CSF pressure and an ophthalmological review to document fields and a slit-lamp examination of her retina and consideration of an OCT. I note the history of diabetes and she has a previous history of kidney stones so betablockers and Topiramate are not likely to be useful in this lady unfortunately. I would encourage her to stay away from regular Codeine or Tramadol. I will need to find out the results of the above investigations before we consider further definitive treatment.

Yours sincerely,

Dr. George Gorrie

Consultant Neurologist.

Electronically Signed: Dr George Gorrie, Consultant

cc.

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Final Discharge Letter

NHS Greater Glasgow and Clyde

Dr. DM Byford
Barclay Medical Practice
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Main Switchboard:
Department:
Contact Tel: [redacted]
Enquiries to:
Letter Date: 04/03/2016
Reference: GG/MG
Dictated Date: 18/02/2016
Transcribed Date: 29/02/2016

Dear Dr. DM Byford,

Carol Avery; D.O.B: 08/06/1972; CHI: 0806725281
8 RUCHILL PLACE, Glasgow, Lanarkshire, G20 9PR

Admission: Specialty - Neurology; Ward -
Consultant - Dr George Gorrie; Date of Admission - 09/03/2016
Date of Discharge - ; Discharged to -

Clinical Comments:
It was disappointment that you could not attend your recent MRI scan appointment on Tuesday the 16th of February 2016 at the Institute of Neurological Sciences. This may impact upon your clinical management.

Yours sincerely,

Dr. George Gorrie

Consultant Neurologist

Electronically Signed: Dr George Gorrie, Consultant

cc.

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Final Discharge Letter

NHS Greater Glasgow and Clyde

Dr. DM Byford
Barclay Medical Practice
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Main Switchboard:
Department:
Contact Tel: [redacted]
Enquiries to:
Letter Date: 04/03/2016
Reference: GG/MG
Dictated Date: 18/02/2016
Transcribed Date: 29/02/2016

Dear Dr. DM Byford,

Carol Avery; D.O.B: 08/06/1972; CHI: 0806725281
8 RUCHILL PLACE, Glasgow, Lanarkshire, G20 9PR

Admission: Specialty - Neurology; Ward -
Consultant - Dr George Gorrie; Date of Admission - 09/03/2016
Date of Discharge - ; Discharged to -

Clinical Comments:
It was disappointment that you could not attend your recent MRI scan appointment on Tuesday the 16th of February 2016 at the Institute of Neurological Sciences. This may impact upon your clinical management.

Yours sincerely,

Dr. George Gorrie

Consultant Neurologist

Electronically Signed: Dr George Gorrie, Consultant

cc.

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Neurology
Contact Tel: 0141 201 2493
Enquiries to: Marie Graham
Letter Date: 21/03/2016
Reference: GG/LD
Dictated Date: 15/03/2016
Transcribed Date: 18/03/2016

Dr. DM Byford
Barclay Medical Practice
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Dear Dr Byford,

Carol Avery; D.O.B: 08/06/1972; CHI: 0806725281
8 RUCHILL PLACE, Glasgow, Lanarkshire, G20 9PR

Date of Admission: 9/3/16
Date of Discharge: 9/3/16

Procedure performed:
- lumbar puncure
- Ophthalmology review

Ophthalmology review showed no disc oedema or restriction of fields or impairment of colour vision. Lumbar puncture showed an opening pressures of 28 cms of water with normal CSF constituents in terms of glucose and protein. No evidence of inflammatory cells with <5 white cells per m^3 and no growth and culture. These results would be against a diagnosis of IIH and typically my threshold is 30 cm of water with significant restriction of fields and disc oedema which is not the case in this situation.

Yours sincerely

Dr George Gorrie
Consultant Neurologist

Electronically Signed: Dr George Gorrie, Consultant

cc.

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Letter to Patient:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
[redacted]

Carol Avery
8 RUCHILL PLACE
Glasgow
Lanarkshire
G20 9PR

Main Switchboard:	
Department:	Neurology
Contact Tel:	[redacted]
Enquiries to:	Marie Graham
Letter Date:	21/03/2016
Reference:	GG/LD
Dictated Date:	15/03/2016
Transcribed Date:	18/03/2016

Dear Ms Avery,

Your recent lumbar puncture and visual assessment have now been performed and I am glad to say there is nothing to support a diagnosis of idiopathic intracranial hypertension on this occasion. I note that you taking regular tramadol and we certainly advise against taking regular analgesics such as these as they can contribute to a chronic headache disorder. I would **NOT** suggest starting on Diamox but would try to pursue a healthy lifestyle and you know that your weight is excessive at this point in time. Certainly weight reduction should be a goal with regard to your health. This can often help breathing at night and also reduce the risk of diabetes longterm.

Yours sincerely

Dr George Gorrie
Consultant Neurologist

Electronically Signed: Dr George Gorrie, Consultant

cc. Dr Byford
Barclay Medical Practice,
Maryhill Health Centre,
41 Shawpark Street,
Glasgow,
G20 9DR

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. DM Byford
Barclay Medical Practice
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Main Switchboard: [redacted]
Department: Neurology
Contact Tel: [redacted]
Enquiries to: Marie Graham
Letter Date: 21/03/2016
Reference: GG/LD
Dictated Date: 15/03/2016
Transcribed Date: 18/03/2016

Dear Dr Byford,

Carol Avery; D.O.B: 08/06/1972; CHI: 0806725281
8 RUCHILL PLACE, Glasgow, Lanarkshire, G20 9PR

Date of Admission: 9/3/16
Date of Discharge: 9/3/16

Procedure performed:
- lumbar puncure
- Ophthalmology review

Ophthalmology review showed no disc oedema or restriction of fields or impairment of colour vision. Lumbar puncture showed an opening pressures of 28 cms of water with normal CSF constituents in terms of glucose and protein. No evidence of inflammatory cells with <5 white cells per m^3 and no growth and culture. These results would be against a diagnosis of IIH and typically my threshold is 30 cm of water with significant restriction of fields and disc oedema which is not the case in this situation.

Yours sincerely

Dr George Gorrie
Consultant Neurologist

Electronically Signed: Dr George Gorrie, Consultant

cc.

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NHS Confidential: Personal data about a patient

MARYHILL
BARCLAY MEDICAL PRACTICE
GREEN WING

Barclay Medical Practice
Green Wing
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

t. 0141 531 8811
f. 0141 531 8808

[redacted]
www.maryhillbarclay.com

24th June 2016

To Whom It May Concern

Re: Mrs Carol Avery, DOB 08/06/1972

I understand the above patient has requested that a bath be put in her accommodation. I would support this request. Mrs Avery suffers from osteoarthritis and bathing in a warm bath is effective for her pain. She finds it painful to remain still in a shower. I trust this will be taken into account.

Yours sincerely

Dr S MacKenzie

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Avery Carol CHI: 0806725281

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. DM Byford
Barclay Medical Practice
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Main Switchboard: [redacted]
Department:
Contact Tel: [redacted]
Enquiries to:
Letter Date: 11/10/2016
Reference: GG/MG
Dictated Date: 11/10/2016
Transcribed Date: 14/10/2016

Dear Dr. DM Byford,

Carol Avery; D.O.B: 08 Jun 1972; CHI: 0806725281
8 RUCHILL PLACE, Glasgow, Lanarkshire, G20 9PR

Attendance: Specialty - Neurology; Clinic - SGGGNE7-DR GORRIE HEADACHE TUESDAY AM
Date and Time of Appointment - 11/10/2016 11:30

Clinical Comments:
Carol failed to attend her neurology appointment today. I will not reappoint her, unless I hear from yourself or the patient in this regard.

Yours sincerely,

Dr. George Gorrie

Consultant Neurologist

Electronically Signed: Dr George Gorrie, Consultant

cc.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : B,17.4476304.X
Filed By User :
Assigned to : Dr Fiona Taylor
Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Avery DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 110 glendinning road Glasgow

** ABNORMAL **

Report Text :
-joint pains and paresthes...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R HbA1C (IFCC)	Y				
-Please note change in method for HbAlc analysis from 20/10/15.					
HbAlc (IFCC)	+	45	mmol/mol	(20-42 U)	MK

Sample Collected Date : 02/03/2017 12:55:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 02/03/2017 16:31:00
Received Date : 03/03/2017 15:00:57
Requestor : TAYLOR, FIONA
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : B,17.4473008.Q
Filed By User :
Assigned to : Dr Fiona Taylor

Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Avery DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 110 glendinning road Glasgow

** ABNORMAL **

Report Text :
-joint pains and paresthes...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Serum vitamin B12					
-(NA) Specimen haemolysed, result invalid.					
Serum Vitamin B12		NA			NK
-Haemolysed					
R Serum ferritin	**Y**				
-Males 20-300 (<20 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	+	246	ug/l	(15-200 U)	NK
R Serum folate					
-(NA) Specimen haemolysed, result invalid.					
Serum Folate		NA			NK
-Haemolysed					

Sample Collected Date : 02/03/2017 12:55:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 02/03/2017 15:52:00
Received Date : 02/03/2017 19:03:45
Requestor : TAYLOR, FIONA
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : B,17.4473008.Q
Filed By User :
Assigned to : Dr Fiona Taylor

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Avery DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 110 glendinning road Glasgow

** ABNORMAL **

Report Text :
-joint pains and paresthes...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Bone Profile					
Calcium		2.42	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.36	mmol/L	(2.20-2.60 U)	NK
Phosphate		1.42	mmol/L	(0.80-1.50 U)	NK
Albumin		43	g/L	(35-50 U)	NK
Alkaline Phosphatase		75	U/L	(30-130 U)	NK
R Urea & Electrolytes					
Sodium		138	mmol/L	(133-146 U)	NK
Potassium		3.9	mmol/L	(3.5-5.3 U)	NK
Chloride		104	mmol/L	(95-108 U)	NK
Urea		4.9	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	Y				
Total Bilirubin	+	21	umol/L	(<<20 U)	NK
ALT		25	U/L	(<<50 U)	NK
AST		30	U/L	(<<40 U)	NK
Alkaline Phosphatase		75	U/L	(30-130 U)	NK
Albumin		43	g/L	(35-50 U)	NK

Sample Collected Date : 02/03/2017 12:55:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 02/03/2017 15:52:00
Received Date : 02/03/2017 19:03:24
Requestor : TAYLOR, FIONA
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : B,17.5923097.M
Filed By User :
Assigned to : Dr Fiona Taylor

Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Avery DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 110 glendinning road Glasgow

Report Text :

-joint pains and paresthes...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full blood count - FBC					
White Blood Count		8.4	x10^9/l	(4.0-11.0 U)	NK
Red Cell Count		4.86	x10^12/l	(3.80-5.80 U)	NK
Haemoglobin		148	g/l	(115-165 U)	NK
Haematocrit		0.439	l/l	(0.370-0.470 U)	NK
Mean Cell Volume		90.3	fl	(80.0-100.0 U)	NK
MCH		30.5	pg	(27.0-32.0 U)	NK
Platelet Count		261	x10^9/l	(150-400 U)	NK
Neutrophils		5.5	x10^9/l	(2.0-7.5 U)	NK
Lymphocytes		2.2	x10^9/l	(1.5-4.0 U)	NK
Monocytes		0.5	x10^9/l	(0.2-0.8 U)	NK
Eosinophils		0.09	x10^9/l	(0.00-0.40 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK

Sample Collected Date : 02/03/2017 12:55:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 02/03/2017 16:03:00
Received Date : 02/03/2017 19:02:28
Requestor : TAYLOR, FIONA
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Diabetic Retinopathy Screening

Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!

NHS
Greater Glasgow and Clyde

GP
BARCLAY MEDICAL PRACTICE
MARYHILL HEALTH & CARE CT
51 GAIRBRAID AVENUE
GLASGOW
G20 8FB

Monday, 12 June 2017

Dear Doctor

DIABETIC RETINOPATHY SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No 0806725281
Name CAROL AVERY
Date of birth 08-Jun-1972
Address 110 GLENDINNING RD, GLASGOW G13 2PN

This patient has not attended their screening examination following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries, please contact us on [redacted] or [redacted]

Yours sincerely

Greater Glasgow & Clyde Retinal Screening Service

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APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☒ Female* ☐ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☒ Will you be in the area for more than 3 months?* Yes ☒ No ☐
(If 'No', please complete a temporary resident form)

Date of Birth*	8 6 72	Address*	154 Broomhill Drive 7A Glasgow
Title*	MISS		
Surname*	Avery		
Forenames*	Carol	Postcode*	G11 7NE
Previous Surname*		Telephone #	[redacted]
email address #	[redacted]	Mobile #	
The following information can be found on your current medical card	[redacted]		
Community Health Index (CHI) Number*		NHS Number*	

The following information can be found on your birth certificate:

Town of Birth*	Glasgow	Country of Birth*	Scotland
Registered district of birth (Scotland only)	Glasgow	[redacted] maiden name	[redacted]

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*	Name and address of previous GP Practice in UK*
~~REGISTERED~~ Alexander parade Dennistoun	263 Onslow Drive Dennistoun
Postcode* G13	Postcode* G13 2QG

If you are from abroad:

Date you first came to live in the UK* DD / / YYYY — If previously resident in the UK, date of leaving* DD / / YYYY

Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date* DD / / YYYY — Service Number

Are you a Reservist?* ☐ Yes ☐ No — If yes, please provide your address before enlisting*

Leaving date* DD / / YYYY

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No — Postcode*

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE 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.organdonationscotland.org

Any of my organs and tissue ☐ Or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Notes on tissue - heart valves and corneas come under the 'heart' and 'eyes' boxes respectively so the 'tissue' box covers donating other types of tissue, such as your tendons.

Patient signature _____ Date DD / / YYYY

GMSGPR001 v2 (01-2018)

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Page 3

4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the NHS Inform website at www.nhsinform.co.uk/rights/ 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 26-05-2018

Representative's name (if applicable) CAROL MARSHALL

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number 60579 7 GP name C. N. GAMBHIR

Practice code 40121 *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 HOUSEHOLD BILL Receptionist Initials

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 26-05-2018

7. OFFICIAL USE ONLY

Input by

Checked by

Date DD MM YYYY

Practice Stamp

The Broomhill Practice
Drs. Marshall, Gambhir, Cuthbertson
41 Broomhill Drive
Glasgow, G11 7AD
[redacted]

GMSGPR001 v2 (01-2018)

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: [redacted]
Fax: [redacted]
Email:

Date Completed: 25/09/2018

Consultant: Dr Fraser Denny

NA Gambhir
The Broomhill Practice
41 Broomhill Drive
Glasgow
Glasgow
G11 7AD

Dear NA Gambhir

Re: **Avery Carol** DOB: **08/06/1972** CHI: **0806725281**
FLAT 7A
Glasgow G11 7NE

Attended on: **25/09/2018 at 13:09 hrs.** Departed on: **25/09/2018 at 17:00 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
Abdo pain

Nursing Assessment:
BIBA - Sudden onset epigastric pain this am. Radiation to back. Vomiting. Given 5mg morphine and 4mg ondansetron with SAS

Investigations in ED:

1. 12 Lead ECG	**2. Full Blood Count**	**3. Coagulation screen**
4. D - Dimer	**5. LFT**	**6. CRP**
7. Glucose	**8. Troponin I hs**	**9. Urea and Electrolytes**
10. XR Chest		

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Diagnosis:

Diagnosis	Side	Site
Abdominal pain - Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

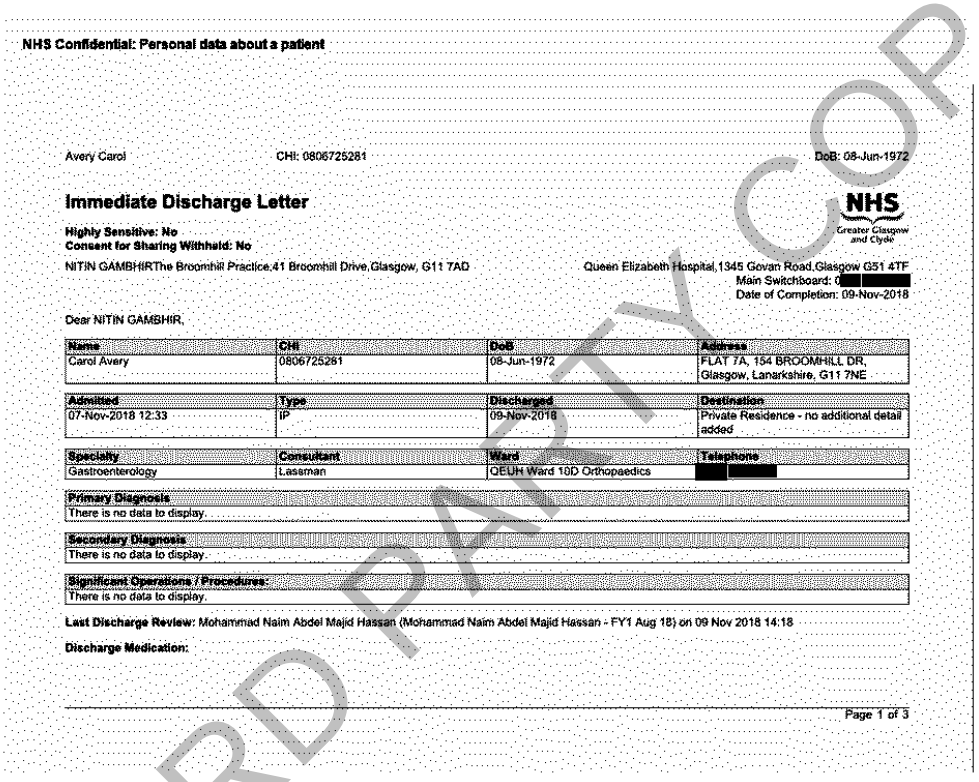
Clinician Notes:
the patient presented with complaints of sudden onset of severe pain in the epigastrium, radiated to the back and SOB on BG of previous history of PE. The patient also complaint of persistent vomiting at home. Clinical assessment showed generalised tenderness in abdomen without guarding. ACS, infection and PE were excluded. The patient was treated with IV Morphine, anti-emetic and IV Fluids. She was asymptomatic after treatment and was discharged with worsening advice and advice to f/u with primary care. GP to monitor U&Es VBG potassium level was 3.3-3.2 mmol /L

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Nataliya Levchenko
Doctor

Copies to:
1. NA Gambhir (GP)
School Address:

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

NITIN GAMBHIRThe Broomhill Practice,41 Broomhill Drive,Glasgow, G11 7AD

Queen Elizabeth Hospital,1345 Govan Road,Glasgow G51 4TF
Main Switchboard: [redacted]
Date of Completion: 09-Nov-2018

Dear NITIN GAMBHIR,

Name	CHI	DoB	Address
Carol Avery	0806725281	08-Jun-1972	FLAT 7A, 154 BROOMHILL DR, Glasgow, Lanarkshire, G11 7NE

Admitted	Type	Discharged	Destination
07-Nov-2018 12:33	IP	09-Nov-2018	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Gastroenterology	Lasaman	QEUH Ward 10D Orthopaedics	[redacted]

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: Mohammad Naim Abdel Majid Hassan (Mohammad Naim Abdel Majid Hassan - FY1 Aug 18) on 09 Nov 2018 14:18

Discharge Medication:

Page 1 of 3

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Alginate raft-forming oral suspension sugar free (Peptac)	oral	10 mL four times daily	Yes			Y	Modified
Gabapentin 300mg capsules	oral	TWO TO BE TAKEN TWICE A DAY,	Yes		**Dispensing Details:** 37 x 300mg supplied	Y	
Tramadol 50mg capsules	oral	ONE TO BE TAKEN UP TO FOUR TIMES A DAY,	Yes		**Drug Details:** Please supply 28 (twenty-eight) capsules	Y	Modified

"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 - RD 9.11.18

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
2018-11-09	Capasal Therapeutic shampoo (Dermal Laboratories Ltd)	topical	APPLY DAILY AS NECESSARY,		Stopped Before Admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:

Dear Doctor,
Thank you for continuing the care of this 46 year old lady who presented to a&e with worsening right sided knee pain. Known to have osteoarthritis in the knee but this was described as sudden onset acute pain around the patella borders that is not relieved by her regular painkillers (Tramadol, and gabapentin). An Aspirate was taken which showed no bacterial growth - she was admitted for adequate pain relief and Knee joint aspiration. She is now fit for discharge

Yours Sincerely

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

	Dr Mohammad Hassan
Follow Up:	No no routine ortho follow up
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Mohammad Naim Abdel Majid Hassan

Prescription Review
Medications reviewed by pharmacist: stewart mcfarlane (Pharmacist)
Checked by: Chris McConnell (Technician)
Nurse discharging patient: Carol Carson (Staff Nurse - PIN: 93B0030S)

Page 3 of 3

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Clinical letter - GP: Discharge Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. NA Gambhir
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Main Switchboard:
Department: MSK Physiotherapy
Contact Tel: [redacted]
Enquiries to:
Letter Date: 09/01/2019
Reference:
Dictated Date: 09/01/2019
Transcribed Date:

Dear Dr,

Carol Avery; D.O.B: 08/06/1972; CHI: 0806725281
FLAT 7A, 154 Broomhill Drive, Glasgow, Lanarkshire, G11 7NE

This patient did not keep their first appointment with us on 09/01/19 at 0945, and did not notify us that they would not be attending.

No further appointment will be offered and they will be removed from our waiting list, unless they contact us within 24 hours.

Yours sincerely

Andrew McLafferty

Physiotherapist

Electronically Signed: Physiotherapist Andrew McLafferty, Physiotherapist

cc.

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Printed on 09/01/2019 10:10 by Andrew McLafferty Page 1 of 1

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Dr Gambhir
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7NE

Telephone: 0141 531 6302

Date: 11th February 2019

SPHERE Bladder and Bowel Service
Pre-assessment Clinic

Dear Doctor Gambhir

Thank you for referring Carol Avery, CHI: 0806725281 into the SPHERE Bladder and Bowel Service.

Unfortunately they have failed to attend their first appointment and have subsequently been discharged from the service. If they wish another appointment, please re-refer them via SCI gateway.

Yours sincerely,

Joan A Dolan
Health Care Support Worker
SPHERE Team

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Diabetic Retinopathy Screening

Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!

NHS
Greater Glasgow and Clyde

GP
THE BROOMHILL PRACTICE
41 BROOMHILL DR
GLASGOW
G 117AD

Wednesday, 8 May 2019

Dear Doctor

DIABETIC RETINOPATHY SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No	0806725281
Name	CAROL AVERY
Date of birth	08-Jun-1972
Address	FLAT 7A, 154 BROOMHILL DR, GLASGOW G11 7NE

This patient has not attended their screening examination following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries, please contact us on [redacted] or [redacted]

Yours sincerely

Greater Glasgow & Clyde Retinal Screening Service

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NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow G51 4TF

16/08/2019

Dr NA Gambhir
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr NA Gambhir

Re: **Carol Avery**
Address: **FLAT 7A154 Broomhill Drive**
Glasgow
G11 7NE

CHI Number: **0806725281**

Speciality: **Orthopaedics**

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 Timothy Haines

SCGC Opwl Removal to GP V1

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: [redacted]
Fax: [redacted]
Email:

Date Completed: 15/03/2020

Consultant: Dr Malcolm Gordon

NA Gambhir
The Broomhill Practice
41 Broomhill Drive
Glasgow
Glasgow
G11 7AD

Dear NA Gambhir

Re: **Avery Carol** DOB: **08/06/1972** CHI: **0806725281**
FLAT 7A
Glasgow G11 7NE

Attended on: **12/03/2020 at 16:43 hrs.** Departed on: **12/03/2020 at 23:24 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
d&v

Nursing Assessment:
PT BIBA D&V cannot keep food down, PT has epigastric pain.

Investigations in ED:

1. Amylase	**2. CRP**	**3. Urea and Electrolytes**
4. Bicarbonate	**5. LFT**	**6. Glucose**
7. HCG	**8. Full Blood Count**	**9. Amylase**

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Diagnosis:

Diagnosis	Side	Site
Diarrhoea and Gastroenteritis of Presumed Infectious Origin		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
2 day history of upper abdomen pain, vomiting, diarrhoea. Given IV antiemetics and IV fluids, IV morphine. Symptoms not settling. Bloods showed nil acute but needed admission for ongoing symptomatic management.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Sophie Main
Doctor

Copies to:
1. NA Gambhir (GP)
School Address:

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. NA Gambhir
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 29/09/2020
Reference:
Dictated Date:
Transcribed Date:

Dear Dr. NA Gambhir,

Carol Avery; D.O.B: 08/06/1972; CHI: 0806725281
FLAT 7A, 154 Broomhill Drive, Glasgow, Lanarkshire, G11 7NE

Admission: Specialty - General Surgery; Ward - QEUH Ward 9B GS/ENT/URO
Consultant - Mr Paul Witherspoon; Date of Admission - 12/03/2020
Date of Discharge - 15/03/2020; Discharged to - Private Residence - no additional detail added

Clinical Comments:
The IDL has been reviewed and is an accurate reflection of this patient's admission. Nil to add.

Yours sincerely,

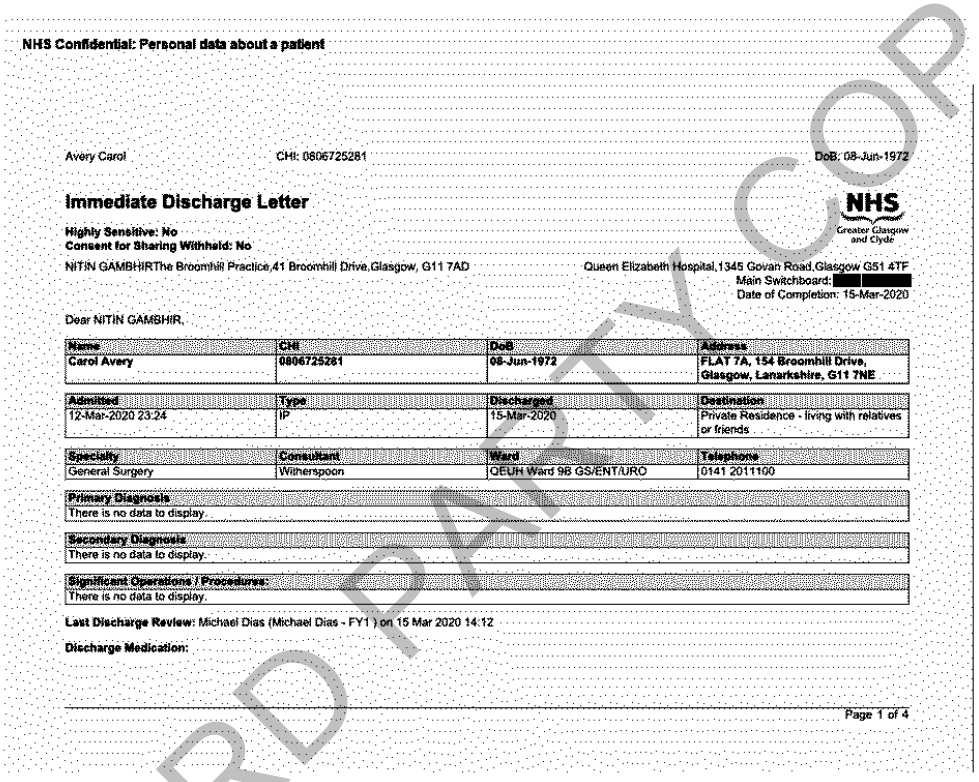
Mr Paul Witherspoon

Consultant Surgeon

Electronically Signed: Mr Paul Witherspoon, Consultant

cc.

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

NITIN GAMBHIRThe Broomhill Practice,41 Broomhill Drive,Glasgow, G11 7AD

Queen Elizabeth Hospital,1345 Govan Road,Glasgow G51 4TF
Main Switchboard: [redacted]
Date of Completion: 15-Mar-2020

Dear NITIN GAMBHIR,

Name	CHI	DoB	Address
Carol Avery	**0806725281**	**08-Jun-1972**	**FLAT 7A, 154 Broomhill Drive, Glasgow, Lanarkshire, G11 7NE**

Admitted	Type	Discharged	Destination
12-Mar-2020 23:24	IP	15-Mar-2020	Private Residence - living with relatives or friends

Specialty	Consultant	Ward	Telephone
General Surgery	Witherspoon	QEUH Ward 9B GS/ENT/URO	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: Michael Dias (Michael Dias - FY1) on 15 Mar 2020 14:12

Discharge Medication:

Page 1 of 4

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Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Alginate raft-forming oral suspension sugar free (Peptac)	oral	10 mL four times daily	No	Patient's own drug returned on discharge		Y	
Gabapentin 300mg capsules	oral	2 capsules three times daily	No	Patient's own drug returned on discharge		Y	Amended
Mirtazapine 15mg tablets	oral	ONE TO BE TAKEN AT NIGHT.	No	Patient's own drug returned on discharge		Y	
Paracetamol 500mg tablets	oral	2 tablets four times daily when required	No	Patient's own drug returned on discharge			Added
Tramadol 50mg capsules	oral	ONE TO BE TAKEN UP TO FOUR TIMES A DAY.	No	Patient's own drug returned on discharge	**Drug Details:** Please supply 28 (twenty-eight) capsules	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:
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:
Dear Doctor

This patient was admitted under the care of the general surgical team.

Page 2 of 4

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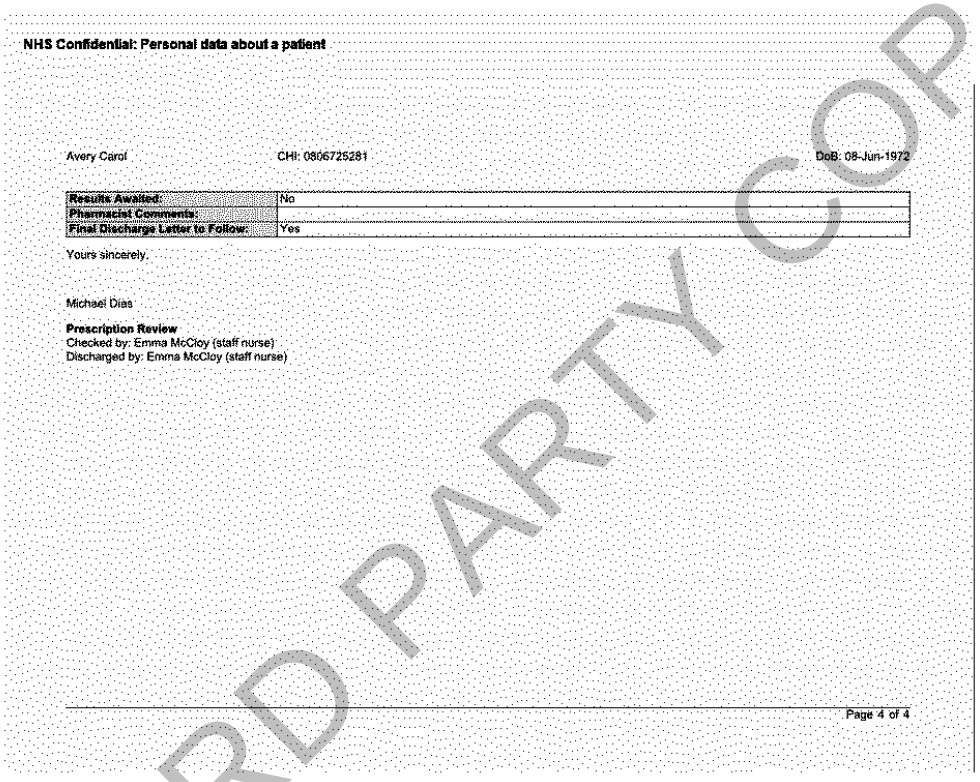
NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

	Presenting Complaint: vomiting, diarrhoea, abdominal pain Type of Referral: Emergency Referred by: Self Co-morbidities: Ex IVDU, Obese, T2DM (diet controlled) Summary of Admission: This lady was admitted with a 2 day history of epigastric pain, vomiting and diarrhoea. Her bloods were unremarkable, and her amylase was normal. She was treated for gastroenteritis, with fluids. She improved clinically and was deemed medically fit for discharge on the 15th March 2020. Operations / Procedures: Nil Changes to Medications: Nil Follow up: nil Actions for GP: nil Thank you for your on going care of this patient Kind Regards Michael Dias FY1 QEUH WARD 9B
Follow Up:	No nil

Page 3 of 4

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281 DoB: 08-Jun-1972

Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Michael Dias

Prescription Review
Checked by: Emma McCloy (staff nurse)
Discharged by: Emma McCloy (staff nurse)

Page 4 of 4

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: [redacted]
Fax: [redacted]
Email:

Date Completed: 03/09/2020

Consultant: Dr David Lowe

NA Gambhir
The Broomhill Practice
41 Broomhill Drive
Glasgow
Glasgow
G11 7AD

Dear NA Gambhir

Re: **Avery Carol** DOB: **08/06/1972** CHI: **0806725281**
FLAT 7A
Glasgow G11 7NE

Attended on: **26/08/2020 at 15:30 hrs.** Departed on: **26/08/2020 at 19:30 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
abdo pain / vomiting

Nursing Assessment:
BIBA - abdo pain and vomiting - confusion

Investigations in ED:

1. Amylase	**2. CRP**	**3. Urea and Electrolytes**
4. Bicarbonate	**5. LFT**	**6. Glucose**
7. HCG	**8. Full Blood Count**	

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NHS Confidential: Personal data about a patient

Avery Carol CHI: 0806725281

Diagnosis:

Diagnosis	Side	Site
Pain Localized to Upper Abdomen		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Episode of vomit with associated abdo pain not relieved in department. Admitted as unable to keep fluids down.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Daniel Forbes
Doctor

Copies to:
1. NA Gambhir (GP)
School Address:

THIRD PARTY COPY

Page 2 of 2

Additional document
07-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Miss Carol Avery
08/06/1972-5281

Printed 11/09/97
Short Page 1

Miss Carol Avery
Fl.1/up, 25 Shafton Place
GLASGOW
G132NN

08/06/1972-5281
Age 25

Telephone -

NHS No. 601/72/720
Patient I.D.?
Occupation?

Status Single

Reg. With Dr J H Land
Repeat Consultation 11/09/97

Attends Dr J H Land
Acute Consultation 11/09/97

BMI 33.32 Height 5 ft 2 in Weight 13 st 0 lb

BP 110/70

PROBLEMS/PROCEDURES/USER-MARKERS

07/12/1993 Cerv.smear: severe dyskaryosis GP Care
30/07/1997 Registration medical
30/07/1997 GP/HPC-health promotion clinic
30/07/1997 Health ed. - diet
30/07/1997 Health ed. - exercise
30/07/1997 Health ed. - alcohol
30/07/1997 Health ed. - smoking
30/07/1997 Contraception counselling
30/07/1997 O/E - weight > 20% over ideal
07/08/1997 Maternal P/N exam. done

HEALTH PROMOTION

30/07/1997 GP/HPC-health promotion clinic - HP Complete

Smoking Status
Smoker
30/07/1997 Light smoker - 1-9 cigs/day
Repeat after 12 Month(s) (Review : 30/07/1998)
30/07/1997 Health ed. - smoking

BP 110/70
B P Screening
30/07/1997 O/E - BP reading normal
Repeat after 12 Month(s) (Review : 30/07/1998)

BMI 33.32 Height 5 ft 2 in Weight 13 st 0 lb
Weight
30/07/1997 O/E - weight
Repeat after 36 Month(s) (Review : 29/07/2000)
30/07/1997 Health ed. - diet
30/07/1997 Health ed. - exercise
30/07/1997 O/E - weight > 20% over ideal

Alcohol
Alcohol Intake
30/07/1997 Teetotaller
No Action Required (Review : / /)
30/07/1997 Health ed. - alcohol

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NHS Confidential: Personal data about a patient

Miss Carol Avery
08/06/1972-5281

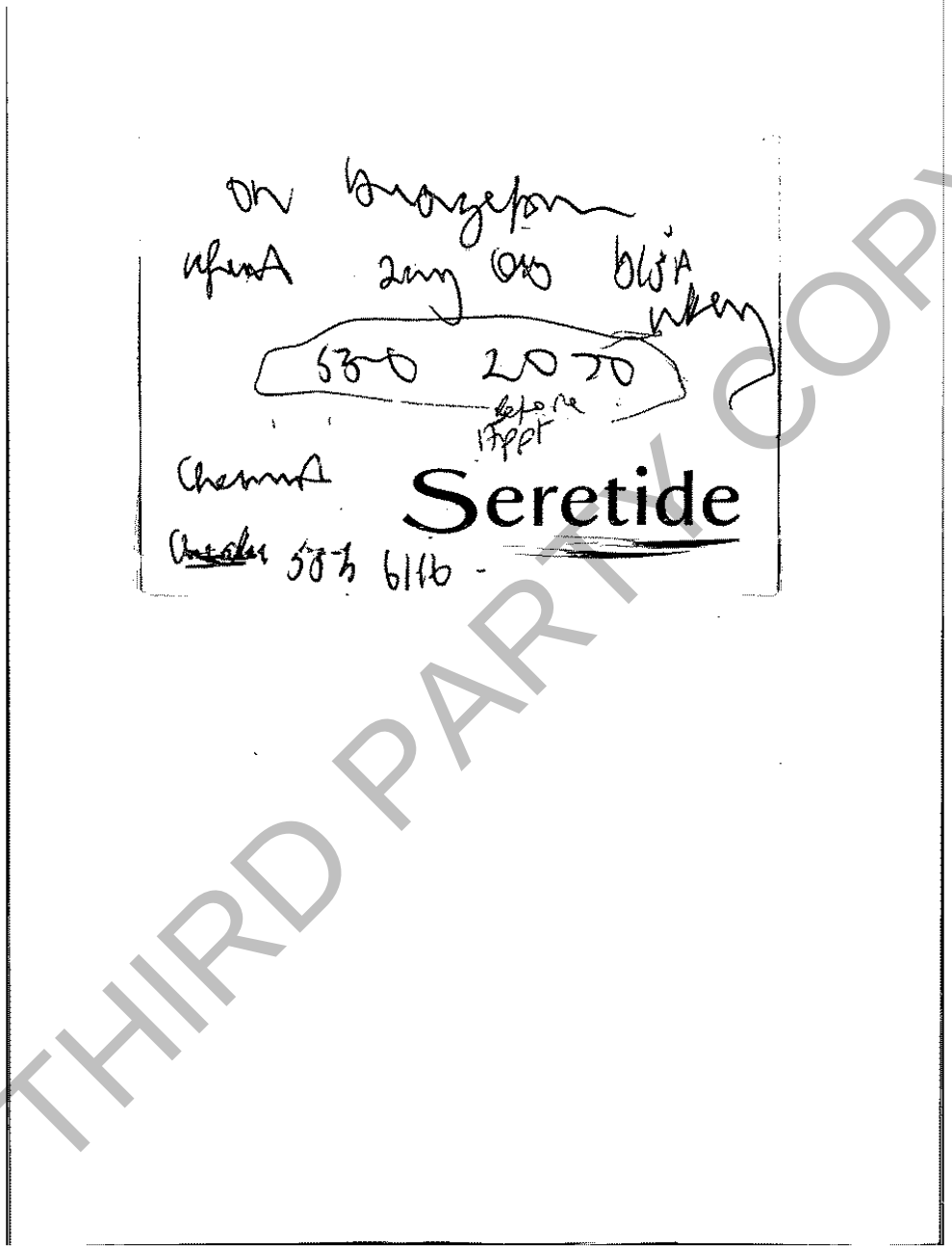
Printed 11/09/97
Short Page 2

SCREENING

Height
30/07/1997 O/E - height
Repeat after 36 Month(s) (Review : 29/07/2000)

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NHS Confidential: Personal data about a patient



THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Greater Glasgow Primary Care NHS Trust

Drs Lafferty/MacPhee/McAlinden
Parkhead Health Centre
101 Salamanca Street
Glasgow G31 5BA

Tel: 0141 531 9058
Fax: 0141 531 9026

COPY

NHS Greater Glasgow

Carol Deans.
13 Torphin Cres
Flat 0/2.
DOB 8.6.72
No

19.3.03

Dear Dr,

This 28week P4+0 woman has been vomiting (bile) for 12+hrs. C/O severe epigastric pain, constant but intermittently severe for 24+hrs. She was released from PRMH on Friday after investigation of PR bleeding.

O/E T36°C. P88reg BP96/60
No anaemia. No jaundice
Tender++, No guard No rebound.
Fundus = dates. BS normal.

P.T.O.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

PMH - Drugs Misuse on Methadone.
- CIN 2 Loop excision.

Drugs Methadone 50mls daily, supervised

Allergies Penicillin?

I am grateful for your opinion.

Yours faithfully

PS. she has not had her methadone today.

THIRD PARTY COPY

Drs Lafferty/MacPhee/McAlinden
Parkhead Health Centre
101 Salamanca Street
Glasgow G31 5BA

Tele 0141-531-9050
Fax 0141-531-9026

Our Ref: TGL/LT

25th February 2003

Karen Frew
Senior Project Worker
Pregnancy and Substance Use Service
Princess Royal Maternity Hospital
Women's Reproductive Health Service
Level 4
16 Alexandra Parade
Glasgow
G31 2ER

Dear Ms Frew

Re: Carol Deans, 113 Turphin Crescent, Glasgow, D.O.B. 08.06.1972

I confirm that I will be happy to continue the above patient's care on discharge.

Yours sincerely

T G LAFFERTY

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

North Glasgow University Hospitals
NHS Trust
Princess Royal Maternity Hospital

NHS
Greater Glasgow

Women's Reproductive Health Service
Level 4
Princess Royal Maternity
16 Alexandra Parade
Glasgow
G31 2ER

Consultant In Charge: Dr Mary Hepburn
Tel: [redacted]
Fax: [redacted]

East End Addiction Services
Typed: 23 May 2002

RECEIVED
13 FEB 2003

Dear Doctor

Re: Carol Deans **Date of Birth:** 8.6.72

Address: 113 Torphin Crescent

The above named woman has been attending the Women's Reproductive Health Service at the Princess Royal Maternity Hospital, where she is prescribed methadone.

I write to enquire if you would be willing to prescribe postnatally for her. The Ward staff would contact you prior to discharge to confirm dosage.

I would like to thank you for your consideration and look forward to hearing from you.

Yours sincerely,

(1)

Karen Frew
Senior Project Worker
Pregnancy and Substance Use Service

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

North Glasgow University Hospitals NHS Trust

The Princess Royal Maternity
16 Alexandra Parade
Glasgow G31 2ER
Telephone [redacted]

NHS Greater Glasgow

Dear Doctor, LAFFERTY

4014731SV
DEANS F
Name CAROL 08/08/1972
113 Torphin Crescent
Addres GLASGOW
G32 6NN

Unit No.

12 FEB 2003

This woman was admitted on 4/2/03

She was discharged undelivered on 7/2/03

Diagnosis ? UTI

Treatment MSSU-NAD LWS HVS - Heavy growth yeast - ecostatin pessary & gyno-pevaryl cream given.

Future Management Conservative.

Follow-up Arrangements Dr Hepburn City Centre clinic 13/2/03.
Discharge script for methadone 50 mls OD for 5 days issued commencing 8/2/03.

Yours sincerely,

M Mulgrew

Midwife / Senior House Officer

(1)

No. 0311394

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NHS Confidential: Personal data about a patient

North Glasgow University Hospitals
NHS Trust
Glasgow Royal Infirmary
16 Alexandra Parade
GLASGOW G31 2ER

DEPARTMENT OF GYNAECOLOGY

NHS
Greater Glasgow

Switchboard: [redacted]
Direct Dial:
Fax No:

Dr C B Lunan's Clinic

Dr T Lafferty
Parkhead Health Centre
101 Salamanca Street
Glasgow
G31 3TE

CBL/JB/3001284V

Dict: 23/12/2002
Typed: 16/01/2003

Dear Dr Lafferty

Carol Deans (08/06/1972)
0/2 113 Torphin Crescent Glasgow G32 6NN

Ms Deans was due to be seen at the Gynaecology Clinic on 23rd December 2002 but did not attend. Please let me know if you feel a further appointment should be sent.

Yours sincerely

C B Lunan
Consultant Gynaecologist

RECEIVED
27 JAN 2003
PARK
KD

(1)

01811

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

North Glasgow University Hospitals
NHS Trust
Princess Royal Maternity Hospital

NHS
Greater Glasgow

Women's Reproductive Health Service
Level 4
Princess Royal Maternity
16 Alexandra Parade
Glasgow
G31 2ER

Consultant In Charge: Dr Mary Hepburn
Tel: 0141 211 5337
Fax: 0141 211 5269

SK/ab/40147315V
Dictated: 12 November 2002
Typed: 12 November 2002

Dr Lafferty
Parkhead Health Centre
101 Salamanca Street
Glasgow
G31 5BA

CM

Dear Dr Lafferty

Re: Carol Deans, d.o.b. 08/06/1972
113 Torphin Crescent, Glasgow, G32 6NN

Thank you for referring Carol Deans who attended Dr Hepburn's unit for antenatal booking on the 11th of November 2002. Scan showed her to be 10 weeks gestation, giving her an estimated date of delivery of the 7th of June 2003.

She has been suffering from a lot of vomiting and headaches during this pregnancy and uses paracetamol to control the headaches. I understand she is on 80mg of methadone daily and she wishes to start reducing this. I suggested she return to our clinic on Thursday the 14th of November when we would be willing to take over her methadone script and start a reduction. We will contact the Chemist directly at the time.

Yours sincerely,

SKing

Dr Shelagh King
Staff Grade Obstetrician

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22 NOV 2002
PARK... HEALTH BOARD

1

01811

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NHS Confidential: Personal data about a patient

North Glasgow University Hospitals
NHS Trust

Glasgow Royal Infirmary
84 Castle Street
GLASGOW G4 0SF
Tel; [redacted]

NHS
Greater
Glasgow

DEPARTMENT OF GYNAECOLOGY

Date Dictated: 09/11/02
Date Typed: 12/11/02

Ref: TH/JK/3001284V

Dr T Lafferty
Parkhead Health Centre
101 Salamanca Street
GLASGOW
G31 5BA

Dear Dr Lafferty

Re: Carol Deans (DOB: 08/06/72) F0/2, 113 Torphin Crescent, Glasgow, G32 6NN

Diagnosis: Continuing singleton intrauterine pregnancy

Thank you for referring this Para 4 + 0 woman with irregular periods and vague abdominal pain. Her LMP was approximately 2 months ago and she has had no PV bleeding.

Ultrasound scan shows a singleton fetus with an ultrasound age of 9 weeks.

We have arranged no follow up. I trust you will organise booking.

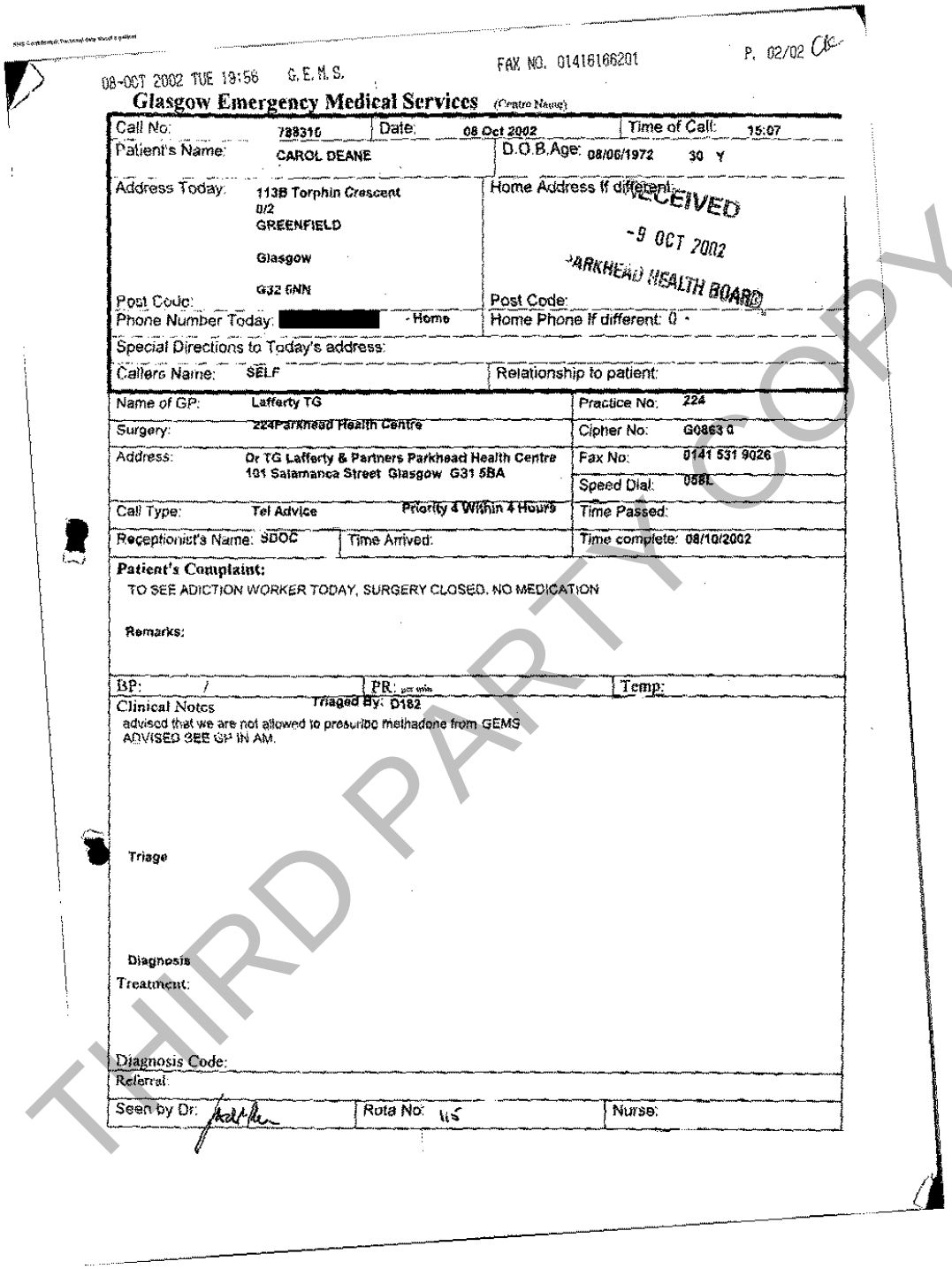
Yours sincerely

RECEIVED
18 NOV 2002
PARK[illegible]

Tyra Hogben
Senior House Officer in Gynaecology

01811

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08-OCT 2002 TUE 13:56 G.E.M.S. FAX NO. 01416166201 P. 02/02

Glasgow Emergency Medical Services (Centre Name)

Call No:	788316	Date:	08 Oct 2002	Time of Call:	15:07
Patient's Name:	CAROL DEANE			D.O.B.Age:	08/06/1972 30 Y
Address Today:	113B Torphin Crescent 0/2 GREENFIELD Glasgow G32 6NN			Home Address if different:	
Post Code:				Post Code:	
Phone Number Today:	[redacted] - Home			Home Phone if different: 0 -	
Special Directions to Today's address:					
Callers Name:	SELF			Relationship to patient:	

RECEIVED
-9 OCT 2002
PARKHEAD HEALTH BOARD

Name of GP:	Lafferty TG	Practice No:	224
Surgery:	224Parkhead Health Centre	Cipher No:	G0863 0
Address:	Dr TG Lafferty & Partners Parkhead Health Centre 101 Salamanca Street Glasgow G31 5BA	Fax No:	0141 531 9026
		Speed Dial:	058L
Call Type:	Tel Advice Priority 4 Within 4 Hours	Time Passed:	
Receptionist's Name: SDOC	Time Arrived:	Time complete:	08/10/2002

Patient's Complaint:
TO SEE ADICTION WORKER TODAY, SURGERY CLOSED, NO MEDICATION

Remarks:

BP: /	PR: per min	Temp:

Clinical Notes Triaged By: D182
advised that we are not allowed to prescribe methadone from GEMS
ADVISED SEE GP IN AM.

Triage

Diagnosis
Treatment:

Diagnosis Code:
Referral:

Seen by Dr:	Rota No: 115	Nurse:

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NHS Confidential: Personal data about a patient

North Glasgow University Hospitals NHS Trust

The Princess Royal Maternity
16 Alexandra Parade
Glasgow G31 2ER
Telephone [redacted]

NHS Greater Glasgow

Date: 11/11/02

Dear CAROL

We have made AN ANTENATAL appointment for you at

DR. HOFFMAN'S CLINIC, LEVEL 7

on MON 11/11/02 at 1330

We hope this is convenient for you. If not, we have other clinics throughout the city. If you wish to change your appointment, please phone Princess Royal Maternity Hospital, Tel: 0141-211 5267.

While attending our clinic, you may be eligible to reclaim your bus fares. Please keep your bus tickets and ask at the clinic for information.

We look forward to seeing you.

Yours sincerely,

Midwife WRHS WD7I PRM

RECEIVED
-3 NOV 2002
PARKHEAD HEALTH BOARD

Full name:

DoB:

Address:

40147315V F
DEANS
CAROL 08/06/1972
111 Torphin Crescent
GLASGOW
G32 6LN

GP: DR. HAFFEY
PARKHEAD H.C.
531-5050

Source of Referral:

Part of the North Glasgow University Hospitals NHS Trust

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FW8

COPY

DECLARATION

I apply for a certificate which will entitle me to free NHS prescriptions.
I declare the information given in PARTS 1 & 2 of this form is true and complete.

Signature: [signature] Date: 22/10/02

PART 3 : DOCTOR'S, MIDWIFE'S OR HEALTH VISITOR'S STATEMENT

I confirm that the information at Part 1 is correct.

Signature: [signature] Date: 30/10/02

Midwife/health visitor's UKCC number:

GP's or hospital doctor's stamp; or Service doctor's name, rank, and establishment:

DR LAFFERTY, MACPHEE,McALINDEN
Parkhead Health Centre
101 Salamanca St Glasgow
G31 5BA Tel: 0141 531 9058
Fax: 0141 531 9026

NOTES TO THE PATIENT

Exemption Certificates: an exemption certificate issued by a Health Authority (formerly known as FHSA) (Health Board in Scotland) entitles you to free prescriptions during pregnancy and for a year after your baby is born.

To claim money back: if you pay for a prescription before you get your exemption certificate, get an NHS receipt FP57 (EC57 in Scotland) from the pharmacist *when you pay*. The receipt tells you how to get your money back.

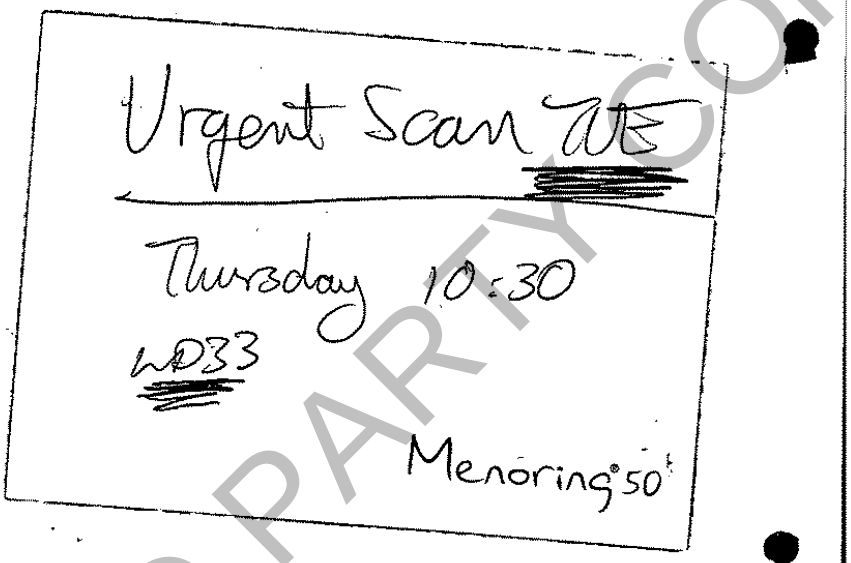
Free milk and vitamins: families on Income Support may be entitled to free milk and vitamins. Get leaflet WMV:G1 *"Welfare milk and vitamins: a guide for families"* from Social Security offices.

Printed by THE ASTRON GROUP. 4/01. J0138774

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COPY



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PRINCESS ROYAL MATERNITY COPY

REQUEST FOR SHARED CARE AND BOOKING FROM

Drs Lafferty/MacPhee/McAlinden
Parkhead Health Centre
101 Salamanca Street
Glasgow G31 5BA
Tel: [redacted]
Fax: [redacted]
Practice Code – 46235

Date: 22nd October 2002

Name: Carol Deans

Address: 113 Torphin Crescent, Glasgow G32 6NN

DOB: 08.06.1972 **Tel No:** **Hosp No: A147315**

Dear Doctor

I would be most grateful if you could please see this pleasant 31 year old Heroin addict lady presently on Methadone therapy who is pregnant with her fifth baby. Her last period was approximately six weeks ago. Her BP today was 145/75.

She has had four uneventful pregnancies and her last baby is handicapped with cerebral palsy.

She is on Citalopram 20mgs once a day, Methadone liquid, Lansoprazole 30mgs once a day and Gaviscon.

PGH she attended gynaecology outpatients because of CIN 2

I would be most grateful if you would please review this 31 year old lady who wants to carry on with this unexpected pregnancy.

Yours sincerely

DR. R. CALVO
LOCUM

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NHS Confidential: Personal data about a patient

COPY

Drs Lafferty/MacPhee/McAlinden
Parkhead Health Centre
101 Salamanca Street
Glasgow G31 5BA

Tele: 0141-531-9050
Fax: 0141-531-9026

Our Ref: TGL/CK

23 July 2002

Dr C B Lunan's Clinic
Dept of Gynaecology
Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER

Dear Dr Lunan

Carol Deans, 08.06.1972, HN 3001284V

I refer to your letter dated 2 July 2002 regarding the above patient's non attendance at your clinic and would advise you that Ms Deans has changed her address to **Flat 0/2, 113 Torphin Crescent, Glasgow G32 6NN, tel no. 774 2583.**

I would be most grateful if you could amend your records and send Ms Deans a further appointment.

Many thanks.

Yours sincerely

T G Lafferty

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NEW ADDRESS
FLAT 0/2.
113 TORPHIN CRESC
G32 6NN
[redacted]

EFEXOR XL

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NHS Confidential: Personal data about a patient

North Glasgow University Hospitals
NHS Trust

NHS
Greater Glasgow

Royal Infirmary
16 Alexandra Parade
GLASGOW G31 2ER

DEPARTMENT OF GYNAECOLOGY

Switchboard: [redacted]
Direct Dial:
Fax No:

Dr C B Lunan's Clinic

Dr T Lafferty
Parkhead Health Centre
101 Salamanca Street
GLASGOW
G31 5BA

JM/CMN/3001284V

Dict: 2 July 2002
Typed: 8 July 2002

Dear Dr Lafferty

Carol Deans (8.6.72)
40 Queen Mary Street Glasgow G40 3DN

New Address

Your patient was due to be seen again at the Gynaecology Clinic on 2.7.02 to discuss sterilisation, however, failed to attend this appointment.

This is the second appointment she has failed to attend therefore I have not reappointed another date.

I would be grateful if you could let us know if you feel a further appointment should be sent.

Thank you.

Yours sincerely

J MURPHY
SHO III

RECEIVED
18 JUL 2002

CM

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NHS Confidential: Personal data about a patient

If phoning
please ask for:
LESLEY JAMIESON.

GREATER GLASGOW
PRIMARY CARE
NHS TRUST

Dear DR LAFFERTY,

Re: CAROL DEANS, P.M.S - 1359248
D/O/B - 8/6/72.

Further to your recent letter regarding the above named lady/~~gentleman~~, an appointment was offered to her/~~him~~ for MON · 17TH JUNE 10AM with myself, unfortunately she/~~he~~ did not attend. I am therefore discharging her/him from my caseload.

Should you require any further assistance in this matter please do not hesitate to contact me.

Yours sincerely

Lesley Jamieson

CM

RECEIVED
18 JUN 2002

DS70787

Community Mental Health Team The Arran Centre 10/16 Redan Street Glasgow G40 2QA
Tel: [redacted] Fax: 0141-554-6802

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

University Medical Unit (Dr H W Gray - Admin Charge) Ward 2	GLASGOW ROYAL INFIRMARY 84 Castle Street Glasgow G4 0SF	Telephone No: [redacted] Fax No: 0141-211-0595

ADMITTED	DISCHARGED	D.O.B	HOSPITAL NUMBER
5.4.02	7.4.02	8.6.72	3001284V

NAME AND ADDRESS	CONSULTANT
Carol Deans 40 Queen Mary Street GLASGOW	DISPOSAL Home
	FOLLOW UP

DISTRIBUTION OF LETTERS	FINAL DIAGNOSIS & ANY *OTHER COMPLICATING ILLNESS*	I.S.C. *CODE*
Dr Lafferty Parkhead Health Centre Salamanca Street GLASGOW	1. Abdominal pain 2. Vomiting 3. Methadone dependent for chronic abdominal pain	

RECEIVED 23 MAY 2002 PARKHEAD [illegible]

DF\EF

This 29 year old lady with a long history of abdominal discomfort requiring regular Methadone presented with sudden onset of severe upper abdominal pain associated with profuse vomiting on a background of chronic nausea.

On examination she was apyrexial, normotensive and pulse was 44 and sinus. Chest was clear, abdomen grossly obese with marked tenderness and guarding in upper Epigastrium with quiet bowel sounds.

She was admitted for observation and amylase was done which excluded pancreatitis. She was reviewed by the surgeons who were happy there was no acute surgical issue and suggested starting oral fluids. It had been planned to perform an abdominal ultrasound to exclude gall stones as a cause for her abdominal pain however she insisted in taking an irregular discharge against medical advice the next day. No follow up has been arranged.

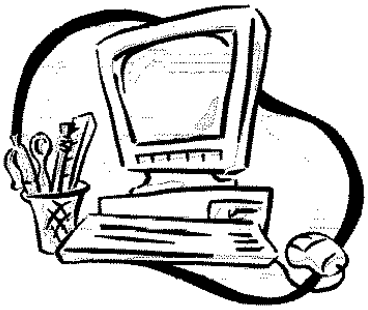
D FERENBACH
SHO

J B NEILLY
CONSULTANT PHYSICIAN

CM

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NHS Confidential: Personal data about a patient



Drs
Lafferty/MacPhee/McAlinden
Parkhead Health Centre
101 Salamanca Street
Glasgow G31 5BA

Tele No: 0141-531-9001
Fax No: 0141-531-9026

Fax

To:	The Arran Centre – duty CPN	**From:**	Dr Lafferty
Fax:	554 6802	**Pages:**	2
Phone:		**Date:**	20.05.02
Re:	Carol Deans	**CC:**	

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

HAVE INFORMED THE ARRAN CENTER OF NEW ADDRESS

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

North Glasgow University Hospitals
NHS Trust

Colposcopy Clinic
Glasgow Royal Infirmary
84 Castle Street
GLASGOW
G4 0SF
Telephone: [redacted]
Fax: [redacted]

NHS
Greater Glasgow

26 March 2002
Our Ref. JHK/AB/10646

Enquiries to Colposcopy Clinic
Direct Line: [redacted]

Dr McAlinden
Parkhead Health Centre
101 Salamanca Street
GLASGOW
G31

Dear Dr McAlinden

RE. CAROL DEANS (08/06/72)
HOUSE 9, 40 QUEEN MARY STREET, GLASGOW, G40 3BB.

I have reviewed this lady's case sheet. She is now 18 months past treatment for [redacted]2 which seemed to be completely excised on loop excision. At this juncture we would have been referring her back to primary care for routine cervical screening.

Rather than send for her I would be happy for you to repeat her smear in 6 months time. Obviously if the smear deteriorates then we would be happy to review her at the clinic.

Kind regards.

Yours sincerely

CM

J H KENNEDY
CONSULTANT GYNAECOLOGIST

RECEIVED
- 4 APR 2002

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NHS Confidential: Personal data about a patient

UPPER G.I. ENDOSCOPY REQUEST FORM
GLASGOW ROYAL INFIRMARY & STOBHILL HOSPITAL

COPY

Patient's Name Carol Deans
Address 40 Queen Mary St

Tel No.
Date of Birth 31/6/72

GP's Name Dr C McALINDEN
Address PARKHEAD HEALTH CENTRE
101 SALAMANCA ST

Tel No. 531 9050.
Fax No. 531 9026
Practice No. G62335

Referral is appropriate for patients who satisfy the following criteria:

Category 1. Priority patients - patients with warning signs

Dysphagia ☐ Weight Loss ☐ Anaemia ☐ Persistent Vomiting ☐

Clinical Details:

Category 2. Patients **over 45** years with new/refractory dyspepsia ☐

Category 3. Patients under 45 years of age with persisting dyspepsia follow initial management as outlined in Glasgow North East dyspepsia guidelines

Unique patient number (from serology/breath test report) ☐

Essential Information

Asprin ☐ NSAIDS ☐ Warfarin ☐ O/C Pill ☐ Hep B ☐ Hep C ☐

Diabetes ☐ Valvular Heart Disease ☐ AIDS/HIV ☐ Current IV drug user or past ☑ past user

on mebadune 80mls Daily Previous HP eradication: Y ☐ N ☐

I would prefer: Report Only ☑ Endoscopy and advice (GRI only) ☐ Report and follow up at discretion of endoscopist ☐

Signature of G.P. C McAlinden Date 5/9/02

Please return this form to: Day Surgery Unit, Stobhill Hospital, Tel: 0141 201 3131 Fax: 0141 201 3889 OR Endoscopy Secretary, Ward 32 - GRI, Tel: 0141 211 4749 Fax: 0141 211 0468

A FAX IS ACCEPTABLE IN CATEGORY 1 PATIENTS

PATIENTS WITH HAEMATEMESIS OR MELAENA SHOULD BE CONSIDERED FOR URGENT ADMISSION

83819

FURTHER COPIES OF THIS FORM CAN BE OBTAINED FROM THE ABOVE ADDRESSES

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NHS Confidential: Personal data about a patient

North Glasgow University Hospitals
NHS Trust
Royal Infirmary
16 Alexandra Parade
GLASGOW G31 2ER

DEPARTMENT OF GYNAECOLOGY

NHS Greater Glasgow

Switchboard: [redacted]
Direct Dial:
Fax No:

Dr C B Lunan's Clinic

Dr T G Lafferty
Parkhead Health Centre
101 Salamanca Street
Glasgow
G31 5BA

CBL/HW/3001284V

Dict: 19th Feb 02
Typed: 21st Feb 02

Dear Dr Lafferty

Carol Deans ~ (08.06.72)
Hse 9, 40 Queen Mary St. Glasgow G40 3DN

Ms Deans was due to be seen at the Gynaecology Clinic today to discuss sterilisation but did not attend. I would be grateful if you could let me know if you feel that a further appointment should be sent.

Yours sincerely

C B Lunan
Consultant Gynaecologist

GM

RECEIVED
11 MAR 2002
PARKHEAD HEALTH CENTRE

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GRI 05.03.02

Colposcopy

Deans
Carol

House 9, 40 Queen Mary Street
Glasgow
G40 3BB

08.06.1972

GRI

3001284V

Dr. C. McAlinden
Parkhead Health Centre
101 Salamanca Street
Glasgow G31 5BA
Tele: 0141-531-9058
Practice No: 46235

Dear Doctor

This 29-year-old lady last attended colposcopy clinic in December 2000 following a loop excision for [redacted] She attended the surgery and had a smear test carried out in 2001, which was reported as borderline. At her last attendance we had a discussion about her attendance at colposcopy and she has agreed to keep any further appointments, therefore I would be grateful if she could be given a further appointment at colposcopy which she knows she must keep.

Thank you for seeing her.

Yours sincerely

CLAIRE MCALINDEN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

IB113-DLS

Incapacity for work

Office stamp

THE BENEFITS AGENCY
9 Muslin Street
Glasgow
G69 7AZ
Tel: 361 051 9000
BRIDGETON OFFICE

DR. McILLNDON
PARKHEAD H/C
GLASGOW
G31 5BA

Our phone number is
Code Number 551 Ext 3048

If you have textphone, you can call on
Code Number

If you get in touch with us, tell us this reference number
NY 12 52 16 C

Date
30 / 10 / 01

About your patient

Surname DEANS
Other names CAROL
NI number NY 12 52 16 C
Date of birth 8 / 6 / 72

Address
40 QUEEN MARY ST.
HOUSE 9
GLASGOW
Postcode G40 4PN

Dear Doctor, McILLNDON

Your patient has claimed benefit due to incapacity and we now have to assess their capacity to perform any work, not just their own job, using the Personal Capability Assessment procedures. People with certain severe medical conditions can be accepted as meeting the threshold of incapacity for benefit purposes without undergoing the Personal Capability Assessment or, if the assessment has to be applied, without undergoing a medical examination.

From the information you have provided on a medical statement (for example form Med 3), or information otherwise available to the medical officer, it appears that this may be such a case. In order to advise the Benefits Agency decision maker in accordance with the law, the medical officer requires further factual information. We would be obliged if you would answer the medical officer's questions overleaf clearly indicating on a separate sheet, any medical evidence that you think would be harmful to the patient's health. An example of what may be harmful information is a diagnosis that is not known to your patient such as malignancy, progressive neurological conditions or major mental illness.

Your patient has given written consent on their claim form to allow us to approach you for this information.

If you have agreed to treat this patient under the NHS (General Medical Services) Regulations 1992 as amended March 1998 and equivalent regulations in Scotland, and have issued, or refused to issue, a medical certificate to them, you are obliged by your terms of service to supply clinical information to a medical officer. A similar obligation applies to most hospital and community doctors working within the NHS. You are not obliged to do this if you have not agreed to treat the patient under the NHS but any information you are willing to provide will be much appreciated. Unfortunately, we will be unable to pay you for it.

A reply within 7 days will be appreciated and a business reply envelope is enclosed for your use. If you have any queries about this form please contact the medical officer at your local Medical Services Centre, see leaflet **IB204** *Guide for Registered Medical Practitioners.*

Thank you for your help.
Yours sincerely

On behalf of the Manager
For the Medical Officer

RECEIVED
31 OCT 2001
PARKHEAD HEALTH BOARD

benefits agency
An Executive Agency of the Department of Social Security

For official use

DO	Ref type
3191	CM

First day of incapacity
9 / 4 / 96

TRIAL COPY

NHS Confidential: Personal data about a patient

About your patient – continued

Your reply to the Medical Services doctor

Please answer the following questions from the information which is currently available to you.

1 Date patient was last seen or examined for the condition(s) causing incapacity.

16/10/01

2 Diagnosis of all relevant conditions and date(s) of onset

~~Heroin~~ Addiction to opiates - 1992
Depression

3 **Factual details of patient's condition.**
Where possible, please include brief factual details of:
- present medical condition
- medication and other treatments (eg attendance at day care centre, hospital outpatient)
- outlook for your patient and any proposals for future management.

On methadone 80mls daily
Still buys Dihydrocodeine illegally
On mixture 20ml daily -
no improvement
recently ? dose to 40ml daily
if no improvement may be
referred to psychiatrist. (Drug/
Alcohol clinic

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NHS Confidential Personal data about a patient

About your patient – continued

4 Where available to you, please give brief details of what the patient has been told about the likely clinical course of their condition(s), and any future treatment.

5 **Any other information.**

- If you have evidence which indicates that, as a result of their medical condition, your patient would not be able to attend an examination by using public transport or by taxi please include this here.
- Any additional information about the effects of the medical conditions on daily living (self care, indoor mobility, judgement and compliance with medication) would be very helpful.

Only complete the section below if you have diagnosed a psychiatric condition at question 2.

6 Where available to you, please give brief details of any history of recent or serious attempts at suicide or other self injury, or any history of threatening or violent behaviour towards others.

no history

Declaration

I understand that if this person appeals, or asks for an explanation or reconsideration of the decision made by the Benefits Agency, a copy of the information I have given here may be sent to the person, their legal representative and the Appeals Service

I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health. I have stated any medical evidence that I think may be harmful to the person's health on a separate sheet of paper.

Your signature

Signature Claire M'Linden

Name Dr Claire M'Linden

Date 31/10/10

Doctor's name

DR C MCALINDEN
PARKHEAD HEALTH CENTRE
101 SALAMANCA ST
GLASGOW G31 5BA
TEL 0141 531 9058
FAX 0141 531 9026

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

MESSAGE

DATE: 3.10.01

TO: DR LAFFERTY

FROM: CAROL DOWNS DOB: 8.6.72

TEL NO: [redacted]

MESSAGE:

CAN [redacted] PICK UP CAROL'S METHADONE FROM PHARMACY 1 DAY'S ONLY. AS [redacted] HAS TO GO INTO YORKHILL TO-DAY & SHE WILL HAVE TO STAY WITH HIM

– Yes pr Dr L –

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

GRI 19.09.01

Gynaecology

Deans
Carol

House 9, 40 Queen Mary Street
Glasgow
G40

08.06.1972

GRI

3001284V

Dr T. G. Lafferty
Parkhead Health Centre
101 Salamanca Street
Glasgow G31 5BA
Tele: 0141 531 9058
Practice No: 46235

COPY

Dear Doctor

This para 4 + 0 drug misuser is stable on Methadone and requests sterilisation. I would be grateful if she could be seen for further assessment. I have also referred her back to colposcopy as she had [redacted] on a loop excision in November 2000.

Yours sincerely

T G LAFFERTY

THIRD PARTY COPY

NHS Confidential: Personal data should be marked

TGL/LT

Drs Lafferty/MacPhee/McAlinden
Parkhead Health Centre
101 Salamanca Street
Glasgow G31 5BA

COPY

If phoning ask for:
Dr Lafferty

Tele No: [redacted]
Fax No: [redacted]

18th September 2001

Colposcopy Clinic
Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow
G4 OSF

Dear Doctor

Re: Carol Deans, 40 Queen Mary Street, Glasgow G40, D.O.B. 08.06.1972
HN 3001284V

This para 4 + 0 woman underwent a loop excision in November 2000 which contained [redacted] and koilocytosis. However she failed to return for review and I have managed today to persuade her to return once more and I would be grateful if she could be seen for further assessment and treatment.

Yours sincerely

T G LAFFERTY

Has apt (re arranged) for 22/2/02.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

COPY

Mrs Carol Deans
40
QUEENMARY ST.

GLASGOW
G403BB

Drs Lafferty/MacPhee/McAlinden
Parkhead Health Centre
Glasgow
G31 5BA
[redacted]
20 August, 2001

Dear Mrs Deans

I am writing to let you know that your recent cervical smear test shows some inflammation.

This is nothing to worry about, but the smear test should be repeated earlier then usual to make sure that it has settles back to normal.

If you are concerned about this result, I will be happy to discuss it with you.

I shall remind you when the next test is due, but please remember that it will be important that you arrange a further cervical smear test appointment in six months. If you are being prescribed HRT please make an appointment with myself **and** the practice nurse.

Yours sincerely,

Dr T Lafferty

Diane - Tuesday & Wednesday
Susan - Thursday & Friday

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

West Glasgow Hospitals

Health Records and Outpatients Department

Gartnavel General Hospital
Great Western Road
Glasgow G12 0YN

Tel : [redacted]
Fax : 0141 211 3466

09 Aug 2001

Dr T Lafferty
Parkhead Health Centre
101 Salamanca Street
Glasgow
G31 5BA

Dear Dr. Lafferty

Re: Ms Carol Avery D.O.B. 08 Jun 72
40 Queen Mary Street

Glasgow
G40 3DN

Unit Number: 864511
CHI Number :

The above named patient had an appointment to be seen at Mr Carrick's clinic on Thursday 09 August 2001, but failed to attend.

I do not intend to send this patient a further appointment but, should you wish the patient to be seen again, perhaps you could notify me in writing.

Yours sincerely

MR CARRICK

RECEIVED
13 AUG 2001
PARKHEAD HEALTH CENTRE

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
Tel: 0141-211-2304/2409

WEST GLASGOW HOSPITALS
ACCIDENT/EMERGENCY FORM

G.P. Cc LT

11 Back

CRN: 864511

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
AVERY	CAROL	29	08/06/72	04/08/01	10:45	033085/01

Address	Sex	Religion	Date of Inc	Time
40 Queen Mary Street GLASGOW	Female		02/08/01	

Marital Status	Occupation/School	Type of Inc	Mode of Arrival
Single /	HOUSEWIFE	Other	Walking

PC G40 3DN Tel [redacted]

GP

Name: Dr LAFFERTY
Address: PARKHEAD HEALTH CENT, 101 SALAMANCA STREET, GLASGOW, G31 5BA, 531-9050
Referred by: Selfref

NEXT OF KIN

Name [redacted]
Relat. [redacted]
Tel. No. [redacted]
Address [redacted]

Complaint

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

TRIAGE 1
TRIAGE TIME
TRIAGE CATEGORY

Dear Doctor,

The above-named patoent attended Accident & Emergency Department today.

Diagnosis (L) ear infection.

INITIAL COMPLAINT
ENT Condition

X-ray film/ECG shows

INITIAL TREATMENT

Treatment given
antibiotics - erymomycin
analgesia

FILED BY MRSTAY

Drugs ____ days supply of ____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ____ TT Booster ____ HATI ____ (Please Tick)

Would you please arrange ____

DISCHARGE CODES: *Please circle*

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital *(see below)*
5. Died
6. Refer to O.P. Clinic *(see below)*
7. Irregular Discharge
8. D.O.A.

Ward No. *(if admitted)*	Transfer to Hospital	Consultant *(if admitted)*

Follow-up: Not arranged ____ Arranged ____ To be arranged ____

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others *(specify)*
								(ENT)		

Medical Officer's Name *(in BLOCK LETTERS)* NARANS

Signature of Medical Officer

Cons SR Reg (SHO/HO) Clin Assist *(please circle)*

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COPY

ABNORMAL CERVICAL SMEAR

PATIENT DETAILS

NAME: Carole Deans
ADDRESS: 129 Summerfield Street
Glasgow
G40

D.O.B.: 08.06.72 5281
OUR REF: MS/CMCG/GP.1

SMEAR DETAILS

LAST SMEAR RECORDED
Date: 05.06.00
Result: **Moderate Dyskaryosis**

G.P: Dr T G Lafferty
Date: 30.06.01

FOLLOW UP DETAILS

RECOMMENDATION:

1 **Repeat Smear** YES/NO
If yes, has smear been taken YES/NO
If yes, please state place, date and result of repeat smear

2 **Refer to Colposcopy** YES/NO
If yes, did she attend YES/NO
If yes, please state which clinic, date and result, if possible 28/12/00 colp. GRE failed to attend follow up.

3 **If no to 1 and 2**, what action has been taken?

Letters sent to the woman (YES)/NO
GP informed (YES)/NO
Other: HV by house visit

Moved away YES/NO
Deceased YES/NO
No trace YES/NO
Now private YES/NO
No follow up required YES/NO

SIGNED Diane Mccreed Practice Nurse **DATE** 17/7/01.

PLEASE RETURN TO:

Dr M Stephen
Consultant Pathologist
C/O Mr Calum McGillivray
Cytology Department

Trust HQ, Gartnavel Royal , 1055 Gt Western Rd, Glasgow G12 0HX Tel [redacted]

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NHS Confidential: Personal data about a patient

GREATER GLASGOW
PRIMARY CARE
NHS TRUST

Our Ref: MS/CMCG/GP.1/5281

Date Typed: 30.06.01

Dr T G Lafferty
Parkhead Health Centre
101 Salamanca Street
Glasgow G31 5BA

Dear Dr Lafferty

Re: ABNORMAL CERVICAL SMEARS

We are working in conjunction with the Community Health Index to maintain a register of women with abnormal cervical smears.

Our records show that **Carole Deans ,129 Summerfield St, Glasgow,G40, (08.06.72)** had an abnormal cervical smear reported as **Moderate Dyskaryosis** on **05.06.00** and we have no further information about her.

In order to ensure follow-up has taken place and this lady has not slipped through the net, I should be grateful if you would complete the attached form and return it in the enclosed addressed envelope.

Thank you for your help in this matter.

Yours sincerely

Dr M Stephen
Consultant Pathologist

RECEIVED
12 JUL 2001
PARKHEAD HEALTH BOARD

D370787

Trust HQ, Gartnavel Royal , 1055 Gt Western Rd, Glasgow G12 0HX Tel 0141-211 0642

Providing Primary Care, Mental Health and Learning Disability Services. www.show.scot.nhs.uk/ggpct/

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NHS Confidential: Personal data about a patient

GLASGOW ROYAL INFIRMARY
AUSPICE CARE
Part of The North Glasgow University Hospitals NHS Trust

Royal Infirmary
84 Castle Street
Glasgow G4 0SF

Switchboard: [redacted]
Direct Dial:
Fax Number:

JHK/PC/3001284V

26 June 2001

Dr T Lafferty
Parkhead Health Centre
101 Salamanca Street
Glasgow
G31 5BA

Dear Dr Lafferty

Carol Deans (8.6.72)
129 Summerfield Street, Glasgow, G40 4SP

This lady has now failed to attend on several occasions for her post treatment follow up.

We have sent her a letter asking her to phone for an appointment but I would be grateful if she does appear in the surgery, a smear could be taken and that result forwarded to us to ensure that the treatment has been successful.

Kind regards

Yours sincerely

J H KENNEDY
Consultant Gynaecologist

Am
notes to claim

1

RECEIVED
28 JUN 2001
[redacted]

M.Q.S.
accredited by the
Health Quality Service

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NHS Confidential: Personal data about a patient

Our Ref:TGL/LT

Drs Lafferty/MacPhee/Feeney
Parkhead Health Centre
101 Salamanca Street
Glasgow G31 5BA

If Phoning ask for:
Dr Lafferty

Tele: [redacted]
Fax: 0141-531-9026

5th June 2001

COPY

Carol Deans
129 Summerfield Street
Glasgow
G40

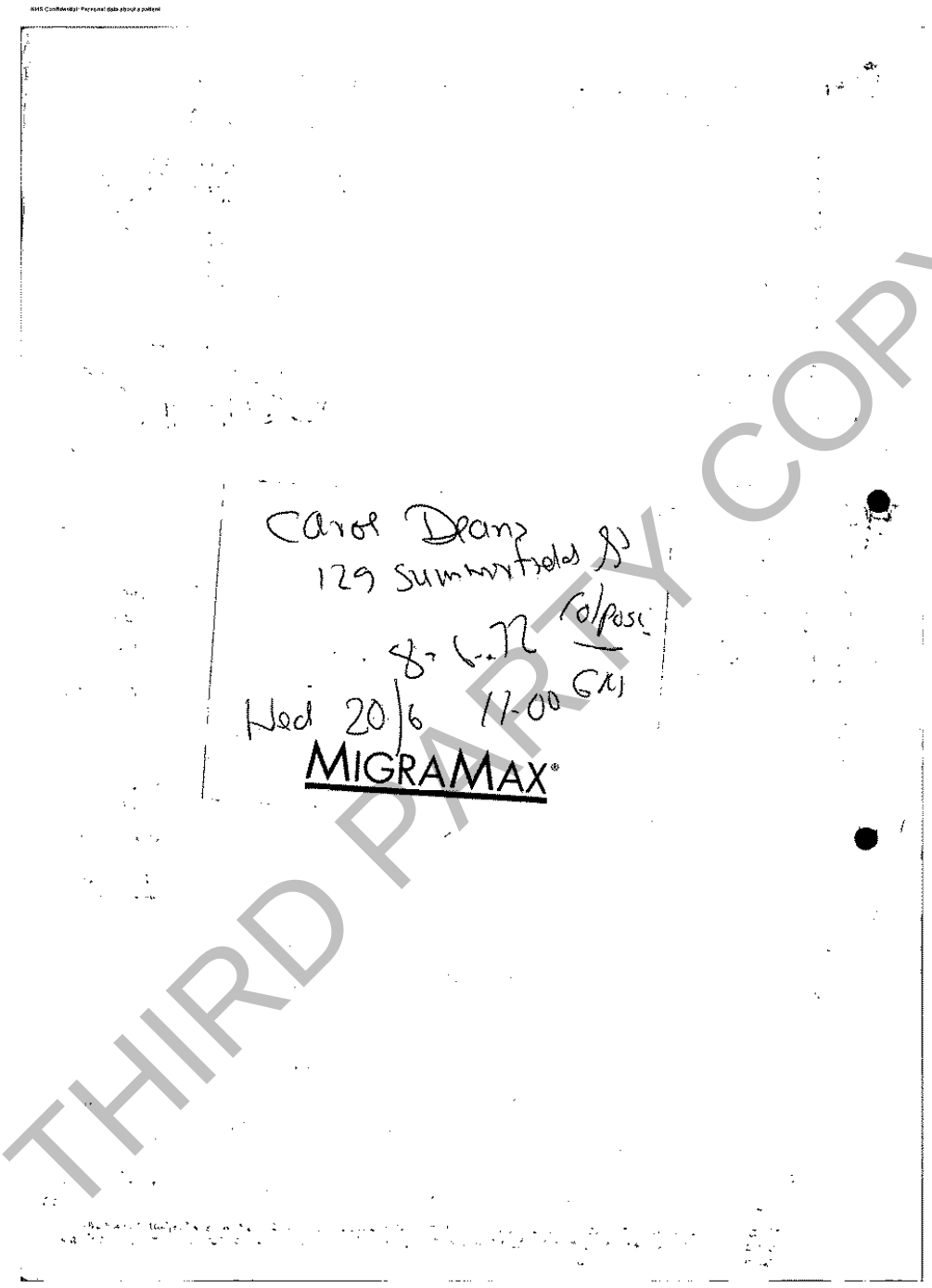
Dear Carol

I see from your records you have not attended follow up at colposcopy. The implications of this could be extremely serious regarding your health and I would strongly urge you to make an appointment to see me in order that we arrange follow up.

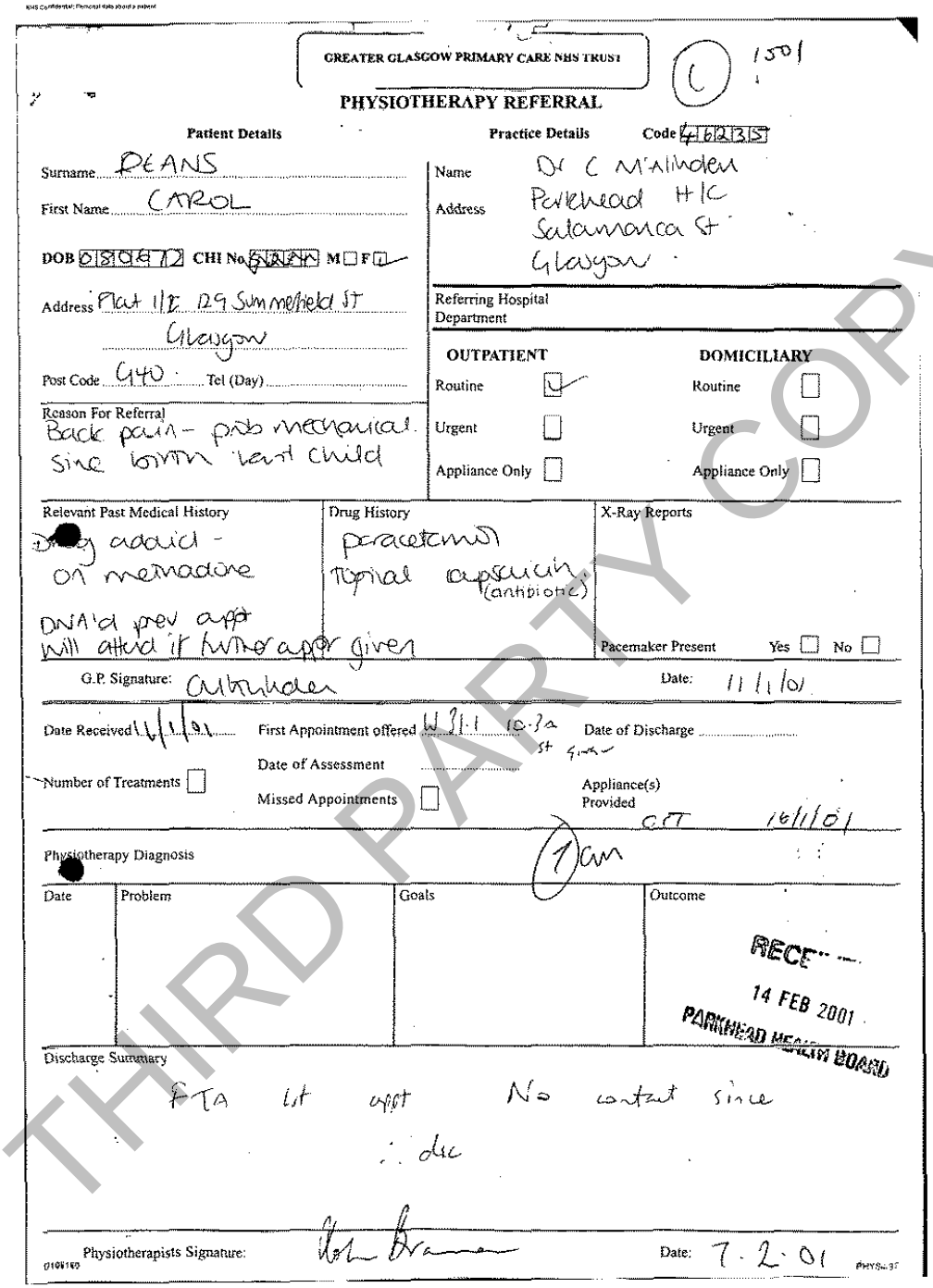
Yours sincerely

T G LAFFERTY

THIRD PARTY COPY



THIRD PARTY COPY



NHS Confidential: Personal data about a patient

GREATER GLASGOW PRIMARY CARE NHS TRUST

1501

PHYSIOTHERAPY REFERRAL

Patient Details

Surname: REANS
First Name: CARROL
DOB 018 04 72 CHI No. [redacted] M ☐ F ☑
Address: Flat 1/2 129 Summerfield St
Glasgow
Post Code: G40 Tel (Day):

Practice Details Code 416235

Name: Dr C McAlinden
Address: Parkhead H/C
Salamanca St
Glasgow

Referring Hospital Department:

Reason For Referral: Back pain - prob mechanical since born last child

OUTPATIENT		DOMICILIARY	
Routine	☑	Routine	☐
Urgent	☐	Urgent	☐
Appliance Only	☐	Appliance Only	☐

Relevant Past Medical History: ~~Drug~~ addict - on methadone
DNA'd prev appt will attend if further appt given

Drug History: paracetamol
topical capsicin
(antibiotic)

X-Ray Reports

Pacemaker Present Yes ☐ No ☐

G.P. Signature: C McAlinden Date: 11/1/01

Date Received 11/1/01 First Appointment offered W 31.1 10.30a 1st given Date of Discharge

Number of Treatments ☐ Date of Assessment

Missed Appointments ☐ Appliance(s) Provided CFT 16/1/01

Physiotherapy Diagnosis: Jam

Date	Problem	Goals	Outcome

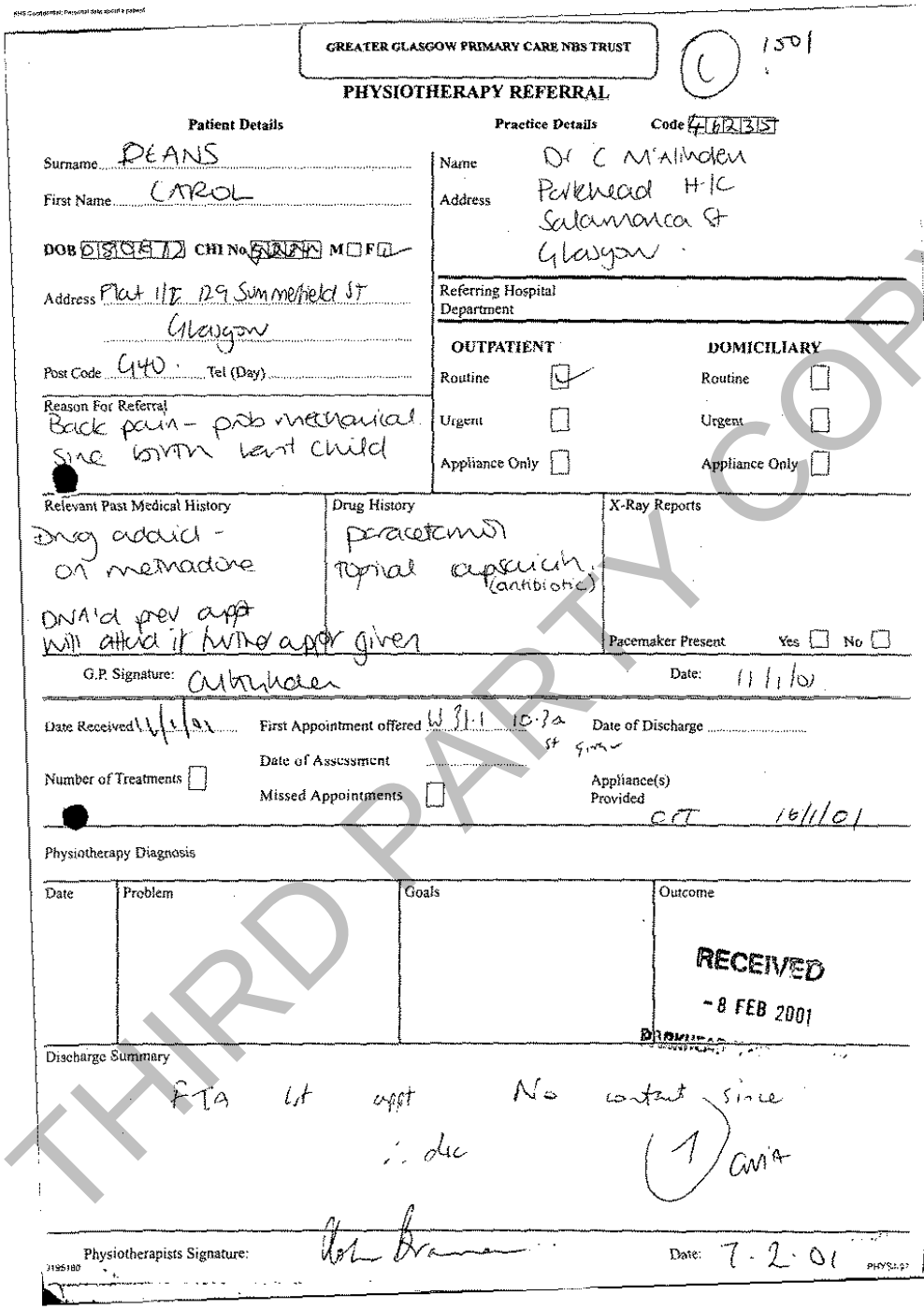
RECEIVED
14 FEB 2001
PARKHEAD HEALTH BOARD

Discharge Summary: FTA 1st appt No contact since dic

Physiotherapists Signature: [signature] Date: 7.2.01

01091580 PHYS.3T

THIRD PARTY COPY



GREATER GLASGOW PRIMARY CARE NBS TRUST

(C) 1501

PHYSIOTHERAPY REFERRAL

Patient Details

Surname: BEANS
First Name: CAROL
DOB 01/05/72 CHI No. [illegible] M ☐ F ☑
Address: Flat 1/2 129 Summerfield St
Glasgow
Post Code: G40 Tel (Day):

Practice Details Code 416235

Name: Dr C McAlinden
Address: Parkhead H.C.
Salamanca St
Glasgow

Referring Hospital Department:

Reason For Referral: Back pain - prob mechanical
Since birth last child

	OUTPATIENT	DOMICILIARY
Routine	☑	☐
Urgent	☐	☐
Appliance Only	☐	☐

Relevant Past Medical History: Drug addict - on methadone
DNA'd prev appt will attend if further appt given

Drug History: paracetamol topical capsicin (antibiotic)

X-Ray Reports

Pacemaker Present Yes ☐ No ☐

G.P. Signature: [signature] Date: 11/1/01

Date Received 6/2/01 First Appointment offered W 31.1 10.30a 1st given Date of Discharge

Number of Treatments ☐ Date of Assessment Missed Appointments ☐ Appliance(s) Provided CFT 16/1/01

Physiotherapy Diagnosis

Date	Problem	Goals	Outcome
			RECEIVED 8 FEB 2001

Discharge Summary: FTA 1st appt No contact since
∴ d/c
(1) CWIA

Physiotherapists Signature: [signature] Date: 7.2.01

3195180 PHYS1.97

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NHS Confidential: Personal data about a patient

GREATER GLASGOW PRIMARY CARE NHS TRUST

PHYSIOTHERAPY REFERRAL

Patient Details

Surname: DEANS

First Name: CAROL

DOB: 01/06/72 CHI No: ☐☐☐☐ M☐ F☐

Address: Flat 1/2 129 Summerfield ST Glasgow

Post Code: G40 Tel (Day):

Practice Details Code: ☐☐☐☐☐

Name: Dr C M'Allinden

Address: Parkhead H/C Salamanca St Glasgow

Referring Hospital Department:

Reason For Referral: Back pain - prob mechanical. Since born last child

	OUTPATIENT	DOMICILIARY
Routine	✓	☐
Urgent	☐	☐
Appliance Only	☐	☐

Relevant Past Medical History: drug addict - on methadone. DNA'd prev appt will attend if further appt given

Drug History: paracetamol topical capsicin.

X-Ray Reports:

Pacemaker Present Yes ☐ No ☐

G.P. Signature: C M'Allinden Date: 11/1/01

Date Received: First Appointment offered: Date of Discharge:

Number of Treatments ☐ Date of Assessment: Missed Appointments ☐ Appliance(s) Provided:

Physiotherapy Diagnosis:

Date	Problem	Goals	Outcome

Discharge Summary

Physiotherapists Signature: Date:

0196160 PHYS4/97

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GREATER GLASGOW PRIMARY CARE NHS TRUST

CHIROPODY REFERRAL (CLINIC)

PATIENT REGISTRATION DETAILS

~~MR/MRS/MISS~~—FULL NAME CAROL OEANS

ADDRESS Flat 1/2 129 Summerfield St

Glasgow

POSTCODE G40 TELEPHONE No.

DATE OF BIRTH 8/6/72 CHI No.

FOR OFFICE USE ONLY

Date Received

Date Acknowledged

1st Appointment

Clinic

REASON FOR REFERRAL (Including provisional diagnosis where possible)

Foot pain - sole(L) foot - benefit from shoe support

MEDICAL HISTORY (Tick as appropriate)

DIABETES Insulin	☐	PERIPHERAL VASCULAR DISEASE	☐	RHEUMATOID ARTHRITIS	☐	VISUAL IMPAIRMENT	☐
DIABETES Non Insulin	☐						
LEARNING DISABILITY	☐	PHYSICAL DISABILITY	☐	MENTAL ILLNESS	☐	OTHER (specify)	☑

Hx drug abuse on methadone

CURRENT DRUG THERAPY AND POTENTIAL SPECIAL HAZARDS

Hx Drug abuse not known to be Hep C ? Hep B pos.

REFERRAL CATEGORY (Please indicate level of priority)

ROUTINE ☑ URGENT ☐ EMERGENCY ☐

G.P. SIGNATURE

C Anderson

DATE

11/1/10

PRACTICE ADDRESS

DRS LAFFERTY/MACPHEE/[redacted]
PARKHEAD HEALTH CENTRE
101 SALAMANCA ST.
GLASGOW G31 5BA
TEL 0141 531 9058
FAX 0141 531 9026

PRACTICE CODE

46235

ONCE COMPLETED THIS FORM SHOULD BE RETURNED TO :
East Sector Office, Shettleston Health Centre, 420 Old Shettleston Road, Glasgow G32 7JZ.
Telephone: [redacted]

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NHS Confidential: Personal data about a patient

GLASGOW ROYAL INFIRMARY
Part of The North Glasgow University Hospitals NHS Trust

Royal Infirmary
84 Castle Street
Glasgow G4 0SF

Switchboard: [redacted]
Direct Dial:
Fax Number:

COLPOSCOPY CLINIC

AM/AB/10646

28 December 2000

Dr Lafferty
Parkhead Health Centre
101 Salamanca Street
GLASGOW
G31

Dear Dr Lafferty

RE: CAROL (AVERY) DEANS (08/06/72)
129 SUMMERFIELD STREET, GLASGOW, G40.

Thank you for persuading this patient to attend the Colposcopy Clinic where she was seen on 29/11/00. An area of aceto white epithelium was idnetified and Dr Kennedy proceeded to a large loop excision of the transformation zone under local anaesthetic. The pathologist has reported this biopsy as containing [redacted] 2 and koilocytosis. A chlamydia swab has been reported as negative. We shall see this lady back in 6 months time.

Kind regards.

Yours sincerely

AMackirdy

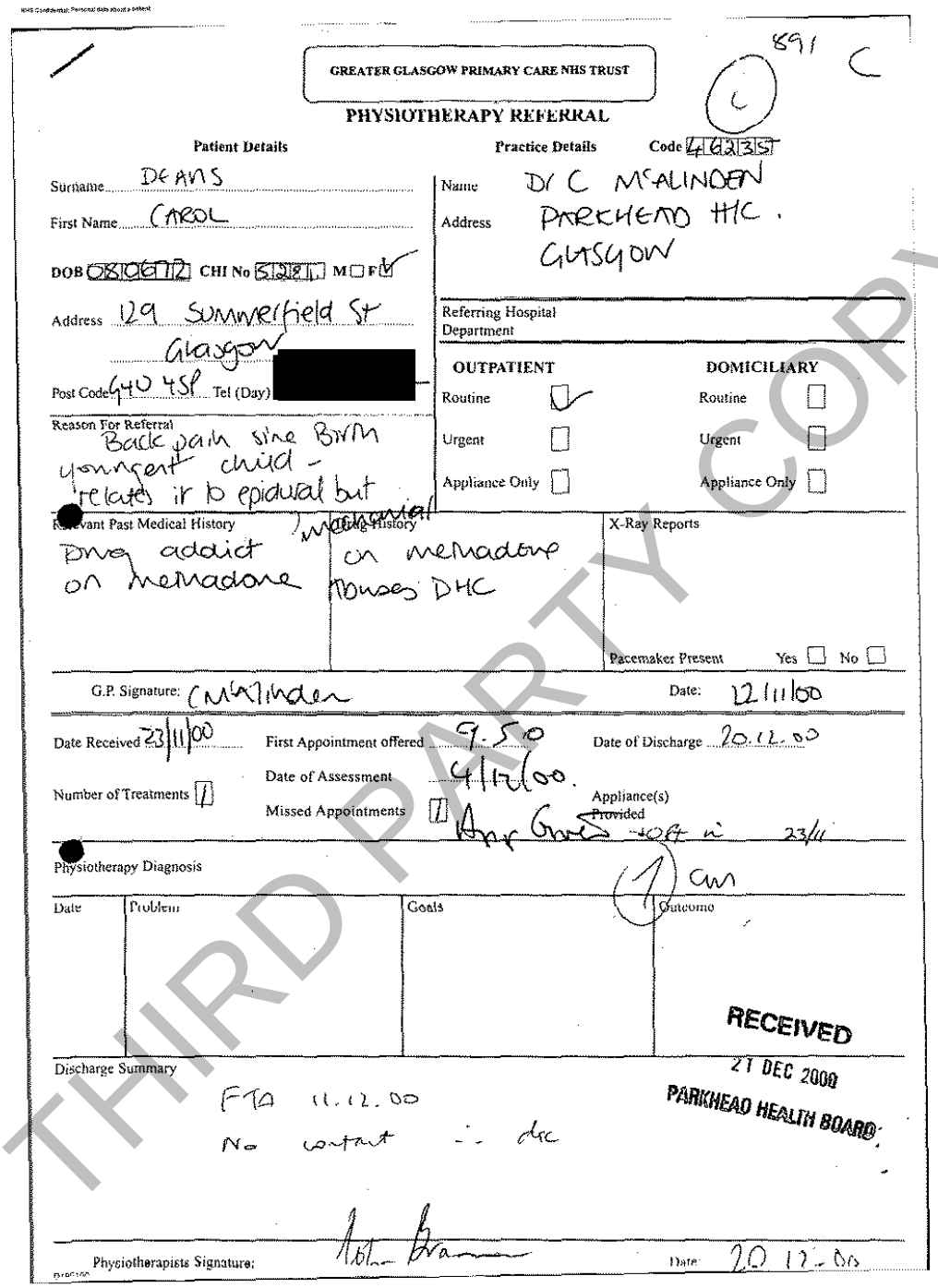
A MACKIRDY
TRAINEE NURSE COLPOSCOPIST

J H KENNEDY
CONSULTANT GYNAECOLOGIST

RECEIVED
- 8 JAN 2001
PARKHEAD HEALTH BOARD

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Health Quality Service

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GREATER GLASGOW PRIMARY CARE NHS TRUST

891 C

C

PHYSIOTHERAPY REFERRAL

Patient Details

Surname DEANS

First Name CAROL

DOB 08/06/72 CHI No [redacted] M ☐ F ☑

Address 129 Summerfield St
Glasgow

Post Code G40 4SP Tel (Day) [redacted]

Practice Details Code 46235

Name Dr C McALINDEN

Address PARKHEAD HIC.
GLASGOW

Referring Hospital
Department

	OUTPATIENT	DOMICILIARY
Routine	☑	☐
Urgent	☐	☐
Appliance Only	☐	☐

Reason For Referral
Back pain since Birth
youngest child -
relates it to epidural but
Antenatal

Relevant Past Medical History
preg addict
on methadone

Drug History
on methadone
Nurses DHC

X-Ray Reports

Pacemaker Present Yes ☐ No ☐

G.P. Signature: CMcAlinden Date: 12/11/00

Date Received 23/11/00

First Appointment offered 9.5.0

Date of Discharge 20.12.00

Number of Treatments 1

Date of Assessment 4/12/00.

Missed Appointments 1

Appliance(s) Provided

Physiotherapy Diagnosis

(1) CM

Date	Problem	Goals	Outcome

RECEIVED
21 DEC 2000
PARKHEAD HEALTH BOARD

Discharge Summary

FTA 11.12.00
No contact - dic

Physiotherapists Signature: [signature] Date: 20.12.00

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GREATER GLASGOW PRIMARY CARE NHS TRUST

PHYSIOTHERAPY REFERRAL

Patient Details

Surname DEANS

First Name CAROL

DOB 08/06/72 CHI No [redacted] M ☐ F ☑

Address 129 Summerfield St
Glasgow

Post Code G40 4SP Tel (Day) [redacted]

Practice Details Code [redacted]

Name Dr C. McALINDEN

Address PARKHEAD HIC.
GLASGOW

Referring Hospital Department

	OUTPATIENT	DOMICILIARY
Routine	☑	☐
Urgent	☐	☐
Appliance Only	☐	☐

Reason For Referral
Back pain since Birth
youngest child -
relates it to epidural but
Musculoskeletal

Relevant Past Medical History
Drug addict
on methadone

Drug History
on methadone
Nurses DHC

X-Ray Reports

Pacemaker Present Yes ☐ No ☐

G.P. Signature: CMcAlinden Date: 12/11/00

Date Received ..... First Appointment offered ..... Date of Discharge .....

Number of Treatments ☐ Date of Assessment .....

Missed Appointments ☐ Appliance(s) Provided

Physiotherapy Diagnosis

Date	Problem	Goals	Outcome

Discharge Summary

Physiotherapists Signature: Date:

D195160 PHYS4/97

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NHS Confidential: Personal data about a patient

GLASGOW ROYAL INFIRMARY
Part of The North Glasgow University Hospitals NHS Trust

Royal Infirmary
84 Castle Street
Glasgow G4 0SF

Switchboard: 0141 211 4000
Direct Dial:
Fax Number:

COLPOSCOPY CLINIC

JHK/AB/10646

12 October 2000

Ms Carol Avery
129 Summerfield Street
GLASGOW
G40

Dear Ms Avery

Your doctor did a smear test earlier this year which showed an abnormality. It is almost certain that you have what we call precancer of the neck of the womb. If this is not dealt with appropriately it could in years to come become much more serious and indeed develop into invasive cancer.

The examination that we intend doing on you is very simple and is similar to having a smear test.

It is in your very best interests to attend and I enclose another appointment.

Kind regards.

Yours sincerely

RECEIVED
23 OCT 2000

J H KENNEDY
CONSULTANT GYNAECOLOGIST

CMA

c.c. Dr Lafferty, Parkhead Health Centre, 101 Salamanca Street, Glasgow, G31.

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Health Quality Service

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COPY

Our ref: TGL/CK

Drs Lafferty/MacPhee/McAlinden
Parkhead Health Centre
101 Salamanca Street
Glasgow G31 5BA

If phoning ask for:
Dr Lafferty

Tel: [redacted]
Fax: [redacted]

24 October 2000

J H Kennedy
Consultant Gynaecologist
Colposcopy Clinic
Royal Infirmary
Glasgow
G4 0SF

Dear Dr Kennedy

Carol Deans(Avery), 08.06.1972, 129 Summerfield Street, Glasgow G40

I refer to your letter dated 12 October 2000 regarding the above patient and would advise you that Carol's surname is now **Deans.** I would be grateful if you could amend your records accordingly.

Yours sincerely

T G Lafferty

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NHS Confidential: Personal data about a patient

GLASGOW ROYAL INFIRMARY

Part of The North Glasgow University Hospitals NHS Trust

Royal Infirmary
84 Castle Street
Glasgow G4 0SF

Switchboard: [redacted]
Direct Dial:
Fax Number: [redacted]

COLPOSCOPY DEPARTMENT

21 September 2000

Ref : AMACK/AS/10646

Dr Lafferty
Parkhead Health Centre
101 Salamanca Street
Glasgow
G31

Dear Dr Lafferty

Carol Avery, d.o.b. - 8.6.72
129 Summerfield Street, Glasgow G40

This patient of yours was referred with a moderately dyskaryotic smear on 9.9.98. Despite numerous appointments she has still not managed to get to the colposcopy clinic. I would be grateful if her case sheet could be flagged and every encouragement given to her to attend the clinic.

Yours sincerely

Annabel mac Kirdy

A MacKirdy
Staff Nurse

RECEIVED
22 SEP 2000
PARKHEAD HEALTH BOARD

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Health Quality Service

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COPY

GREATER GLASGOW
PRIMARY CARE
NHS TRUST

TGL/LT

Drs Lafferty/MacPhee/Feeney
Parkhead Health Centre
101 Salamanca Street
Glasgow G31 5BA

Tele: 0141-531-9058
Fax: 0141-531-9026

Dr Lafferty

19th June 2000

Carol Avery
129 Summerfield Street
Glasgow
G40

Dear Carol

I now have your smear test result. This shows some inflammation. As a precaution the lab have advised that you should have a further examination at the colposcopy clinic at G.R.I. You will be sent an appointment for this. I have enclosed a leaflet to explain about colposcopy.

Please do not be unduly concerned about this. This further examination is simply to prevent possible problems in the future. For that reason it is important that you do attend.

If you have any worries or questions about this please do not hesitate to make an appointment or phone.

Yours sincerely

T G LAFFERTY

encl

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NHS Confidential: Personal data about a patient

GREATER GLASGOW
PRIMARY CARE
NHS TRUST

TGL/LT

Drs Lafferty/MacPhee/Feeney
Parkhead Health Centre
101 Salamanca Street
Glasgow G31 5BA

Tele No: 0141-531-9058
Fax No: 0141-531-9026

Dr Lafferty

19th June 2000

Colposcopy Clinic
Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow
G4 OSF

Dear Doctor

Re: Carol Avery, 129 Summerfield Street, Glasgow G40, D.O.B. 08.06.1972
Referral to colposcopy advised – copy of smear enclosed

I would be grateful if this lady could be sent an appointment for colposcopy as advised by the lab.
I enclose a photocopy of her smear.

Many thanks

Yours sincerely

T G LAFFERTY

encl

D370787

Providing Primary Care, Mental Health and Learning Disability Services. www.show.scot.nhs.uk/ggpct/

THIRD PARTY COPY

29-MAY-2000 20:36 VICTORIA GEMS 2016507 P.01

Glasgow Emergency Medical Services (Centre Name)

Call No: 218272	Date: 29/05/2000 18:56:50	Time of Call:
Patient's Name: Deans Carol	D.O.B.Age: 08/06/1972	27 Y
Address Today: 139 SUMMERFIELD STREET 1/2 GLASGOW G40 4SP	Home Address if different:	
Post Code:	Post Code:	
Phone Number Today: [redacted]	Home Phone If different:	
Special Directions to Today's address:		
Callers Name:	Relationship to patient:	

RECEIVED
30 MAY 2000
PARKHEAD HEALTH BOARD

Name of GP: Lafferty TG		Practice No: 224	
Surgery: 224Parkhead Health Centre		Cipher No: G0863 0	
Address:		Fax No: 0141 531 9026	
		Speed Dial: 058S	
Call Type: PTS		Time Passed: 30:01 mins	
Receptionist's Name: ESTRI	Time Arrived: 29/05/2000 19:25:50	Time Complete: 20.25	

Patient's Complaint:
back pain, on going problem for 4 wks,
Chronic back pain ~ 5yrs since epidural
overweight

BP: / PR: per min Temp:

Clinical Notes

back problem for the past four weeks. hurt her back again last night whilst lifting her handicapped child. No analgesics in the house..Patient requests that she is allowed 15 minut-

Aggravated playing ~ handicapped son (2). Has 3 other toddlers
Pain initially lower back — now occ upper back — neck → head — ?muscle tension
Certain postures etc triggers pain Tender para lumbar area esp (R). Mobile — gait ok (R)
Carrying child in 'CarryCot' !! No urinary or bowel problems
Diagnosis Code: Advice re seeing own GP for ongoing/further care
Referral:

Seen by Dr: P.DAWES Rota No: 234 Nurse:

TOTAL P.01

THIRD PARTY COPY

NHS Confidential: Personal data about patients

12-MAY-00 FRI 21:12 LIGHTBURN FAX NO. 912111597 P.02

Glasgow Emergency Medical Services (Centre Name)

Call No: 204899	Date: 13/05/2000 18:35:18	Time of Call:
Patient's Name: AVERY CAROL	D.O.B.Age: 08/06/197227	Y
Address Today: 129 SUMMERFIELD STREET 1/2 DALMARNOCK GLASGOW G40 4SP	Home Address if different:	
Post Code:	Post Code:	
Phone Number Today: [redacted]	Home Phone if different:	
Special Directions to Today's address:		
Callers Name:	Relationship to patient:	

RECEIVED 15 MAY 2000 [illegible] HEALTH BOARD

Name of GP: TG Lafferty	Practice No: 224
Surgery: 224Parkhead Health Centre	Cipher No: G0863 0
Address:	Fax No: 0141 531 9026
	Speed Dial: 0585
Call Type: PTS	Time Passed:
Receptionist's Name: DBLAC Time Arrived: 1920	Time complete:

Patient's Complaint: H/O SCIATICA. MED:- CO-PROXAMOL & BRUFEN

BACK PAIN. - PAINS STARTING FROM LUMBER REGION UP TO CERVICAL REGION

URINE:- VE FEELS BREATHLESS

BP: /	PR: per min	Temp:

Clinical Notes

pain in back since last night not able to get an appointment with own gp wanting her [redacted] seen also his name is [redacted] [redacted] fax will follow

↑ back pain

℞ Ibuprofen 400mg (60) TDS

Co-proxamol (100) TDS 6hrly

Treatment:

Diagnosis Code:

Referral:

Seen by Dr: [illegible]	Rota No: 268	Nurse:

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GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Drs Lafferty/MacPhee/Feeney
Parkhead Health Centre
101 Salamanca Street
Glasgow
G31 5BA

Tel: [redacted]

Our Ref. DA/CK

Your Ref.

If phoning ask for

11/5/00

Dear Carol

We note from your records you felt unable to attend the colposcopy clinic. As it is vital you attend for monitoring and treatment until given the "all clear", we would ask you to come and see the practice nurse for a smear. If you prefer to contact the colposcopy clinic yourself please telephone 211 4548 to arrange another appointment. Alternatively our practice nurse would be delighted to do this for your.

I have taken the liberty of arranging a smear test appointment with the practice nurse on 22.5.00 at 12 midday

Yours sincerely

Diane

Diane Allcock
Susan Lees
(Practice Nurse)

DNA

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Royal Infirmary
84 Castle Street
Glasgow G4 0SF

Switchboard: 0141 211 4000
Direct Dial:
Fax Number: [redacted]

COLPOSCOPY DEPARTMENT

24 March 2000

Ref : HD/AS/10646

Ms Carol Avery
129 Summerfield Street
Glasgow
G40 4SP

Dear Ms Avery

I am sorry you were unable to attend the colposcopy clinic on 13.3.00. I would like to stress the importance of attending the clinic for follow up.

Please telephone the clinic to arrange an appointment at your convenience.

Yours sincerely

Dr H Dougall
Specialist Registrar

c.c. Dr Lafferty, Parkhead Health Centre

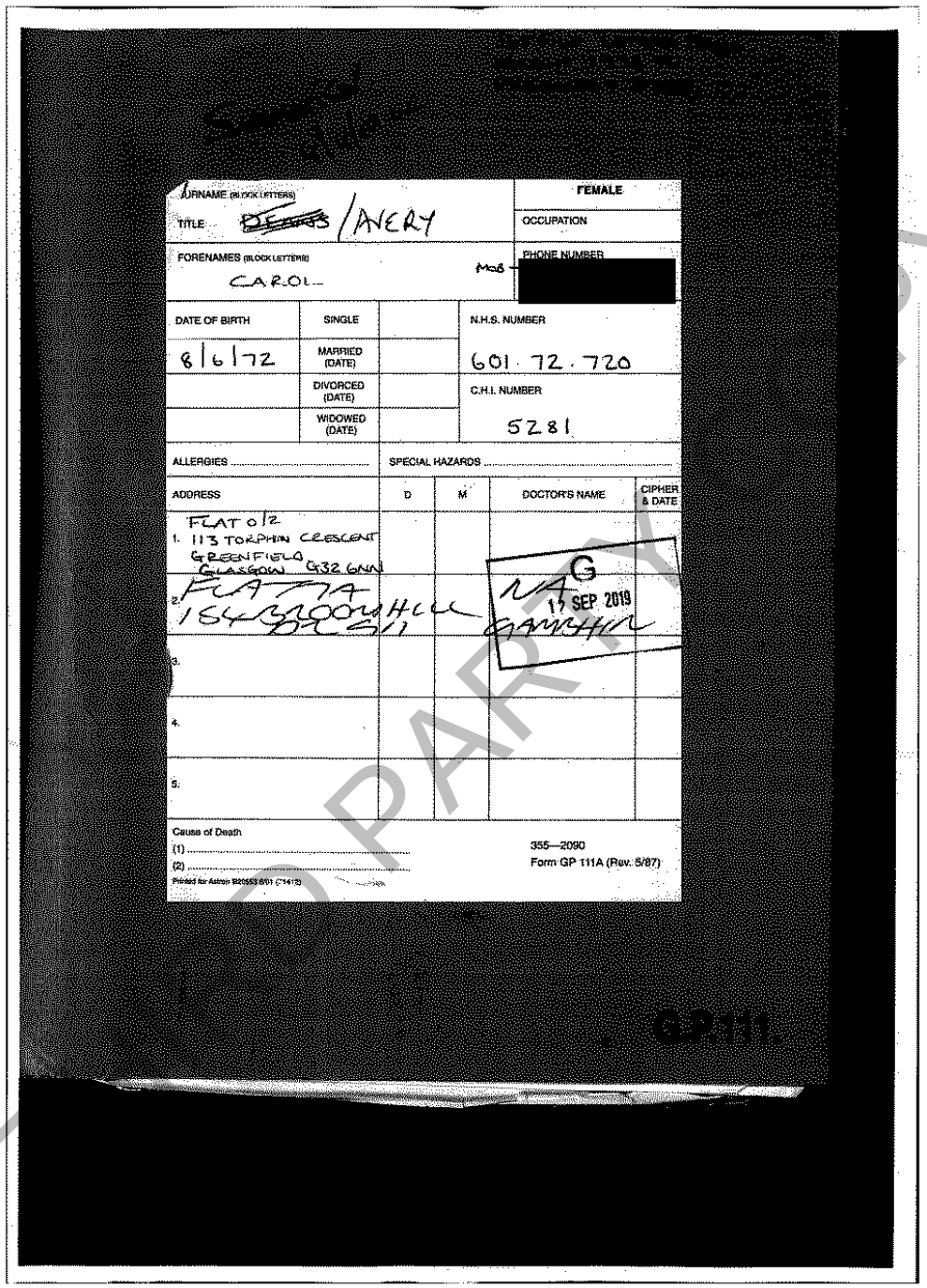
RECEIVED
30 MAR 2000
PARKHEAD HEALTH BOARD

[redacted]

accredited by the
Health Quality Service

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SURNAME (BLOCK LETTERS) AVERY — FEMALE

TITLE ~~DEARS~~ — OCCUPATION

FORENAMES (BLOCK LETTERS) CAROL — Mrs — PHONE NUMBER [redacted]

DATE OF BIRTH		N.H.S. NUMBER
8/6/72	SINGLE / MARRIED (DATE) / DIVORCED (DATE) / WIDOWED (DATE)	601 72 720
		C.H.I. NUMBER
		5281

ALLERGIES ..... SPECIAL HAZARDS .....

	ADDRESS	D	M	DOCTOR'S NAME	CIPHER & DATE
1.	FLAT 0/2 113 TORPHIN CRESCENT GREENFIELD GLASGOW G32 6NN				
2.	FLAT 7A 184 GOOD HOPE ST			NAG 17 SEP 2019	
3.					
4.					
5.					

Cause of Death
(1) .....
(2) .....

355—2090
Form GP 111A (Rev. 5/87)

Printed for Astron B20553 001 (7412)

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SURNAME **DEANS**	UNIT No. **ZNC0899202**	CONS/GP **MILLIGAN**
FORENAME **CAROL**	CHI No. **Not Supplied**	DESTINATION **55 HUNTER S1**
D.O.B **08.06.72** SEX **F**	ADDRESS	[redacted]

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Positive	
U Cannabinoids	Positive	
U Cocaine	Positive	
U Barbiturates		
U Alcohol		
U Buprenorphine		
U T/cyclic Antideps		
U Creatinine	13.3	mmol/L

FE Notes File

Comments & Confirmations
Confirmation by GCMS:
Dihydrocodeine detected

Drugs of Abuse

THIRD PARTY COPY

r
EALTH S.

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8011725

Collected
DATE 10.07.08
TIME 10:30

Received
DATE 11.07.08
TIME 10:00

Report Issued
DATE 23.07.08
TIME 14:10

Authorised by
Laura Todd

CPA
Accredited Medical Laboratory
Reference No:2335

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NHS Confidential: Personal data about a patient

SURNAME **DEANS**	UNIT No. **ZNC0899202**	CONS/GP **MILLIGAN**
FORENAME **CAROL**	CHI No. **Not Supplied**	DESTINATION **55 HUNTER S** [redacted]
D.O.B **08.06.72** SEX **F**	ADDRESS	

Generic Screening Tests

U Amphetamines	Negative
U Benzodiazepines	Positive
U Methadone	Positive
U Opiates	Positive
U Cannabinoids	Positive
U Cocaine	Positive
U Creatinine	13.3

NORMAL	ABNORMAL
NOTES	
APPT TO SEE DR	
APPT TO SEE NURSE	
FILE	✓

Comments & Confirmations
Interim report: Confirmation of positive opiates screen to follow

RECEIVED
14 JUL 2011

Drugs of Abuse

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T
EALTH S.

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8011725

Collected
DATE 10.07.08
TIME 10:30

Received
DATE 11.07.08
TIME 10:00

Report Issued
DATE 11.07.08
TIME 13:10

Authorised by
Alan Clark

Accredited Medical Laboratory
Reference No:2335

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SURNAME	DEANS
FORENAME	CAROL
Hosp No	ZNC0899202
CHI No	Not Supplied
D.O.B	08.06.72
SEX	Female
ADDRESS	
CONSULTANT/GP	SPENCER
HOSP/PRACTICE	55 HUNTER ST
WARD/TOWN	[redacted]

Collected	Received	Report Issued
19.08.08 @ 10:00	19.08.08 @ 14:18	19.08.08 @ 16:25

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

*	134	Sodium	135–145	mmol/L
	4.9	Potassium	3.5–5.0	mmol/L
	102	Chloride	98–108	mmol/L
		Bicarbonate	21–28	mmol/L
	4.1	Urea	2.5–7.5	mmol/L
	73	Creatinine	55–98 §	µmol/L
	>60	eGFR (est. Glomerular Filtration Rate)		
		Glucose	3.5–5.5	mmol/L
		CRP	<10	mg/L
		Amylase	<100	U/L
		Urate	§	mmol/L
		Troponin I	<0.04	µg/L
		CK	<210	U/L
	9	Bilirubin	3–22	µmol/L
*	51	AST	<40	U/L
	41	ALT	<50	U/L
	46	Gamma-GT	<55 §	U/L
	66	Alk.Phos.	40–150 §	U/L
	73	Protein	60–80	g/L
	38	Albumin	32–45	g/L
	35	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
*	6.70	Cholesterol	target <5.0	mmol/L
	1.00	HDL Cholesterol	target >1.0	mmol/L
	6.7	Chol/HDL ratio		
*	4.60	Triglycerides	target <2.3	mmol/L
		LDL Cholesterol	target <3.0	mmol/L
	2.1	TSH	0.35–5.00	mU/L
	13	Free T4	9–21	pmol/L
		T3		nmol/L
		IgA	0.8 –4.0 §	g/L

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	IgG	6 -16	§ g/L
	IgM	0.5 -2.0	§ g/L
	Lab No. N.08.4218125	Run No. 309	

Calculated LDL.
High Triglyceride - LDL not calculable
Euthyroid TFT results

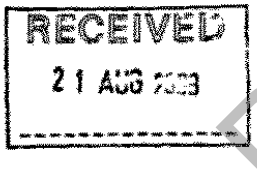
§Significant sex/age differences - See handbook

Authorised by
Auto Check
Date Reported 19.08.08

CPA
Accredited Medical Laboratory
Reference No:2335

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CHI No 0806725281
D.O.B 08.06.72 SEX Female
ADDRESS 0/2 65 CALVAY CRESCENT GLASGOW
CONSULTANT/GP [redacted] McPhee
HOSP/PRACTICE PARKHEAD HC 46235
WARD/TOWN 101 SALAMANCA ST

Requested	Received	Report issued
17.11.06 @ 08:52	17.11.06 @ 13:20	17.11.06 @ 15:00

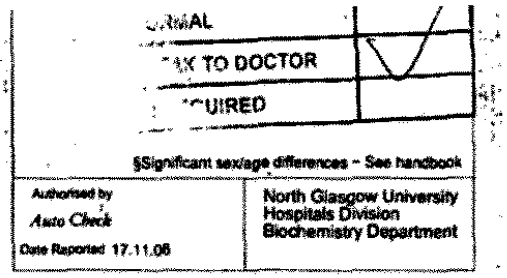
CPA CLINICAL BIOCHEMISTRY
CPA ACCREDITED LABORATORY

	Sodium	135–145		mmol/L
	Potassium	3.5–5.0		mmol/L
	Chloride	98–108		mmol/L
	Bicarbonate	21–28		mmol/L
	Urea	2.5–7.5		mmol/L
	Creatinine		§	µmol/L
	eGFR (est. Glomerular Filtration Rate)			
* 6.2	Glucose	3.5–5.5		mmol/L
	CRP	<10		mg/L
	Amylase	<100		U/L
	Urate		§	mmol/L
	Troponin I	<0.04		µg/L
	CK	<210		U/L
	Bilirubin	3–22		µmol/L
	AST	<40		U/L
	ALT	<50		U/L
	Gamma–GT		§	U/L
	Alk.Phos.		§	U/L
	Protein	60–80		g/L
	Albumin			g/L
	Globulins			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
* 5.50	Cholesterol	target <5.0		mmol/L
* 0.80	HDL Cholesterol	target >1.0		mmol/L
6.9	Chol/HDL ratio			
* 2.50	Triglycerides	target <2.3		mmol/L
* 3.55	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.06.426428 Run No. 135

Calculated LDL

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DRS LAFFERTY/McPHEI

2 0 NOV 2006

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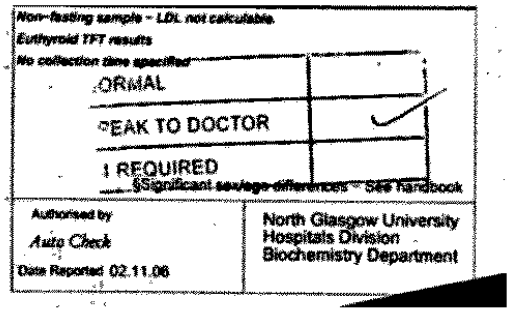
Hosp No	23001284A
CHI No	0806725281
D.O.B	08.06.72 SEX Female
ADDRESS	0/2 65 CALVAY CRESCENT GLASGOW
CONSULTANT/GP	T G LAFFERTY
HOSP/PRACTICE	PARKHEAD HC 46235
WARD/TOWN	101 SALAMANCA ST

Requested	Received	Report Issued
02.11.06 @ 13:30	02.11.06 @ 13:30	02.11.06 @ 16:02

CPA CLINICAL BIOCHEMISTRY
CPA ACCREDITED LABORATORY

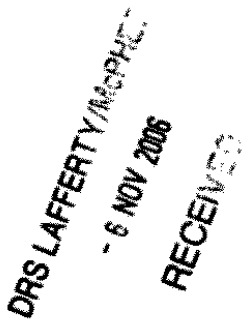
137	Sodium	135–145	mmol/L
4.2	Potassium	3.5–5.0	mmol/L
104	Chloride	98–108	mmol/L
	Bicarbonate	21–28	mmol/L
2.9	Urea	2.5–7.5	mmol/L
89	Creatinine	55–98 §	µmol/L
>60	eGFR (est. Glomerular Filtration Rate)		
* 8.7	Glucose	3.5–5.5	mmol/L
	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate	§	mmol/L
	Troponin I	<0.04	µg/L
	CK	<210	U/L
8	Bilirubin	3–22	µmol/L
19	AST	<40	U/L
21	ALT	<50	U/L
39	Gamma–GT	<55 §	U/L
109	Alk.Phos.	80–280 §	U/L
69	Protein	60–80	g/L
36	Albumin	36–52	g/L
33	Globulins	19–33	g/L
2.45	Calcium		mmol/L
2.57	Adjusted Calcium	2.10–2.60	mmol/L
1.08	Phosphate	0.70–1.40 §	mmol/L
	Magnesium	0.70–1.00	mmol/L
* 5.90	Cholesterol	target <5.0	mmol/L
* 0.80	HDL Cholesterol	target >1.0	mmol/L
7.4	Chol/HDL ratio		
* 3.10	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
1.5	TSH	0.350–5.000	mU/L
12	Free T4	9–24	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.06.4231703	Run No. 840	

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Non-fasting sample - LDL not calculable.
Euthyroid TFT results
No collection time specified
ORMAL
EAK TO DOCTOR
I REQUIRED
§Significant sex/age differences - See handbook
Authorised by
Auto Check
Date Reported 02.11.06
North Glasgow University Hospitals Division
Biochemistry Department

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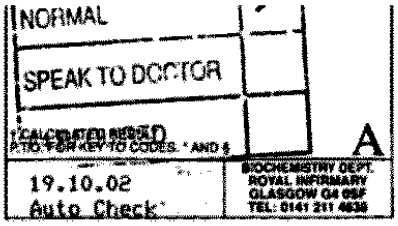
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UNIT No.	RI3001284
D.O.B.	08.06.72 SEX F
ADDRESS	40 QUEEN MARY ST
	DX [illegible]
CONSULTANT/GP	NOT KNOWN
SPECIALITY	GRI
HOSP./PRACTICE	PARKHEAD HC
WARD/TOWN	GLASGOW

REQUESTED	RECEIVED		LAB No.
18.10.02 16:30	18.10.02 18:31	DATE TIME	4513978

139		Sodium	135-145	mmol/L
4.2		Potassium	3.5-5.0	mmol/L
103		Chloride	98-108	mmol/L
28		Bicarbonate	22-28	mmol/L
3.0		Urea	2.5-7.5	mmol/L
80		Creatinine	60-120	µmol/L *
	†	*Anion Gap*	12-20	mmol/L
	†	*Osmolality*	270-295	mmol/kg
		Calcium	2.20-2.60	mmol/L
	†	*Calcium adjusted for albumin.*		
		Phosphate	0.70-1.40	mmol/L *
		Protein	62-77	g/L
		Albumin	36-52	g/L
	†	*Globulins*	19-33	g/L
		Alk. Phos.	60-300	U/L *
		Ó- GT	5-50	U/L
		Bilirubin	3-20	µmol/L
		AST	10-35	U/L
		ALT	5-40	U/L
		LD	80-180	U/L
		CK	30-210	U/L
		CRP	< 20	mg/L
		Urate	0.12-0.45	mmol/L *
5.0		Glucose	3.0-5.5	mmol/L *
		H+	36-43	nmol/L
		PCO_2	4.6-6.0	k Pa
	†	*Bicarbonate*	20-28	mmol/L
		PO_2	10.5-13.5	k Pa
		S. Osmolality	270-295	mmol/kg
		U. Osmolality		mmol/kg
		Amylase	up to 100	U/L
		Magnesium	0.70-1.0	mmol/L
		Salicylate		mmol/L§ *
		Paracetamol		mmol/L§

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COMMENT CODE	
A	Analysis unsatisfactory
B	Broken in centrifuge
C	Contamination suspected
D	Delay in receipt of specimen (>4h but same day) (>20mins if blood gas specimen)
G	Grossly haemolysed specimen
H	Haemolysed specimen
INS	Insufficient specimen
L	Lipaemic specimen
M	Missing date and/or time of specimen withdrawal
N	No specimen received
P	Pending
R	Regret analysis not performed
T	Lipaemic specimen ultracentrifuged prior to assay
U	Unsuitable specimen
V	Very old specimen (received the following day or after)
W	Wrong specimen container
ND	Not Detected
NSR	Not significantly raised
LIT	Leaked in Transit
*	Significant age- and/or sex-related variations. See Handbook for details.
§	See Handbook or contact laboratory for interpretation of result.

RECEIVED 22 OCT 2002 FAITH BOARD

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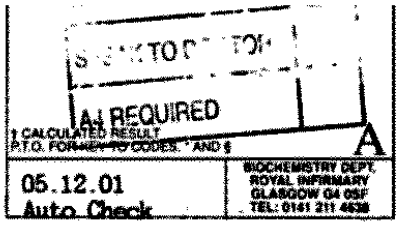
UNIT No.	ZC0130410		
D.O.B.	08.06.72	SEX	F
ADDRESS			
CONSULTANT/GP	MCPHEE		
SPECIALITY			
HOSP./PRACTICE	PARKHEAD		
WARD/TOWN	HEALTH CENTRE		

REQUESTED	RECEIVED		LAB No.
04.12.01 15:28	04.12.01 15:28	DATE TIME	3369549

		Sodium	135-145	mmol/L
		Potassium	3.5-5.0	mmol/L
		Chloride	98-108	mmol/L
		Bicarbonate	22-28	mmol/L
		Urea	2.5-7.5	mmol/L
		Creatinine	60-120	µmol/L *
	†	*Anion Gap*	12-20	mmol/L
	†	*Osmolality*	270-295	mmol/kg
		Calcium	2.20-2.60	mmol/L
	†	*Calcium adjusted for albumin.*		
		Phosphate	0.70-1.40	mmol/L *
		Protein	62-77	g/L
		Albumin	36-52	g/L
	†	*Globulins*	19-33	g/L
		Alk. Phos.	60-306	U/L *
		Ó- GT	5-50	U/L
		Bilirubin	3-20	µmol/L
		AST	10-35	U/L
		ALT	5-40	U/L
		LD	80-180	U/L
		CK	30-210	U/L
		CRP	< 20	mg/L
		Urate	0.12-0.45	mmol/L *
4.8		Glucose	3.0-5.5	mmol/L *
		H⁺	36-43	nmol/L
		PCO_2	4.6-6.0	k Pa
	†	*Bicarbonate*	20-28	mmol/L
		PO_2	10.5-13.5	k Pa
		S. Osmolality	270-295	mmol/kg
		U. Osmolality		mmol/kg
		Amylase	up to 100	U/L
		Magnesium	0.70-1.0	mmol/L
		Salicylate		mmol/L § *
		Paracetamol		mmol/L §

NORMAL

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COMMENT CODE	KEY
A	Analysis unsatisfactory
B	Broken in centrifuge
C	Contamination suspected
D	Delay in receipt of specimen (>4h but same day) (>20mins if blood gas specimen)
G	Grossly haemolysed specimen
H	Haemolysed specimen
INS	Insufficient specimen
L	Lipaemic specimen
M	Missing date and/or time of specimen withdrawal
N	No specimen received
P	Pending
R	Regret analysis not performed
T	Lipaemic specimen ultracentrifuged prior to assay
U	Unsuitable specimen
V	Very old specimen (received the following day or after)
W	Wrong specimen container
ND	Not Detected
NSR	Not significantly raised
LIT	Leaked in Transit
*	Significant age- and/or sex-related variations. See Handbook for details.
§	See Handbook or contact laboratory for interpretation of result.

RECEIVED
6 DEC 2001
PARKHEAD HEALTH BOARD

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UNIT NO. RI2296512
D.O.B. 00-00-72 SEX F
ADDRESS 129 SUMMERFIELD

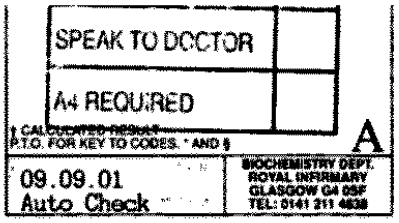
CONSULTANT/GP Lafferty
SPECIALITY
HOSP/PRACTICE PHC (43434)
WARD/TOWN Glasgow

REQUESTED	RECEIVED		LAB No.
05.09.01 13:52	05.09.01 13:52	DATE TIME	3305913

143		Sodium	135-145	mmol/L
4.2		Potassium	3.5-5.0	mmol/L
108		Chloride	98-108	mmol/L
27		Bicarbonate	22-28	mmol/L
3.0		Urea	2.5-7.5	mmol/L
90		Creatinine	60-120	µmol/L *
	†	*Anion Gap*	12-20	mmol/L
	†	*Osmolality*	270-295	mmol/Kg
		Calcium	2.20-2.60	mmol/L
	†	*Calcium adjusted for albumin*		
		Phosphate	0.70-1.40	mmol/L *
66		Protein	62-77	g/L
42		Albumin	35-52	g/L
24	†	*Globulins*	19-33	g/L
159		Alk. Phos.	60-300	U/L *
30		Ó- GT	5-50	U/L
8		Bilirubin	3-20	µmol/L
33		AST	10-35	U/L
31		ALT	5-40	U/L
		LD	200-520	U/L
		CK	30-210	U/L
12		CRP	< 20	mg/L
		Urate	0.12-0.45	mmol/L *
		Glucose	3.0-5.5	mmol/L *
		H^+	36-43	nmol/L
		PCO_2	4.6-6.0	k Pa
	†	*Bicarbonate*	20-28	mmol/L
		PO_2	10.5-13.5	k Pa
		S. Osmolality	270-295	mmol/kg
		U. Osmolality		mmol/kg
		Amylase	up to 100	U/L
		Magnesium	0.70-1.0	mmol/L
		Salicylate		mmol/L§ *
		Paracetamol		mmol/L§

NORMAL

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NHS Confidential: Personal da

COMMENT CODE	KEY
A	Analysis unsatisfactory
B	Broken in centrifuge
C	Contamination suspected
D	Delay in receipt of specimen (>4h but same day) (>20mins if blood gas specimen)
G	Grossly haemolysed specimen
H	Haemolysed specimen
INS	Insufficient specimen
L	Lipaemic specimen
M	Missing date and/or time of specimen withdrawal
N	No specimen received
P	Pending
R	Repeat analysis not performed
T	Lipaemic specimen ultracentrifuged prior to assay
U	Unsuitable specimen
V	Very old specimen (received the following day or after)
W	Wrong specimen container
ND	Not Detected
NSR	Not significantly raised
LIT	Leaked in Transit
*	Significant age- and/or sex-related variations. See Handbook for details.
§	See Handbook or contact laboratory for interpretation of result.

RECEIVED 11 SEP 2001 PARKHEAD HEALTH BOARD

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DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY
CPA ACCREDITED LABORATORY

North Glasgow Un
Glasgow Royal Infir

Surname	Forename	Date of Birth	Sex	Hospital Number	CHI Nu
DEANS	CAROL	08.06.72	F	Z06210118	

Address	Postcode	Consultant / GP	Hospital ward / GP Practice
65 CALVAY CRES		NK	Dr.LAFFERTY
	Hospital / GP	Ward / Clinic	PARKHEAD HEALTH
	GP	Parkhead H.C.	GLASGOW

Date and Time Received	Laboratory Number	Clinical Information
02.11.06 13:51 HRS	356224.T	NONE GIVEN

Date Withdrawn	WBC x10⁹/L 4.0–11.0	NEUT x10⁹/L 2.0–7.5	LYMP x10⁹/L 1.5–4.0	Hb g/dL M 13.0–18.0 F 11.5–16.5	RBC x10¹²/L M 4.5–6.5 F 3.8–5.8	Hct l/L M 0.40–0.54 F 0.37–0.47	MCV fl 76–99	MCH pg 27–32	RDW % 11.5–14.5	Retic x10⁹/L 50–100
02.11.06	9.5	7.3	1.8	15.2	4.89	0.469	96	31.1	14.1	

Analyser Diff	NEUT x10⁹/L 2.0–7.5	LYMP x10⁹/L 1.5–4.0	MONO x10⁹/L 0.2–0.8	EOS x10⁹/L 0.04–0.4	BASO x10⁹/L 0.01–0.1	META	MYELO	BLAST	OTHER	NRBC
	7.3	1.8	0.3	0.17	0.02	NORMAL				

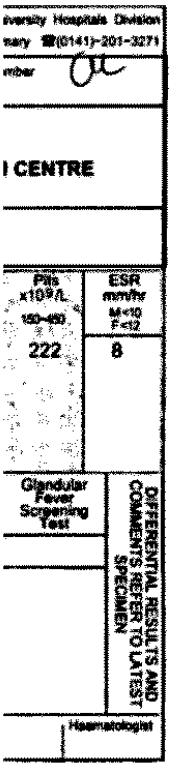
Comments

PEAK TO DOCTOR

4 REQUIRED

FULL BLOOD COUNT | Reported On 02.11.06 15:24HRS | Authorised By *System Validated*

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DRS LAFFERTY/McPHEE
- 6 NOV 2006
RECEIVED

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HAEMATOLOGY DEPARTMENT

UNIVERSITY NI

SURNAME	FORENAMES	SEX	HOSP. No.	DOB/A
DEANS	CAROL	F	Z0192797	

ADDRESS	POST CODE	CONSULTANT	G.P./OTHER NAME AND
		Dr.LAFFERTY	Dr.LAFFERTY
	HOSPITAL	WARD/CLINIC	PARKHEAD HE
	GP	Parkhead H.C.	GLASGOW

DATE AND TIME RECEIVED	LAB No.	CLINICAL INFORMATION
18.10.02 18:41 HRS	300238.A	NONE GIVEN

DATE WITHDRAWN	WBC x 10⁹/l	NEUTRO x 10⁹/l	LYMPH x 10⁹/l	Hb g/dl	RBC x 10¹²/l	Hct l/l	MCV fl	MCH pg	RDW %	RETIC x 10⁹/l	PLT x 10⁹
	4.0-11.0	2.0-7.5	1.5-4.0	M 13.0-18.0 F 11.5-16.5	M 4.5-6.5 F 3.8-5.8	M 0.40-0.54 F 0.37-0.47	76-99	27-32	11.5-14.5	50-100	150-4
05.09.01	5.6	3.1	2.0	13.6	4.57	0.399	87	29.7	13.8		197
18.10.02	6.2	4.0	1.8	13.4	4.17	0.388	93	*32.1	14.5		190

	NEUTRO x 10⁹/l	LYMPH x 10⁹/l	MONO x 10⁹/l	EOSIN x 10⁹/l	BASO x 10⁹/l	META	MYELO	BLAST	OTHER	NRBC	GLA FI SCR
	2.0-7.5	1.5-4.0	0.2-0.8	0.04-0.4	0.01-0.1						
Analyser Diff	4.0	1.8	0.2	0.10	0.00						

COMMENTS

1 CM

NORMAL

SPEAK TO DOCTOR

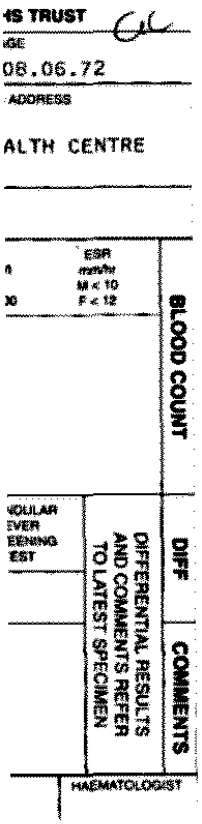
IAA REQUIRED

NORMAL ADULT REFERENCE RANGES ARE FOR GUIDANCE ONLY. THEY DO NOT TAKE INTO ACCOUNT PREGNANCY AND AGE DIFFERENCE AND ARE NOT FOR PUBLICATION.

FULL BLOOD COUNT

REPORTED ON	AUTHORISED BY
19.10.02 09:14HRS	Christine Flynn

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[redacted] DEPARTMENT — NORTH GLASGOW UNIVERSITY HOS

SURNAME	FORENAMES	SEX	HOSP No.	DOB/A
DEANS	CAROL	F	Z0192797	

ADDRESS	POST CODE	CONSULTANT	G.P./OTHER NAME AND
[redacted]		Dr.LAFFERTY	Dr.LAFFERT PARKHEAD HI GLASGOW
	HOSPITAL: GP	WARD/CLINIC: Parkhead H.C.	

DATE AND TIME RECEIVED	LAB No.	CLINICAL INFORMATION
05.09.01 14:36 HRS	205407.H	NONE GIVEN

DATE WITHDRAWN	WBC x 10⁹/l	NEUTRO x 10⁹/l	LYMP x 10⁹/l	Hb g/dl	RBC x 10¹²/l	Hct l/l	MCV fl	MCH pg	RDW %	RETIC x 10⁹/l	PLT x 10⁹
	4.0-11.0	2.0-7.5	1.5-4.0	M 13.0-18.0 F 11.5-16.5	M 4.5-6.5 F 3.8-5.8	M 0.40-0.54 F 0.37-0.47	76-99	27-32	11.5-14.5	50-100	150-4
05.09.01	5.6	3.1	2.0	13.6	4.57	0.399	87	29.7	13.8		19

	NEUTRO x 10⁹/l	LYMPH x 10⁹/l	MONO x 10⁹/l	EOSIN x 10⁹/l	BASO x 10⁹/l	META	MYELO	BLAST	OTHER	NRBC	GLAN FE SCRE
	2.0-7.5	1.5-4.0	0.2-0.8	0.04-0.4	0.01-0.1						
Analyser Diff	3.1	2.0	0.3	0.20	0.00		NORMAL			1	
							SPE[illegible] MACTOR				
							[illegible]				

COMMENTS

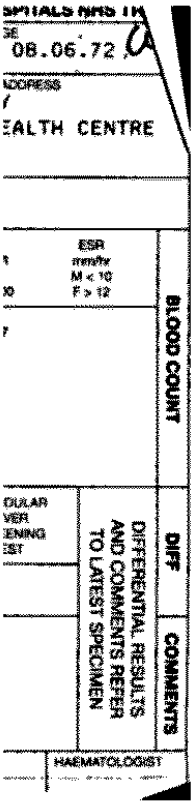
ALL ADULT REFERENCE RANGES ARE FOR GUIDANCE ONLY. THEY DO NOT TAKE INTO ACCOUNT PREGNANCY AND AGE DIFFERENCE AND ARE NOT FOR PUBLICATION.

FULL BLOOD COUNT

REPORTED ON: 05.09.01 18:25HRS

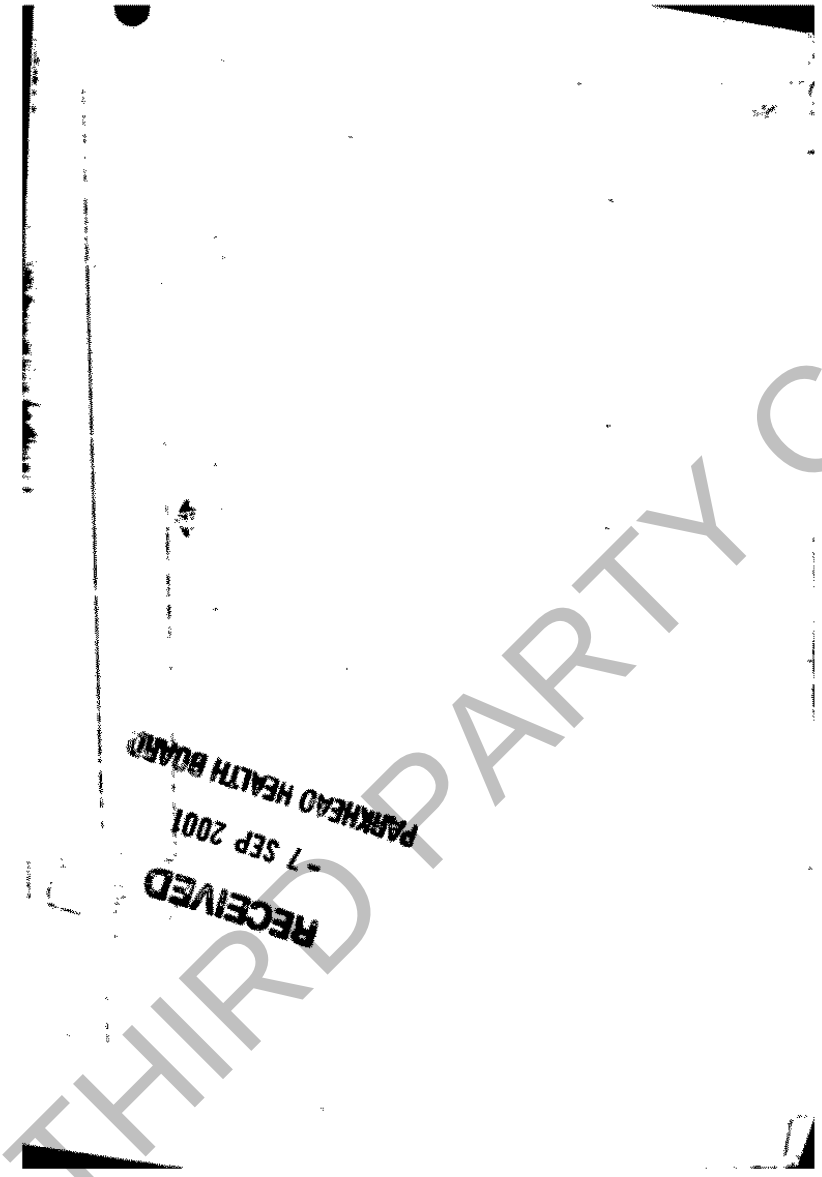
AUTHORISED BY: SHARON KELLY

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HAEMATOLOGY DEPARTMENT — UNIVERSITY NH

SURNAME	FORENAMES	SEX	HOSP No.	DOB/AGE
AVERY	CAROL	F		

ADDRESS	POST CODE	CONSULTANT	G.P./OTHER NAME AND
	HOSPITAL: G.P.	WARD/CLINIC: Parkhead H.C.	DR LAF

DATE AND TIME RECEIVED	LAB No.	CLINICAL INFORMATION
30/06/00, 18:27 HRS	0147898.T	NONE GIVEN

DATE WITHDRAWN	WBC x 10⁹/l	NEUTRO x 10⁹/l	LYMPH x 10⁹/l	Hb g/dl	RBC x 10¹²/l	Hct l/l	MCV fl	MCH pg	RDW %	RETIC x 10⁹/l	PLT x 10⁹/l
	4.0-11.0	2.0-7.5	1.5-4.0	M 13.0-18.0 F 11.5-16.5	M 4.5-6.5 F 3.8-5.8	M 0.40-0.54 F 0.37-0.47	76-99	27-32	11.5-14.5	50-100	150-40
30/06/00	6.2	3.6	2.3	12.9	4.21	0.377	89.6	30.5	13.7		202

	NEUTRO x 10⁹/l	LYMPH x 10⁹/l	MONO x 10⁹/l	EOSIN x 10⁹/l	BASO x 10⁹/l	META	MYELO	BLAST	OTHER	NRBC	GLAN FE SCRE TE
	2.0-7.5	1.5-4.0	0.2-0.8	0.04-0.4	0.01-0.1						
Analyser Diff	3.6	2.3	0.2	0.20	0.00						

NORMAL	C
~~SPEAK TO DOCTOR~~	
A4 REQUIRED	

COMMENTS

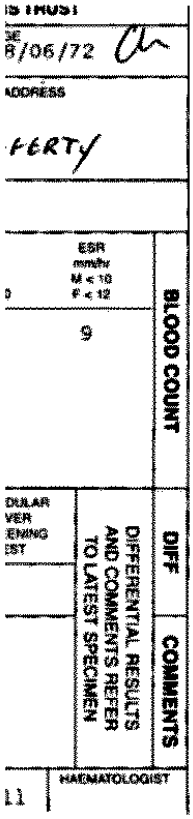
NORMAL ADULT REFERENCE RANGES ARE FOR GUIDANCE ONLY. THEY DO NOT TAKE INTO ACCOUNT PREGNANCY AND AGE DIFFERENCE AND ARE NOT FOR PUBLICATION

FULL BLOOD COUNT

REPORTED ON: 01/07/00 08:43HRS

AUTHORISED BY: Kathleen Campbe.

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-4 JUL 2000
PARKHEAD HEALTH BOARD

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[redacted]

DEPT OF CYTOLOGY - GLASGOW ROYAL INFIRMARY
Gynaecological Cytology Report

Name : Carol DEANS D.O.B.
Address: 113 Torphin Cres 0/2
Glasgow
CHI No.
Hosp. No.
G32 6NN Date of Examination

Sender : DR LAFFERTY GP:
Parkhead HC
101 Salamanca St
Glasgow

Date Received :09-NOV-2004 Date Issued

History PLEASE SUPPLY THE NAME & ADDRESS OF THE SENDER

Report In view of previous BORDERLINE smear please repeat

Result 1 NEGATIVE

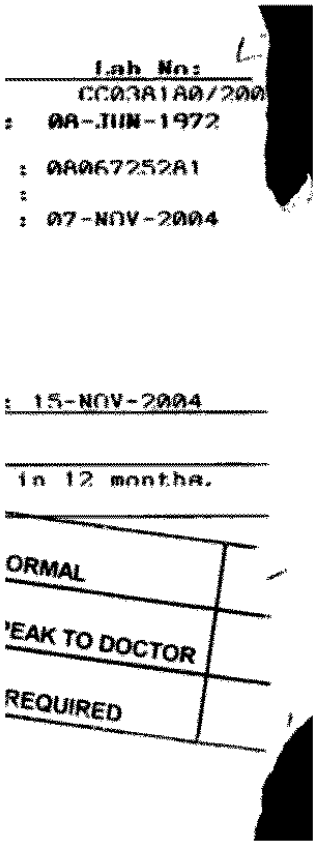
Advice REPEAT IN 12 MONTHS

Reported by GRT Pathology Dept.

RECEIVED
17 NOV 2004
PARKHEAD H.

N
SF
A4

THIRD PARTY COPY


Lab No:
CC03A1A0/200
: 08-JUN-1972
: 0A0672528A1
:
: 07-NOV-2004

: 15-NOV-2004

In 12 months.

ORMAL

'EAK TO DOCTOR

REQUIRED

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[redacted]

DEPT OF CYTOLOGY - GLASGOW ROYAL INFIRMARY
Gynaecological Cytology Report

Name : Carol DRAWS D.O.B.:
Address: 113 Torphin Cres 0/2
Glasgow
CHI No.
Hosp. No.
G32 6NN Date of Examination

Sender : DR LAFFERTY GP:
Parkhead HC
101 Salamanca St
Glasgow

Date Received :09-NOV-2004 Date Issued :

History PLEASE SUPPLY THE NAME & ADDRESS OF THE SENDER

Report In view of previous BORDERLINE smear please repeat

Result 1 NEGATIVE

Advice REPEAT IN 12 MONTHS

Reported by GRT Pathology Dept.

THIRD PARTY COPY

Lab No:
CC03A180/2004
: 08-JUN-1972

: 08067252A1
:
: 07-NOV-2004

15-NOV-2004

In 12 months.

THIRD PARTY COPY

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DEPT OF CYTOLOGY - GLASGOW ROYAL INFIRMARY
Gynaecological Cytology Report

Name : Carol DEANS D.O.B
Address: 40 Queen Mary St
Glasgov CHI No
Hosp. No
G40 Date of Examinatio

Sender : DR MCALINDEN GP:
Parkhead HC
101 Salamanca St
Glasgow

Date Received :18-JUL-2001 Date Issued

History Previous Dyskaryosis

Report Borderline nuclear abnormality in squamous cells. in 6 months.

Result 2 BORDERLINE

[redacted]ce REPEAT IN 6 MONTHS

Reported by Dr Margaret Laing

RECEIVE
18 AUG 2001

NORM
SPEAK
A4 REC

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Lab No:
CC02419
: 08-JUN-197

:
:
n : 13-JUL-20

: 13-AUG-20

Please rep

AL	
TO DOCTOR	✓
URED	

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DEPT OF CYTOLOGY - GLASGOW ROYAL INFIRMARY
Gynaecological Cytology Report

Name : Carol DEANS D.O.B
Address: 40 Queen Mary St
Glasgow CHI No
Hosp. No
G40 Date of Examinatio

Sender : DR MCALINDEN GP:
Parkhead HC
101 Salamanca St
Glasgow

Date Received :18-JUL-2001 Date Issued

History Previous Dyskaryosis

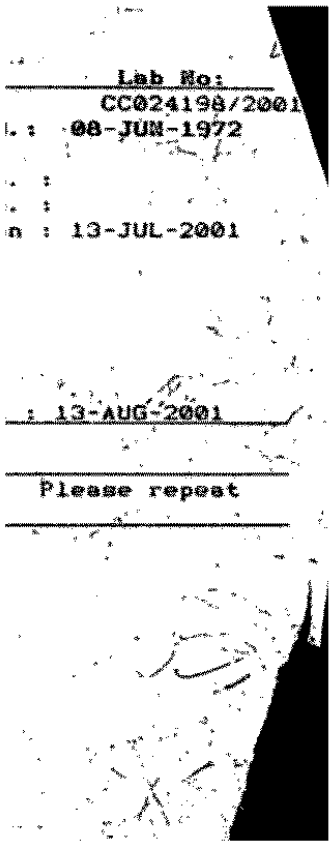
Report Borderline nuclear abnormality in squamous cells.
in 6 months.

Result 2 BORDERLINE

[redacted] REPEAT IN 6 MONTHS

Reported by Dr Margaret Laing

THIRD PARTY COPY



THIRD PARTY COPY

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[redacted]ICAL PATIENT HISTORY ENQUIRY
[redacted]17-i

Patient No. : 93943 Name : Carol AVERY
Date of Birth : 08-JUN-1972 GP Name :

CURRENT SMEARS

Lab No	Date Taken	Status	Sender

PREVIOUS SMEARS

Lab No	Date Taken	Result	Advice
CC013252/2000	05-JUN-2000	MODERATE DYSKARYOSIS	Refer to Col
CC014024/1998	09-SEP-1998	MODERATE DYSKARYOSIS	Refer to Col
CC020198/1993	07-DEC-1993	BORDERLINE	Repeat in 6

INCIDENTS

Inc No	Date	Type	Rel Lab No	Diagnostic Phrase
22393	08-JAN-2001	Biopsy		[redacted] 2
22394	29-NOV-2000	Biopsy	RP015304/2000	[redacted] 2

[COMMIT] to select a Lab No for detailed enquiry. [CLRBLK] fo
[redacted]t: *3
Esc-chr: ^] help: ^]? port:1 speed: 9600 parity:none echo:r

THIRD PARTY COPY

17-JUL-2001
1.7

Source

	Medic	Recall	
posc	JM	3	L
posc	MS	3	L
Mont	PH	6	L

Recall
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r another patient.
(Replace)
em VT102 ....

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[redacted]

DEPT OF CYTOLOGY - GLASGOW ROYAL INFIRMARY
Gynaecological Cytology Report

Name : Carol AVERY D.O.B
Address: 129 Summerfield St
Glasgow CHI No
Hosp. No
G33 Date of Examinatic

[redacted]ender : DR IN CHARGE GP:
Parkhead HC
101 Salamanca St
Glasgow

Date Received :07-JUN-2000 Date Issued

History Referred to colp 98. Never attended.

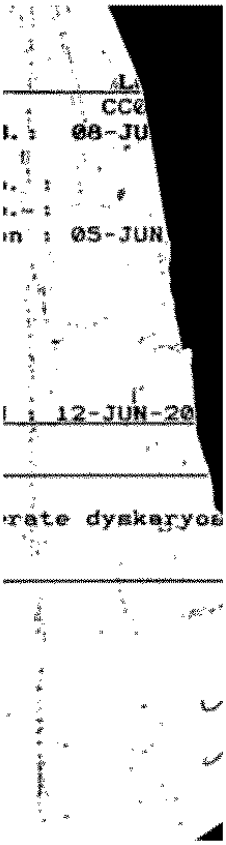
Report Endocervical cells present.
Widespread dyskaryosis amounting to at least mode
areas.
Please refer to colposcopy.

Result 4 MODERATE DYSKARYOSIS

Advice REFER TO COLPOSCOPY

Reported by Dr J. Murray

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THIRD PARTY COPY

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[redacted]

DEPT OF CYTOLOGY - GLASGOW ROYAL INFIRMARY
Gynaecological Cytology Report

Name : Carol AVERY D.O.B
Address: 129 Summerfield St
Glasgov
CHI No
Hosp. No
G33 Date of Examinatio

Gender : DR IN CHARGE GP:
Parkhead HC
101 Salamanca St
Glaegow

Date Received :07-JUN-2000 Date Issued
History Referred to colp 98. Never attended.

Report Endocervical cells present.
Widespread dyskaryosis amounting to at least mode
areas.
Please refer to colposcopy.

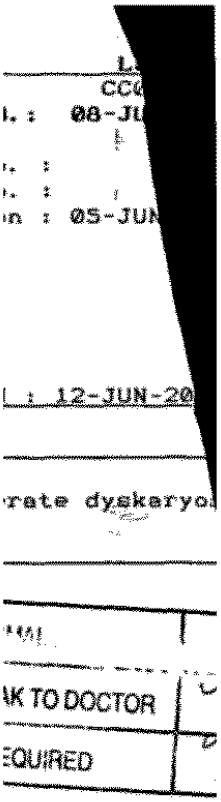
Result 4 MODERATE DYSKARYOSIS

Advice REFER TO COLPOSCOPY

Reported by Dr J. Murray

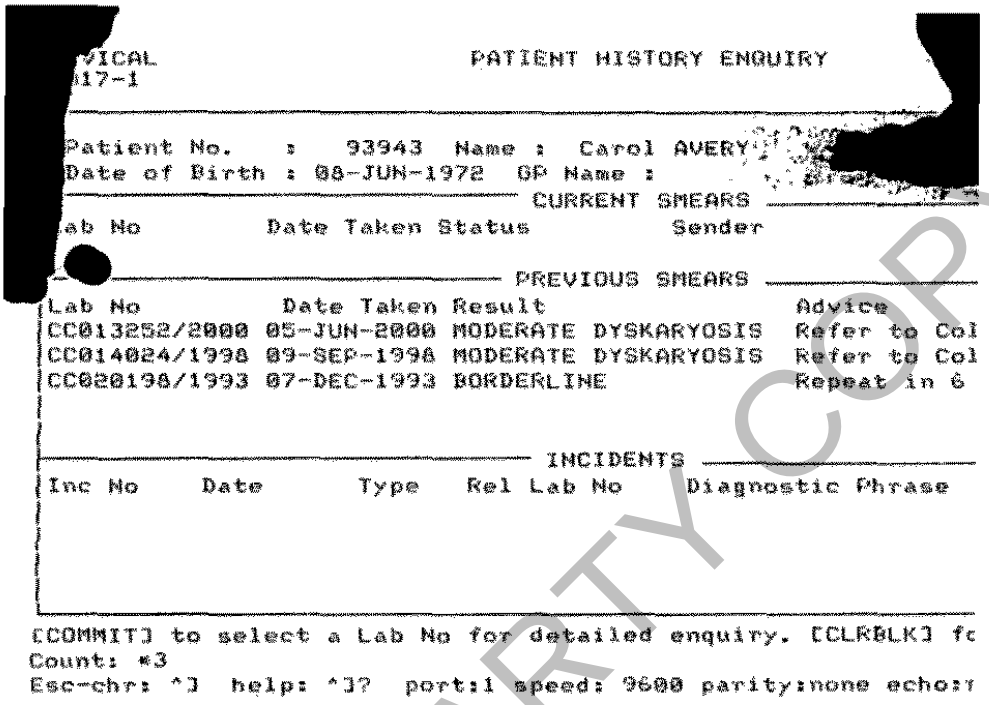
[redacted]

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```
[redacted]VICAL                          PATIENT HISTORY ENQUIRY
[redacted]17-1

Patient No.    :   93943  Name :  Carol AVERY[redacted]
Date of Birth : 08-JUN-1972  GP Name :

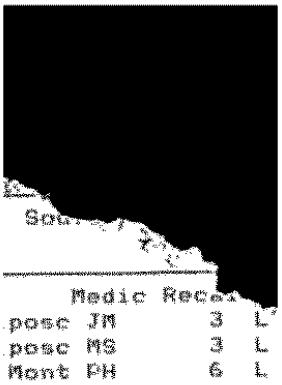
                          CURRENT SMEARS
Lab No         Date Taken Status          Sender

                          PREVIOUS SMEARS
Lab No          Date Taken Result                    Advice
CC013252/2000 05-JUN-2000 MODERATE DYSKARYOSIS  Refer to Col
CC014024/1998 09-SEP-1998 MODERATE DYSKARYOSIS  Refer to Col
CC020198/1993 07-DEC-1993 BORDERLINE            Repeat in 6

                          INCIDENTS
Inc No     Date       Type   Rel Lab No    Diagnostic Phrase

[COMMIT] to select a Lab No for detailed enquiry. [CLR@LK] fo
Count: *3
Esc-chr: ^]  help: ^]?  port:1 speed: 9600 parity:none echo:n
```

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DEPT OF CYTOLOGY - GLASGOW ROYAL INFIRMARY

Gynaecological Cytology Report

Lab

Name : Carole AVERY

D.O.

Address: 129 Summerfield St
Glasgow

CHI

Hosp.

G33

Date of Examinat

Sender : DR LAFFERTY
Parkhead HC
101 Salamanca St
Glasgow

GP:

Date Received :11-SEP-1998

Date Issu

History Previous Abnormal - no notes available. Chronic

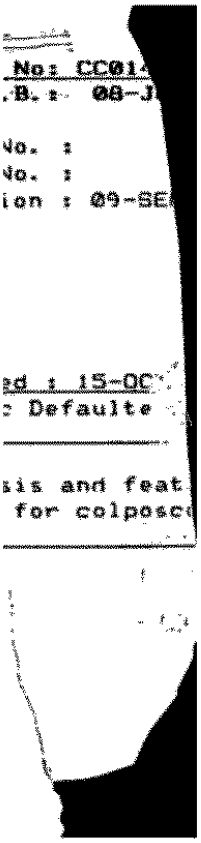
Report Endocervical cells present.
Groups of squamous cells show moderate dyskaryo
of HPV infection. An appointment has been made
on Wednesday 11th November 1998 at 10.10 am.

Result 4 MODERATE DYSKARYOSIS

Advice REFER TO COLPOSCOPY

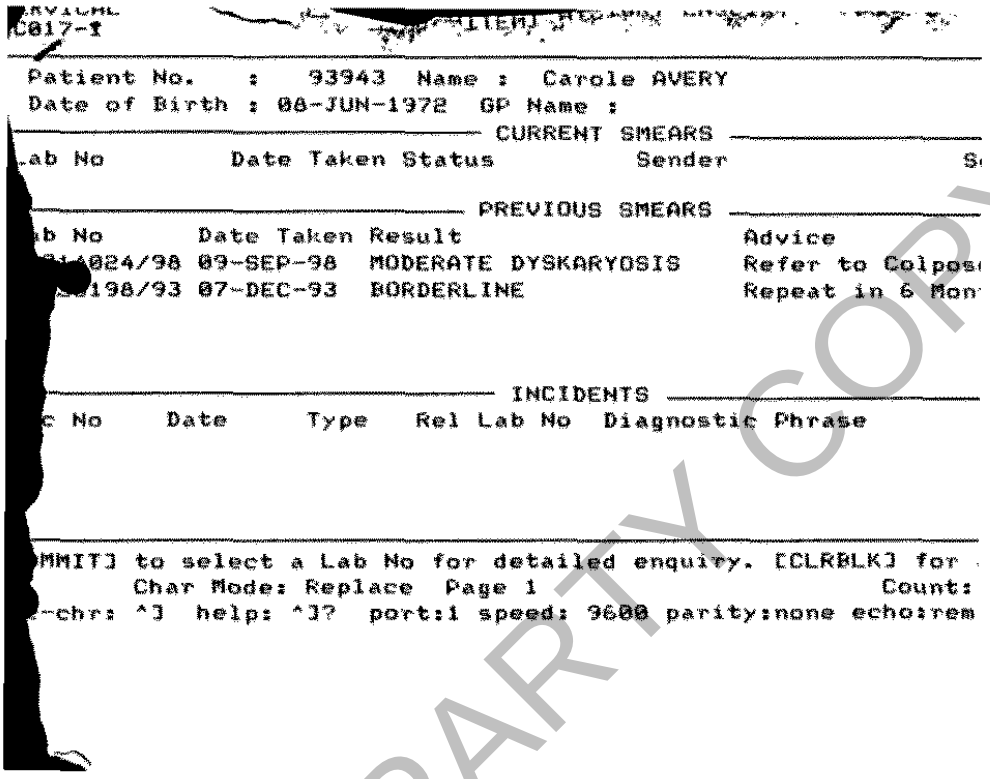
Reported by Dr Mary Stephen

THIRD PARTY COPY



THIRD PARTY COPY

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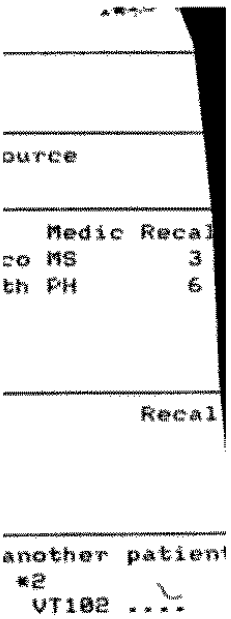


```
C017-1

Patient No.    :   93943  Name :  Carole AVERY
Date of Birth : 08-JUN-1972  GP Name :
                          CURRENT SMEARS
ab No         Date Taken Status          Sender                    S
                          PREVIOUS SMEARS
b No       Date Taken Result                    Advice
A024/98 09-SEP-98  MODERATE DYSKARYOSIS    Refer to Colpos
198/93 07-DEC-93  BORDERLINE               Repeat in 6 Mon
                          INCIDENTS
c No    Date     Type   Rel Lab No  Diagnostic Phrase

MMIT] to select a Lab No for detailed enquiry. [CLRBLK] for
      Char Mode: Replace  Page 1                      Count:
-chr: ^]  help: ^]?  port:1 speed: 9600 parity:none echo:rem
```

THIRD PARTY COPY



THIRD PARTY COPY

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SURNAME **DEANS**	UNIT No. **23001284A**	CONS/GP lafferty	
FORENAME **CAROL**	CHI No. **0806725281**	DESTINATION **PARKHEAD H(**	
D.O.B **08.06.72** SEX **F**	ADDRESS 0/2 65 CALVAY CRESCENT GLASGOW		**101 SALAMAN**

Generic Screening Tests

U Amphetamines	NA	
U Benzodiazepines	NA	
U Methadone	NA	
U Opiates	NA	
U Cocaine	NA	
U Creatinine	NA	mmol/L

NORMAL	
SPEAK TO DOCTOR	✓
44 REQUIRED	

Comments & Confirmations
No name on sample
no name on sample

Drugs of Abuse

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: 46235 IM
CA ST

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8019519

Collected
DATE 14.11.07
TIME

Received
DATE 15.11.07
TIME 10:54

Report Issued
DATE 15.11.07
TIME 12:10

Authorised by
Steven Johnstone

CPA
ccredited Medical Laboratory
Reference No:2335

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NHS Confidential: Personal data about a patient

DRS LAFFERTY/McPHEE

16 NOV 2007

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NHS Confidential: Personal data about a patient

SURNAME DEANS	UNIT No. 23001284A	CONS/GP W P MCPHEE
FORENAME CAROL	CHI No. 0806725281	DESTINATION PARKHEAD HC
D.O.B 08.06.72 SEX Female	ADDRESS 0/2 65 CALVAY CRESCENT GLASGOW	101 SALAMANC

	DATE / TIME					
	27.06.07 19:17					
Pregnancy Test	Negative					

NORMAL
SPEAK TO DOCTOR
A4 REQUIRED

Results not Considered Urine pregnancy.

No collection time specified
27.06.07 HH Test becomes positive approximately 7-10 days post conception

Pregnancy Test

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: 46235
:A ST

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
4172288

Collected
DATE 27.06.07
TIME 19:17

Received
DATE 27.06.07
TIME 19:17

Report Issued
DATE 28.06.07
TIME 13:10

Authorised by
Dr M K Ashrafuddin

CPA
credited Medical Laboratory
Reference No:2335

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SURNAME **DEANS**	UNIT No. **23001284A**	CONS/GP	T G LAFFERT
FORENAME **CAROL**	CHI No. **0806725281**	DESTINATION	**PARKHEAD HC**
D.O.B **08.06.72** SEX F	ADDRESS 0/2 65 CALVAY CRESCENT GLASGOW		**101 SALAMAN**

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Positive	
U Cannabinoids		
U Cocaine	Negative	
U Barbiturates		
U Alcohol		
U Buprenorphine		
U T/cyclic Antideps		
U Creatinine	22.7	mmol/L

NORMAL
SPEAK TO DOCTOR ✓
A4 REQUIRED

Comments & Confirmations
Confirmation by GCMS on hydrolysed urine:
Dihydrocodeine detected

1

Drugs of Abuse

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: 46235
CA ST

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8005119

Collected
DATE 21.03.07
TIME

Received
DATE 22.03.07
TIME 11:56

Report Issued
DATE 04.04.07
TIME 15:38

Authorised by
Jan Knepil

CPA
ccredited Medical Laboratory
Reference No:2335

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DRS LAFFERTY/McPHEE
- 5 APR 2007
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SURNAME **DEANS**	UNIT No. **23001284A**	CONS/GP	T G LAFFERT
FORENAME **CAROL**	CHI No. **0806725281**	DESTINATION	**PARKHEAD HO**
D.O.B **08.06.72** SEX **F**	ADDRESS 0/2 65 CALVAY CRESCENT GLASGOW		**101 SALAMAN**

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Positive	
U Cocaine	Negative	
U Creatinine	22.7	mmol/L

Comments & Confirmations
Interim report: Confirmation of positive opiates screen to follow

NORMAL	
SPEAK TO DOCTOR	✓
REQUIRED	

Drugs of Abuse

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Y

: 46235
CA ST

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8005119

Collected
DATE 21.03.07
TIME

Received
DATE 22.03.07
TIME 11:56

Report Issued
DATE 22.03.07
TIME 13:10

Authorised by
Auto Check

CPA
ccredited Medical Laboratory
Reference No:2335

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DRS LAFFERTY/MCGHEE

23 MAR 2007

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DATE 30.07.03 TIME WITHDRAWN	LABORATORY NUMBER N,03.8312634.E SEX

BIRTH

U Amphetamines	Negative	U Benzodiazepines	Positi
U Methadone	Positive	U Opiates	Positi
U Creatinine	9.3 mmol/L		

Comments & Confirmations
Confirmation of positive opiates screen to follow

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-4 AUG 2003
PARKHEAD HEALTH CENTRE

NORMAL
SPEAK TO DOCTO
A4 REQUIRED

No time specified

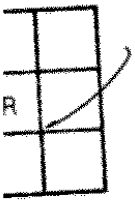
Authorised by Auto Check
Time reported 15:52 Date reported 31.07.03

Drugs of Abuse
RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REI

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An[illegible] Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
HbA_1C (DCCT Calibrated)	Good Control <7% Poor Control >8%
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L) *
Total Iron Binding Capacity	(45 - 77 umol/L) *
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs **(Notional target)**

Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	*
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids **(Reference interval)**

Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride (fasting)	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology **(Reference interval)**

Follicle Stimulating Hormone (FSH)	*
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Luteinising Hormone (LH)	*
Oestradiol	*
Parathyroid Hormone (PTH)	(1.3 - 7.6 pmol/L)
Progesterone	*
Prolactin	(<400 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

Triiodothyronine (T_3)	(1.0 -2[illegible] ol/L)
Free Thyroxine (FT_4)	(10 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 6 mU/L)

6 Tumour markers **(Reference interval)**

Alpha-fetoprotein (AFP)	(<6 kU/L)
CA-125	See Handbook
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
Prostate Specific Antigen (PSA)	See Handbook

7 Vitamins **(Reference interval)**

Vitamin A	(1.2 - 3.5 umol/L)
Vitamin E	(15 - 40 umol/L)
Vitamin B1 (Thiamine)	(275 - 675 ng/G)
Vitamin B2 (Riboflavin)	(<70%)
Vitamin B6 (Pyridoxal Phosphate)	(18 - 135 nmol/L))
Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Vitamin D	(20 - 90 nmol/L)*

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

*** Analyte shows an age or sex dependence, cycle variation or depends on clinical history**

Further details may be obtained from the Duty Biochemist (0141 - 211 3355 or 3341)

MI - 01/00

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CONSULTANT	MACPHEE	SURNAME	PEANS	HOSPITAL NUMBER
HOSPITAL	GP WARD PARKHEAD HC	FORENAME	CAROL	DATE OF BIRTH
DATE	30.07.03 TIME WITHDRAWN	LABORATORY NUMBER	N.03.8312634.E	SEX

U Amphetamines	Negative	U Benzodiazepines	Positi
U Methadone	Positive	U Opiates	Positi
U Creatinine	9.3 mmol/L		

Comments & Confirmations
Confirmation by GCMS on hydrolysed urine
Dihydrocodeine detected

NORMAL	
SPEAK TO DOCTOR	✓
A4 REQUIRED	

No time specified

Authorised by Auto Check
Time reported 12:22 Date reported 31.07.03

Drugs of Abuse
RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS RE

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C03226555

08.06.72

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REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
HbA_1C (DCCT Calibrated)	Good Control <7%
	Poor Control >8%
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(9 - 40 umol/L) *
Total Iron Binding Capacity	(45 - 77 umol/L) *
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs	(Notional target)
Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	*
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids	(Reference interval)
Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride (fasting)	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology	(Reference interval)
Follicle Stimulating Hormone (FSH)	*
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Luteinising Hormone (LH)	*
Oestradiol	*
Parathyroid Hormone (PTH)	(1.3 - 7.6 pmol/L)
Progesterone	*
Prolactin	(<400 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

5 Thyroid Hormones	(Reference interval)
Triiodothyronine (T_3)	(1.0 -2.2 nmol/L)
Free Thyroxine (fT_4)	(10 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 6 mU/L)

6 Tumour markers	(Reference interval)
Alpha-fetoprotein (AFP)	(<6 kU/L)
CA-125	See Handbook
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
Prostate Specific Antigen (PSA)	See Handbook

7 Vitamins	(Reference interval)
Vitamin A	(1.2 - 3.5 umol/L)
Vitamin E	(15 - 40 umol/L)
Vitamin B1 (Thiamine)	(275 - 675 ng/G)
Vitamin B2 (Riboflavin)	(<70%)
Vitamin B6 (Pyridoxal Phosphate)	(18 - 135 nmol/L)
Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Vitamin D	(20 - 90 nmol/L)*

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

*** Analyte shows an age or sex dependence, cycle variation or depends on clinical history**

Further details may be obtained from the Duty Biochemist (0141 - 211 3355 or 3341)

MI - 01/00

RECEIVED - 6 AUG 2003 PARKHEAD HEALTH BOARD

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BIOCHEMISTRY REPORT **GARTNAVEL GENERAL H**

CONSULTANT	LAFFERTY	SURNAME	DEANS	HOSPITAL NUMBER
HOSPITAL	GP WARD PARKHEAD HC	FORENAME	CAROL	DATE OF BIRTH
DATE	02.07.03 TIME WITHDRAWN	LABORATORY NUMBER	N.03.8311090.X	SEX

U Amphetamines	Negative	U Benzodiazepines	Positi
U Methadone	Positive	U Opiates	Positi
U Creatinine	27.1 mmol/L		

NORMAL
SPEAK TO DOCTOR
A+ REQUIRED

Comments & Confirmations
Confirmation by GCMS on hydrolysed urine
Morphine detected

Authorised by Auto Check
Time reported 15:52 Date reported 04.07.03

Drugs of Abuse
RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS RE

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IOSPITAL B
C03219230

08.06.72

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REFERENCE VALUES

1 General	
Angiotensin Converting Enzyme (ACE)	(<38 U/L)
C-Reactive Protein (CRP)	(<10 mg/L)
HbA_1c (DCCT Calibrated)	Good Control <7% Poor Control >8%
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L) *
Total Iron Binding Capacity	(45 - 77 umol/L) *
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs	(Notional target)
Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	*
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids	(Reference interval)
Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride (fasting)	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology	(Reference interval)
Follicle Stimulating Hormone (FSH)	*
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Luteinising Hormone (LH)	*
Oestradiol	*
Parathyroid Hormone (PTH)	(1.3 - 7.6 pmol/L)
Progesterone	*
Prolactin	(<400 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

5 Thyroid Hormones	(Reference interval)
Thyroxine (T_4)	(10 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 6 mU/L)

6 Tumour markers	(Reference interval)
Alpha-fetoprotein (AFP)	(<6 kU/L)
CA-125	See Handbook
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
Prostate Specific Antigen (PSA)	See Handbook

7 Vitamins	(Reference interval)
Vitamin A	(1.2 - 3.5 umol/L)
Vitamin E	(15 - 40 umol/L)
Vitamin B1 (Thiamine)	(275 - 675 ng/G)
Vitamin B2 (Riboflavin)	(<70%)
Vitamin B6 (Pyridoxal Phosphate)	(18 - 135 nmol/L)
Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Vitamin D	(20 - 90 nmol/L)*

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

*** Analyte shows an age or sex dependence, cycle variation or depends on clinical history**

Further details may be obtained from the Duty Biochemist (0141 - 211 3355 or 3341)

MI - 01/00

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CONSULTANT	LAFFERTY	[redacted]	HOSPITAL NUMBER
HOSPITAL	GP - WARD PARKH[illegible]	FORENAME	CAROL	DATE OF BIRTH
DATE	02.07.03 TIME WITHDRAWN	LABORATORY NUMBER	N,03.8311090.X	SEX

U Amphetamines	Negative	U Benzodiazepines	Positi
U Methadone	Positive	U Opiates	Positi
U Creatinine	27.1 mmol/L		

Comments & Confirmations
Confirmation of positive opiates screen to follow

NORMAL
SPEAK TO DOCTO
A4 REQUIRED

Authorised by Auto Check
Time reported 11:52 Date reported 04.07.03

Drugs of Abuse
RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS RE

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08.06.72

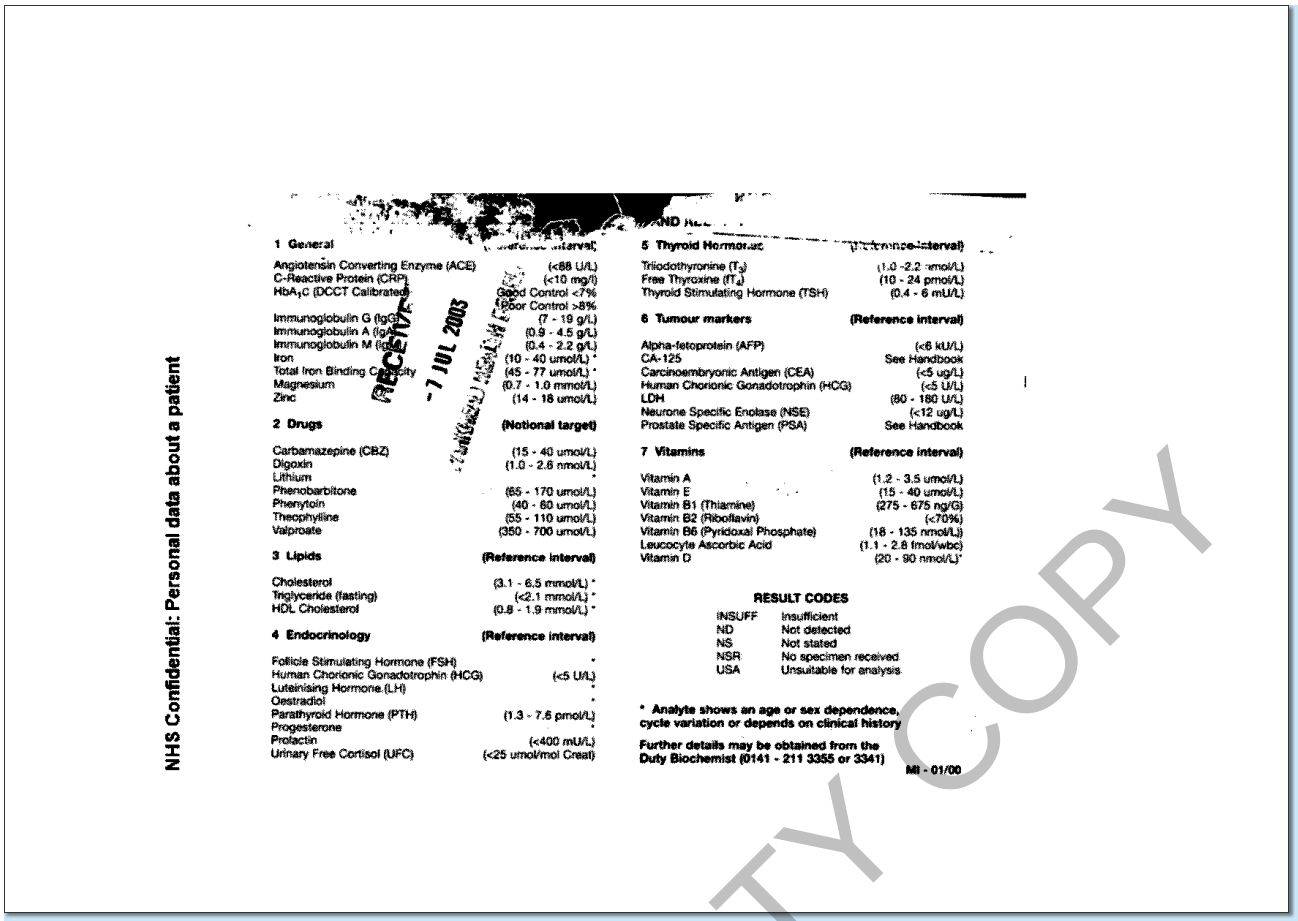
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RECEIVED - 7 JUL 2003

1 General (Reference interval)

Angiotensin Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
HbA_1c (DCCT Calibrated)	Good Control <7%
	Poor Control >8%
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L) *
Total Iron Binding Capacity	(45 - 77 umol/L) *
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs (Notional target)

Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	*
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids (Reference interval)

Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride (fasting)	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology (Reference interval)

Follicle Stimulating Hormone (FSH)	*
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Luteinising Hormone (LH)	*
Oestradiol	*
Parathyroid Hormone (PTH)	(1.3 - 7.6 pmol/L)
Progesterone	*
Prolactin	(<400 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

5 Thyroid Hormones (Reference interval)

Triiodothyronine (T_3)	(1.0 -2.2 nmol/L)
Free Thyroxine (FT_4)	(10 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 6 mU/L)

6 Tumour markers (Reference interval)

Alpha-fetoprotein (AFP)	(<6 kU/L)
CA-125	See Handbook
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
Prostate Specific Antigen (PSA)	See Handbook

7 Vitamins (Reference interval)

Vitamin A	(1.2 - 3.5 umol/L)
Vitamin E	(15 - 40 umol/L)
Vitamin B1 (Thiamine)	(275 - 675 ng/G)
Vitamin B2 (Riboflavin)	(<70%)
Vitamin B6 (Pyridoxal Phosphate)	(18 - 135 nmol/L)
Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Vitamin D	(20 - 90 nmol/L)*

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

*** Analyte shows an age or sex dependence, cycle variation or depends on clinical history**

Further details may be obtained from the Duty Biochemist (0141 - 211 3355 or 3341)

MI - 01/00

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BIOCHEMISTRY REPORT [redacted] **GARTNAVEL GENERAL H**

CONSULTANT MACPHEE	SURNAME DEANS	HOSPITAL NUMBER	
HOSPITAL GP WARD PARKHEAD HC	FORENAME CAROL	DATE OF BIRTH	
DATE 25.06.02 TIME WITHDRAWN	LABORATORY NUMBER 8010050	SEX	

U Amphetamines	Negative	U Benzodiazepine	Positive
U Methadone	Positive	U Opiates	Negative
U Creatinine	13.0 mmol/L		

Comments & Confirmations
Confirmation by HPLC/UV:
Drugs related to amphetamines not detected

CM

NORMAL	
SPEAK TO DOCTOR	✓
A4 REQUIRED	

Authorised by Auto Check
Time reported 11:22 Date reported 25.06.02

Drugs of Abuse
RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS

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IOSPITAL B

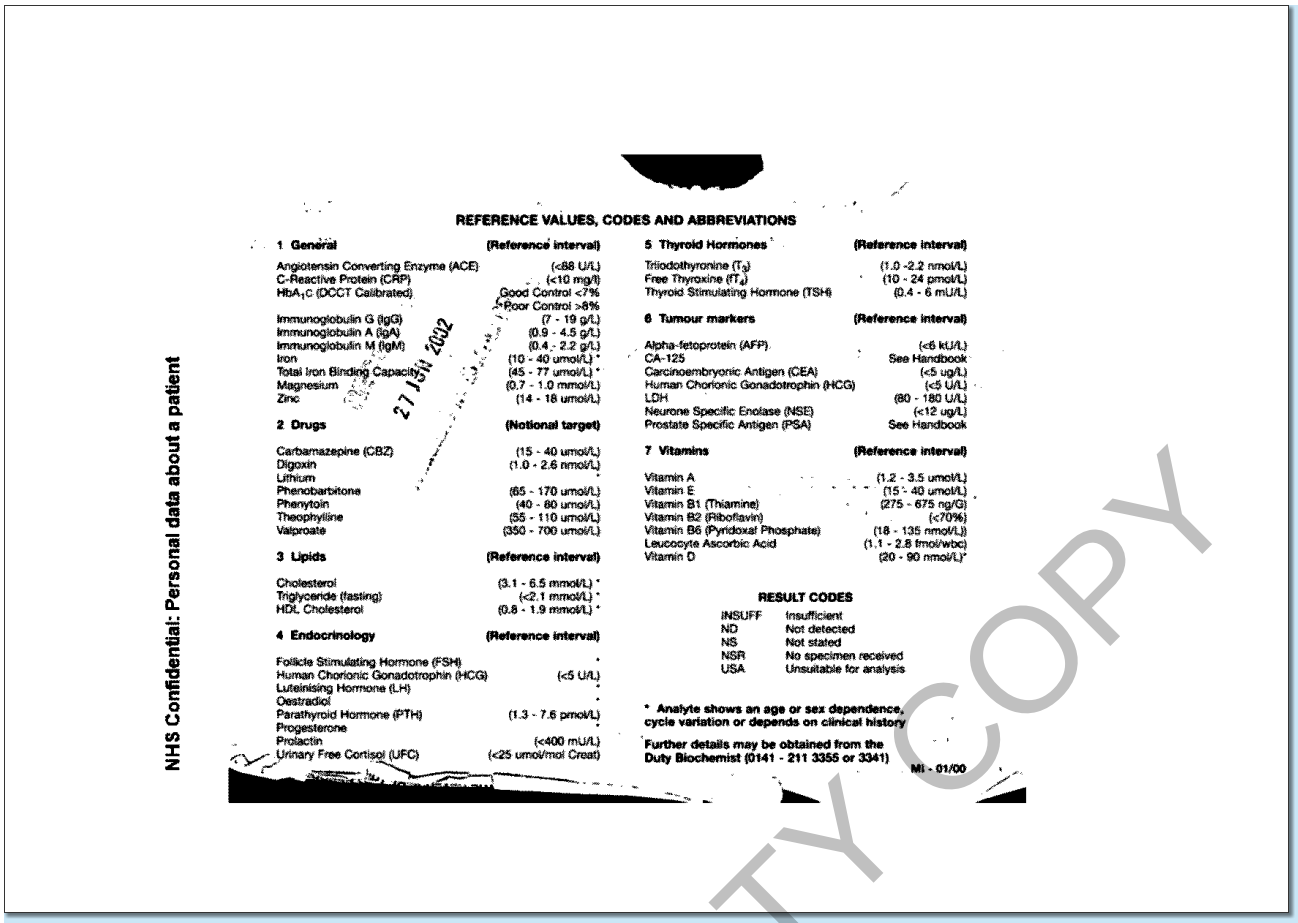
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08.06.72

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27 JUN 2002

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
HbA_1C (DCCT Calibrated)	Good Control <7%
	Poor Control >8%
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L) *
Total Iron Binding Capacity	(45 - 77 umol/L) *
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs	(Notional target)
Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	*
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids	(Reference interval)
Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride (fasting)	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology	(Reference interval)
Follicle Stimulating Hormone (FSH)	*
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Luteinising Hormone (LH)	*
Oestradiol	*
Parathyroid Hormone (PTH)	(1.3 - 7.6 pmol/L)
Progesterone	*
Prolactin	(<400 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

5 Thyroid Hormones	(Reference interval)
Triiodothyronine (T_3)	(1.0 -2.2 nmol/L)
Free Thyroxine (FT_4)	(10 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 6 mU/L)

6 Tumour markers	(Reference interval)
Alpha-fetoprotein (AFP)	(<6 kU/L)
CA-125	See Handbook
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
Prostate Specific Antigen (PSA)	See Handbook

7 Vitamins	(Reference interval)
Vitamin A	(1.2 - 3.5 umol/L)
Vitamin E	(15 - 40 umol/L)
Vitamin B1 (Thiamine)	(275 - 675 ng/G)
Vitamin B2 (Riboflavin)	(<70%)
Vitamin B6 (Pyridoxal Phosphate)	(18 - 135 nmol/L))
Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Vitamin D	(20 - 90 nmol/L)*

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

*** Analyte shows an age or sex dependence, cycle variation or depends on clinical history**

Further details may be obtained from the Duty Biochemist (0141 - 211 3355 or 3341)

MI - 01/00

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BIOCHEMISTRY REPORT mp **GARTNAVEL GENERAL**

CONSULTANT MACPHEE		SURNAME DEANS	HOSPIT NUMBE
HOSPITAL GP	WARD PARKHEAD HC	FORENAME CAROL	DATE O BIRTH
DATE 25.06.02	TIME WITHDRAWN	LABORATORY NUMBER 8010050	SEX

U Amphetamines	To follow	U Benzodiazepine	Positive
U Methadone	Positive	U Opiates	Negative
U Creatinine	13.0 mmol/L		

Comments & Confirmations

CM

NORMAL	
SPEAK TO DOCTOR	✓
A4 REQUIRED	

Authorised by Auto Check
Time reported 17:22 Date reported 25.06.02

Drugs of Abuse

RESULT CODE ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS

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HOSPITAL

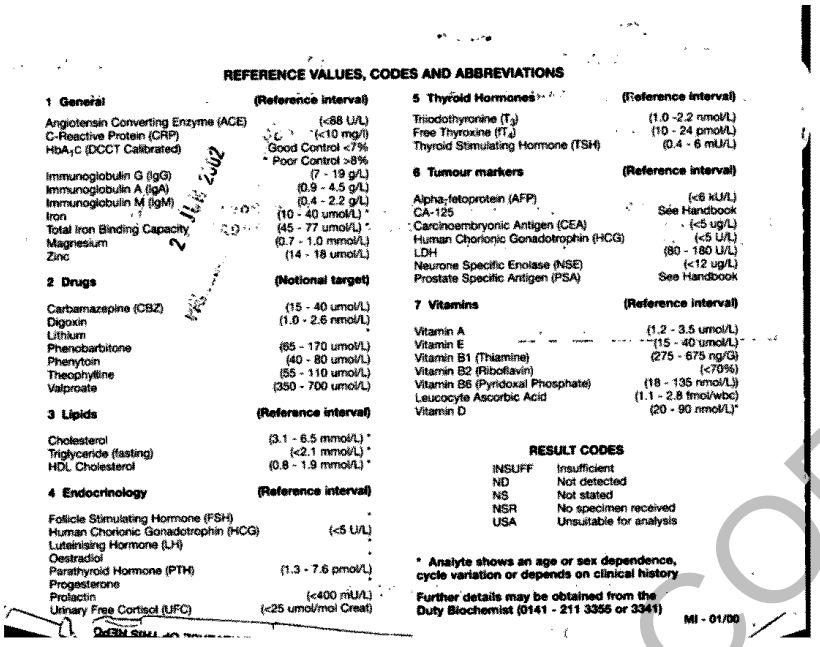
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REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
HbA_1c (DCCT Calibrated)	Good Control <7% * Poor Control >8%
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L) *
Total Iron Binding Capacity	(45 - 77 umol/L) *
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs	(Notional target)
Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	*
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids	(Reference interval)
Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride (fasting)	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology	(Reference interval)
Follicle Stimulating Hormone (FSH)	*
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Luteinising Hormone (LH)	*
Oestradiol	*
Parathyroid Hormone (PTH)	(1.3 - 7.6 pmol/L)
Progesterone	*
Prolactin	(<400 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

5 Thyroid Hormones	(Reference interval)
Triiodothyronine (T_3)	(1.0 -2.2 nmol/L)
Free Thyroxine (fT_4)	(10 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 6 mU/L)

6 Tumour markers	(Reference interval)
Alpha-fetoprotein (AFP)	(<6 kU/L)
CA-125	See Handbook
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
Prostate Specific Antigen (PSA)	See Handbook

7 Vitamins	(Reference interval)
Vitamin A	(1.2 - 3.5 umol/L)
Vitamin E	(15 - 40 umol/L)
Vitamin B1 (Thiamine)	(275 - 675 ng/G)
Vitamin B2 (Riboflavin)	(<70%)
Vitamin B6 (Pyridoxal Phosphate)	(18 - 135 nmol/L))
Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Vitamin D	(20 - 90 nmol/L)*

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

*** Analyte shows an age or sex dependence, cycle variation or depends on clinical history**

Further details may be obtained from the Duty Biochemist (0141 - 211 3355 or 3341)

MI - 01/00

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BIOCHEMISTRY REPORT — **GARTNAVEL GENERAL H**

CONSULTANT MAGHEE		SURNAME DEANS	HOSPITAL NUMBER
HOSPITAL GP	WARD PARKHEAD HC	FORENAME CAROL	DATE OF BIRTH
DATE 14.01.02	TIME WITHDRAWN	LABORATORY NUMBER 8000695	SEX

U Amphetamines	Negative	U Benzodiazepine	Positive
U Methadone	Positive	U Opiates	Positive
U Creatinine	23.8 mmol/L		

Comments & Confirmations
Confirmation by GCMS:
Dihydrocodeine detected

NORMAL	
SPEAK TO DOCTOR	✓
A4 PROFORMA	

Authorised by Auto Check
Time reported 15:39 Date reported 16.01.02

Drugs of Abuse
RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REI

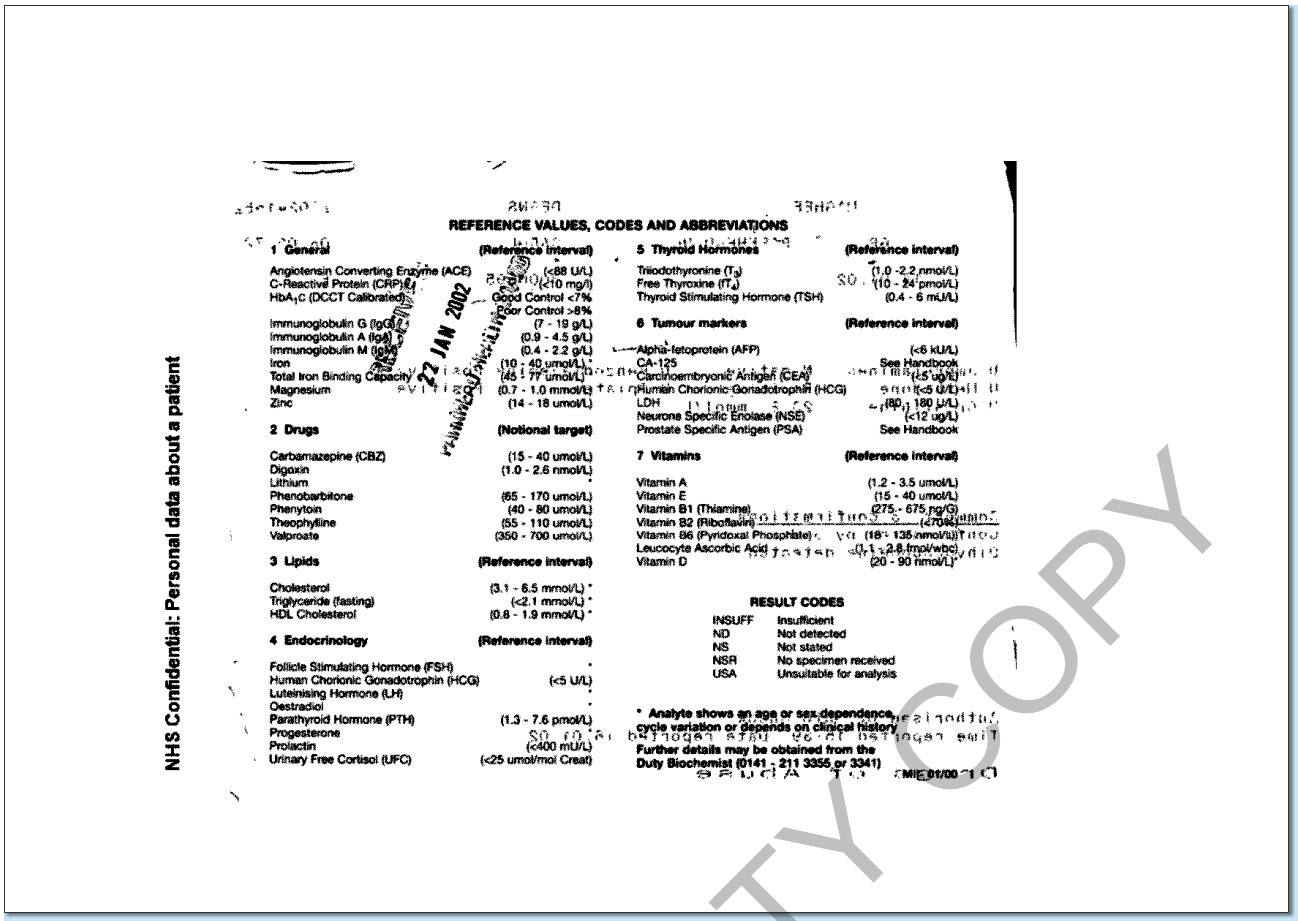
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08.06.72
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22 JAN 2002

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
HbA_1c (DCCT Calibrated)	Good Control <7%
	Poor Control >8%
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L) *
Total Iron Binding Capacity	(45 - 77 umol/L) *
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs	(Notional target)
Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	*
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids	(Reference interval)
Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride (fasting)	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology	(Reference interval)
Follicle Stimulating Hormone (FSH)	*
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Luteinising Hormone (LH)	*
Oestradiol	*
Parathyroid Hormone (PTH)	(1.3 - 7.6 pmol/L)
Progesterone	*
Prolactin	(<400 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

5 Thyroid Hormones	(Reference interval)
Triiodothyronine (T_3)	(1.0 -2.2 nmol/L)
Free Thyroxine (fT_4)	(10 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 6 mU/L)

6 Tumour markers	(Reference interval)
Alpha-fetoprotein (AFP)	(<6 kU/L)
CA-125	See Handbook
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
Prostate Specific Antigen (PSA)	See Handbook

7 Vitamins	(Reference interval)
Vitamin A	(1.2 - 3.5 umol/L)
Vitamin E	(15 - 40 umol/L)
Vitamin B1 (Thiamine)	(275 - 675 ng/G)
Vitamin B2 (Riboflavin)	(<700)
Vitamin B6 (Pyridoxal Phosphate)	(18 - 135 nmol/L)
Leucocyte Ascorbic Acid	(0.1 - 2.8 fmol/wbc)
Vitamin D	(20 - 90 nmol/L) *

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
UNA	Unsuitable for analysis

* Analyte shows an age or sex dependance, cycle variation or depends on clinical history

Further details may be obtained from the Duty Biochemist (0141 - 211 3355 or 3341)

MIE 01/00

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BIOCHEMISTRY REPORT — **GARTNAVEL GENERAL H**

CONSULTANT	MAGHEE	SURNAME	DEANS	HOSPITAL NUMBER
HOSPITAL	GP WARD PARKHEAD HC	FORENAME	CAROL	DATE OF BIRTH
DATE	14.01.02 TIME WITHDRAWN	LABORATORY NUMBER	8000695	SEX

U Amphetamines	Negative	U Benzodiazepine	Positive
U Methadone	Positive	U Opiates	Positive
U Creatinine	23.8 mmol/L		

Comments & Confirmations
Confirmation of positive opiates screen to follow

NORMAL	
SPEAK TO DOCTOR	✓
ADD [illegible]	

Authorised by Auto Check
Time reported 15:52 Date reported 16.01.02

Drugs of Abuse

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REI

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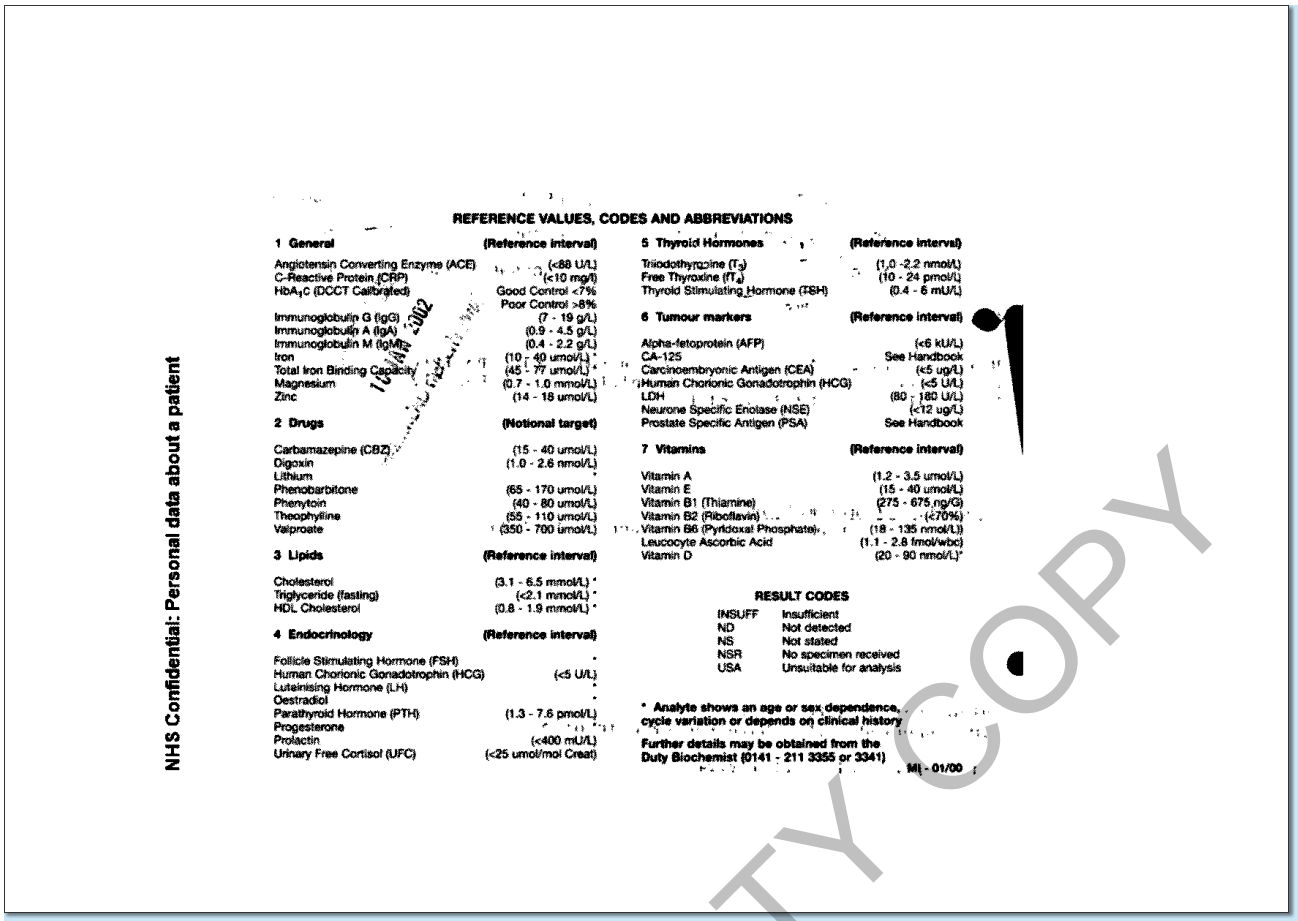
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[redacted]

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REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
HbA_1c (DCCT Calibrated)	Good Control <7%
	Poor Control >8%
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L) *
Total Iron Binding Capacity	(45 - 77 umol/L) *
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs	(Notional target)
Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	*
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids	(Reference interval)
Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride (fasting)	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology	(Reference interval)
Follicle Stimulating Hormone (FSH)	*
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Lutelnising Hormone (LH)	*
Oestradiol	*
Parathyroid Hormone (PTH)	(1.3 - 7.6 pmol/L)
Progesterone	*
Prolactin	(<400 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

5 Thyroid Hormones	(Reference interval)
Triiodothyronine (T_3)	(1.0 -2.2 nmol/L)
Free Thyroxine (fT_4)	(10 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 6 mU/L)

6 Tumour markers	(Reference interval)
Alpha-fetoprotein (AFP)	(<6 kU/L)
CA-125	See Handbook
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
Prostate Specific Antigen (PSA)	See Handbook

7 Vitamins	(Reference interval)
Vitamin A	(1.2 - 3.5 umol/L)
Vitamin E	(15 - 40 umol/L)
Vitamin B1 (Thiamine)	(275 - 675 ng/Gl)
Vitamin B2 (Riboflavin)	(<70%)
Vitamin B6 (Pyridoxal Phosphate)	(18 - 135 nmol/L))
Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Vitamin D	(20 - 90 nmol/L)*

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

*** Analyte shows an age or sex dependence, cycle variation or depends on clinical history**

Further details may be obtained from the Duty Biochemist (0141 - 211 3355 or 3341)

MI - 01/00

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BIOCHEMISTRY REPORT — **GARTNAVEL GENERAL H**

CONSULTANT MACPHEE		SURNAME DEQANS	HOSPITAL NUMBER
HOSPITAL GP	WARD PARKHEAD HC	FORENAME CAROL	DATE OF BIRTH 0
DATE 06/11/01	TIME WITHDRAWN :	LABORATORY NUMBER 885230S	SEX Fem

Confirmation

CHROMATOGRAPHY (GCMS) DETECTED:
DIHYDROCODEINE

NORMAL	
SPEAK TO DOCTOR	✓
A. [illegible]	

Comment:
Authorised By: BBORLAND
Reported at 09:22 on 14/11/2001
Profiles requested on this patient: DOA !CONF

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REF

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8/06/1972

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National Health Service Number

NURSES AND HEALTH VISITORS RECORDS

Surname (Block Letters)

Forenames (Block Letters)

Address

Date of Birth

Date	
4/5/05	Carol DNA Methadone Clinic Trish Hegarty Senior Addiction Nurse/HV
4/5/05	Carol DNA Methadone Clinic Liz Miller, SCN
1/6/05	Carol @ clinic. Reports using some DFs occasionally spoke about triggers, etc. No other issues raised. 45X4 Liz Miller (SCN)
5/10/05	Carol has attended clinic regularly but notes were unavailable. She has reported "slipping" smoking one or two bags per week, discussion re influences & triggers & dangers if mixing meds', R'up to 30ml & increasing clinic appt to fortnightly from 5-10-05. Liz Miller SCN
19-10-05	Carol @ clinic & presented as anxious & low in mood, she reported that she wasn't using DF's & that methadone alone was holding her. Appt made outwith clinic for 24-10-05. to discuss social issues Liz Miller SCN
2-11-05	Carol's presentation has improved, R issued 50X2. Liz Miller SCN
16-11-05	Carol @ clinic, R increased to 55X2, reported DF use Liz Miller SCN
14-12-05	Carol at clinic, no drug use reported 55X1 Liz Miller SCN
21-12-05	Carol reported using DF's again will address this in January 55X4 Liz Miller SCN
18-1-06	Carol DNA clinic Liz Miller SCN

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Date	
19-4-06	Card @ clinic, discussed increasing methadone to optimum dose to cope with reported escalation in drug use. Appt made out with clinic 28-4-06 40-5- X 28 L. Mullen SCW

Ed Rep 300m 3/99 (0245681)

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IMMUNISATIONS AND SCREENING INVESTIGATIONS	National Health Service Number	
	Surname (Block letters) AVERY	Forename (Block letters) CAROL
	Address	Date of Birth 8/6/72

IMMUNISATIONS (Insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	MMR	BCG
Date								6/11/85
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

ALLERGIES & HYPERSENSITIVITIES

	Influenza	Hep.B.	Typhoid	Cholera				
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

IMMUNOLOGICAL STATUS

	Tuberculin Test	Rubella Antibodies	HIV	Hep.B.
Date				
Result				
Date				
Result				
Date				
Result				

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SCREENING INVESTIGATIONS

Date	Blood Pressure	Weight	Height	Tobacco Per Day	Alcohol Units/Week	Cholesterol	Triglycerides	URINE	
								Glucose	Albumin

CERVICAL CYTOLOGY		MAMMO-GRAPHY		CHEST X-RAY		OTHERS	
Date	Result	Date	Result	Date	Result	Date	Result
5/6/00							

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Deans

Forenames (Block Letters): Carol

Address

Date of Birth: 8.6.[illegible]

Date	*	Clinical Notes	Diagnosis
17/3/10		Wants to go cold turkey but says thinks of her kidn	
RS/DF		took mematone yesterday – 70mls. it might not be good for them to see	
2pm		– says taken daily	
		[redacted] in high dependency in RNSC.	
		Took benzos . Denies cocaine but says its in	
		her system? drink spiked.	
		She is happy to go on 30mls Tue Wed. – see DS then	
		She might want substitute she says	
		Herbal tea (IG).	M

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

FORM GP111F

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355 2095

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Date	*	Clinical Notes	Diagnosis

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
DEANS	CAROL

Address	Date of Birth
32 Napier Drive	8/6/72

Date	*	Clinical Notes	Diagnosis
2/3/10		home visit with student HC to see Carol, to draw up & send for take away medication as due to travel to Edinburgh tomorrow for Sons operation, children were not at school, door was opened by [redacted] and a young girl holding a baby of approx 6mth old. Carol was unkempt as was the house, there was paint all over the carpet etc - Carol stated that the electric had gone off at 4am and that there was a fire (no evidence of any fire) which was the cause of the electric going off. drug screened - positive for benzodiazepines, cocaine, negative for methadone - although on a treatment programme - Sample appeared diluted - asked if she had added water she said 'no' - water commented on her poor condition and that we needed to talk - she started to shout and swear to get out of her house and for us not to come back, 'we've been up for this morning and looking after the weans, keep your spoilt gear I don't want it - advised that she would need it - She took the	PTO - cont

* 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	*	Clinical Notes	Diagnosis
8/3/10 cont		Script, screamed again for us to get out her house - Worker contacted Social work to advise of conditions within the home.	Diarrhoea 9/3/10 9.30
8/3/10 4pm		TLC received from Viviene Bonnar PTL - chilaban and families at East - [redacted]	

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

5/2000 204722

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National Health Service Number		
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)
	Address	Date of Birth

Date	*	Clinical Notes	Diagnosis

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

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Date	*	Clinical Notes	Diagnosis

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

5/2000 204722

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
DEANS	CAROL

Address	Date of Birth
C/O FLAT 8 HAC	8.6.72

Date	*	Clinical Notes	Diagnosis
16.11.9		influvac sub-unit S17A Current amenorrhoea given Vaccine C advised on Utero	C
17/11/10		Good called office re - Script for Edinburgh - Speech very slurred and difficult to understand - Social worker shortly alerted	

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

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Date	*	Clinical Notes	Diagnosis

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): DEANS

Forenames (Block Letters): CAROL

Address: c/o FLAT 8 [illegible]

Date of Birth: 8/6/72

Date	*	Clinical Notes	Diagnosis
19/8/08		Addiction clinic - Drug screen results - Positive for methadone and benzos - Reports no use of cocaine or OF 11/8 - Took 3 blue valium at the weekend - Given 7 day script 75mls daily - Has booked a holiday for herself and the children for October school holidays -	D. [illegible] Senior Nurse
25/8/08		BP 120/80 Lying. BMI 53. Chol 6.7 Trig 4.60 Assess their long term pain i.e. surgical cure. Weight & dietician referral Physio Gym regimen.	
8/10/08	HSr	Sore heads >1 yr - purports it to when she was cocaine - or started to do so Feels headache more severe - woke her on 6 am Puts wet towel on head. No propranolol left + no painkiller helps / soothe does propranolol. Says migraines magaden. Eyes checked last yr — "short sighted" her idea is it's stress. nightmares wake her. BP 125/99	

Ex partner with kids now

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

→ BASS appropriate now.

↑ 80mg propranolol

↓ 25mg trazodone

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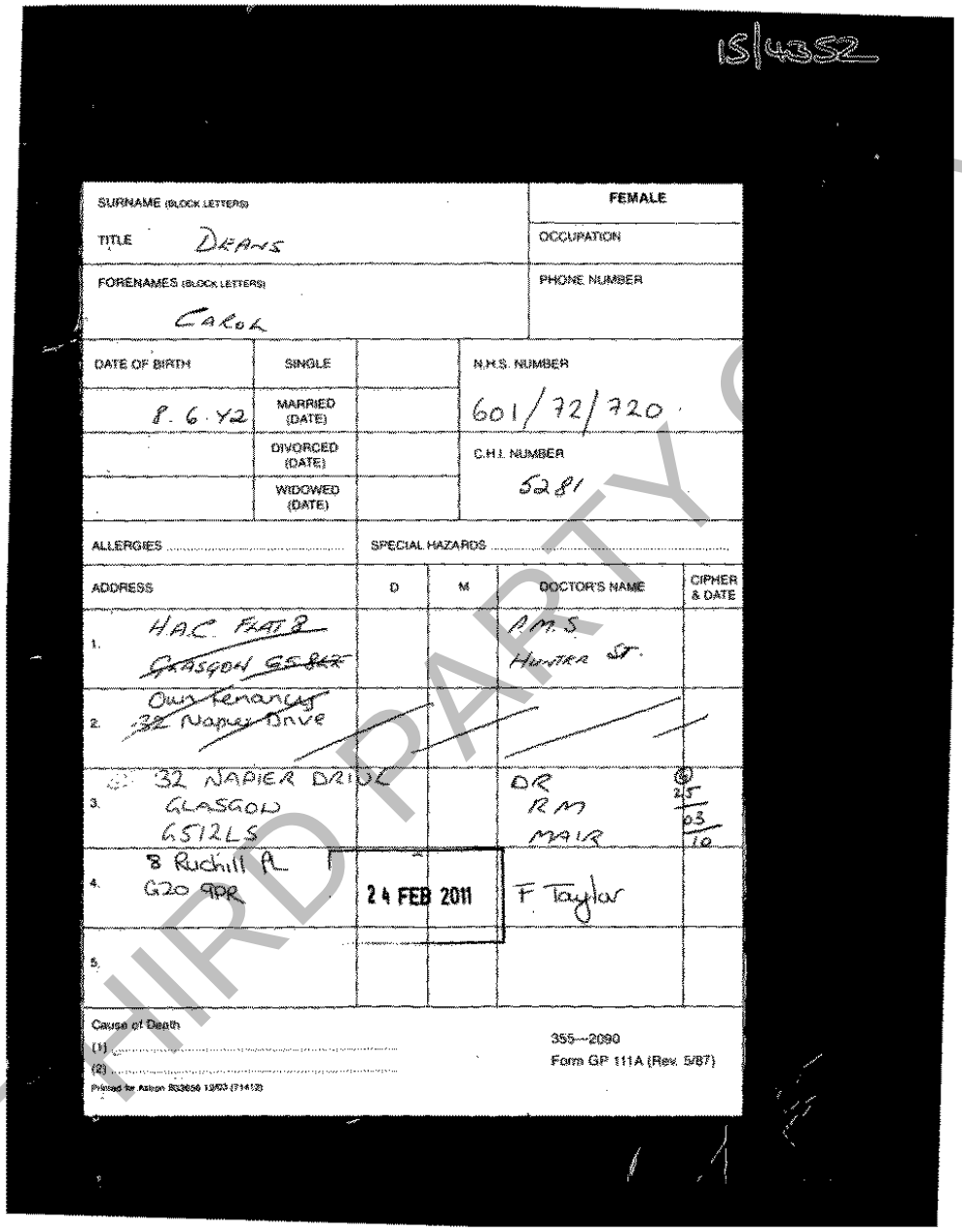
Date	*	Clinical Notes	Diagnosis
29/10/08		Loansens omeprazole - no record	
		per Liz H. See Dr	
5.11.08		Phoned Dr Milligan & Script for Zopiclone. Hannah	
13/5/09		See GPASS m	
26/5/09		Addiction clinic on GPass.	
		11.05	S. upper airway
21/6/09		addiction See GPass	
15/7/09	RS	Now on warfarin (clinic SGH)	
Open access Surgery 2pm		Hosp gave her doxycycline for a chest inf — feels its no better	
	•	Tried all the trans	
	•	heartburn worse, shell on omeprazole feels acid in her throat	
	•	Ale chest clear Pink °SOB coughed up spit → c+s	
	•	wants to stop smoking. Tried before Awaiting gym induction See rpt Rx on computer -stopped ibuprofen RIV Tues 11 am	
23/7/09		addiction - see GPASS	
6/1-4-9		Ax: Hyp Stroke (C) cerebral + Sore throat Refer Dietician for wt loss Dr. GP Lead bp 170/91 Chest infection Chest Consts Normal	(C8)

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

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15/4352

SURNAME (BLOCK LETTERS)				FEMALE	
TITLE Drans				OCCUPATION	
FORENAMES (BLOCK LETTERS) Carol				PHONE NUMBER	
DATE OF BIRTH	SINGLE			N.H.S. NUMBER	
8.6.42	MARRIED (DATE)			601/72/720	
	DIVORCED (DATE)			C.H.I. NUMBER 5281	
	WIDOWED (DATE)				
ALLERGIES			SPECIAL HAZARDS		
ADDRESS		D	M	DOCTOR'S NAME	CIPHER & DATE
1. HAC Flat 2 ~~Glasgow G5 8RX~~				P.M.S. Hunter St.	
2. ~~Own tenancy~~ ~~32~~ Napier Drive					
3. 32 NAPIER DRIVE GLASGOW G51 2LS				DR RM MAIR	25/03/10
4. 8 Ruchill Pl G20 9PR		24 FEB 2011		F Taylor	
5.					

Cause of Death
(1) .....
(2) .....

355—2090
Form GP 111A (Rev. 5/87)

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PATIENT TRANSFER NOTIFICATION FORM

Please enter the patient details below or alternatively attach a printed label if you prefer

Please enter the Practice Stamp in the box below

Forename CAROL

Surname DEANS

CHI No 0806725281.

DR MAIR & DR PETTIGREW
1600 PAISLEY ROAD WEST
GLASGOW G52 3QN
TEL: [redacted]

Does the patient have a paper medical record:

Yes, attached ☑ No, there is no paper record ☐

The GP/Clinical System Record is:

Scanned/imported into Docman ☐ Within the Paper Record ☑ Attached (only document) ☐

Does the patient have Docman images:

Yes, already transferred ☑ To be transferred ☐ No images ☐

Date started scanning:

Tear here

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Deans, Carol Dr Mair and Partners
DoB: 08/06/1972 **Report Valid On 10/02/11 12:49** Page number 1

Registration

Mrs Carol Deans
8 Ruchill Place
Ruchill
Glasgow
G20 9PR
Telephone:
Contact: ? ContactRelship: ?
Email: ?
CHI Number: 0806725281 NHS Number: 601/72/720
Patient ID:
Occupation:
Registered GP: DR RM MAIR
Repeat Consultation: 26/10/2010
Registered: 25/03/2010 Confirmed: 29/03/2010
BMI: 46.3 Height: 1.52 m Weight: 107 kg
Parity: 0 Gravida: 0
SCI-DC Consent Given: Yes

Service Code: Permanent
DoB: 08/06/1972
Age: 38

Dispensing: No
Road: 0 Water: 0 FootPath: 0
Marital Status: Married
Seen By GP: DR RM MAIR
Acute Consultation: 07/12/2010
Records Received: 21/04/2010
BP: 120/80

Priority Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Intervals Pres.	Review	CMS Int.
Acetazolamide TABS 250MG	224 2 Tabs twice daily	24/11/2010	24/11/2010	56d.	26w.	w.
P-24/11/2010						
Omeprazole CAPS 20MG	56 1 Cap Daily	26/03/2010	24/11/2010	56d.	26w.	w.
P-30/08/2010 P-25/06/2010 P-26/03/2010						
Gaviscon Advance Sf Peppermint LIQ	500 10 ml Twice daily	26/03/2010	24/11/2010	56d.	26w.	w.
P-24/11/2010 P-30/08/2010 P-25/06/2010 P-26/03/2010						

Adverse Reactions

Read Code	Description
ZV140	[V]Personal history of penicillin allergy

Clinical / User Marker

[redacted]

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Summary Sheet: Patient Transfer Printed at 10/02/2011 12:49:32

NHS Confidential: Personal data about a patient

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW, G51 4TF
TEL: [redacted]

CLINICAL DECISION UNIT DISCHARGE LETTER

PATIENT: CAROL DEANS
32 NAPIER DRIVE
GOVAN
GLASGOW
G51 2LS

DOB: 08/06/72
CHI: 0806725281
UNIT NO: SG00290276
ACCT NO: IP0056790/09
WARD: SCDU

GP: RUTH R SPENCER
[redacted] HEALTH AND RESOURCE S
GLASGOW
G4 0UP

CONSULTANT: COLIN SEMPLE
ADMITTED: 25/10/09

ADMISSION TYPE: AE - Referral
DISCHARGE TO: HOME

ADMIT DATE: 25/10/09
DISCHARGE DATE: 27/10/09

PRESENTATION: CHEST/BACK PAIN
INCREASING DYSPNOEA

DISCHARGING CONSULTANT: KERAN

MAIN DIAGNOSIS: POSSIBLE SMALL SUB-ACUTE
Pulmonary Thromboembolism

OTHER DIAGNOSIS: SUBACUTE INR - FOR 6
MONTHS ANTICOAGULATION

FURTHER INFO: RE-WARFARINISING

INVESTIGATIONS: ECG - NIL ACUTE
CXR - NIL ACUTE
D-DIMER POSITIVE
CTPA - CANNOT EXCLUDE
SMALL VOLUME THROMBI

INTERVENTIONS: ANTICOAGULATION

REPORTS/UPDATE:

REPORTS TO BE TRACKED? N

OP TESTS:

LETTER TO FOLLOW: N

COMPLIANCE AID: N

DISCONTINUED DRUGS? N

NEW MEDICATION? N

MEDICATION COMMENTS:

ALLERGIES: PENICILLIN

FOLLOWUP? Y DETAIL: Appt has been arranged TIMESCALE: INR TOMORROW

SIGNED: FYI.GRARO GRANT,ROSS
DESIGNATION: FOUNDATION DR YEAR 1

PAGE NUMBER: 7504

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Run: 10/11/09-08:54 by MCEWAN,LINDA

Page 1 of 3

NHS Confidential: Personal data about a patient

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW, G51 4TF
TEL: [redacted]

CLINICAL DECISION UNIT DISCHARGE LETTER

PATIENT: CAROL DEANS
32 NAPIER DRIVE
GOVAN
GLASGOW
G51 2LS

DOB: 08/06/72
CHI: 0806725281
UNIT NO: SG00290276
ACCT NO: IP0056790/09
WARD: SCDU

GP: RUTH R SPENCER
[redacted] HEALTH AND RESOURCE S
GLASGOW
G4 0UP

CONSULTANT: COLIN SEMPLE
ADMITTED: 25/10/09

Medication	Form	Dose	Frequency	Duratio
WARFARIN	OTAB	AS PER INR	DAILY AT 6PM	6 MONTH
New Drug? N New Dose? N	Comments: CURRENTLY ON LOADING PROTOCOL			
Patient's Own Supply? N	Pharmacy Notes:		Supply:	

Medication	Form	Dose	Frequency	Duratio
PARACETAMOL	OTAB	1G	4 TIMES A DAY	INDEFIN
New Drug? N New Dose? N	Comments:			
Patient's Own Supply? Y	Pharmacy Notes:		Supply:	

Medication	Form	Dose	Frequency	Duratio
METHADONE	OSYR	75ML	IN THE MORNING	INDEFIN
New Drug? N New Dose: N	Comments: AS PER LOCAL PHARMACY			
Patient's Own Supply? N	Pharmacy Notes:		Supply:	

Medication	Form	Dose	Frequency	Duratio
		400MG		
New Drug? New Dose?	Comments:			
Patient's Own Supply?	Pharmacy Notes:		Supply:	

Medication	Form	Dose	Frequency	Duratio
New Drug? New Dose?	Comments:			
Patient's Own Supply?	Pharmacy Notes:		Supply:	

Medication	Form	Dose	Frequency	Duratio
New Drug? New Dose?	Comments:			
Patient's Own Supply?	Pharmacy Notes:		Supply:	

Medication	Form	Dose	Frequency	Duratio
New Drug? New Dose?	Comments:			
Patient's Own Supply?	Pharmacy Notes:		Supply:	

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Run: 10/11/09-08:54 by MCEWAN,LINDA

Page 2 of 3

NHS Confidential: Personal data about a patient

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW, G51 4TF
TEL: [redacted]

CLINICAL DECISION UNIT DISCHARGE LETTER

PATIENT: CAROL DEANS
32 NAPIER DRIVE
GOVAN
GLASGOW
G51 2LS

DOB: 08/06/72
CHI: 0806725281
UNIT NO: SG00290276
ACCT NO: IP00356790/09
WARD: SCDU

GP: RUTH R SPENCER
[redacted] HEALTH AND RESOURCE S
GLASGOW
G4 0UP

CONSULTANT: COLIN SEMPLE
ADMITTED: 25/10/09

PHARMACY USE ONLY DISPENSED BY: DATE: CHECKED BY:
CLINICAL PHARMACIST CHECK: COLLECTED BY:
Medicine received on ward by: Issued by:

Named Nurse: Signature of Receipt:

Report Number: 2710-0007 Date(Time): 27/10/09 (1621 Hours) Status: Draft

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Run: 10/11/09-08:54 by MCEWAN,LINDA Page 3 of 3

NHS Confidential: Personal data about a patient

Hardman
Cav.
exam opn
Padr J Jain.
23/11/09

Tirzapatin
started

SHT.

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NHS Confidential: Personal data about a patient

South Glasgow Hospitals
Southern General Hospital, Glasgow G51 4TF Tel. [redacted]

Part 1 Discharge Letter and Medicine Prescription Form - Confidential Ref No: P2 20 128671

NHS Greater Glasgow and Clyde

Dear Doctor Spencer
Surgery [redacted] Health Unit

Fix ID label to all 4 copies

Patient: Carol Deans
Address: 32 Napier Av
G-Lasgow
G53 7LS
DOB: 8/6/72 Unit no: 560290 0276
Weight 115 kgs CHI no:

Ward: 7 (CDU) Tel: 232 7956
Consultant: KERNOHAN
Specialty
Named Nurse:
Admission date: / /
Mode of admission Emergency
Source of admission
Discharge date: / /

Follow-up arrangements
Clinic appointment made: PWR 47245
Yes ☑ No ☐ To follow ☐
Clinic name KERNOHAN (Med Return)
Date 6/1/10 10am
Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify:

Reason for admission, treatment, diagnosis, investigations, operations, complications:
Known history PTE
Not suitable for Warfarin
Pt competent at self administration

Other information
*[redacted] health unit aware of pts needs, will be prescribing from next wk.

MEDICINE	Dosage form	Dose	Times for administration (6 9 10 12 2 4 6 8 10)	Other times	Recommended duration of treatment after discharge	New Drug	New Dose	Number of days supply	Dispensing Details (Pharmacy only)
TINZAPARIN (Mulex-viad)	INJ	20,125iu/1ml	✓		3/12				6 W 40.000 Lee

Medicines discontinued	Reason (if known) e.g. side effects
	DISP

Clinical Pharmacy check: SM
All known drug sensitivity / adverse reactions:

Dispensed by: LAM Date: 12/11/09
Checked by: SM

WARD USE ONLY
Med. rec. on ward by: Ann Savage
Issued by: Savage Date: 12/11/09
Signature of recipient:

Doctor's name: Aaisah Sheikh Signature: AS Date 12/11/09
Doctor's grade: F4 Pager number: 7693
Number of prescription sheets at discharge:

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; White copy - Patient

If you have any problems after discharge, please contact the Ward or your G.P.

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not green Not blue
nor yellow II army

Acute Services Division

Regional Services Directorate

SOUTHERN GENERAL HOSPITAL
1435 Govan Road, Glasgow, G51 4RF

DRS LAFFERTY/McPHEE

NHS Greater Glasgow and Clyde

40/462 14 Feb 2008

REFERRED

JR/NQ/290276
Ext. 62490
21 February 2008

☎ Direct Line [redacted]
Dept Fax No.: [redacted]
Email: [redacted]

DISCHARGE SUMMARY

Carol Deans
526 Paisley Road West
Glasgow
G51 1RN

DOB: 08.06.72

Admitted : 11.01.08
Discharged : 12.01.08

Consultant Neurologist – Dr Tracey Baird

Dr M Smith
Govan Health Centre, 5 Drumoyne Road, Glasgow, G51 4BJ

Follow up: No routine appointment arranged

Copies: Dr M Smith, Govan Health Centre, 5 Drumoyne Road, Glasgow, G51 4BJ
Dr T Baird, Consultant Neurologist, INS

This 35 year old lady was admitted to hospital with a two week history of being woken suddenly from sleep with frontal throbbing headache. She described it as 10/10 in severity and was worse with noise. Her headaches have persisted for the two weeks although being less severe but typically worse on wakening but these would ease up during the day and evening. There was no photophobia but some mild neck pain. She had no past history of headache. Past history includes Dihydrocodeine addiction for which she was taking Methadone.

On examination visual acuity was 6/5-3 on the right and 6/5+3 on the left. Fundoscopy was normal but no venous pulsations were seen. She had normal power in all four limbs and normal gait. Reflexes were intact and plantars downgoing. CT brain scan was normal and in view of the possibility of subarachnoid haemorrhage a CT angiogram and CT venogram were performed and were normal. Renal and liver function tests were normal and random glucose slightly elevated at 7.3. CRP was 14. FBC was normal with ESR 14. A chest x-ray was performed but was a poor quality film and there was suggestion of cardiomegaly with normal lung fields. I do note she is obese. The differential diagnosis here would be status migrainosus or a low pressure headache. Her headaches tended to be worse when she lay flat suggesting a slight raised pressure element. No sinister cause for the headaches has been found and if her headache is still persisting I suggest trying Amitriptyline as 10mgs at night which could be titrated up as tolerated. If her headaches are still persisting then she could be reviewed routinely at a neurology outpatient clinic. Please contact me if there are any other concerns. It may be worth repeating a fasting glucose at some stage.

John Reid
Specialist Registrar in Neurology

Delivering better health

www.nhsggc.org.uk

40368

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NHS Confidential: Personal data about a patient

GLASGOW ADDICTION SERVICES
TREATMENT, CARE AND SUPPORT WHERE IT'S NEEDED

Glasgow CITY COUNCIL

NHS Greater Glasgow and Clyde

Direct Line: [redacted]
Our Ref: ES/MT
Your Ref:
Date: 25th January 2008
Email:

South West Community Addiction Team
Acute Liaison Service
Pavilion One
Business Park
Ardlaw Street
Glasgow
G51

Dr Lafferty
Parkhead Medical Centre
101 Salamanca Street
Glasgow
G31 5BA

Dear Dr Lafferty

Re: Carol Deans, D.O.B. 08-06-1972
526 Paisley Road West, Glasgow, G51.

The above named client was admitted to the Southern General Hospital on 09-01-08 with a 10-day history of headaches.

Carol underwent investigations for possible increased lumbar pressure, including a CT scan and review by neurosurgeons. Her Methadone was continued in the ward. Carol was discharged from Ward 67 on the 13-01-08.

Carol will be follow up by her allocated worker, Alison Payne, East CAT.

Should you require any further information, please do not hesitate to contact me on the above phone number.

Yours sincerely

Elizabeth Shelby
Acute Addiction Liaison Nurse.

DRS LAFFERTY/McPHEE
29 JAN 2008
RECEIVED

[redacted]

S:\Addiction Services\Acute Liaison proforma letters\Discharge letters sent\Carol Deans25-01-08.doc

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NHS Confidential: Personal data about a patient

Referral:	Consulting Clinician:	McKeeve,G(422)

THIRD PARTY COPY

01/05/2008 20:48 FAX 01418837214 CARDIALD 002/002
01418837214

NHS Confidential: Personal data about a patient

SURNAME	DEANS
FORENAME	CAROL
Hosp No	ZNC0899202
CHI No	Not Supplied
D.O.B	08.06.72
SEX	Female
ADDRESS	
CONSULTANT/GP	SPENCER
HOSP/PRACTICE	55 HUNTER ST
WARD/TOWN	[redacted] HEALTH S.

Collected	Received	Report Issued
19.08.08 @ 10:00	19.08.08 @ 14:18	19.08.08 @ 16:25

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

* 134	Sodium	135–145	mmol/L
4.9	Potassium	3.5–5.0	mmol/L
102	Chloride	98–108	mmol/L
	Bicarbonate	21–28	mmol/L
4.1	Urea	2.5–7.5	mmol/L
73	Creatinine	55–98 §	µmol/L
>60	eGFR (est. Glomerular Filtration Rate)		
	Glucose	3.5–5.5	mmol/L
	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate	§	mmol/L
	Troponin I	<0.04	ug/L
	CK	<210	U/L
9	Bilirubin	3–22	µmol/L
* 51	AST	<40	U/L
41	ALT	<50	U/L
46	Gamma-GT	<55 §	U/L
66	Alk.Phos.	40–150 §	U/L
73	Protein	60–80	g/L
38	Albumin	32–45	g/L
35	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
* 6.70	Cholesterol	target <5.0	mmol/L
1.00	HDL Cholesterol	target >1.0	mmol/L
6.7	Chol/HDL ratio		
* 4.60	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
2.1	TSH	0.35–5.00	mU/L
13	Free T4	9–21	pmol/L
	T3		nmol/L
	IgA	0.8 –4.0 §	g/L
	IgG	6 –16 §	g/L
	IgM	0.5 –2.0 §	g/L

Lab No: N.08.4212125 Run No: 309

Calculated LDL.
High Triglyceride – LDL not calculable
Euthyroid TFT results

§Significant sex/age differences – See handbook

Authorised by
Auto Check
Date Reported 19.08.08

CPA
Accredited Medical Laboratory
Reference No:2335

THIRD PARTY COPY

SURNAME DEANS	UNIT No. ZNC0899202	CONS/GP SPENCER
FORENAME CAROL	CHI No. Not Supplied	DESTINATION 55 HUNTER ST [redacted] HEALTH S.
D.O.B 08.06.72 SEX F	ADDRESS 32 NAPIER DRIVE	

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Negative	
U Cocaine	Negative	
U Creatinine	22.9	mmol/L

Comments & Confirmations

Drugs of Abuse

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8031733

Collected
DATE 10.12.08
TIME 11:15

Received
DATE 11.12.08
TIME 09:10

Report Issued
DATE 11.12.08
TIME 14:10

Authorised by
Auto Check

CPA
Accredited Medical Laboratory
Reference No:2335

THIRD PARTY COPY

SURNAME DEANS	UNIT No. ZNC0899202	CONS/GP SPENCER
FORENAME CAROL	CHI No. Not Supplied	DESTINATION 55 HUNTER ST
D.O.B 08.06.72 SEX F	ADDRESS 32 NAPIER DRIVE	[redacted] HEALTH S.

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Positive	
U Cocaine	Negative	
U Creatinine	35.0	mmol/L

Comments & Confirmations
Interim report: Confirmation of positive opiates screen to follow

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8032470

Collected
DATE 29.12.08
TIME 11:50

Received
DATE 30.12.08
TIME 09:30

Report Issued
DATE 30.12.08
TIME 12:10

Authorised by
Auto Check

CPA
Accredited Medical Laboratory
Reference No:2335

Drugs of Abuse

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SURNAME DEANS	UNIT No. ZNC0899202	CONS/GP SPENCER
FORENAME CAROL	CHI No. Not Supplied	DESTINATION 55 HUNTER ST
D.O.B 08.06.72 SEX F	ADDRESS 32 NAPIER DRIVE	[redacted] HEALTH S.

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Negative	
U Opiates	Negative	
U Cocaine	Negative	
U Creatinine	14.0	mmol/L

Comments & Confirmations

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8002416

Collected
DATE 09.02.09
TIME 11:35

Received
DATE 10.02.09
TIME 11:14

Report issued
DATE 17.03.09
TIME 11:10

Authorised by
W Borland (GGH)

GPA
Accredited Medical Laboratory
Reference No:2335

Drugs of Abuse

THIRD PARTY COPY

SURNAME DEANS	UNIT No. 23001284A	CONS/GP /: MILLIGAN
FORENAME CAROL	CHI No. 0806725281	DESTINATION 55 HUNTER ST
D.O.B 08.06.72 SEX F	ADDRESS 0/2 65 CALVAY CRESCENT GLASGOW	[redacted] HEALTH S.

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Negative	
U Cocaine	Negative	
U Creatinine	20.2	mmol/L

Comments & Confirmations

Drugs of Abuse

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8019743

Collected
DATE 27.11.09
TIME 12:00

Received
DATE 27.11.09
TIME 14:42

Report Issued
DATE 27.11.09
TIME 16:10

Authorised by
Auto Check

Accredited Medical Laboratory
Reference No:2335

THIRD PARTY COPY

SURNAME **DEANS**	UNIT No. **23001284A**	CONS/GP SPENCER
FORENAME **CAROL**	CHI No. **0806725281**	DESTINATION **55 HUNTER ST**
D.O.B **08.06.72** SEX F	ADDRESS 0/2 65 CALVAY CRESCENT GLASGOW	[redacted] **HEALTH S.**

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Negative	
U Cocaine	Negative	
U Creatinine	11.5	mmol/L

Comments & Confirmations

Drugs of Abuse

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8000195

Corrected
DATE 07.01.10
TIME 13:00

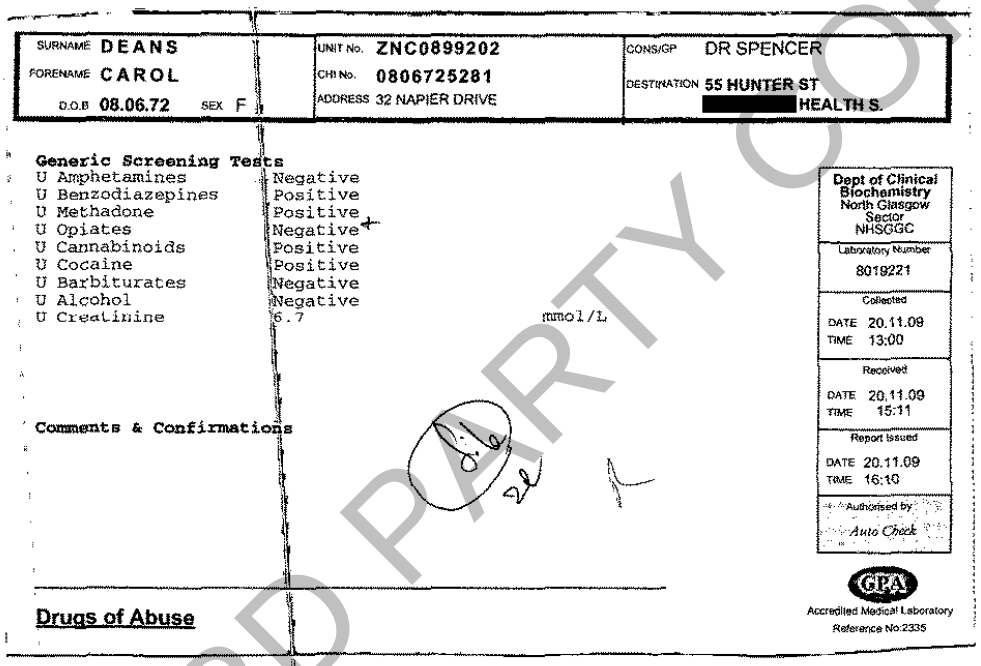
Received
DATE 08.01.10
TIME 10:54

Report Issued
DATE 08.01.10
TIME 14:10

Authorised by
Ante Check

GPA
Accredited Medical Laboratory
Reference No:2336

THIRD PARTY COPY



SURNAME DEANS
FORENAME CAROL
D.O.B 08.06.72 SEX F

UNIT No. ZNC0899202
CHI No. 0806725281
ADDRESS 32 NAPIER DRIVE

CONS/GP DR SPENCER
DESTINATION 55 HUNTER ST
[redacted] HEALTH S.

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Negative	
U Cannabinoids	Positive	
U Cocaine	Positive	
U Barbiturates	Negative	
U Alcohol	Negative	
U Creatinine	6.7	mmol/L

Comments & Confirmations

Drugs of Abuse

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number 8019221

Collected DATE 20.11.09 TIME 13:00

Received DATE 20.11.09 TIME 15:11

Report Issued DATE 20.11.09 TIME 16:10

Authorised by: Auto Check

GPA Accredited Medical Laboratory Reference No:2335

THIRD PARTY COPY

SURNAME DEANS	UNIT No. 23001284A	CONS/GP /: /: SPENCER
FORENAME CAROL	CHI No. 0806725281	DESTINATION 55 HUNTER ST
D.O.B 08.06.72 SEX F	ADDRESS 32 NAPIER DR	[redacted] HEALTH S.

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Negative	
U Cannabinoids	Negative	
U Cocaine	Negative	
U Creatinine	13.7	mmol/L

22 FEB 2010

Comments & Confirmations
Result phoned.

Drugs of Abuse

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8002978

Collected
DATE 17.02.10
TIME 10:30

Received
DATE 17.02.10
TIME 14:18

Report Issued
DATE 17.02.10
TIME 16:10

Authorised by
Louise Todd

GPA
Accredited Medical Laboratory
Reference No:2335

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SURNAME DEANS	UNIT No. 23001284A	CONS/GP SPENCER
FORENAME CAROL	CHI No. 0806725281	DESTINATION 55 HUNTER ST [redacted] HEALTH S.
D.O.B 08.06.72 SEX F	ADDRESS 32 NAPIER DR	

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Negative	
U Cocaine	Negative	
U Creatinine	12.7	mmol/L

25 FEB 2010

Comments & Confirmations

Drugs of Abuse

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8003241

Collected
DATE 22.02.10
TIME 10:00

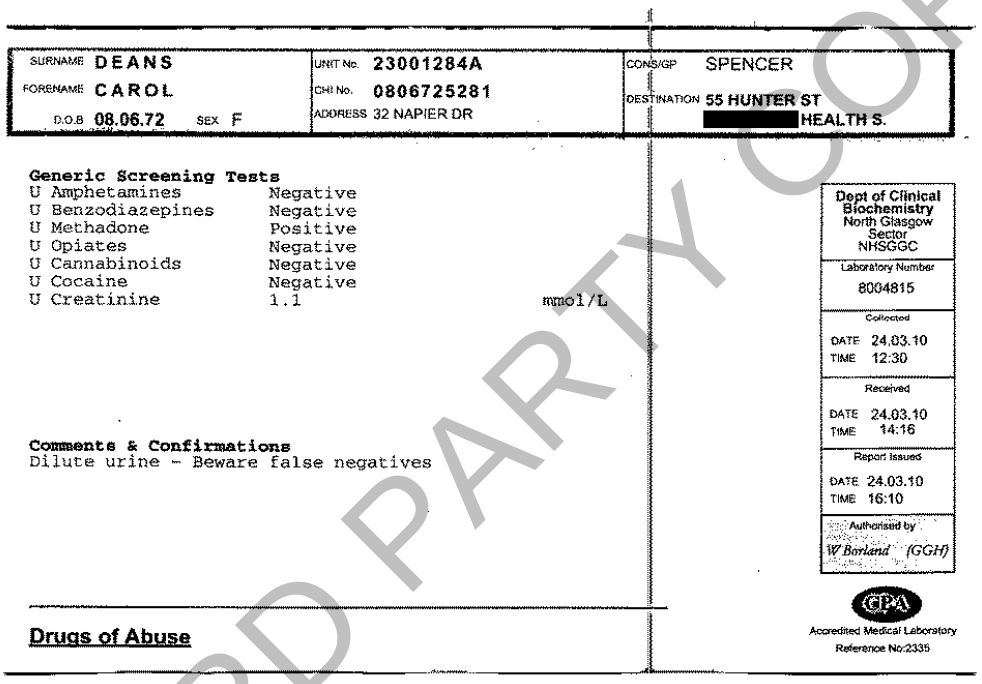
Received
DATE 23.02.10
TIME 10:44

Report Issued
DATE 23.02.10
TIME 11:10

Authorised by
Auto Check

Accredited Medical Laboratory
Reference No:2335

THIRD PARTY COPY



SURNAME DEANS	UNIT No. 23001284A	CONS/GP SPENCER
FORENAME CAROL	CHI No. 0806725281	DESTINATION 55 HUNTER ST
D.O.B 08.06.72 SEX F	ADDRESS 32 NAPIER DR	[redacted] HEALTH S.

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Negative	
U Methadone	Positive	
U Opiates	Negative	
U Cannabinoids	Negative	
U Cocaine	Negative	
U Creatinine	1.1	mmol/L

Comments & Confirmations
Dilute urine - Beware false negatives

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8004815

Collected
DATE 24.03.10
TIME 12:30

Received
DATE 24.03.10
TIME 14:16

Report Issued
DATE 24.03.10
TIME 16:10

Authorised by
W Borland (GGH)

GPA
Accredited Medical Laboratory
Reference No:2335

Drugs of Abuse

THIRD PARTY COPY

Additional document
07-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
Phone [redacted]
Fax [redacted]

DR RUTH R SPENCER
[redacted] HEALTH AND RESOURCE S
GLASGOW
G4 0UP
Tel : [redacted]

Dear Dr RUTH R SPENCER

Your Patient
Name : **CAROL DEANS**
DOB : **08/06/72**
Address : **32 NAPIER DRIVE**
GOVAN
GLASGOW
G51 2LS

Consultant : DR **PETER DAVIS**

Account # : **AE0026960/10** Unit # : **SG00290276** CHI # : **0806725281**

Attended at : **1642** on **04/04/10**
Left A&E at : **1950** on **04/04/10**

Reason for Visit : **CHEST PAIN**

Diagnosis :

Investigations :

Treatment :

Prescribed Drugs : DRUG DIRECTIONS

Tetanus Given:

Additional Notes:

Follow Up : **20** : AE0026960/10

Yours Sincerely,

If you require any futher information please quote this attendance number: **AE0026960/10**

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1/4

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW, G51 4TF
TEL: 0141 201 1100

WARD 20 DISCHARGE LETTER

PATIENT: CAROL DEANS
32 NAPIER DRIVE
GOVAN
GLASGOW
G51 2LS

DOB: 08/06/72
CHI: 0806725281
UNIT NO: SG00290276
ACCT NO: IP0018113/10
WARD: SCDU

GP: RUTH R SPENCER
[redacted] HEALTH AND RESOURCE S
GLASGOW
G4 0UP

CONSULTANT: ANDREW KERNOHAN
ADMITTED: 04/04/10

ADMISSION TYPE: AE - Referral
DISCHARGE TO: HOME

ADMIT DATE: 04/04/10
DISCHARGE DATE: 07/04/10

PRESENTATION: CHEST PAIN

DISCHARGING CONSULTANT: SEMCO

MAIN DIAGNOSIS: MUSCULOSKELETAL PAIN
PV BLEEDING

OTHER DIAGNOSIS:

FURTHER INFO:

D/W GYN ONCALL - GP TO FOLLOW UP HX ABNORMAL SMEAR AND PV BLEED
WITH SMEAR +/-COLPOSSCOPY/OP GYN REVIEW

INVESTIGATIONS: ECG - T WAVE INVERTION V1-V3
CXR - NIL ACUTE

INTERVENTIONS: ANALGESIA

REPORTS/UPDATE:

REPORTS TO BE TRACKED? Y
LETTER TO FOLLOW: Y
DISCONTINUED DRUGS? N

OP TESTS: N
COMPLIANCE AID: N
NEW MEDICATION? See Comments Below

MEDICATION COMMENTS:

NO CHANGE TO MEDICATION
GP TO GIVE LAXITIVE IF NEEDED

ALLERGIES: PENICILLIN

FOLLOWUP? N DETAIL:

TIMESCALE:

Run: 07/04/10-18:45 by REILLY,JENNIFER

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SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW, G51 4TF
TEL: 0141 201 1100

WARD 20 DISCHARGE LETTER

PATIENT: CAROL DEANS
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DOB: 08/06/72
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WARD: SCDU

GP: RUTH R SPENCER
[redacted] HEALTH AND RESOURCE S
GLASGOW
G4 0UP

CONSULTANT: ANDREW KERNOHAN
ADMITTED: 04/04/10

SIGNED: FY1,REIGE REILLY,JENNIFER
DESIGNATION: FOUNDATION DR YEAR 1

PAGE NUMBER: 7510

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SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW, G51 4TF
TEL: 0141 201 1100

WARD 20 DISCHARGE LETTER

PATIENT: CAROL DEANS
32 NAPIER DRIVE
GOVAN
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G51 2LS

DOB: 08/06/72
CHI: 0806725281
UNIT NO: SG00290276
ACCT NO: IP0018113/10
WARD: SCDU

GP: RUTH R SPENCER
[redacted] HEALTH AND RESOURCE S
GLASGOW
G4 0UP

CONSULTANT: ANDREW KERNOHAN
ADMITTED: 04/04/10

Medication	Form	Dose	Frequency	Duration
TINZAPARIN	OTAB	20000UNITS	IN THE MORNING	REVIEW
New Drug? N New Dose? N	Comments:			
Patient's Own Supply? Y	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
OMEPRAZOLE	OTAB	20MG	IN THE MORNING	INDEFINI
New Drug? N New Dose? N	Comments:			
Patient's Own Supply? Y	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
DIAMOX	OTAB	500MG	IN THE MORNING	INDEFINI
New Drug? N New Dose: N	Comments:			
Patient's Own Supply? Y	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
METHADONE	OSYR	30ML	IN THE MORNING	INDEFINI
New Drug? N New Dose? N	Comments:			
Patient's Own Supply? N	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
COCODAMOL 30/500	OTAB	2TABS	4 TIMES A DAY	REVIEW
New Drug? Y New Dose? Y	Comments:			
Patient's Own Supply? N	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
DICLOFENAC	OTAB	50MG	3 TIMES A DAY	REVIEW
New Drug? Y New Dose? Y	Comments:			
Patient's Own Supply? N	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
New Drug? New Dose?	Comments:			
Patient's Own Supply?	Pharmacy Notes:			Supply:

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SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW, G51 4TF
TEL. 0141 201 1100

WARD 20 DISCHARGE LETTER

PATIENT: CAROL DEANS
32 NAPIER DRIVE
GOVAN
GLASGOW
G51 2LS

DOB: 08/06/72
CHI: 0806725281
UNIT NO: SG00290276
ACCT NO: IP0018113/10
WARD: SCDU

GP: RUTH R SPENCER
[redacted] HEALTH AND RESOURCE S
GLASGOW
G4 0UP

CONSULTANT: ANDREW KERNOHAN
ADMITTED: 04/04/10

PHARMACY USE ONLY DISPENSED BY: DATE: CHECKED BY:
CLINICAL PHARMACIST CHECK: COLLECTED BY:
Medicine received on ward by: _____ Issued by: _____

Named Nurse: _____ Signature of Receipt: _____

Report Number: 0704-0010 Date(Time): 07/04/10 (1845 Hours) Status: Draft

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Run: 07/04/10-18:45 by REILLY,JENNIFER

Page 4 of 4

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SURNAME DEANS	UNIT No. 23001284A	CONS/GP NOT STATED
FORENAME CAROL	CHI No. 0806725281	DESTINATION 55 HUNTER ST
D.O.B 08.06.72 SEX F	ADDRESS 32 NAPIER DR	[redacted] HEALTH S.

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Negative	
U Opiates	Positive	
U Cannabinoids	Negative	
U Cocaine	Negative	
U Barbiturates		
U Alcohol		
U Buprenorphine		
U T/cyclic Antideps		
U Creatinine	4.8	mmol/L

26 APR 2010

32/5279 Not Hunter St

Mair

Comments & Confirmations

Confirmation by GCMS: Dihydrocodeine detected
Patient stated to be on Co-Codamol (Paracetamol + Codeine).
Source of dihydrocodeine? Perhaps patient is on Co-Dydramol?

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number: 8005570

Collected: DATE 08.04.10 TIME 10:30

Received: DATE 09.04.10 TIME 09:13

Report Issued: DATE 22.04.10 TIME 12:10

Authorised by: Jan Knepil

GPA Accredited Medical Laboratory
Reference No:2335

Drugs of Abuse

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REGIONAL VIRUS LABORATORY
GARTNAVEL GENERAL HOSPITAL, P.O. BOX 16766, GLASGOW G12 0ZA

Tel: [redacted] **Fax:** [redacted]

SURNAME	FORENAME	UNIT NO.	SEX DOB
DEANS	CAROL		F 08.06.72
SOURCE	CONSULTANT	GP	
45-47 Shaw Street/42		CHI:0806725281 Dr R.Mair	
SPECIMEN	LAB NO.	REPORT STATUS	YOUR REF. NO.
swab	V.10.0407283.D	Final	

Herpes simplex PCR :POSITIVE
T. pallidum PCR :Negative

14 APR 2010

Herpes simplex type 2 identified by type specific PCR.

Clinical detail	DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY
VIROLOGY	08.04.10	09.04.10	12.04.10	Mrs E Murray

Copt for:45-47 Shaw Street/425

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NHS Confidential: Personal data about a patient

SURNAME DEANS	UNIT No. 23001284A	CONS/GP NOT STATED
FORENAME CAROL	CHI No. 0806725281	DESTINATION 55 HUNTER ST
D.O.B 08.06.72 SEX F	ADDRESS 32 NAPIER DR	[redacted] HEALTH S.

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Negative	
U Opiates	Positive	
U Cannabinoids	Negative	
U Cocaine	Negative	
U Creatinine	4.8	mmol/L

12 APR 2010

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8005570

Collected
DATE 08.04.10
TIME 10:30

Received
DATE 09.04.10
TIME 09:13

Report Issued
DATE 09.04.10
TIME 12:10

Authorised by
Jan Knepil

CPA
Accredited Medical Laboratory
Reference No.2335

Comments & Confirmations
On co-codamol
Interim report: Confirmation of positive opiates screen to follow

Drugs of Abuse

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1945 Confidential: Personal data about a patient

SURNAME DEANS	UNIT No. 23001284A	CONS/GP NOT STATED
FORENAME CAROL	CHI No. 0806725281	DESTINATION 55 HUNTER ST
D.O.B 08.06.72 SEX F	ADDRESS 32 NAPIER DR	[redacted] HEALTH S.

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Negative	
U Opiates	Positive	
U Cannabinoids	Negative	
U Cocaine	Negative	
U Barbiturates		
U Alcohol		
U Buprenorphine		
U T/cyclic Antideps		
U Creatinine	4.8	mmol/L

26 APR 2010

Not Hunter St

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number: 8005570

Collected: DATE 08.04.10 TIME 10:30

Received: DATE 08.04.10 TIME 09:13

Report Issued: DATE 22.04.10 TIME 12:10

Authorised by: *Ian Knepil*

CPA
Accredited Medical Laboratory
Reference No.2335

Comments & Confirmations

Confirmation by GCMS: Dihydrocodeine detected
Patient stated to be on Co-Codamol (Paracetamol + Codeine).
Source of dihydrocodeine? Perhaps patient is on Co-Dydramol?

Drugs of Abuse

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **2797198** Date: **11 Apr 2010** Time of Call: **17:28**

Patient's Name: **Carol Deans** DOB: **08/06/1972** Age: **37 Y**

Address Today: **32 Napier Drive** Home Address If different: **32 Napier Drive**

Glasgow
Main Door
Post Code: **G51 2LS**

Glasgow
Main Door
Post Code: **G51 2LS**

Phone Number Today: [redacted] - Home Phone If different: **() -**

NHS24 Call ID : 8665555

Callers Name: [redacted] Relationship to patient:

Name of GP: **Mair RM** Practice No: **425**

Surgery: **425 Paisley Rd West / Shaw Street** Cipher No: **G0182 1**

Address: **Dr WH Pitt & Partner 1600-1604 Paisley Road West Craigton Glasgow G52 3QN** Fax No: [redacted]

Speed Dial: **013**

Call Type: **Patient Transport** **Priority 3 Within 90** Time Passed: **19:40**

Receptionist's Name:**IF** Time Arrived: **11/04/2010** Time Complete: **11/04/2010 19:40:17**

Patient's Complaint: **Patient's Complaint:**

PT HAS 2 BLOOD CLOTS IN LUNGS AND DVT - PT WAS ADMITTED TO HOSPITAL FOR CYSTS IN OVARIES - PAIN AROUND OVARIES AREA AND LOWER STOMACH. ((Non-Clinical User) (Cardonald))

CB PAIN IN OVARIES 2 DAYS SEE AV

Clinical summary created by: (Non-Clinical User) (Cardonald) [11/04/2010 18:03:26]
X FOR X AND UNTRIAGED CALL - PASSED TO [redacted] TO ACTION

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 two hours.

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **KERN** Follow Up: GP Follow Up

Consultation(s):

By: Nalagatla Rohini **Start:** 11/04/2010 19:15:13 **Finish** 11/04/2010 19:39:54

Clinical Assessment Details
Started-11/04/2010 19:15:13
Finished-11/04/2010 19:39:54
History
co codamol @14:30 has just been to toilet (Obs as recorded by H Macmillan) c/o shooting pains in vagina few days wores over week end pv bleeding 1/2 cup full after cx smear on friday discharged fro sgh from cdu ward 7 had blood

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clotx in lung on injections lower abd pain bowels ok no pv bleeding now abnromal smear 7 yrs ago had scan on thursday ?ovarian cyst waiting for smear result and ?urgent referral to gynae no chest symptoms or pain or sob pmh fluid in haed ecs consent obtained dh noted nil allergies taken coocdamol 30/500 ibuprofen not helping ran out diclofenac never helped

Examination

over weight bruisng and lumps in abd wall tender all over lwoer abd no rigity or guarding bs +

Diagnosis

abd pain ?cause ?ovarain cyst

Treatment

declined hospital admission has young children at home try analgesics if no better or worsening to contact to see own dr

Clinical Coding

Question: Temperature [2E3..] - 36.7
Question: Oxygen Saturation [44YA.] - 97
Question: Pulse [242..] - 76
Question: Systolic BP [246A.] - 110
Question: Diastolic BP [2469.] - 78
Clinical code: R090. ([D]Abdominal pain)

Prescription Details

Drug Name-tramadol capsules 50mg
Preparation-capsule(s)
Dosage-2 cap x4 times aday
Quantity-30
Drug Name-paracetamol tablets 500mg
Preparation-tablet(s)
Dosage-2 tab x4 times day
Quantity-24

Consultation(s):

By: Neylon Keri **Start:** 11/04/2010 18:19:54 **Finish** 11/04/2010 18:28:49

Clinical Assessment Details
Started-11/04/2010 18:19:54
Finished-11/04/2010 18:28:49

History

Admitted to SGH last week. PTE last Oct Known ovarian cysts- awaiting Ix Has had some episodes of vaginal bleeding. On cocodamol & diclofenac Now lower abdo pains and feels cold all the time. Shooting pains in vaginal area See at PCEC- requires transport (daughtr going with her)

Examination

Diagnosis

Treatment

Clinical Coding
Prescription Details

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NHS Greater Glasgow & Clyde OOH Services

Call No: **2798359** Date: **13 Apr 2010** Time of Call: **18:06**

Patient's Name: **Carol Deans** DOB: **08/06/1972** Age: **37 Y**

Address Today: **32 Napier Drive**
Govan
Glasgow
Main Door
Post Code: **G51 2LS**

Home Address If different: **32 Napier Drive**
Govan
Glasgow
Main Door
Post Code: **G51 2LS**

Phone Number Today: [redacted] -

Home Phone If different: **() -**

NHS24 Call ID : 8670770

Callers Name: [redacted]

Relationship to patient:

Name of GP: **Mair RM** Practice No: **425**

Surgery: **425 Paisley Rd West / Shaw Street** Cipher No: **G0182 1**

Address: **Dr WH Pitt & Partner 1600-1604 Paisley Road West**
Craigton Glasgow G52 3QN

Fax No: [redacted]

Speed Dial: **013**

Call Type: **PCEC within 1 Hr** **Priority D Dual** Time Passed: **20:13**

Receptionist's Name:**IIF** Time Arrived: **13/04/2010** Time Complete: **13/04/2010 20:13:05**

Patient's Complaint: **Patient's Complaint:**

BEING TESTED FOR CANCER IN WOMB. WAS IN HOSP FOR TESTS. SIGNED HERSELF OUT. HAS FLUID IN BRAIN. ((Non-Clinical User) (Glasgow))
PRIORITY ADVISED BY TL L CLYDESDALE. ((Non-Clinical User) (Glasgow))
ALERGIC TO PENYCILLIN ((Non-Clinical User) (Glasgow))

CB PAINS IN WOMB 6 DAYS

Clinical summary created by: (Nurse Advisor) (Cardonald) [13/04/2010 19:10:47]
LOW ABDO PAIN FOR 6 DAYS AND SINCE PV BLEED- 1ST IN 7 YRS- CERVICAL SMEAR TAKEN FRI, ?3RD STAGE CELLS FOUND 7YRS AGO/ ABDO TENDER, PAIN RADIATING TO LOWER BACK & HIPS, INTERMITTENT SHOOTING PV & PR PAINS/ SEEN OOH 2 DYS AGO, REFUSED HOSP ADMISSION THEN BUT SYMPTOMS WORSE DESPITE REGULAR TRAMADOL, CO-CODAMOL & IBUPROFEN. WILL ATTEND SGH PCEC WITHIN 1HR.

This call should be transferred via serious and urgent telephony route.
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 two hours.
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 **R4489** Follow Up: Hospital Refferal

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Consultation(s):

By: Beattie Laura **Start:** 13/04/2010 19:45:42 **Finish** 13/04/2010 20:12:34

Clinical Assessment Details
Started-13/04/2010 19:45:42
Finished-13/04/2010 20:12:34
History
tramadol & Co-codamol @17:00 states nothing changed except pain much worse (obs as recorded byH Macmillan) 7years ago- told had stage 3 ?cervical ca- defaulted from follow-up. admitted to ward 7 SGH 2weeks ago with abdo pain and PV bleeding- found to have ovarian cysts. was discharged with urgent gynae referral. on friday, attended for GP for smear test- since then been having lower abdo pain- radiating round to back. pain severe enough to cause her to double over. no relief from an oral analgesia. no urinary Sx. BO normal. s minimal PV bleeding and some PV discharge - brownish colour.
Examination
obs as recorded- obese, bruising over abdomen from minihep injections abdo soft, tender lower abdomen- guarding in both L/RIF. no obvious masses- some superficial ?haematoma. BS active.
Diagnosis
?twisted/ruptured ovarian cyst ?widespread cervical ca given history
Treatment
discussed with gynae on-call- will review on ward 49
Clinical Coding
Question: Oxygen Saturation [44YA.] - 97
Question: Pulse [242..] - 79
Question: Systolic BP [246A.] - 110
Question: Diastolic BP [2469.] - 90
Clinical code: K5... (Other female genital tract dis)
Prescription Details

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Acute Services Divison

Gynaecology Emergency Department, Maternity Building, Southern General Hospital

NHS Greater Glasgow and Clyde

GP Information Summary

Pat [redacted]	GP Dr Pettigrew
Ad SG00290276 CAROL DEANS 32 NAPIER DRIVE GOVAN GLASGOW 08/06/1972 GS1 2LS CHI 0806725281	GP Address Shaw Street Glasgow.
Telephone number	Unit No
Date of birth	CHI No
Date	Consultant on call

Dear _____

The above named patient was seen at the Gynaecology Emergency Department and did not require admission. The clinical details are as follows:

Date seen	14/4/10
Under the care of	
Diagnosis	? groin hernia.
Investigations	OP MRI General surgery clinic OPD.
Treatment	
Medication	
Additional information	LIF Pain 2/52 tender ++ LIF. + sub @ nodule at s.to of US 0 masses identified. infection IVDU. Reviewed by General surgery Reg PR. (N)

☐	The patient **has** been given an out-patient appointment on this date:
☐	The patient has **not** been been given an out-patient appointment.
Seen by	A TURRANS
Signature	PP [signature]

MED 81 SGH • OBS & GYN • 199101 / 24.04.09

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Acute Services Division

NHS
Greater Glasgow and Clyde

Emergency Care and
Medical Services Directorate
Centre for Diabetes & Metabolism
Tel: [redacted]
Fax: [redacted]
E-mail: [redacted]

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

BK/MF

32/5229
Main
Not Here

Clinic: 04/04/10
Typed : 16/04/10

DR RUTH R SPENCER
[redacted] HEALTH AND RESOURCE S
GLASGOW
G4 0UP

Dear Dr Spencer

CAROL DEANS DOB: 08/06/72 (SG00290276) CHI:0806725281
32 NAPIER DRIVE, GOVAN GLASGOW, G51 2LS

Carol failed once again to attend her appointment at my medical clinic. No further appointments will be sent at this stage.

Yours sincerely

Dr Andrew Kernohan
Consultant Physician

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Delivering better health

www.nhsggc.org.uk

40372

NHS Confidential: Personal data about a patient

LOW RISK HEALTH PROFILE

For patients without established heart disease.

live active EXERCISE REFERRAL SCHEME

- To be completed by referring health professional.
- Please refer to the inclusion/exclusion criteria and patient pathway for further information on appropriate referrals and processes.
- Please fully complete the form to ensure appropriate exercise prescription.

PATIENT DETAILS

Please give full postal address and telephone number or attach label in order for patients to be contacted to attend a baseline appointment.

CHI: 0806725281
DENNIS Carol 08/06/1972 F
32 Napier Dr G51 2LS
[redacted]
Dr RM Mair GMC :01821
1500-1604 Paisley Road West, Practice :52241

Name ____ Male/Female
D.O.B (da)
Address
Tel No W
Mobile
Hospital No, if known (GRI/WSH/USGH/VI)
CHI No.

Does your patient require an interpreter/communication support?
If 'yes' please describe. YES ☐ NO ☐

REASON FOR REFERRAL - PLEASE GIVE DETAILS BELOW

To add weight bear, improve general wellbeing

1.If your patient has established heart disease please DO NOT use this form. Please use Referral Form for Patients with Established Heart Disease.

2. Is your patient motivated to become more active? YES ☑ NO ☐

If 'no' please DO NOT refer to the Live Active Exercise Referral Scheme.

3a. Most recent BP reading 120 / 80 mmHg
Date 23-3-10

3b.Is your patient being monitored/treated for high BP? YES ☐ NO ☐

Please do not use the Live Active Exercise Referral Scheme if BP is consistently >160/90mmHg and is not being monitored/treated OR if BP is >180/110mmHg.

4. Does your patient have any physical limitations that would make physical activity difficult? YES ☐ NO ☐
If 'yes' please give details using the options below

☐ Back Pain ☐ MS ☐ OA
☐ Amputation ☐ Osteoporosis ☐ RA
☐ Injury ☐ Chronic Fatigue ☐ Joint Replacement
☐ PVD ☑ Obesity ☐ Other Joint Pain
☐ Functional Post Stroke (please give details) ☑ Other (please give details)

* Recurrent DVTs - prone to carry * having a on knee injection

GP DETAILS (or stamp)

Name
Practice Ad DR PETTIGREW
45/47 SHAW ST
GLASGOW G51 4BH
Tel No TEL: 0141 445 1444
Fax No
Practice Code

5. Does your patient have any mental health issues (e.g. anxiety, depression etc.)?Please give details. YES ☑ NO ☐
Depression

6. Does your patient have any learning difficulties or cognitive impairment? Please give details. YES ☐ NO ☑

Please note that patients must have the mental and physical ability to be able to participate in class based or individual based activity programmes. Patients with additional support needs must be accompanied by a carer (professional/voluntary). The Live Active Exercise Referral Scheme is unable to provide one-to-one exercise tuition.

7. Does your patient have any respiratory problems? Please give details. YES ☐ NO ☑

8. Is your patient diabetic? IDDM YES ☐ NO ☑
NIDDM YES ☐ NO ☐

9. Does your patient suffer from epilepsy? YES ☐ NO ☑
If 'yes' how often do they have a seizure
☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely

10. Is your patient taking any medication that will affect their exercise capacity? YES ☐ NO ☐
If 'yes' please attach repeat prescription printout

Based on this health profile, and my knowledge of the patient, I know of no reason why this patient should not join the Live Active Exercise Referral Scheme. This scheme involves a one to one physical activity consultation and advice on appropriate exercise and self monitoring (as per NHSGG&C protocol). This information will be stored on a secure electronic database with additional paper copies stored securely as well.

Referrer's Signature
Print name PETTIGREW Date 19-4-10
Job title GENERAL PRACTITIONER
Location & Tel (if different to GP details)

Please note all unsigned forms will be returned to the referrer
I give permission for this information to be passed on to the Exercise Referral Staff

Patient's Signature
Print name CAROL DENNIS Date 19/4/10

WHITE - SEND COPY TO PATIENT'S PREFERRED VENUE
YELLOW - REFERRERS COPY PINK - PATIENT'S COPY

To order more referral forms please contact Live Active administrator Tel 0141 287 9873
Version April 2006

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Acute Services Division

Surgery and Anaesthetics Directorate

NHS
Greater Glasgow and Clyde
Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

DEPARTMENT OF GENERAL SURGERY
Direct Line: [redacted]
Fax:

GAS/AM

Dict: 14/04/10
Typed: 20/04/10

[redacted]
32/5224
Main

DR RUTH R SPENCER
[redacted] HEALTH AND RESOURCE S
GLASGOW
G4 0UP

Dear Dr Spencer,

CAROL DEANS DOB: 08/06/72 (SG00290276) CHI: 0806725281
32 NAPIER DRIVE, GOVAN, GLASGOW, G51 2LS

I reviewed Ms. Deans at the request of my gynaecology colleagues on the 14th April 2010. As you know Ms. Deans is a 37 year old lady who presented to the gynaecology service with approximately a two week history of what appeared to be lower left sided abdominal pain in association with some PV spotting. They had extensively investigated her for a gynaecological aetiology of these symptoms given the fact that she has previously had cervical cancer which has been treated with a loop excision. After having performed a PV examination and also performing a trans-vaginal ultrasound, they had some to the conclusion there is no significant underlying gynaecological pathology to explain her symptoms.

At this point they involved the general surgical service and my impression of Ms. Deans was that she had a 2-3 week history of what appeared to be left sided groin pain which is constant, radiating to the hip and worse on ambulation. She also volunteered some colorectal symptoms in the form of increasing constipation and occasional loose stool which post-dates her left groin pain. I note she is a previous intravenous drug user currently on Methadone and is also using Co-codamol and non-steroidal anti-inflammatories to palliate her symptoms of left groin pain. Also of note is the fact that she had a deep venous thrombosis of the lower limb diagnosed back in October 2009 and is currently on therapeutic Tinzaparin daily.

Clinical examination revealed a very obese lady with a soft abdomen with some abdominal wall nodules consistent with subcutaneous injection. With regards to the left groin this was tender to palpation but given Ms. Deans frame, I was not able to confidently elicit a cough impulse which would have definitively suggested a hernia in the area. Hip movement also seemed to exacerbate the pain. Digital rectal examination was performed and did not reveal any significant abnormality of note.

My impression was that Ms. Deans did not in any way have an acute abdomen and

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CAROL DEANS
DOB:08/06/72

that her symptoms were localised to the left groin. In this context I have elected to treat Ms. Deans as an out-patient and I will investigate her in the first instance with an MRI scan to elicit any hernias in the groin and bring her back to our out-patient clinic. At that point we can review her colorectal symptoms and if they persist, she may require further investigation in the form of colonoscopy.

In the interim she should continue to palliate her symptoms with analgesia and I would encourage gentle exercise and movement.

Yours sincerely,

Zubir Ahmed,
Speciality Registrar.

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SURNAME DEANS	UNIT No. 23001284A	CONS/GP NOT STATED
FORENAME CAROL	CHI No. 0806725281	DESTINATION 55 HUNTER ST
D.O.B 08.06.72 SEX F	ADDRESS 32 NAPIER DR	[redacted] HEALTH S.

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Positive	
U Cocaine	Negative	
U Creatinine	13.2	mmol/L

11 MAY 2010

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8007082

Collected
DATE 05.05.10
TIME 12:15

Received
DATE 06.05.10
TIME 14:16

Report Issued
DATE 06.05.10
TIME 16:10

Authorised by
W Borland (GGH)

GPA
Accredited Medical Laboratory
Reference No:2335

Comments & Confirmations
Interim report: Confirmation of positive opiates screen to follow

Drugs of Abuse

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SURNAME DEANS	UNIT No. 23001284A	CONS/GP NOT STATED
FORENAME CAROL	CHI No. 0806725281	DESTINATION 55 HUNTER ST [redacted] HEALTH S.
D.O.B 08.06.72 SEX F	ADDRESS 32 NAPIER DR	

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Positive	
U Cocaine	Negative	
U Creatinine	13.2	mmol/L

11 MAY 2010

32/5229

Comments & Confirmations
Interim report: Confirmation of positive opiates screen to follow

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number: 8007082

Collected: DATE 05.05.10 TIME 12:15

Received: DATE 06.05.10 TIME 14:16

Report issued: DATE 06.05.10 TIME 16:10

Authorised by: W Borland (GGH)

GPA
Accredited Medical Laboratory
Reference No: 2335

Drugs of Abuse

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SURNAME DEANS	UNIT No. 23001284A	CONS/GP NOT STATED
FORENAME CAROL	CHI No. 0806725281	DESTINATION 55 HUNTER ST [redacted] HEALTH S.
D.O.B 08.06.72 SEX F	ADDRESS 32 NAPIER DR	

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Positive	
U Cannabinoids		
U Cocaine	Negative	
U Barbiturates		
U Alcohol		
U Buprenorphine		
U T/cyclic Antideps		
U Creatinine	13.2	mmol/L

17 MAY 2010

Comments & Confirmations
Confirmation by GCMS on hydrolysed urine:
Morphine detected

32/5229
Mair

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number 8007082

Collected DATE 05.05.10 TIME 12:15

Received DATE 06.05.10 TIME 14:16

Report Issued DATE 14.05.10 TIME 09:10

Authorised by W Borland (GGH)

GPA Accredited Medical Laboratory Reference No:2335

Drugs of Abuse

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NHS Confidential: Personal data about a patient

SURNAME DEANS	UNIT No. 23001284A	CONS/GP NOT STATED
FORENAME CAROL	CHI No. 0806725281	DESTINATION 55 HUNTER ST
D.O.B 08.06.72 SEX F	ADDRESS 32 NAPIER DR	[redacted] HEALTH S.

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Positive	
U Cannabinoids		
U Cocaine	Negative	
U Barbiturates		
U Alcohol		
U Buprenorphine		
U T/cyclic Antideps		
U Creatinine	13.2	mmol/L

17 MAY 2010

Comments & Confirmations
Confirmation by GCMS on hydrolysed urine:
Morphine detected

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8007082

Collected
DATE 05.05.10
TIME 12:15

Received
DATE 06.05.10
TIME 14:16

Report Issued
DATE 14.05.10
TIME 09:10

Authorised by
W Borland (GGH)

GPA
Accredited Medical Laboratory
Reference No:2335

Drugs of Abuse

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NHS Confidential: Personal data about a patient

SURNAME DEANS	UNIT No. 23001284A	CONS/GP SPENCER
FORENAME CAROL	CHI No. 0806725281	DESTINATION 55 HUNTER ST
D.O.B 08.06.72 SEX F	ADDRESS 32 NAPIER DR	[redacted] HEALTH S.

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Positive	
U Cocaine	Negative	
U Creatinine	19.4	mmol/L

17 MAY 2010

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8007570

Collected
DATE 13.05.10
TIME 11:00

Received
DATE 13.05.10
TIME 15:31

Report Issued
DATE 14.05.10
TIME 10:10

Authorised by
Jan Knepil

GPA
Accredited Medical Laboratory
Reference No:2335

Comments & Confirmations
Interim report: Confirmation of positive opiates screen to follow

Drugs of Abuse

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NHS Confidential: Personal data about a patient

[redacted]EANS	UNIT No. 23001284A	CONS/GP SPENCER
FORENAME CAROL	CHI No. 0806725281	DESTINATION 55 HUNTER ST
D.O.B 08.06.72 SEX F	ADDRESS 32 NAPIER DR	[redacted] HEALTH S.

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Positive	
U Cannabinoids		
U Cocaine	Negative	
U Barbiturates		
U Alcohol		
U Buprenorphine		
U T/cyclic Antideps		
U Creatinine	19.4	mmol/L

25 MAY 2010

Comments & Confirmations
Confirmation by GCMS on hydrolysed urine:
Morphine detected

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8007570

Collected
DATE 13.05.10
TIME 11:00

Received
DATE 13.05.10
TIME 15:31

Report Issued
DATE 21.05.10
TIME 16:10

Authorised by
Jan Knepil

GPA
Accredited Member

Drugs of Abuse

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NHS Confidential: Personal data about a patient

SURNAME DEANS	UNIT No. 23001284A	CONS/GP SPENCER
FORENAME CAROL	CHI No. 0806725281	DESTINATION 55 HUNTER ST [redacted] HEALTH S.
D.O.B 08.06.72 SEX F	ADDRESS 32 NAPIER DR	

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Positive	
U Cocaine	Negative	
U Creatinine	19.4	mmol/L

17 MAY 2010

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number 8007570

Collected DATE 13.05.10 TIME 11:00

Received DATE 13.05.10 TIME 15:31

Report Issued DATE 14.05.10 TIME 10:10

Authorised by Jan Knepil

Comments & Confirmations
Interim report: Confirmation of positive opiates screen to follow

GPA
Accredited Medical Laboratory
Reference No:2335

Drugs of Abuse

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NHS Confidential: Personal data about a patient

SURNAME DEANS	UNIT No. 23001284A	CONS/GP SPENCER
FORENAME CAROL	CHI No. 0806725281	DESTINATION 55 HUNTER ST
D.O.B 08.06.72 SEX F	ADDRESS 32 NAPIER DR	[redacted] HEALTH S.

25 MAY 2010

32/5229

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Positive	
U Methadone	Positive	
U Opiates	Positive	
U Cannabinoids		
U Cocaine	Negative	
U Barbiturates		
U Alcohol		
U Buprenorphine		
U T/cyclic Antideps		
U Creatinine	19.4	mmol/L

Comments & Confirmations

Confirmation by GCMS on hydrolysed urine:
Morphine detected

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8007570

Collected
DATE 13.05.10
TIME 11:00

Received
DATE 13.05.10
TIME 15:31

Report Issued
DATE 21.05.10
TIME 16:10

Authorised by
Jan Knepil

GPA
Accredited Medical Laboratory
Reference No.2335

Drugs of Abuse

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Acute Services Division

Surgery and Anaesthetics Directorate

NHS
Greater Glasgow and Clyde

DEPARTMENT OF GENERAL SURGERY
Direct Line: [redacted]
Fax:

25 JUN 2010

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

[redacted]

GAS/AM

Dict: 04/06/10
Typed: 08/06/10

32/5229
Mair

DR RUTH R SPENCER
[redacted] HEALTH AND RESOURCE S
GLASGOW
G4 0UP

Dear Dr Spencer,

CAROL DEANS DOB: 08/06/72 (SG00290276) CHI: 0806725281
32 NAPIER DRIVE, GOVAN, GLASGOW, G51 2LS

Your patient failed to attend Mr. Smith's clinic today for review. I trust all is well with her and we will send her out another appointment.

Yours sincerely,

Cariss Little,
Speciality Registrar.

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Run: 08/06/10-11:23 by MCKELLAR,ANNE

Page 1 of 1

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South Glasgow
University Hospitals
NHS Trust

Trust Headquarters

Southern General Hospital
1345 Govan Road
Glasgow G51 4TF
Telephone [redacted]
Fax 0141-201-2999
www.nhsscotland.co.uk

NHS
Greater
Glasgow

Gynaecology and ante-natal clinic
Ward 43
Tel: [redacted]
Fax: 0141 201 2994

Date: 10/06/10

Patient information

SG00290276
CAROL DEANS
32 NAPIER DRIVE
GOVAN
GLASGOW 08/06/19??
G51 2LS CHI 0806725281

Dear Dr

Please prescribe Terazole cream to apply 1-2 times to vaginal area x 2/52
Fluconazole 50mg po stat x 1/52

A letter will follow.

Done
10/6/10

Yours sincerely

SGH481

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1/2

Acute Services Division

Women and Children's Directorate

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
Tel: [redacted]
Fax: [redacted]

NHS
Greater Glasgow and Clyde

Secretary: [redacted]
e:mail: [redacted]

Dr Robert J S Hawthorn
Dr Stewart Pringle
Dr Marco Gaudoin
Dr John Tierney
Dr Chris Hardwick
Dr Janice Gibson
Dr Hassan Ali
Dr Stein Bjornsson
Dr Vanessa Mackay
Dr Karen Guerrero

VM/MLC/

15/06/10

DR MAIR
45 - 49 SHAW STREET

G51 3BH

Dear Dr Mair

CAROL DEANS DOB: 08/06/72 (SG00290276) CHI 0606725281
32 NAPIER DRIVE, GOVAN GLASGOW, G51 2LS

I reviewed this 38 year old, para 5 lady who has been complaining of vaginal pain for the past 2 years. She says that she is unsure when her LMP was as she bleeds every 2 days wearing pads continuously. The vaginal pain is sharp and shooting radiating to the pubic bone. As mentioned before, it is associated with PV bleeding which is bright red with clots and she also has a smelly associated brownish discharge. She is not sexually active at present. I note her previous history of [redacted] III but she defaulted from follow up.

I note an HVS in April this year showed streptococcus species but she has not been treated for this. A scan performed on the 17/04/10 showed no abnormality. She also had an MRI which showed a 2cm physiological cyst in the left ovary.

On examination she was comfortable with an increased BMI. The abdomen was soft but tender in the suprapubic and right and left iliac fossa regions. On speculum the cervix looked normal but short and the os was closed. No cervical lesions were seen. However, on digital examination she had marked vaginal tenderness especially in the anterior walls of the vagina and this was very uncomfortable. There was however no cervical excitation, no adnexal masses and no adnexal tenderness. There was difficulty palpating the uterus due to her large BMI.

My assessment is that she has vaginismus and that she has dysfunctional uterine bleeding but I am wondering if this could be due to cervical cause. Therefore, she needs follow up for investigation to rule out any further cervical pathology.

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- 8 JUL 2010

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Acute Services Division

NHS
Greater Glasgow and Clyde

Women and Children's Directorate

CAROL DEANS
08/06/72

I plan to give her Trimovate cream for her vaginismus and she was given erythromycin in order to treat the streptococcus species as shown on the HVS report. I have referred her to Dr Hassan's colposcopy clinic as a matter of urgency and she has an appointment for the 21/06/10 and we will review her back in 6 weeks. If the colposcopy results are unremarkable we will consider a pipelle +/- hysteroscopy and we will keep you informed.

Yours Sincerely

Dr Jerome Mayers
Registrar to Dr Hadoura

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NHS
Greater Glasgow and Clyde

COLPOSCOPY DEPARTMENT
WOMEN & CHILDREN'S DIRECTORATE
NEW VICTORIA HOSPITAL
Grange Road
Glasgow
G42 9LF
Contact: Margaret Gourlay
Telephone: [redacted]
Reference: MG / AH
01/07/2010

Ms Carol Deans
32 Napier Drive
Govan
Glasgow
G51 2LS

Dear Ms Deans

CHI number: 0806725281 Unit number: 0290276

I am sorry that you have not been able to keep your appointment at the clinic. Another appointment has been arranged for you at 11:30 on the 16/08/2010 to see Dr Hassan Ali.

Your GP has been notified that you did not attend and I would therefore encourage you to attend the clinic.

Yours sincerely

Dr H Hassan D M Ali
Consultant Gynaecologist

copy to: Dr Mair
1600 Paisley Road West
Glasgow G52

07 JUL 2010

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SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
Phone [redacted]
Fax [redacted]

DR LOUISE LH PETTIGREW
45 - 49 SHAW STREET
G51 3BH
Tel : [redacted]

Dear Dr LOUISE LH PETTIGREW

Your Patient
Name : CAROL DEANS
DOB : 08/06/72
Address : 32 NAPIER DRIVE
GOVAN
GLASGOW
G51 2LS

Consultant : DR PHIL MUNRO

Account # : AE0059630/10 Unit # : SG00290276 CHI # : 0806725281

Attended at : 1627 on 18/07/10
Left A&E at : 2000 on 18/07/10

Reason for Visit : ABDO PAIN

Diagnosis : Menorrhagia : NOT APPLICABLE : ---

Investigations :

Treatment :

Prescribed Drugs : DRUG DIRECTIONS

Tetanus Given: N

Additional Notes:
ADMITS TO GYNAECOLOGY FOR FURTHER MANAGEMENT.
Follow Up :

Yours Sincerely,
CLAIRE GILROY
If you require any futher information please quote this attendance number: AE0059630/10

23 JUL 2010

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Acute Services Division

Women and Children's Directorate

02 AUG 2010

NHS
Greater Glasgow and Clyde

COLPOSCOPY CLINIC – New Victoria Hospital

Dr Robert J S Hawthorn (Consultant)
Dr Hassan O M Ali (Consultant)
Dr Pyone Myint

Grange Road
Glasgow
G42 9LF
☎ 0141 201 6000
Fax 0141 347 8790

(Colposcopy secretary – Margaret - [redacted]

RJSH/MG/290276

27 July 2010

Dr Pettigrew
1600 Paisley Road West
GLAGSOW
G52 3QN

Dear Dr Pettigrew

Carol Deans – DoB 8.6.72 0806725281
32 Napier Drive, Glasgow G51 2LS

Your patient has failed to keep 2 colposcopy clinic appointments. No further appointments have been sent.

If you can persuade her to come, another appointment can be made by telephoning [redacted]

Yours sincerely

p.p.

Dr R J S Hawthorn
Consultant

Cc. Margaret Burgoyne, Cytology Dept, SGH.

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40366

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SGH 115A

BACTERIOLOGY DEPARTMENT **SOUTHERN GENERAL HOSPITAL** GLASGOW

TEL: [redacted]

Name: DEANS CAROL
Address: 32 NAPIER DRIVE
Consultant/GP: Dr.R.M.Mair
Ward: 1600 Paisley Road West
Specimen: SWAB vaginal high

Unit No.: S000290276 CHI No.: 0806725281
D.O.B. 08.06.72 Sex: F
Report to: 1600 Paisley Road West
Date collected: 29.07.10
Date received: 30.07.10

REPORT:

Microscopy:-
TRICHOMONAS VAGINALIS NOT DETECTED

Culture:-
COMMENSALS ONLY ISOLATED.

Comment:-

MAKEN OBO DR.G 02.09.10 LAB.NO. G.10.0009021

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Not yellow nor xeriad
" " "
Not green

Acute Services Divison

Gynaecology Emergency Department, Maternity Building, Southern General Hospital

NHS Greater Glasgow and Clyde

GP Information Summary

Patien	GP
Addr SG00290276 CAROL DEANS 32 NAPIER DRIVE GOVAN GLASGOW 08/06/1972 G51 2LS CHI 0806725281	GP Address 32/5229 Main
Telephone number	Unit No
Date of birth	CHI No
Date 30.7.10	Consultant on call

Dear DR PETTIGREW

The above named patient was seen at the Gynaecology Emergency Department and did not require admission. The clinical details are as follows:

Date seen	18.7.10
Under the care of	Dr TAGGART
Diagnosis	9 months PV bleeding
Investigations	Speculum: cx, vagina (N) no bleeding seen
Treatment	
Medication	
Additional information	Allowed home with analgesia Has appointment for gyn OPD

Pt advised

☐	The patient **has** been given an out-patient appointment on this date:	
☐	The patient has **not** been been given an out-patient appointment.	
Seen by	Dr Sen (Reg)	
Signature		I Colburn - I did not see this patient.

MED ILL SGH • OBS & GYN • 199101 / 24.04.09

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SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
Phone [redacted]
Fax (0141) 201 2997

DR LOUISE LH PETTIGREW
45 - 49 SHAW STREET
G51 3BH
Tel : [redacted]

Dear Dr LOUISE LH PETTIGREW

Your Patient
Name : **CAROL DEANS**
DOB : **08/06/72**
Address : **32 NAPIER DRIVE**
GOVAN
GLASGOW
G51 2LS

Consultant : DR **PHIL MUNRO**

Account # : **AE0064315/10** Unit # : **SG00290276** CHI # : **0806725281**

Attended at : **2031** on **02/08/10**
Left A&E at : **0027** on **03/08/10**

Reason for Visit : **PV BLEED/PAIN**

Diagnosis : **See Additional Notes** : **NOT APPLICABLE** : **See Additional Not**

Investigations :

Treatment :

Prescribed Drugs : DRUG DIRECTIONS

Tetanus Given: **N**

Additional Notes:
FREQUENT ATTENDER-LONGSTANDING GYNAE ISSUES,ALREADY KNOWN TO GYNAE AND TO BE SEEN IN OP CLINIC IN 1 WEEK.NO ACUTE ISSUE.PT DISCHARGED
Follow Up : **NONE**

Yours Sincerely,
LYNSEY BAIRD
If you require any futher information please quote this attendance number: **AE0064315/10**

10 AUG 2010

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Acute Services Division

Surgery and Anaesthetics Directorate

NHS
Greater Glasgow and Clyde

DEPARTMENT OF GENERAL SURGERY
Direct Line: [redacted]
Fax:

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
[redacted]

GAS/AM

Dict: 02/08/10
Typed: 02/08/10

DR LOUISE LH PETTIGREW
45 - 49 SHAW STREET

G51 3BH

Dear Dr Pettigrew,

CAROL DEANS DOB: 08/06/72 (SG00290276) CHI: 0806725281
32 NAPIER DRIVE, GOVAN, GLASGOW, G51 2LS

Mrs. Deans has now failed to attend our clinic on two occasions. As you know she was seen by one of our colleagues based on a gynaecology request during her in-patient stay. At the time the possibility of a left groin hernia was raised. We requested an MRI scan and we were expecting to see her back in clinic regarding the result.

Her MRI scan shows that there is no obvious evidence of any hernia. We therefore do not need to see her in our clinic regarding this. We would, of course, be happy to see her back if she has any further problems.

Yours sincerely,

A. Krishna,
Specialist Registrar.

-4 AUG 2010

Run: 02/08/10-16:27 by MCKELLAR,ANNE

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NHS Confidential: Personal data about a patient

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
Phone [redacted]
Fax [redacted]

DR LOUISE LH PETTIGREW
45 - 49 SHAW STREET
G51 3BH
Tel : [redacted]

Dear Dr LOUISE LH PETTIGREW

Your Patient
Name : **CAROL DEANS**
DOB : **08/06/72**
Address : **32 NAPIER DRIVE**
GOVAN
GLASGOW
G51 2LS

Consultant : DR **CIERAN MCKIERNAN**

Account # : **AE0064675/10** Unit # : **SG00290276** CHI # : **0806725281**

Attended at : **0144** on **04/08/10**
Left A&E at : **0355** on **04/08/10**

Reason for Visit : **LUNG PAIN**

Diagnosis :

Investigations :

Treatment :

Prescribed Drugs : DRUG DIRECTIONS

Tetanus Given:

Additional Notes:

Follow Up : **NONE**

Yours Sincerely,

If you require any futher information please quote this attendance number: **AE0064675/10**

10 AUG 2010

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GLASGOW ADDICTION SERVICES
TREATMENT, CARE AND SUPPORT WHERE IT'S NEEDED

Glasgow CITY COUNCIL

NHS
Greater Glasgow and Clyde

Direct Line: [redacted]
Our Ref: LM/JD
Your Ref:
Date: 21st October 2010
Email:

CONFIDENTIAL

Dr Mair
1600-1604 Paisley Road West
Glasgow
G52 3QN

Dear Dr Mair,

RE: Carol Deans, 32 Napier Drive, Glasgow

CHI NUMBER: 0806725281

DIAGNOSIS: ICD10F11.22

MANAGEMENT: Methadone Oral Solution 1mg/ml daily dose 30mls

REVIEW DATE: 14th October 2010

Carol continues to attend South West Community Addiction Team. She is currently Opiate free on her current dosage of Methadone. Unfortunately her attendance and engagement has been variable and she has been strongly advised to prioritise her tie appropriately. We will continue to keep her under close review and keep you informed of her progress.

Yours sincerely,

Dr Lee Middleton
Medical Officer

25 OCT 2010

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South West Community Addiction Team, Pavilion One, Rowan Business Park, 5 Ardlaw Street, Glasgow, G51 3RR

NHS Confidential: Personal data about a patient

Acute Services Division

Regional Services Directorate

NHS
Greater Glasgow and Clyde

DEPARTMENT OF NEUROLOGY
Institute of Neurological Sciences

Enquiries: Mrs Lynn Douglas
Direct Line: [redacted]
Direct Fax: 0141 201 2510
E-mail: [redacted]

Southern General Hospital
1345 Govan Road
GLASGOW
G51 4TF

AT/LD
Dictated: 10/01/11
Typed: 21/01/11
CHI: 0806725281

30 JAN 2011

15/9352
Taylor

DR RUTH R SPENCER
[redacted] HEALTH AND RESOURCE S
GLASGOW
G4 0UP

Dear Dr Mair

CAROL DEANS DOB: 08/06/72 (SG0029027Z)
32 NAPIER DRIVE, GOVAN, GLASGOW, G51 2LS

Ms Deans did not attend her Headache clinic appointment. No further appointment are being arranged.

Yours sincerely

Dr Alok Tyagi
Consultant Neurologist

Page 1 of 1

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www.nhsggc.org.uk

40368

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GPR

NHS IN SCOTLAND

NHS SCOTLAND

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

Please use **BLOCK CAPITALS** to complete the form and tick all relevant boxes

PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Eligibility to use the NHS services depends mainly on residence in the UK, and on other qualifying provisions set out in the Regulations. By completing this section fully, you will assist us in processing your application and locating any existing medical records promptly.

WILL YOU BE IN THE AREA FOR MORE THAN THREE MONTHS?* YES ☑ NO ☐

IS THIS YOUR FIRST REGISTRATION WITH A GP PRACTICE?* YES ☐ NO ☑

SURNAME * DEANS AVERY

TITLE # MISS

MALE * ☐ FEMALE * ☑

FORENAME * CAROL

MIDDLE NAME *

PREVIOUS SURNAME * AVERY

DATE OF BIRTH * 08 06 1972

ADDRESS * 8 Kuchill Place Ruchill

POSTCODE * G20 9QR

TOWN & COUNTRY OF BIRTH * GLASGOW

MOTHER'S MAIDEN NAME * [redacted]

TELEPHONE NUMBER # [redacted]

EMAIL ADDRESS #

PREVIOUS ADDRESS IN UK * 32 NAPIER DRIVE GOVAN

POSTCODE G51 2LS

NAME AND ADDRESS OF PREVIOUS REGISTERED GP PRACTICE IN UK * DR POTTIGREW SHAW ST GOVAN

POSTCODE * G51

COMMUNITY HEALTH INDEX NUMBER

NHS NUMBER

NATIONAL INSURANCE NUMBER NY 12 52 16 C

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.

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ARE YOU RETURNING / HAVE YOU ARRIVED FROM ABROAD OR HM FORCES? * YES ☐ NO ☐

DATE OF DEPARTURE FROM UK D D M M Y Y

DATE OF ENTRY/RETURN TO UK D D M M Y Y

IF RETURNING FROM H M FORCES DATE ENLISTED D D M M Y Y

SERVICE/PERSONNEL NO.

COUNTER FRAUD 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 the Common Services Agency to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, I consent to the disclosure of relevant information from this form including to and by the NHS Business Services Authority, the Common Services Agency, UK Border Agency, Identity and Passport Service, the Department for Work & Pensions, HM Revenue and Customs, the General Register Office and Local Authorities.

PATIENT OR REPRESENTATIVE SIGNATURE

DATE 19/01/20

IF SIGNING AS A REPRESENTATIVE, PLEASE STATE:

YOUR NAME

YOUR RELATIONSHIP TO THE PATIENT

VOLUNTARY CONSENT TO ORGAN DONATION

I authorise the donation of (Please tick the boxes that apply)

A. any of my organs and tissue ☐ or my

B. kidneys ☐ heart ☐ liver ☐ small bowel ☐

eyes ☐ lungs ☐ pancreas ☐ tissue ☐

for transplantation after my death

PATIENT SIGNATURE NO DATE D D M M Y Y

PRACTICE ACCEPTANCE AGREEMENT – for GP Practice use only

PRACTICE CODE 43523

GP NAME DR TAYLOR

GP REFERENCE NUMBER G3085

IDENTIFICATION SEEN

MEDICAL CARD ☐ BIRTH CERTIFICATE ☑ PASSPORT ☐ OTHER - SPECIFY Proof of address

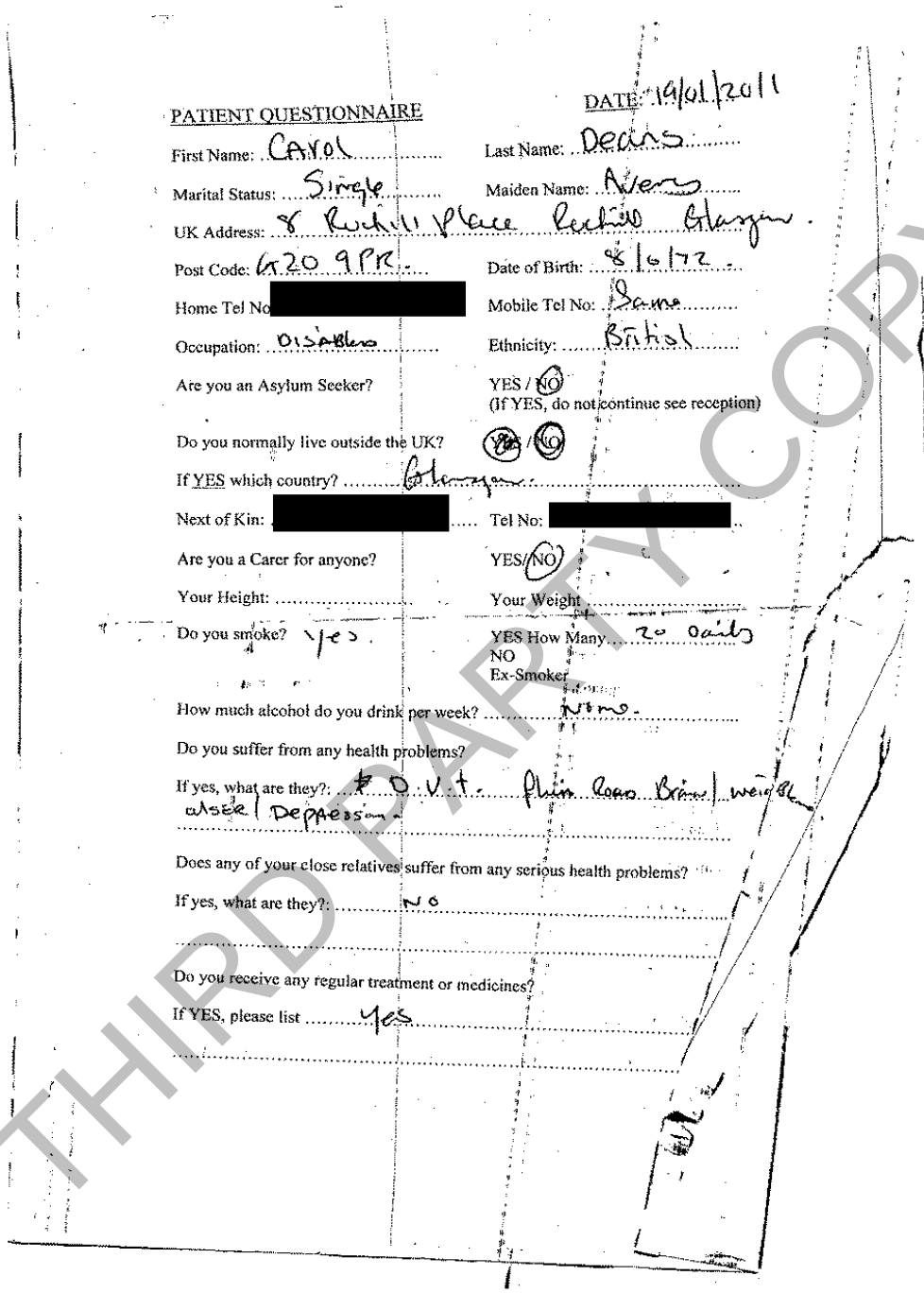
I accept this patient onto the practice list and declare that, to the best of my knowledge the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be made to my Practice, which will be subject to Payment Verification. Where Common Services Agency is unable to obtain authentication, I acknowledge that the onus is on my Practice to provide documentary evidence to support this application.

GP SIGNATURE DATE D D M M Y Y

OFFICIAL USE ONLY		
Input By:	Date:	Checked By:

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PATIENT QUESTIONNAIRE

DATE: 19/01/2011

First Name: Carol Last Name: Deans

Marital Status: Single Maiden Name: Avery

UK Address: 8 Rockvilla Place Rockvilla Glasgow.

Post Code: G20 9PR Date of Birth: 8/6/72

Home Tel No: [redacted] Mobile Tel No: Same

Occupation: Disabled Ethnicity: British

Are you an Asylum Seeker? YES / NO
(If YES, do not continue see reception)

Do you normally live outside the UK? YES / NO

If YES which country? Germany

Next of Kin: [redacted] Tel No: [redacted]

Are you a Carer for anyone? YES/NO

Your Height: Your Weight

Do you smoke? Yes. YES How Many 20 daily
NO
Ex-Smoker

How much alcohol do you drink per week? None.

Do you suffer from any health problems?

If yes, what are they?: D.V.T. Pain Bronchitis weak Depression.

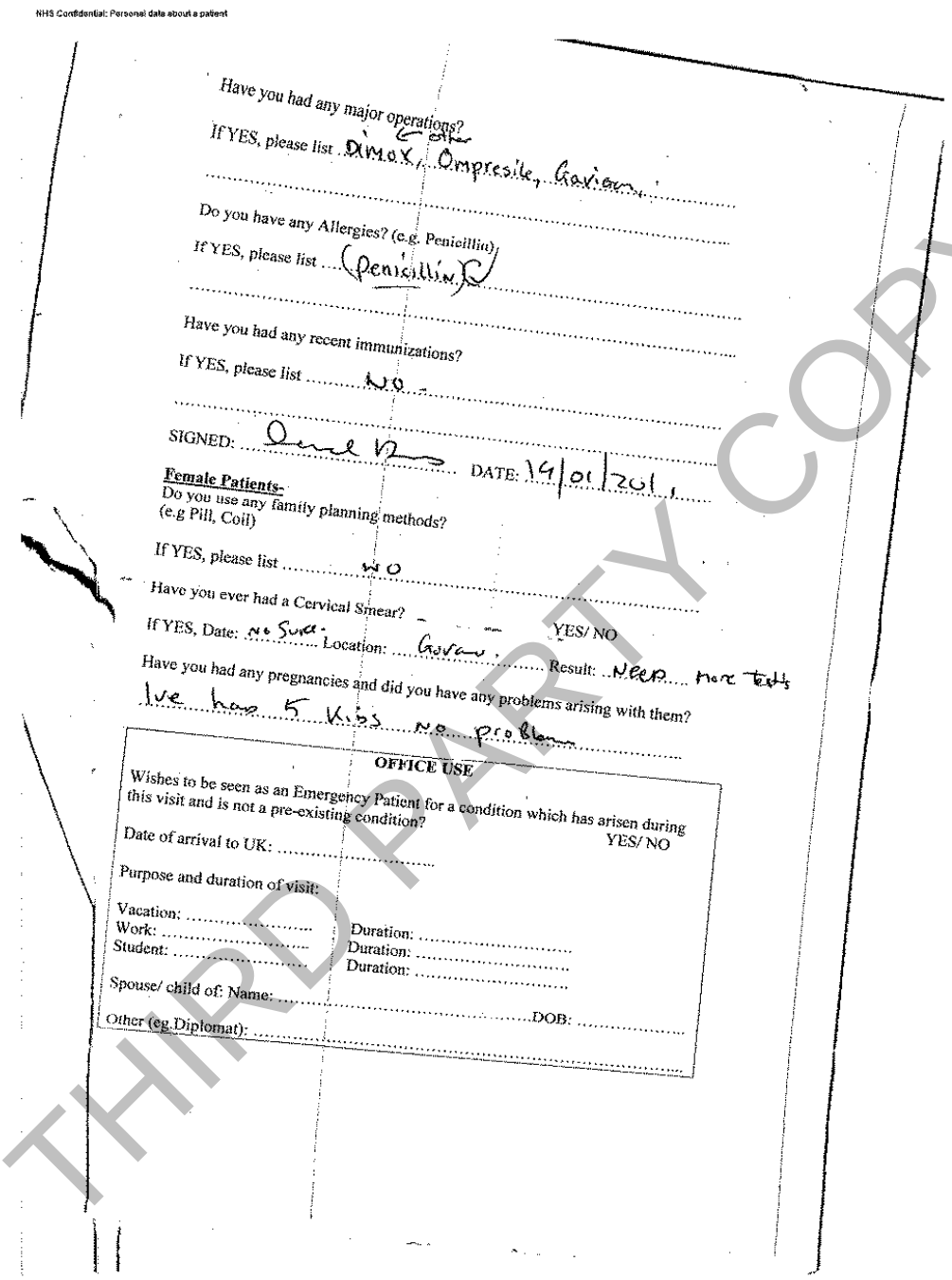
Does any of your close relatives suffer from any serious health problems?

If yes, what are they?: No

Do you receive any regular treatment or medicines?

If YES, please list Yes

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Have you had any major operations?

If YES, please list Dimox, Ompresile, Gaviscon

Do you have any Allergies? (e.g. Penicillin)

If YES, please list Penicillin

Have you had any recent immunizations?

If YES, please list No

SIGNED: [signature] DATE: 19/01/2011

Female Patients-
Do you use any family planning methods?
(e.g Pill, Coil)

If YES, please list No

Have you ever had a Cervical Smear?

If YES, Date: No Sure. Location: Govan YES/ NO Result: Need more tests

Have you had any pregnancies and did you have any problems arising with them?

Ive had 5 kids no problem

OFFICE USE

Wishes to be seen as an Emergency Patient for a condition which has arisen during this visit and is not a pre-existing condition? YES/ NO

Date of arrival to UK:

Purpose and duration of visit:

Vacation: Duration:
Work: Duration:
Student: Duration:

Spouse/ child of: Name: DOB:

Other (eg.Diplomat):

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IMMEDIATE DISCHARGE LETTER

NHS
Greater Glasgow

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Telephone : 0141 - 211 - 2000

GP COPY

First Issued: 16/03/2011 12:37
Printed: 16/03/2011 12:37

Admitted: 14/03/2011 **Discharged:** 15/03/2011
Discharged to: Home
Ward: Medical Assessment Unit (WMAU)
Consultant: PROF K MCCOLL, General Medicine
Hospital No: 23001284A **Date of birth:** 08/06/1972
CHI: 0806725281

REGISTERED GP
Dr DAVID BYFORD
MARYHILL HEALTH CENTRE
41 SHAWPARK STREET
GLASGOW
G20 9DR

PATIENT
CAROL DEANS
8 RUCHILL PLACE
GLASGOW
G20 9PR

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. Atypical chest pain, 15/03/2011	R074		

MEDICATION

No medication has been prescribed for this patient

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

Outpatient Investigations	Date
No arrangements made	

Community Care	Date	Reason
No arrangements made		

GENERAL COMMENTS

Final discharge letter to follow
Dear doctor

This 38 year old lady presented to hospital with chest pain. Examination was unremarkable apart from some slight tenderness on palpation at the right costal margin. ECG was normal, chest x-ray was clear and blood work was all normal, including a negative d-dimer and negative troponin. She has been discharged home with analgesia.

Yours sincerely

Signed: _____ **Designation:** _____

Contact: Jill Cowie **Pager Number:**

This letter has been produced by the NHS Greater Glasgow Incremental Discharge Letter System

Page 1 of 1

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Medical Assessment Unit
Western Infirmary, Glasgow G11 6NT.
Tel No. [redacted]

Receiving Consultant:

OUR REF: BC/LC
CHI NO: **0806725281**

Date Dictated: 17/03/2011
Date Typed: 11/04/2011

Date of Admission: 14/03/2011 Date of Discharge: 14/03/2011

Dr David Byford
Maryhill Health Centre
41 Shawpark Street
G20 9DR

Dear Dr Byford

Carol Deans - 08/06/1972 - CRN: 23001284A
8 Ruchill Place, Glasgow, G20 9PR

This 38 year old ex-IVDU smoking lady with previous PTE in 2009 was admitted on the 14th of March and was discharged on the same day. She was complaining of right-sided sharp chest pain. Her routine bloods were entirely normal, her ECG was a sinus rhythm of 83 and her chest x-ray showed no evidence of pneumothorax. Her D-dimer was negative and so she was discharged with no follow up. Presumably this is some sort of chest wall pain. Many thanks.

Yours sincerely,

Dr Bernard Conway
CT1 Acute Medicine

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Lab Report ID : N,11.8004451.T
Filed By User :
Assigned to : Dr D Spence
Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow

**** ABNORMAL ****

SPECIMEN : Urine

	Abn	Value	Units	Range	Status
R Urine amphetamine screening test					
R Urine amphetamine screening test		Negative			NK
R Urine benzodiazepine					
R Urine benzodiazepine		Negative			NK
R Urine cocaine					
R Urine cocaine		Negative			NK
R Urine creatinine					
R Urine creatinine		17.2	mmol/L		NK
R Urine methadone					
R Urine methadone		Positive			NK
R Urine opiates screening test					
~If opiate confirmation is required, contact 0141 211 4004 Option 1					
R Urine opiates screening test		Positive			NK

Sample Collected Date : 17/03/2011 08:59:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 18/03/2011 11:02:00
Received Date : 21/03/2011 07:00:40
Requestor : SPENCE, DESMOND
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : N,11.8005044.X
Filed By User :
Assigned to : Dr D Spence
Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow

**** ABNORMAL ****

SPECIMEN : Urine

	Abn	Value	Units	Range	Status
R Urine amphetamine screening test					
R Urine amphetamine screening test		Negative			NK
R Urine benzodiazepine					
R Urine benzodiazepine		Negative			NK
R Urine cocaine					
R Urine cocaine		Negative			NK
R Urine creatinine					
R Urine creatinine		19.2	mmol/L		NK
R Urine methadone					
R Urine methadone		Positive			NK
R Urine opiates screening test					
~If opiate confirmation is required, contact 0141 211 4004 Option 1					
R Urine opiates screening test		Positive			NK

Sample Collected Date : 31/03/2011 08:55:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 01/04/2011 09:22:00
Received Date : 04/04/2011 07:00:42
Requestor : SPENCE, DESMOND
Requestor GMC Code :

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Acute Services Division

Women and Children's Directorate

NHS
Greater Glasgow and Clyde

COLPOSCOPY CLINIC – The Victoria Infirmary

Dr Robert J S Hawthorn (Consultant)
Dr Hassan O M Ali (Consultant)
Dr Pyone Myint

Grange Road
Glasgow
G42 9LF
☎ 0141 347 8606
Fax 0141 347 8790
(Colposcopy secretary – Margaret - 0141 201 5830)

RJSH/MG/290276

08 APR 2011

4 April 2011

Dr R M Mair
1600 Paisley Road West
GLASGOW
G52 3DN

Dear Dr Mair

Carol Deans – DoB 8.6.72 0806725281
32 Napier Drive, Glasgow G51 2LS

The above patient has again defaulted from the colposcopy clinic on 4th April 2011. This is her 3rd default.

I have not arranged any follow up appointment but would be happy to see her if you can persuade her to attend.

Kind regards

Yours sincerely

p.p. **Robert J S Hawthorn**
Consultant

F Taylor
13/4352

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Acute Services Division

Emergency Care and
Medical Services Directorate

Medical Assessment Unit
Western Infirmary, Glasgow G11 6NT.
Tel No. [redacted]

NHS
Greater Glasgow and Clyde

Receiving Consultant:

OUR REF: BC/LC
CHI NO: **0806725281**

Date Dictated: 17/03/2011
Date Typed: 11/04/2011

Date of Admission: 14/03/2011 Date of Discharge: 14/03/2011

Dr David Byford
Maryhill Health Centre
41 Shawpark Street
G20 9DR

Dear Dr Byford

Carol Deans - 08/06/1972 - CRN: 23001284A
8 Ruchill Place, Glasgow, G20 9PR

This 38 year old ex-IVDU smoking lady with previous PTE in 2009 was admitted on the 14th of March and was discharged on the same day. She was complaining of right-sided sharp chest pain. Her routine bloods were entirely normal, her ECG was a sinus rhythm of 83 and her chest x-ray showed no evidence of pneumothorax. Her D-dimer was negative and so she was discharged with no follow up. Presumably this is some sort of chest wall pain. Many thanks.

Yours sincerely,

Dr Bernard Conway
CT1 Acute Medicine

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NHS Confidential: Personal data about a patient

FINAL DISCHARGE LETTER

NHS
Greater Glasgow

First issued: 23/05/2011 12:37
Printed: 23/05/2011 12:37

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Telephone : [redacted]

Admitted: 20/04/2011 **Discharged:** 20/04/2011
Discharged to: Home
Ward: Medical Assessment
Consultant: Unit (WRD) PROF M BRODIE, General Medicine
Hospital No: 23001284A **Date of birth:** 08/06/1972
CHI: 0806725281

REGISTERED GP

Dr DAVID BYFORD
MARYHILL HEALTH CENTRE
41 SHAWPARK STREET
GLASGOW
G20 9DR

PATIENT

CAROL DEANS
8 RUCHILL PLACE
GLASGOW
G20 9PR

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. Chest pain (see ext for cause), 20/04/2011	R073		

MEDICATION

No medication has been prescribed for this patient

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

Outpatient Investigations	Date
No arrangements made	

Community Care	Date	Reason
No arrangements made		

GENERAL COMMENTS

Dear Doctor, this 38 year old lady was admitted on the 20th April with sudden onset of left sided chest pain. Mrs Deans also had a history of headache, muscle aches, shivers and productive cough with green sputum. The chest pain was pleuritic in nature, constant but worse on coughing. Was given antibiotics by GP but was admitted for exclusion of PTE, given previous history of PTE. On examination she was apyrexial, normotensive, RR18, pulse 80 and oxygen saturations 98%. She was found to have a upper airway wheeze, and clear chest. There was no obvious consolidation on CXR, D-DIMER was found to be 90. This admssion was believed to be due to LRTI and Mrs Deans was discharged on Erythromycin given by GP. Thank you.

FINAL DISCHARGE COMMENTS:

As per Immediate Discharge Letter above. No further comments to add.

Yours sincerely

Dr Allan Drummond
CT1 in Acute Medicine

Signed: _____ **Designation:** _____

This letter has been produced by the NHS Greater Glasgow Incremental Discharge Letter System

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IMMEDIATE DISCHARGE LETTER

NHS Greater Glasgow

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Telephone : [redacted]

GP COPY

First Issued: 22/04/2011 11:18
Printed: 22/04/2011 11:18

Admitted: 20/04/2011 Discharged: 20/04/2011
Discharged to: Home
Ward: Medical Assessment Unit (WIC)
Consultant: PROF M BRODIE, General Medicine
Hospital No: 23001284A Date of birth: 08/06/1972
CHI: 0806725281

REGISTERED GP

Dr DAVID BYFORD
MARYHILL HEALTH CENTRE
41 SHAWPARK STREET
GLASGOW
G20 9DR

PATIENT

CAROL DEANS
8 RUCHILL PLACE
GLASGOW
G20 9PR

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. Chest pain (see text for cause), 20/04/2011	R073		

MEDICATION

No medication has been prescribed for this patient

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

Outpatient Investigations	Date
No arrangements made	

Community Care	Date	Reason
No arrangements made		

GENERAL COMMENTS

Final discharge letter to follow

Dear Doctor, this 38 year old lady was admitted on the 20th April with sudden onset of left sided chest pain. Mrs Deans also had a history of headache, muscle aches, shivers and productive cough with green sputum. The chest pain was pleuritic in nature, constant but worse on coughing. Was given antibiotics by GP but was admitted for exclusion of PTE, given previous history of PTE. On examination she was apyrexial, normotensive, RR18, pulse 80 and oxygen saturations 98%. She was found to have a upper airway wheeze, and clear chest. There was no obvious consolidation on CXR, D-DIMER was found to be 90. This admission was believed to be due to LRTI and Mrs Deans was discharged on Erythromycin given by GP. Thank you.

Signed: _____ Designation: _____

Contact: Gillian Cairney Pager Number:

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Lab Report ID : N,11.8006493.K
Filed By User :
Assigned to : Dr D Spence
Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F

ADR : 8 Ruchill Place Glasgow
SPECIMEN : Specimen

	Abn	Value	Units	Range	Status
R Urine amphetamine screening test					
R Urine Amphetamine screening test		Negative			NK
R Urine benzodiazepine					
R Urine benzodiazepine		Negative			NK
R Urine cocaine					
R Urine cocaine		Negative			NK
R Urine creatinine					
R Urine creatinine		36.4	mmol/L		NK
R Urine methadone					
R Urine methadone		Positive			NK
R Urine opiates screening test					
R Urine opiates screening test		Negative			NK

Sample Collected Date : 28/04/2011 08:48:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 03/05/2011 13:41:00
Received Date : 04/05/2011 07:08:15
Requestor : SPENCE, DESMOND
Requestor GMC Code :

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11-MAY-2011 15:49 FROM ADDICTIONS CLAREMONT TO 95318808 P.01

GLASGOW ADDICTION SERVICES
TREATMENT, CARE AND SUPPORT WHERE IT'S NEEDED

Glasgow CITY COUNCIL

NHS
Greater Glasgow and Clyde

Fax Message

To	Dr Spence	From:	GP Shared Care Scheme
	Maryhill Health Centre		Addiction Services
			Unit 10 – 12
			Claremont Centre
			39 Durham Street
	G20 9DR		Glasgow G41 1BS
	Phone		Phone [redacted]
	Fax: 631 8808		Fax

Date 11/05/11

No of Pages 2 including this one

Reference

Message FYI: Request to Register Patient in the GP Shared Care Scheme

Dear Dr Spence

Re: - CHI 0806725281

Please find attached copy of new patient registration approval letter for the above patient.

Regards
Audrey Forrest
Administration Assistant

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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NHS Confidential: Personal data about a patient

11-MAY-2011 15:49 FROM ADDICTIONS CLAREMONT TO 95318808 P.02

GLASGOW ADDICTION SERVICES
TREATMENT, CARE AND SUPPORT WHERE ITS NEEDED

NHS Greater Glasgow and Clyde

Direct Line [redacted]
Our Ref SD/SW
Your Ref:
Date 11 May 2011
Email [redacted]

Dr Spence
Maryhill Health Centre
Glasgow
G20 9DR

Dear Dr Spence

Patient CHI: 0806725281

The request has now been looked at and this patient has been approved as eligible to join your methadone clinic list as per cap and transfer from CAT.

As per the new GP contract your practice patient numbers were capped as at the 1st April 2006 at 45 you are now currently seeing 37 patients including the above patient.

I trust this is okay, but should you have any problems please contact me at the above number.

Yours sincerely

Sharon Duncan
Information Co-ordinator
GP Shared Care Scheme

THIRD PARTY COPY

Addiction Services, Unit 10-12, Claremont Centre, 39 Dunlop Street, Glasgow, G41 1BS Tel 0141 276 6600 Fax 0141 276 6646

S:\addiction\CENTRAL FILE AREA\Services\GP Shared Care Scheme\Letters\Methadone Approval Letters\Approval.doc

TOTAL P.02

NHS Confidential: Personal data about a patient

Lab Report ID : N,11.8007242.P
Filed By User :
Assigned to : Dr D Spence
Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow
SPECIMEN : Urine

	Abn	Value	Units	Range	Status
R Urine amphetamine screening test					
R Urine amphetamine screening test		Negative			NK
R Urine benzodiazepine					
R Urine benzodiazepine		Negative			NK
R Urine cocaine					
R Urine cocaine		Negative			NK
R Urine creatinine					
R Urine creatinine		12.7	mmol/L		NK
R Urine methadone					
R Urine methadone		Positive			NK
R Urine opiates screening test					
R Urine opiates screening test		Negative			NK

Sample Collected Date : 12/05/2011 09:06:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 13/05/2011 15:03:00
Received Date : 16/05/2011 07:08:45
Requestor : SPENCE, DESMOND
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : N,11.8007949.J
Filed By User :
Assigned to : Dr D Spence
Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow
SPECIMEN : Urine

	Abn	Value	Units	Range	Status
R Urine amphetamine screening test					
R Urine amphetamine screening test		Negative			NK
R Urine benzodiazepine					
R Urine benzodiazepine		Negative			NK
R Urine cocaine					
R Urine cocaine		Negative			NK
R Urine creatinine					
R Urine creatinine		28.0	mmol/L		NK
R Urine methadone					
R Urine methadone		Positive			NK
R Urine opiates screening test					
R Urine opiates screening test		Negative			NK

Sample Collected Date : 26/05/2011 08:56:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 27/05/2011 15:06:00
Received Date : 30/05/2011 07:08:40
Requestor : SPENCE, DESMOND
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : N,11.8008379.D
Filed By User :
Assigned to : Dr D Spence
Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow
SPECIMEN : Urine

	Abn	Value	Units	Range	Status
R Urine amphetamine screening test					
R Urine amphetamine screening test		Negative			NK
R Urine benzodiazepine					
R Urine benzodiazepine		Negative			NK
R Urine cocaine					
R Urine cocaine		Negative			NK
R Urine creatinine					
R Urine creatinine		18.4	mmol/L		NK
R Urine methadone					
R Urine methadone		Positive			NK
R Urine opiates screening test					
R Urine opiates screening test		Negative			NK

Sample Collected Date : 09/06/2011 09:17:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 10/06/2011 15:00:00
Received Date : 13/06/2011 07:00:43
Requestor : SPENCE, DESMOND
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : N,11.3268454.P
Filed By User :
Assigned to : Dr Anna Smyth
Coding Status : Not Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow
SPECIMEN : Specimen

	Abn	Value	Units	Range	Status
R Helicobacter pyl ser					
-ACTION RECOMMENDED IN GGHB DYSPEPSIA GUIDELINES					
-One week of any licensed PPI BD (full dose) +					
-Clarithromycin (500mgs BD) + Amoxycillin (1g BD) OR					
-Tetracycline (500mgs BD) if allergic to penicillin					
R HP Serology :		Positive			NK

Sample Collected Date : **15/06/2011 17:14:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **16/06/2011 20:23:00**
Received Date : **22/06/2011 07:08:16**
Requestor : **SMYTH, ANNA**
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : N,11.0419537.H
Filed By User :
Assigned to : Dr Anna Smyth
Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow

**** ABNORMAL ****

SPECIMEN : Specimen

		Abn	Value	Units	Range	Status
R	**Plasma glucose level**	**Y**				
R	Plasma glucose level	+	5.7	mmol/L	(3.5-5.5 U)	NK
R	**Serum amylase level**					
R	Serum amylase level		41	U/L	(<<100 U)	NK
R	**Plasma C reactive protein**	**Y**				
R	Plasma C reactive protein	+	13	mg/L	(<<10.0 U)	NK
R	**Urea and electrolytes**	**Y**				
R	Serum sodium		138	mmol/L	(135-145 U)	NK
R	Serum potassium	+	5.3	mmol/L	(3.5-5.0 U)	NK
R	Serum chloride		102	mmol/L	(98-108 U)	NK
R	Serum urea level		4.3	mmol/L	(2.5-7.5 U)	NK
R	Serum creatinine		69	umol/L	(40-130 U)	NK
R	GFR calculated abbreviated MDRD		>60	ml/min	(>>60 U)	NK
R	**Liver function test**	**Y**				
R	Serum total bilirubin level		7	umol/L	(<<20 U)	NK
R	AST serum level		29	U/L	(<<40 U)	NK
R	ALT/SGPT serum level		41	U/L	(<<50 U)	NK
R	Serum gamma-glutamyl transferase level	+	49	U/L	(<<40 U)	NK
R	Serum alkaline phosphatase		78	U/L	(40-150 U)	NK
R	Serum total protein		69	g/L	(60-80 U)	NK
R	Serum albumin		38	g/L	(32-45 U)	NK
R	Serum globulin		31	g/L	(23-38 U)	NK

Sample Collected Date : **15/06/2011 17:14:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **16/06/2011 13:32:00**
Received Date : **17/06/2011 07:00:13**
Requestor : **SMYTH, ANNA**
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

22/6/11

Carol Deans,
8 Ruchill Place,
Glasgow,
G20 9PR

Dear Carol,

Could you please contact the surgery about one of the blood tests you had done.

Thank you,

Dr Smyth

GP ST3

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : R,11.5240126.V
Filed By User :
Assigned to : Dr Anna Smyth
Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow

**** ABNORMAL ****

Report Text :
-UPPER ABDO PAIN

SPECIMEN : Citrate/EDTA

		Abn	Value	Units	Range	Status
R	**Full blood count - FBC**					
R	Total white blood count		6.4	10^9/L	(4.0-11.0 U)	NK
R	Red blood cell (RBC) count		4.77	10^12/L	(3.80-5.80 U)	NK
R	Haemoglobin estimation		148	g/l	(115-165 U)	NK
R	Haematocrit		0.449	L/L	(0.370-0.470 U)	NK
R	Mean corpuscular volume (MCV)		94.1	fL	(78.0-99.0 U)	NK
R	Mean corpusc. haemoglobin(MCH)		31.0	pg	(27.0-32.0 U)	NK
R	Red blood cell distribution width		13.9	%	(11.5-14.5 U)	NK
R	Platelet count		200	10^9/L	(150-400 U)	NK
R	Neutrophil count		3.8	10^9/L	(2.0-7.5 U)	NK
R	Lymphocyte count		2.0	10^9/L	(1.5-4.0 U)	NK
R	Monocyte count		0.4	10^9/L	(0.2-0.8 U)	NK
R	Eosinophil count		0.11	10^9/L	(0.04-0.40 U)	NK
R	Basophil count		0.02	10^9/L	(0.01-0.10 U)	NK
R	**Erythrocyte sedimentation rate**	**Y**				
R	Erythrocyte sedimentation rate	+	17	mm/hr	(1-12 U)	NK

Sample Collected Date : **15/06/2011 17:14:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **16/06/2011 13:31:00**
Received Date : **17/06/2011 07:00:10**
Requestor : **SMYTH, ANNA**
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : N,11.8009043.W
Filed By User :
Assigned to : Dr D Spence
Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow
SPECIMEN : Specimen

	Abn	Value	Units	Range	Status
R Urine amphetamine screening test					
R Urine Amphetamine screening test		Negative			NK
R Urine benzodiazepine					
R Urine benzodiazepine		Negative			NK
R Urine cocaine					
R Urine cocaine		Negative			NK
R Urine creatinine					
R Urine creatinine		15.0	mmol/L		NK
R Urine methadone					
R Urine methadone		Positive			NK
R Urine opiates screening test					
R Urine opiates screening test		Negative			NK

Sample Collected Date : 23/06/2011 08:53:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/06/2011 10:55:00
Received Date : 27/06/2011 07:08:32
Requestor : SPENCE, DESMOND
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: 3172390 Date: 08 Jul 2011 Time of Call: 18:34

Patient's Name: Carol Deans DOB: 08/06/1972 Age: 39 Y

Address Today: 8 Ruchill Place
Ruchill
Glasgow
Main Door
Post Code: G20 9PR

Home Address if different: 8 Ruchill Place
Ruchill
Glasgow
Main Door
Post Code: G20 9PR

Phone Number Today: [redacted] - Home Phone if different: () -

NHS24 Call ID : 10413166

Callers Name: Relationship to patient:

Name of GP: Taylor FC Practice No: 103

Surgery: 103Maryhill Health Centre / Caithness Street Cipher No:

Address: D D F Spence & Partners Maryhill Health Centre
41 Shawpark Street Glasgow G20 9DR
Fax No: [redacted]
Speed Dial: 162

Call Type: Dr to phone pt within 1 Hr Priority D Dual NHS24 Time Passed:

Receptionist's Name:IIF *Time Arrived:* Time Complete: 08/07/2011 19:25:44

Patient's Complaint:

Patient's Complaint:

IN CUSTODY FOR PAST 3 DAYS AND DID NOT HAVE ANY METHADONE. PT IS SWEATING AND HAS DIARRHOEA. EYES STARTING TO FEEL ENLARGED DUE TO WITHDRAWAL. MISSED THE USUAL PHARMACY AND MANAGED TO SEE GP TO OBTAIN PRESCRIPTION - ATTENDED LLOYDS IN MARYHILL ROAD BUT THEY *WERE UNABLE TO FILL PRESCRIPTION - THE PHARMACIST SAID THEY HAD TO ALSO SPEAK WITH DR* TOGETHER WITH PRESCRIPTION AND THE METHADONE HAD NOW BEEN LOCKED AWAY FOR THE NIGHT. ** THIS CALL ORIGINATED FROM PTS SOCIAL WORKER [redacted] CHILD AND FAMILIES SERVICES SPRINGFIELD ROAD, NEWLANDS. ((Non-Clinical User) (Glasgow))
AT SOURCE T/L J MCKECHAN FOR SPK TO DR 1HR ((Non-Clinical User) (Glasgow))

HAS PRESCRIPTION FOR METHADONE UNABLE TO FILL SEE A/V

Clinical summary created by: (Non-Clinical User) (Glasgow) [08/07/2011 18:33:32]
DIFFICULTY FILLING METHADONE SCRIPT FOR TONIGHT AND PT IN CUSTODY 3/7 HAS HAD NO METHADONE AND NOW HAS DIARRHOEA, SWEATS. MISSED USUAL PHARMACY TO COLLECT BUT DUE TO CIRCUMSTANCES GP PROVIDED SCRIPT FOR WEEKEND DOSE 3X30ml. LLOYDS WOULD NOT FILL AS THEY ALSO REQ TO SPK TO GP AND SURGERY HAD THEN CLOSED. *CALL ORIGINATED FROM* [redacted] *CHILDREN+FAMILY* SOCIAL WORKER, SPRINGFIELD RD -NEWLANDS [redacted] SPK TO DR 1HR PLEASE.

This call should be directed via consult telephony route.

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor D316 Follow Up: No Follow Up

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NHS Confidential: Personal data about a patient

Consultation(s):

By: Kennedy IM **Start:** 08/07/2011 19:16:43 **Finish** 08/07/2011 19:25:02

Clinical Assessment Details
Started-08/07/2011 19:16:43
Finished-08/07/2011 19:25:02
History
HX AS ABOVE HAS PRESCRIPTIONFOR METHADONE 3 X 30ML
Examination

Diagnosis
MEDICATION REQUEST
Treatment
PHONED BOOTS THEY WILL ISSUE ON A SUPERVISED BASIS
Clinical Coding
Clinical code: 8B3H. (Medication requested)
Clinical code: E24.. (Drug dependence)
Prescription Details

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NHS Confidential: Personal data about a patient

Maryhill Health Centre
41 Shawpark Street Glasgow G20 9DR Tel: [redacted] Fax: [redacted]
&
Barclay Medical Centre
Fraser Building 65 Hillhead Street Glasgow G12 8QF Tel: [redacted] Fax: [redacted]

10/ 08/ 2011

Re- Carol Deans, DOB- 08/ 06/ 1972, 8 Ruchill Place, G20 9PR

Dear Sir / madam,

I write to confirm that this patient was visited at home by myself on Monday 8th August 2011. She was unwell and required a Home Visit.

Yours sincerely

Noreen Haggerty.

Dr David M Byford MB ChB FRCGP DRCOG
Dr Desmond Spence MB ChB MRCGP DCH DRCOG DOccMed
Dr Noreen Haggerty MB ChB MRCGP DRCOG DPD
Dr Jon Meredith MB CHB MRCGP
Dr Fiona Taylor MA MBBS MRCGP DRCOG

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NHS Confidential: Personal data about a patient

Lab Report ID : N,11.0521163.K
Coding Status : Coded
Filed By User :
File Status : Not Filed
Assigned to :
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow

**** ABNORMAL ****

SPECIMEN : Specimen

	Abn	Value	Units	Range	Status
R Plasma C reactive protein	**Y**				
C-reactive Protein	+	20	mg/L	(<<10.0 U)	NK
R Urea and electrolytes					
Sodium		141	mmol/L	(135-145 U)	NK
Potassium		4.7	mmol/L	(3.5-5.0 U)	NK
Chloride		101	mmol/L	(98-108 U)	NK
Urea		2.5	mmol/L	(2.5-7.5 U)	NK
Creatinine		69	umol/L	(40-130 U)	NK
Estimated GFR		>60	ml/min	(>>60 U)	NK
R Liver function test	**Y**				
Total Bilirubin		9	umol/L	(<<20 U)	NK
Aspartate Transamine	+	45	U/L	(<<40 U)	NK
Alanine Transaminase	+	55	U/L	(<<50 U)	NK
Gamma-GT	+	47	U/L	(<<40 U)	NK
Alkaline Phosphatase		78	U/L	(40-150 U)	NK
Total Protein		64	g/L	(60-80 U)	NK
Albumin		34	g/L	(32-45 U)	NK
Globulins		30	g/L	(23-38 U)	NK

Sample Collected Date : 11/08/2011
Collection Start Date :
Collection End Date :
Received by Lab Date : 11/08/2011 16:00:00
Received Date : 11/08/2011 19:08:12
Requestor : HAGGERTY
Requestor GMC Code : /HAGGERTY

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : R,11.5328440.X **Coding Status** : Coded
Filed By User : **File Status** : Not Filed
Assigned to : Dr N Haggerty **Task Status** : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow

**** ABNORMAL ****

Report Text :
-RUQ TENDERNESS

SPECIMEN : Citrate/EDTA

	Abn	Value	Units	Range	Status
R Full blood count - FBC					
White Cell Count		7.8	10^9/L	(4.0-11.0 U)	NK
Red Cell Count		4.81	10^12/L	(3.80-5.80 U)	NK
HAEMOGLOBIN		150	g/l	(115-165 U)	NK
Haematocrit		0.449	L/L	(0.370-0.470 U)	NK
MCV		93.3	fL	(78.0-99.0 U)	NK
MCH		31.2	pg	(27.0-32.0 U)	NK
RDW		14.0	%	(11.5-14.5 U)	NK
Platelets		245	10^9/L	(150-400 U)	NK
Neutrophils		5.2	10^9/L	(2.0-7.5 U)	NK
Lymphocytes		2.1	10^9/L	(1.5-4.0 U)	NK
Monocytes		0.4	10^9/L	(0.2-0.8 U)	NK
Eosinophils		0.13	10^9/L	(0.04-0.40 U)	NK
Basophils		0.03	10^9/L	(0.01-0.10 U)	NK
R Erythrocyte sedimentation rate	Y				
ESR	+	18	mm/hr	(1-12 U)	NK

Sample Collected Date : 11/08/2011 16:08:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 11/08/2011 16:08:00
Received Date : 11/08/2011 19:00:09
Requestor : HAGGERTY, NOREEN
Requestor GMC Code :

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NHS Confidential: Personal data about a patient

Lab Report ID : N,11.8012328.J
Filed By User :
Assigned to : Dr D Spence
Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow
SPECIMEN : Specimen

	Abn	Value	Units	Range	Status
R Urine amphetamine screening test					
U Amphetamines		Negative			NK
R Urine benzodiazepine					
U Benzodiazepines		Negative			NK
R Urine cocaine					
U Cocaine		Negative			NK
R Urine creatinine					
U Creatinine		25.0	mmol/L		NK
R Urine methadone					
U Methadone		Positive			NK
R Urine opiates screening test					
U Opiates		Negative			NK

Sample Collected Date : 25/08/2011 09:07:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 29/08/2011 09:02:00
Received Date : 29/08/2011 15:08:24
Requestor : SPENCE, DESMOND
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fax sent by :

faxed ✓

12-09-11 11:25 Pg: 1/2

SCOTTISH PRISON SERVICE

Alana McNee
Drug & Addictions Nurse
Health Centre
HMP & YOI
Cornton Vale
Cornton Road
STIRLING

Phone: [redacted]
Fax: 01786 838337

To	DR SPENCER.
Company	MARYHILL HICENTRE
Company Telephone Number	0141 531 8818
Company Fax Number	0141 531 8808
Date	12/9/11
Pages Including front Cover	2.

Comments

For your information, see attachment & return ASAP.

Kind regards.

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The Scottish Prison Service is an Agency of the Scottish Government Justice Department

Equality & Diversity

INVESTORS IN PEOPLE

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NHS Confidential: Personal data about a patient

Fax sent by :

12-09-11 11:25 Pg: 2/2

(Practice gave fax No as 01141 531 8818 but does not appear to be receiving? Verbally confirmed + continued)

HMP & YOI Cornton Vale
Stirling
Tel: [redacted] (Doctor), [redacted] Ext 5215 (Addictions Nurse)
Fax: [redacted]

FAX 01786 835737

Dear Dr SPENCER, MARYHILL H/C

NAME: CARA DEANS **DOB:** 8/6/72

ADDRESS: 8 RANNOCH PLACE, GLASGOW

The above patient was admitted on 8/9/11
She is remanded until 22/9/11

She advises that you are currently prescribing the following medications:
METHADONE MIXTURE 1mg/1ml - 30ML/DAY (TIMES)

She states her current illicit drug use is:
OCCASIONAL DIAZEPAM

IVDU YES/NO
IV Sites present YES/NO

Admission Urinalysis:

Methadone	Positive/Negative
Opiates	Positive/Negative
Benzodiazepines	Positive/Negative
Cocaine	Positive/Negative
Buprenorphine	Positive/Negative

Other relevant information:
METHADONE VERBALLY CONFIRMED AND CONTINUED.
PLEASE COULD YOU FORWARD RELEVANT INFORMATION REGARDS VIER BANNON INTRACRANIAL HYPERTENSION AND PTE ?

In view of the above findings and overall clinical presentation it is my intention to continue her prescribed medication as stated above. In order to do so I require you to confirm her current prescriptions by completing this form and returning to the fax number above, or by telephoning the prison at the above contact number. Please note that benzodiazepines will not be maintained in accordance with CSM guidance.

Please confirm any prescriptions that you are currently issuing and will continue to prescribe upon release along with any other relevant information:

Yours Sincerely

DR CRAIG SAYERS
MEDICAL OFFICER HMP CORNTON VALE

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NHS Confidential: Personal data about a patient

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow G11 6NT

Dr D Byford
Maryhill Health Centre
41 Shawpark Street
Glasgow

G20 9DR

16 November 2011

Dear Dr Byford

Re: CAROL DEANS, 8 RUCHILL PLACE, GLASGOW, G20 9PR
Date of Birth: 08.06.72 Hospital Number: 23001284A CHI Number: 0806725281

Your patient attended Western Infirmary on the 15 NOV 2011 at 10:25 am.

The presenting complaint was:	**Chest Pain**
Triage Information:	**Self Ref - Pt Had Ongoing Left Sided Chest Pain Since 7am. Radiating Through To Back And Down Left Arm. Pt Feels Nauseated. H/O Clot On Lung. Pt On Diamox Temp 36.7**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Cardio-Vascular - ?Acute Coronary Syndrome**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Direct Admission To Level 8 Assessment Unit**
Follow-up:	**Level 8 Assessment Unit**
Additional Information:	**Nil**

Yours sincerely,

Eoghan Colgan
Emergency Department Doctor

Consultants

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

IMMEDIATE DISCHARGE LETTER

NHS Greater Glasgow

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Telephone : [redacted]

GP COPY

First issued: 16/11/2011 19:59
Printed: 16/11/2011 19:59

Admitted: 15/11/2011 Discharged: 16/11/2011
Discharged to: Home
Ward: Medical Assessment Unit (WIC)
Consultant: DR BAWA, General Medicine
Hospital No: 23001284A Date of birth: 08/06/1972
CHI: 0806725281

REGISTERED GP

Dr DAVID BYFORD
DRS BYFORD, SPENCE, HAGGERTY, MERED
MARYHILL HEALTH CENTRE
41 SHAWPARK STREET
GLASGOW

PATIENT

CAROL DEANS
8 RUCHILL PLACE
GLASGOW
G20 9PR

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. Atypical chest pain, Left, Probable, 16/11/2011	R074		
2. Non-insulin dependent diabetes - diet only, N/A, Possible, 16/11/2011	E11		

MEDICATION

No medication has been prescribed for this patient

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

Outpatient Investigations	Date
No arrangements made	

Community Care	Date	Reason
No arrangements made		

GENERAL COMMENTS

Final discharge letter to follow

Dear Dr Byford,

Mrs Deans was admitted to MAU via A and E following an episode of left sided chest pain which was radiating both to her back and down her left arm. There has been no evidence found that suggest that the pain was of a cardiac origin. She was noted to have a tender left sided chest wall. Given her history of a previous PTE, this was also ruled out with a negative D-Dimer.

She has been out for cigarrettes and has been declared mediacally fit for discharge. During her admission her glucose came back as 10.9. Please could you investigate her with regards to a plausible diagnosis of diabetes. We are happy for her to be discharged back to your care.

Kind Regards

Tom French

FY1 MAU.

Signed: _____ Designation: _____

Contact: Thomas French Pager Number:

This letter has been produced by the NHS Greater Glasgow Incremental Discharge Letter System

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : N,11.0726740.C
Filed By User :
Assigned to : Mrs Joan Kennedy
Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow

**** ABNORMAL ****

SPECIMEN : Specimen

	Abn	Value	Units	Range	Status
R Plasma glucose level	**Y**				
-Fasting specimen					
Glucose	+	8.9	mmol/L	(3.5-5.5 U)	HK

Sample Collected Date : **25/11/2011 10:53:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **25/11/2011 16:00:00**
Received Date : **25/11/2011 19:00:22**
Requestor : **KENNEDY, SR JOAN**
Requestor GMC Code : **84L0027C**

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : N,11.8016717.F
Filed By User :
Assigned to : Dr D Spence
Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F

ADR : 8 Ruchill Place Glasgow

SPECIMEN : Specimen

	Abn	Value	Units	Range	Status
R Urine amphetamine screening test					
U Amphetamines		Negative			NK
R Urine benzodiazepine					
U Benzodiazepines		Positive			NK
R Urine cocaine					
U Cocaine		Negative			NK
R Urine creatinine					
U Creatinine		25.5	mmol/L		NK
R Urine methadone					
U Methadone		Positive			NK
R Urine opiates screening test					
U Opiates		Negative			NK

Sample Collected Date : 24/11/2011 09:03:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 25/11/2011 10:26:00
Received Date : 25/11/2011 15:08:23
Requestor : SPENCE, DESMOND
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : M,11.8016717.P
Filed By User :
Assigned to : Dr D Spence

Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F

ADR : 8 Ruchill Place Glasgow
SPECIMEN : Specimen

	Abn	Value	Units	Range	Status
R Urine amphetamine screening test					
U Amphetamines		Negative			NK
R Urine benzodiazepine					
U Benzodiazepines		Positive			NK
R Urine cocaine					
U Cocaine		Negative			NK
R Urine creatinine					
U Creatinine		25.5	mmol/L		NK
R Urine methadone					
U Methadone		Positive			NK
R Urine opiates screening test					
U Opiates		Negative			NK

Sample Collected Date : 24/11/2011 09:03:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 25/11/2011 10:26:00
Received Date : 25/11/2011 15:00:23
Requestor : SPENCE, DESMOND
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : N,11.0726740.C
Filed By User :
Assigned to : Mrs Joan Kennedy
Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F

ADR : 8 Ruchill Place Glasgow

**** ABNORMAL ****

SPECIMEN : Specimen

	Abn	Value	Units	Range	Status
R Plasma glucose level	**Y**				
-Fasting specimen					
Glucose	+	8.9	mmol/L	(3.5-5.5 U)	NK

Sample Collected Date : 25/11/2011 10:53:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 25/11/2011 16:00:00
Received Date : 25/11/2011 19:00:22
Requestor : KENNEDY, SR JOAN
Requestor GMC Code : 84L0827C

High fasting glucose
to attend on 12th Dec
for 2nd as planned

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Acute Services Division

Emergency Care and
Medical Services Directorate

Medical Assessment Unit
Western Infirmary, Glasgow G11 6NT.
Tel No. [redacted]

NHS
Greater Glasgow and Clyde

Receiving Consultant:

OUR REF: RS/LC
CHI NO: **0806725281**

Date Dictated: 01/12/2011
Date Typed: 15/12/2011

Date of Admission: 15/11/2011 Date of Discharge: 15/11/2011

Dr David Byford
Drs Byford, Spence, Haggerty, Mered
Maryhill Health Centre, 41 Shawpark Street, Glasgow
G20 9DR

Dear Dr Byford

Carol Deans - 08/06/1972 - CRN: 23001284A
8 Ruchill Place, Glasgow, G20 9PR

This lady was admitted to MAU via A&E with an episode of left-sided chest pain radiating both to her back and down her left arm. There was no evidence found to suggest the pain was of cardiac origin. She was a little tender on the left side of the chest wall. She had a previous diagnosis of thrombo-embolisms. This was ruled out with negative D-dimer's. She was declared medically fit for discharge. During her admission her glucose came back at 10.9. We would be grateful if you could investigate her further with regards to diagnosis of diabetes. We are happy for her to be discharged back to your care with no follow up plans required at our end.

Yours sincerely

Rajeev Sharma
LAT in Medicine

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Delivering better health

www.nhsggc.org.uk

40372

NHS Confidential: Personal data about a patient

Lab Report ID : N,11.0756508.J
Filed By User :
Assigned to : Mrs Joan Kennedy
Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (33556) Carol Deans DOB : 08/06/1972 CHI : 0806725281 SEX : F
ADR : 8 Ruchill Place Glasgow

**** ABNORMAL ****

SPECIMEN : Specimen

	Abn	Value	Units	Range	Status
R Urea and electrolytes	**Y**				
Sodium		139	mmol/L	(135-145 U)	NK
Potassium		3.8	mmol/L	(3.5-5.0 U)	NK
Chloride		103	mmol/L	(98-108 U)	NK
Urea	-	2.0	mmol/L	(2.5-7.5 U)	NK
Creatinine		61	umol/L	(40-130 U)	NK
Estimated GFR		>60	ml/min	(>>60 U)	NK
R Plasma glucose level	**Y**				
Glucose	+	9.1	mmol/L	(3.5-5.5 U)	NK
R Liver function test	**Y**				
Total Bilirubin		6	umol/L	(<<20 U)	NK
Aspartate Transamina		31	U/L	(<<40 U)	NK
Alanine Transaminase		47	U/L	(<<50 U)	NK
Gamma-GT	+	76	U/L	(<<40 U)	NK
Alkaline Phosphatase		109	U/L	(40-150 U)	NK
Total Protein		61	g/L	(60-80 U)	NK
Albumin		33	g/L	(32-45 U)	NK
Globulins		28	g/L	(23-38 U)	NK
R Serum lipids	**Y**				
-Non-fasting sample - LDL not calculable.					
Cholesterol	+	5.40	mmol/L	(<<5.00 U)	NK
Triglycerides	+	3.69	mmol/L	(<<2.30 U)	NK
HDL Cholesterol	-	0.72	mmol/L	(>>1.00 U)	NK
LDL Cholesterol					NK
Chol/HDL Ratio		7.5			NK
R Thyroid function test					
-Euthyroid TFT results					
TSH		4.4	mu/L	(0.35-5.00 U)	NK
Free T4		15	pmol/L	(9-21 U)	NK

Sample Collected Date : **12/12/2011 09:08:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **12/12/2011 12:13:00**
Received Date : **12/12/2011 19:00:11**
Requestor : **KENNEDY, SR JOAN**
Requestor GMC Code : **84L0027C**

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eMED3 (2010) new statement issued, not fit for work
30-Mar-2017 Dr Jayne Macnamara (JAYNE_188611876)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: depression arthritis; Duration: 27/02/2017 - 06/04/2017)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 30 / 03 / 2017

and, because of the following condition(s): depression arthritis

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 27 / 02 / 2017 to 06 / 04 / 2017

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 30 / 03 / 2017

Doctor's address:
Barclay Medical Practice
51 Gairbraid Avenue
Glasgow, G20 8FB
Telephone: [redacted]

Unique ID: Med 3 04/10- B6C0A04F-6CD0-4D26-BD42-CF23C74C1626

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names: CAROL
Address: 110 GLENDINNING ROAD
GLASGOW Postcode G13 2PJ
Date of birth: 08 / 06 / 1972
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

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eMED3 (2010) new statement issued, not fit for work
15-Dec-2016 Dr Des Spence (SPENCE_11876)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Depression Arthritis; Duration: 28/11/2016 - 27/02/2017)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 15 / 12 / 2016

and, because of the following condition(s): Depression Arthritis

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 28 / 11 / 2016 to 27 / 02 / 2017

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 15 / 12 / 2016

Doctor's address:
Barclay Medical Practice (GREEN)
51 Gairbraid Avenue
Glasgow, G20 8FB
Telephone: [redacted]

Unique ID: Med 3 04/10- 384364DB-F23F-45E5-AD30-79B74C9D6CCB

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names: CAROL
Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth: 08 / 06 / 1972
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

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eMED3 (2010) new statement issued, not fit for work
18-Oct-2016 Dr Des Spence (SPENCE_11876)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Depression Arthritis; Duration: 12/10/2016 - 28/11/2016)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 18 / 10 / 2016

and, because of the following condition(s): Depression Arthritis

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 12 / 10 / 2016 to 28 / 11 / 2016

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 18 / 10 / 2016

Doctor's address:
Barclay Medical Practice (GREEN)
51 Gairbraid Avenue
Glasgow, G20 8FB
Telephone: [redacted]

Unique ID: Med 3 04/10- F9000F91-C634-46E1-A7A4-5DD54C108C1B

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
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Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names: CAROL
Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth: 08 / 06 / 1972
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

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eMED3 (2010) new statement issued, not fit for work
06-Sept-2016 Dr GP Locummhc (LOC1)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: depression, arthritis; Duration: 31/08/2016 - 12/10/2016)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 06 / 09 / 2016

and, because of the following condition(s): depression, arthritis

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 31 / 08 / 2016 to 12 / 10 / 2016

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 06 / 09 / 2016

Doctor's address: Barclay Medical Practice (GREEN)
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- 4B1901F9-BDFE-4C1D-843D-5CBD6008EA8B

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

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If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names CAROL
Address 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth 08 / 06 / 1972
National Insurance (NI) number

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

Diabetes monitoring 2nd letter
02-Sept-2016 Mrs Siobhan McCarron (SM)
Additional: Diabetes monitoring 2nd letter
Annual Dia letter 2nd
Filename:
Extension:
Pages:

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Barclay Medical Practice

Maryhill Health Centre
University
41 Shawpark Street
Building
Glasgow
G20 9DR
[redacted] 8800

Glasgow

Fraser

65 Hillhead Street
G12 8QF
[redacted]

Date as postmark

Mrs Carol Avery
8 Ruchill Place
Glasgow
G20 9PR

Dear Mrs Avery

Your **Annual Diabetic Review** is due.

Firstly, please make an appointment with a Health Care Assistant for your blood tests **(you don't have to fast for these tests)**. When your blood tests have been taken make an appointment with the Practice Nurse to discuss the results.

- **A urine sample will be required**
- **Please take all your medications as normal**
- **If you are a Maryhill patient, your appointment will be at the Yellow Wing**
- **If you are housebound - please inform the surgery**
- **Diabetic foot checks are yearly, these are booked at the practice**

Yours sincerely

Dr Fiona Taylor

If you require this information in an accessible format, such as large print or in a community language, please use the contact

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details on your patient information leaflet or this letter to contact the surgery

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eMED3 (2010) duplicate issued, not fit for work
21-Jun-2016 Miss Loui Cochrane (LOUI)
Additional:eMED3 (2010) duplicate issued, not fit for work
(Diagnosis: depression, arthritis; Duration: 08/03/2016 - 31/08/2016)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 21 / 06 / 2016

and, because of the following condition(s): depression, arthritis

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 08 / 03 / 2016 to 31 / 08 / 2016

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 27 / 06 / 2016

Doctor's address:
Barclay Medical Practice (GREEN)
41 Shawpark Street
Glasgow, G20 9DR
Telephone: [redacted]

Unique ID: Med 3 04/10- EF58DD40-55FF-4C87-80DE-316CD6E74F6C

For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

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If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY

Other names: CAROL

Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR

Date of birth: 08 / 06 / 1972

National Insurance (NI) number:

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature

Date / /

If you have signed this form for someone else, please tick here: [ ]

Duplicate
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eMED3 (2010) new statement issued, not fit for work
21-Jun-2016 Dr Scott MacKenzie (007)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: depression, arthritis; Duration: 08/03/2016 - 31/08/2016)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 21 / 06 / 2016

and, because of the following condition(s): depression, arthritis

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 08 / 03 / 2016 to 31 / 08 / 2016

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 21 / 06 / 2016

Doctor's address:
Barclay Medical Practice (GREEN)
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- EF58DD40-55FF-4C87-80DE-316CD6E74F6C

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

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Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
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- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names: CAROL
Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth: 08 / 06 / 1972
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

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eMED3 (2010) new statement issued, not fit for work
26-Jan-2016 Dr James MacKenzie (MACK_1886011876)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Osteoarthritis; depression; Duration: 23/01/2016 - 21/03/2016)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 26 / 01 / 2016

and, because of the following condition(s): Osteoarthritis; depression

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 23 / 01 / 2016 to 21 / 03 / 2016

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 26 / 01 / 2016

Doctor's address:
Barclay Medical Practice (GREEN)
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- 3C3F472B-DF54-45CF-8E30-950E79BB27A8

For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

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Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names: CAROL
Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth: 08 / 06 / 1972
National Insurance (NI) number:

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
23-Nov-2015 Dr David Blane (0011)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: osteoarthritis and depression; Duration: 23/11/2015 - 23/01/2016)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 23 / 11 / 2015

and, because of the following condition(s): osteoarthritis and depression

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 2 Month(s)
or from / / to / /
I will/~~will not~~ need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 23 / 11 / 2015

Doctor's address: Barclay Medical Practice (GREEN)
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- [redacted]

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names CAROL
Address 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth 08 / 06 / 1972
National Insurance (NI) number

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /
If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

Diabetes monitoring 3rd letter
12-Oct-2015 Mrs Siobhan McCarron (SM)
Additional: Diabetes monitoring 3rd letter
Annual Dia 3rd letter
Filename:
Extension:
Pages:

Barclay Medical Practice

Maryhill Health Centre
41 Shawpark Street Glasgow G20 9DR
Green Wing [redacted] Yellow Wing [redacted]
&
Fraser Building
65 Hillhead Street Glasgow G12 8QF
Tel: [redacted] Fax: [redacted]

Date as postmark

Mrs Carol Avery
8 Ruchill Place
Glasgow
G20 9PR

Dear Mrs Avery

Your **Annual Diabetic Review** is due.

Firstly, please make an appointment with a Health Care Assistant for your blood test, then with one of the Practice Nurses to discuss the results.
YOU NO LONGER HAVE TO FAST FOR THESE BLOODS.

- **Diabetic foot checks (yearly) should be booked within the practice**
- **A urine sample will be required**
- **Please take all your medications as normal**
- **If you are a Maryhill patient, your appointment will be at the Yellow Wing**

Yours sincerely

Dr Fiona Taylor

If you require this information in an accessible format, such as large print or in a community language, please use the contact details on your patient information leaflet or this letter to contact the surgery

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
07-Oct-2015 Dr Andrene McCall (AMC)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Osteoarthritis and depression; Duration: 30/09/2015 - 25/11/2015)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 07 / 10 / 2015

and, because of the following condition(s): Osteoarthritis and depression

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 30 / 09 / 2015 to 25 / 11 / 2015

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 07 / 10 / 2015

Doctor's address: Barclay Medical Practice (GREEN)
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- 47324690-016C-4CEF-835F-093908B65F37

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

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- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names: CAROL
Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth: 08 / 06 / 1972
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
28-Aug-2015 Dr Gemma Smith (910)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Osteoarthritis and depression; Duration: 06/08/2015 - 30/09/2015)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 28 / 08 / 2015

and, because of the following condition(s): Osteoarthritis and depression

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for:
or from 06 / 08 / 2015 to 30 / 09 / 2015

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature:

Date of statement: 28 / 08 / 2015

Doctor's address:
Barclay Medical Practice (GREEN)
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- E7432E87-47C1-484B-941D-8E530F8B85E1

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
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If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names: CAROL
Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth: 08 / 06 / 1972
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:
Date: / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
02-July-2015 Dr Maeve MacLeod (2222)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Osteoarthritis and depression; Duration: 24/06/2015 - 06/08/2015)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 02 / 07 / 2015

and, because of the following condition(s): Osteoarthritis and depression

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 24 / 06 / 2015 to 06 / 08 / 2015

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 02 / 07 / 2015

Doctor's address
Barclay Medical Practice (GREEN)
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- 79805893-8D77-4DCA-80AE-C9BF6D5D8FD8

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names CAROL
Address 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth 08 / 06 / 1972
National Insurance (NI) number

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

Diabetes monitoring 1st letter
01-Jun-2015 Mrs Siobhan McCarron (SM)
Additional: Diabetes monitoring 1st letter
***** *dia 1st letter*
Filename:
Extension:
Pages:

THIRD PARTY COPY

Barclay Medical Practice

Maryhill Health Centre
41 Shawpark Street Glasgow G20 9DR
Green Wing [redacted] Yellow Wing [redacted]
&
Fraser Building
65 Hillhead Street Glasgow G12 8QF
Tel: [redacted] Fax: [redacted]

Date as postmark

Mrs Carol Avery
8 Ruchill Place
Glasgow
G20 9PR

Dear Mrs Avery

Your **Annual Diabetic Review** is due.

Firstly, please make an appointment with a Health Care Assistant for your blood test, then with one of the Practice Nurses to discuss the results.

- **Podiatry/foot checks (yearly) should be booked within the practice**
- **A urine sample will be required**
- **Please take all your medications as normal**
- **If you are a Maryhill patient, your appointment will be at the Yellow Wing**

Yours sincerely

Dr Fiona Taylor

If you require this information in an accessible format, such as large print or in a community language, please use the contact details on your patient information leaflet or this letter to contact the surgery

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
20-May-2015 Dr Gemma Smith (910)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: osteoarthritis and depression; Duration: 06/05/2015 - 24/06/2015)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 20 / 05 / 2015

and, because of the following condition(s): osteoarthritis and depression

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 06 / 05 / 2015 to 24 / 06 / 2015

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 20 / 05 / 2015

Doctor's address:
Barclay Medical Practice (GREEN)
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- 66358625-B2F7-42EA-8567-691FFBABA4D1

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
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Social security benefit claimants
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- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names: CAROL
Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth: 08 / 06 / 1972
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
10-Mar-2015 Dr D M Byford (BYFORD_11876)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Osteoarthritis and depression; Duration: 10/03/2015 - 05/05/2015)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 10 / 03 / 2015

and, because of the following condition(s): Osteoarthritis and depression

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for: 8 Week(s)

or from / / to / /

I will/~~will not~~ need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature:

Date of statement: 10 / 03 / 2015

Doctor's address:
Barclay Medical Practice (GREEN)
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- B232978C-CD6E-4ACD-A0EB-22AC56DD42CE

For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
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- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names: CAROL
Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth: 08 / 06 / 1972
National Insurance (NI) number:

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:
Date: / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
12-Feb-2015 Dr GP Locumcity (LOC2)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Osteoarthritis and depression; Duration: 10/02/2015 - 10/03/2015)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 12 / 02 / 2015

and, because of the following condition(s): Osteoarthritis and depression

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 10 / 02 / 2015 to 10 / 03 / 2015

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 12 / 02 / 2015

Doctor's address:
Barclay Medical Practice (GREEN)
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- F59B0FF2-A6A0-4D37-96C0-7B1A8387BC12

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
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- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names: CAROL
Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth: 08 / 06 / 1972
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
09-Jan-2015 Dr Solange Lawrence (SL11876)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: osteoarthritis and depression; Duration: 05/01/2015 - 09/02/2015)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 09 / 01 / 2015

and, because of the following condition(s): osteoarthritis and depression

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 05 / 01 / 2015 to 09 / 02 / 2015

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 09 / 01 / 2015

Doctor's address:
Barclay Medical Practice (GREEN)
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- 355F4046-C77F-4274-985B-F62C495A1C5B

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names: CAROL
Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth: 08 / 06 / 1972
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
20-Nov-2014 Dr Lynsey Webster (1234)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Depression and osteoarthritis; Duration: 13/11/2014 - 20/12/2014)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 20 / 11 / 2014

and, because of the following condition(s): Depression and osteoarthritis

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 13 / 11 / 2014 to 20 / 12 / 2014

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 20 / 11 / 2014

Doctor's address:
Barclay Medical Practice (GREEN)
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- 0A62F70F-5122-48B7-B78F-ECBF2AAAEE0F

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names: CAROL
Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth: 08 / 06 / 1972
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
22-Oct-2014 Dr Rebecca Brown (RB11876)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Osteoarthritis & depression; Duration: 16/10/2014 - 13/11/2014)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 22 / 10 / 2014

and, because of the following condition(s): Osteoarthritis & depression

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 16 / 10 / 2014 to 13 / 11 / 2014

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 22 / 10 / 2014

Doctor's address:
Barclay Medical Practice (GREEN)
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- C8F5C4A9-4FF3-4896-81C4-5DB9587B2589

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names: CAROL
Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth: 08 / 06 / 1972
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

Diabetic annual review
07-Oct-2014 Miss Danielle Brown (DB)
Additional: Diabetic annual review
Annual Diabetic 3rd
Filename:
Extension:
Pages:

THIRD PARTY COPY

Barclay Medical Practice

Maryhill Health Centre
41 Shawpark Street Glasgow G20 9DR
Green Wing [redacted] Yellow Wing [redacted]
&
Fraser Building
65 Hillhead Street Glasgow G12 8QF
Tel: [redacted] Fax: [redacted]

Mrs Carol Avery
8 Ruchill Place
Glasgow
G20 9PR

Dear Mrs Avery

Your **Annual Diabetic Review** is due.

Firstly, please make an appointment with a Health Care Assistant for your **fasting** blood test, then with one of the Practice Nurses to discuss the results.

- **Podiatry/foot checks (yearly) should be booked within the practice**
- **Please do not fast if you are on insulin injections**
- **A urine sample will be required**
- **Please take all your medications as normal**
- **Your appointment will be at the Yellow Wing**

Yours sincerely

Dr Fiona Taylor

If you require this information in an accessible format, such as large print or in a community language, please use the contact details on your patient information leaflet or this letter to contact the surgery

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
21-Aug-2014 Dr Maeve MacLeod (2222)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Osteoarthritis and depression; Duration: 21/08/2014 - 16/10/2014)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 21 / 08 / 2014

and, because of the following condition(s): Osteoarthritis and depression

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 8 Week(s)
or from / / to / /

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 21 / 08 / 2014

Doctor's address: Barclay Medical Practice (GREEN)
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- 52F37FA8-B68A-4127-95F9-379342BE753E

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names CAROL
Address 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth 08 / 06 / 1972
National Insurance (NI) number

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

2nd Diabetic Annual Letter
18-July-2014 Miss Danielle Brown (DB)
Additional:2nd Diabetic Annual Letter
Diabetic Annual 2nd
Filename:
Extension:
Pages:

THIRD PARTY COPY

MARYHILL BARCLAY MEDICAL PRACTICE YELLOW WING

Barclay Medical Practice
Yellow Wing
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

t. **0141 531 8800**
f. 0141 531 8851

MARYHILL BARCLAY MEDICAL PRACTICE GREEN WING

Barclay Medical Practice
Green Wing
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

t. **0141 531 8811**
f. 0141 531 8808

UNIVERSITY BARCLAY MEDICAL PRACTICE

Barclay Medical Practice University
Fraser Building
65 Hillhead Street
Glasgow
G12 8QF

t. **0141 342 3600**
f. 0141 342 3608

[redacted]

THIRD PARTY COPY

Mrs Carol Avery
8 Ruchill Place
Glasgow
G20 9PR

Dear Mrs Avery

Your **Annual** Diabetic review is now due.

Firstly, please make an appointment with a Health Care Assistant for your **fasting** blood test then with Sister Kennedy to discuss the results.

Podiatry/foot checks (every 12 months) should be booked with the practice podiatrist.

PLEASE DO NOT FAST IF ON INSULIN INJECTIONS.

Please bring a sample of urine with you to your appointment.

PLEASE TAKE ALL YOUR MEDICATION AS NORMAL.

Yours sincerely

Dr Fiona Taylor

eMED3 (2010) new statement issued, not fit for work
03-July-2014 Dr D M Byford (BYFORD_11876)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Depression and osteoarthritis; Duration: 03/07/2014 - 03/09/2014)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 03 / 07 / 2014

and, because of the following condition(s): Depression and osteoarthritis

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):
Unfit from expiry of last medical certificate on 23/6/14.

This will be the case for 2 Month(s)

or from / / to / /

I will/~~will not~~ need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 03 / 07 / 2014

Doctor's address:
Maryhill Health Centre
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- 92E5EE0E-FBEA-4621-9F17-7C5303343F2D

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names: CAROL
Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth: 08 / 06 / 1972
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
01-May-2014 Dr Fiona Taylor (FIONA_11876)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Depression and OA -; Duration: 22/04/2014 - 23/06/2014)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 01 / 05 / 2014

and, because of the following condition(s): Depression and OA -

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 22 / 04 / 2014 to 23 / 06 / 2014

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 01 / 05 / 2014

Doctor's address:
Maryhill Health Centre
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- 38DE6D53-C694-448A-8434-1D180A4E0B49

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
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If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names: CAROL
Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth: 08 / 06 / 1972
National Insurance (NI) number:

Declaration – **for social security benefit claimants only**
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

1st Diabetic Annual Letter
08-Apr-2014 Mrs Siobhan McCarron (SM)
Additional:1st Diabetic Annual Letter
Diabetic Annual 1st
Filename:
Extension:
Pages:

THIRD PARTY COPY

Maryhill Health Centre
41 Shawpark Street Glasgow G20 9DR Tel: [redacted] Fax: [redacted]
&
Barclay Medical Centre
Fraser Building 65 Hillhead Street Glasgow G12 8QF Tel: [redacted] Fax: [redacted]

Mrs Carol Avery
8 Ruchill Place
Glasgow
G20 9PR

Dear Mrs Avery

Your **Annual** Diabetic review is now due.

Firstly, please make an appointment with a Health Care Assistant for your **fasting** blood test then with Sister Kennedy to discuss the results.

Podiatry/foot checks (every 12 months) should be booked with the practice podiatrist.

PLEASE DO NOT FAST IF ON INSULIN INJECTIONS.

Please bring a sample of urine with you to your appointment.

PLEASE TAKE ALL YOUR MEDICATION AS NORMAL.

Yours sincerely

Dr D Byford

Dr David M Byford MB ChB FRCGP DRCOG
Dr Desmond Spence MB ChB MRCGP DCH DRCOG DOccMed
Dr Noreen Haggerty MB ChB MRCGP DRCOG DPD
Dr Jon Meredith MB CHB MRCGP
Dr Fiona Taylor MA MBBS MRCGP DRCOG

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
12-Mar-2014 Dr Anna Rex (ANNA)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Depression and osteoarthritis; Duration: 25/02/2014 - 22/04/2014)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 12 / 03 / 2014

and, because of the following condition(s): Depression and osteoarthritis

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 25 / 02 / 2014 to 22 / 04 / 2014

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 12 / 03 / 2014

Doctor's address:
Maryhill Health Centre
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- F47A59BA-7729-42D9-95B6-3FF7621B768F

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names: CAROL
Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth: 08 / 06 / 1972
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
13-Feb-2014 Dr Solange Lawrence (1000)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: depression and osteoarthritis; Duration: 25/11/2013 - 25/02/2014)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 13 / 02 / 2014

and, because of the following condition(s): depression and osteoarthritis

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 25 / 11 / 2013 to 25 / 02 / 2014

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 13 / 02 / 2014

Doctor's address:
Maryhill Health Centre
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- 53CED279-624B-4883-B271-FBD76B68969A

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
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- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names: CAROL
Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth: 08 / 06 / 1972
National Insurance (NI) number:

Declaration – **for social security benefit claimants only**
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

3rd Diabetic Annual Letter
07-Nov-2013 Mrs Siobhan McCarron (SM)
Additional:3rd Diabetic Annual Letter
ANNUAL DIA 3rd LETTER
Filename:
Extension:
Pages:

THIRD PARTY COPY

Maryhill Health Centre

41 Shawpark Street Glasgow G20 9DR Tel: [redacted] Fax: [redacted]

&

Barclay Medical Centre

Fraser Building 65 Hillhead Street Glasgow G12 8QF Tel: [redacted] Fax: [redacted]

Date as postmark

Mrs Carol Avery
8 Ruchill Place
Glasgow
G20 9PR

Dear Mrs Avery

I see from your records that your **Annual** Diabetic review is due.

Annual and **Mid-year** Diabetic reviews can now be arranged at a time and date which suits you.

Kelly the Health Care Assistant is available for both your **fasting** blood tests and Podiatry (foot check). If you wish to have these done together please advise the receptionist when you call the surgery on [redacted]

PLEASE DO NOT FAST IF ON INSULIN INJECTIONS AND TAKE YOUR MEDICATION AS NORMAL.

Please bring a sample of urine with you to your appointment.

PLEASE TAKE ALL YOUR MEDICATION AS NORMAL.

Yours sincerely

Dr D Byford

THIRD PARTY COPY

Dr David M Byford MB ChB FRCGP DRCOG
Dr Desmond Spence MB ChB MRCGP DCH DRCOG DOccMed
Dr Noreen Haggerty MB ChB MRCGP DRCOG DPD
Dr Jon Meredith MB CHB MRCGP
Dr Fiona Taylor MA MBBS MRCGP DRCOG

eMED3 (2010) new statement issued, not fit for work
23-Oct-2013 Dr Noreen Haggerty (HAGGERTY_11876)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: depression and arthritis; Duration: 14/10/2013 - 25/11/2013)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 23 / 10 / 2013

and, because of the following condition(s): depression and arthritis

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 14 / 10 / 2013 to 25 / 11 / 2013

I will/~~will not~~ need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 23 / 10 / 2013

Doctor's address:
Maryhill Health Centre
41 Shawpark Street
Glasgow, G20 9DR
Telephone: 0141-531-8811

Unique ID: Med 3 04/10- C3BFC79E-FDF8-46D0-B007-B5BB9A6D52C9

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
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If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY

Other names: CAROL

Address: 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR

Date of birth: 08 / 06 / 1972

National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature

Date / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
02-Sept-2013 Dr D M Byford (BYFORD_11876)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: depression, arthritis of knees; Duration: 02/09/2013 - 14/10/2013)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Carol Avery

I assessed your case on: 02 / 09 / 2013

and, because of the following condition(s): depression, arthritis of knees

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 6 Week(s)
or from / / to / /

I will/~~will not~~ need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 02 / 09 / 2013

Doctor's address: Maryhill Health Centre, 41 Shawpark Street, Glasgow, G20 9DR, Telephone: 0141-531-8811

Unique ID: Med 3 04/10- EEF6A043-1762-4BB9-B951-04384EE798BA

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ AVERY
Other names CAROL
Address 8 RUCHILL PLACE
GLASGOW Postcode G20 9PR
Date of birth 08 / 06 / 1972
National Insurance (NI) number

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

2nd Diabetic Annual Letter
13-May-2013 Mrs Siobhan McCarron (SM)
Additional:2nd Diabetic Annual Letter
ANNUAL DIA 2ND LETTER
Filename:
Extension:
Pages:

Maryhill Health Centre

41 Shawpark Street Glasgow G20 9DR Tel: [redacted] Fax: [redacted]

&

Barclay Medical Centre

Fraser Building 65 Hillhead Street Glasgow G12 8QF Tel: [redacted] Fax: [redacted]

Date as postmark

Mrs Carol Avery
8 Ruchill Place
Glasgow
G20 9PR

Dear Mrs Avery

I see from your records that your **Annual** Diabetic review is due.

THE PRACTICE HAS CHANGED THE PROCESS FOR ANNUAL DIABETIC CHECKS!

Annual and **Mid-year** Diabetic reviews can now be arranged at a time and date which suits you.

Kelly the Health Care Assistant is available for both your blood tests and Podiatry (foot check). If you wish to have these done together please advise the receptionist when you call the surgery on [redacted]

Please bring a sample of urine with you to your appointment.

IF ON INSULIN INJECTIONS. DO NOT FAST AND TAKE YOUR MEDICATION AS NORMAL.

PLEASE TAKE ALL YOUR MEDICATION AS NORMAL.

Yours sincerely

Dr D Byford

THIRD PARTY COPY

Dr David M Byford MB ChB FRCGP DRCOG
Dr Desmond Spence MB ChB MRCGP DCH DRCOG DOccMed
Dr Noreen Haggerty MB ChB MRCGP DRCOG DPD
Dr Jon Meredith MB CHB MRCGP
Dr Fiona Taylor MA MBBS MRCGP DRCOG

1st Diabetic Annual Letter
14-Jan-2013 Mrs Siobhan McCarron (SM)
Additional:1st Diabetic Annual Letter

Filename:
Extension:
Pages:

Maryhill Health Centre

41 Shawpark Street Glasgow G20 9DR Tel: [redacted] Fax: [redacted]

&

Barclay Medical Centre

Fraser Building 65 Hillhead Street Glasgow G12 8QF Tel: [redacted] Fax: [redacted]

Date as postmark

Mrs Carol Deans
8 Ruchill Place
Glasgow
G20 9PR

Dear Mrs Deans

I see from your records that your Annual Diabetic review is due.

THE PRACTICE HAS CHANGED THE PROCESS FOR ANNUAL DIABETIC CHECKS!

Both Annual and Mid-year Diabetic reviews can now be arranged at a time and date which suits you.
Please book a double morning appointment with Sister Kennedy.

You can also now arrange an appointment with the Kelly the Health Care Assistant for both your blood tests and Podiatry (foot check).

Please telephone the surgery on [redacted] to arrange these appointments.

Please bring a sample of urine with you to your appointment.

IF ON INSULIN INJECTIONS. DO NOT FAST AND TAKE YOUR MEDICATION AS NORMAL.

PLEASE TAKE ALL YOUR MEDICATION AS NORMAL.

Yours sincerely

Dr D Byford

Dr David M Byford MB ChB FRCGP DRCOG
Dr Desmond Spence MB ChB MRCGP DCH DRCOG DOccMed
Dr Noreen Haggerty MB ChB MRCGP DRCOG DPD
Dr Jon Meredith MB CHB MRCGP
Dr Fiona Taylor MA MBBS MRCGP DRCOG

THIRD PARTY COPY

Maryhill Health Centre

41 Shawpark Street Glasgow G20 9DR Tel: [redacted] Fax: [redacted]

&

Barclay Medical Centre

Fraser Building 65 Hillhead Street Glasgow G12 8QF Tel: [redacted] Fax: [redacted]

THIRD PARTY COPY

Dr David M Byford MB ChB FRCGP DRCOG
Dr Desmond Spence MB ChB MRCGP DCH DRCOG DOccMed
Dr Noreen Haggerty MB ChB MRCGP DRCOG DPD
Dr Jon Meredith MB CHB MRCGP
Dr Fiona Taylor MA MBBS MRCGP DRCOG

Follow up Diabetic Letter
01-Aug-2012 Mrs Siobhan McCarron (SM)
Additional: Follow up Diabetic Letter

Filename:
Extension:
Pages:

Maryhill Health Centre

41 Shawpark Street Glasgow G20 9DR Tel: [redacted] Fax: [redacted]

&

Barclay Medical Centre

Fraser Building 65 Hillhead Street Glasgow G12 8QF Tel: [redacted] Fax: [redacted]

Date as postmark

Mrs Carol Deans
8 Ruchill Place
Glasgow
G20 9PR

Dear Mrs Deans

Diabetic Clinic at Maryhill Health Centre.

I see from your records that your 6 month Diabetic review is due. Please make an appointment with our Health Care Assistant for blood tests at our Friday Blood Clinic. You will then make have to make an appointment for the Practice Nurse Kennedy for around 10 days later to discuss your results.

Please remember that when you come for your blood test you must fast from midnight the night before.

If on insulin injections do not fast and take your medication and breakfast as normal.

Please bring a sample of urine with you when you attend for the practice nurse appointment.

PLEASE TAKE YOUR MEDICATION AS NORMAL.

Yours sincerely

Dr D Byford

THIRD PARTY COPY

Dr David M Byford MB ChB FRCGP DRCOG
Dr Desmond Spence MB ChB MRCGP DCH DRCOG DOccMed
Dr Noreen Haggerty MB ChB MRCGP DRCOG DPD
Dr Jon Meredith MB CHB MRCGP
Dr Fiona Taylor MA MBBS MRCGP DRCOG

1st Diabetic Annual Letter
06-Jun-2012 Mrs Siobhan McCarron (SM)
Additional: 1st Diabetic Annual Letter
Annual Dia Letter
Filename:
Extension:
Pages:

Maryhill Health Centre

41 Shawpark Street Glasgow G20 9DR Tel: [redacted] Fax: [redacted]

&

Barclay Medical Centre

Fraser Building 65 Hillhead Street Glasgow G12 8QF Tel: [redacted] Fax: [redacted]

Date as postmark

Mrs Carol Deans
8 Ruchill Place
Glasgow
G20 9PR

Dear Mrs Deans

Can you please attend the surgery on Friday 13th July at 9:40am for your Annual Diabetic Review. You will see a Nurse, Dietician and Podiatrist all on the same day. You may be in the Health Centre for up to 2 hours, this will save you attending the hospital for your annual check-up. The clinic has been designed to suit the patient's needs.

Please make an appointment with our Health Care Assistant for a fasted blood test at our Friday Blood Clinic around 2 weeks before the above appointment.

If you cannot attend please telephone the surgery on [redacted]

Please bring a sample of urine with you to your appointment.

IF ON INSULIN INJECTIONS. DO NOT FAST AND TAKE YOUR MEDICATION AS NORMAL.

PLEASE TAKE ALL YOUR MEDICATION AS NORMAL.

Yours sincerely

Dr D Byford

THIRD PARTY COPY

Dr David M Byford MB ChB FRCGP DRCOG
Dr Desmond Spence MB ChB MRCGP DCH DRCOG DOccMed
Dr Noreen Haggerty MB ChB MRCGP DRCOG DPD
Dr Jon Meredith MB CHB MRCGP
Dr Fiona Taylor MA MBBS MRCGP DRCOG

Diabetic annual review
05-Jan-2012 Mrs Siobhan McCarron (SM)
Additional: Diabetic annual review
Annual Dia 1st letter
Filename:
Extension:
Pages:

Maryhill Health Centre

41 Shawpark Street Glasgow G20 9DR Tel: [redacted] Fax: [redacted]

&

Barclay Medical Centre

Fraser Building 65 Hillhead Street Glasgow G12 8QF Tel: [redacted] Fax: [redacted]

Date as postmark

Mrs Carol Deans
8 Ruchill Place
Glasgow
G20 9PR

Dear Mrs Deans

Can you please attend the surgery on 19th March 2012 at 10:40am for your Annual Diabetic Review. You will see a Nurse, Dietician and Podiatrist all on the same day. You may be in the Health Centre for up to 2 hours, this will save you attending the hospital for your annual check-up. The clinic has been designed to suit the patient's needs.

Please make an appointment with our Health Care Assistant for a fasted blood test at our Friday Blood Clinic around 2 weeks before the above appointment.

If you cannot attend please telephone the surgery on [redacted]

Please bring a sample of urine with you to your appointment.

IF ON INSULIN INJECTIONS. DO NOT FAST AND TAKE YOUR MEDICATION AS NORMAL.

PLEASE TAKE ALL YOUR MEDICATION AS NORMAL.

Yours sincerely

Dr D Byford

THIRD PARTY COPY

Dr David M Byford MB ChB FRCGP DRCOG
Dr Desmond Spence MB ChB MRCGP DCH DRCOG DOccMed
Dr Noreen Haggerty MB ChB MRCGP DRCOG DPD
Dr Jon Meredith MB CHB MRCGP
Dr Fiona Taylor MA MBBS MRCGP DRCOG

DNA surgery appointment - 1st letter
18-Nov-2011 Ms Marlene McMillan (MARLENE_11876)
Additional:DNA surgery appointment - 1st letter

Filename:
Extension:
Pages:

Maryhill Health Centre

41 Shawpark Street Glasgow G20 9DR Tel: [redacted] Fax: [redacted]

&

Barclay Medical Centre

Fraser Building 65 Hillhead Street Glasgow G12 8QF Tel: [redacted] Fax: [redacted]

Date as postmark

Mrs Carol Deans
8 Ruchill Place
Glasgow
G20 9PR

Dear Mrs Deans

According to our records you have recently failed to attend a doctor/ nurse appointment.

We ask in future if you are unable to attend for an appointment please call and cancel.

Unfortunately unattended appointments have become a problem at the practice so a patient notification system is now in place.

Yours sincerely

Dr Byford & Partners

THIRD PARTY COPY

Dr David M Byford MB ChB MRCGP DRCOG
Dr Desmond Spence MB ChB MRCGP DCH DRCOG DOccMed
Dr Noreen Haggerty MB ChB MRCGP DRCOG DPD
Dr Jon Meredith MB CHB MRCGP
Dr Fiona Taylor MA MBBS MRCGP DRCOG

DNA surgery appointment - 1st letter
23-Jun-2011 Mrs Joanne Evans (JOANNE_11876)
Additional:DNA surgery appointment - 1st letter

Filename:
Extension:
Pages:

Maryhill Health Centre

41 Shawpark Street Glasgow G20 9DR Tel: [redacted] Fax: [redacted]

&

Barclay Medical Centre

Fraser Building 65 Hillhead Street Glasgow G12 8QF Tel: [redacted] Fax: [redacted]

Date as postmark

Mrs Carol Deans
8 Ruchill Place
Glasgow
G20 9PR

Dear Mrs Deans

According to our records you have recently failed to attend a doctor/ nurse appointment.

We ask in future if you are unable to attend for an appointment please call and cancel.

Unfortunately unattended appointments have become a problem at the practice so a patient notification system is now in place.

Yours sincerely

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Dr Desmond Spence MB ChB MRCGP DCH DRCOG DOccMed
Dr Noreen Haggerty MB ChB MRCGP DRCOG DPD
Dr Jon Meredith MB CHB MRCGP
Dr Fiona Taylor MA MBBS MRCGP DRCOG