Subject Access Request

Patient	Mrs Mary McFadyean
Date of birth	02-Aug-1969 (age 56)
Gender	F
NHS number	GBFES/484
Patient's address	11 Murray Street Ayr South Ayrshire KA8 9PG
Date range selected	Full record
Organisation	MMA Legal
Reference	100418

Problems

Active

23-Sept-2021 Mrs Alison Welsh (ALISONW_3623)
Opiate dependence detoxification

15-Feb-2016 Nurse Liz Griffin (EG)
Asthma

04-Nov-2010 Dr J Ashcroft (JLA)
Tennis elbow (Left)

22-Oct-2007 Mrs Maggie Gillespie (MAG)
Notes summary on computer

01-Oct-2007 Mrs Ellis Milligan (EM)
Body mass index index 25-29 - overweight
Disease: SPICE Basic Health Values,

01-Jan-1987 Mrs Maggie Gillespie (MAG)
Migraine

Significant Past

05-Nov-2021 Dr Nicholas Hill (NH)
Anxiety with depression

Minor Past

11-Mar-2025 Dr Nicholas Hill (NH)
C/O - cough

08-Apr-2024 Mrs Alison Jones (AJ)
Chronic obstructive pulmonary disease

10-Mar-2020 Mrs Lynn Callaghan (LCCC)
Anxiety with depression

09-Oct-2019 Dr Prithvi Shiva Kumar (PSK)
Sciatica

20-Aug-2014 Dr K Ali (KALI)
Bereavement reaction

14-July-2014 Dr K Ali (KALI)
Blepharitis (Left)

14-July-2014 Dr K Ali (KALI)
Bereavement reaction

Consultations

15-July-2025 Ms Rachel Falconer (RWWW) Data Entry

	Comment	Comment To start atorvastain as per lipid linic letter in docman. CPS to recheck bloods in 2 months.
	Medication	Medication Atorvastatin Tablets 20 mg 56 tablet ONE TO BE TAKEN EACH DAY

11-Mar-2025 Dr Nicholas Hill (NH) The Fullarton PracticeMain Surgery

	Problem	C/O - cough
	History	History Since saturday cough prodcutive green sputum. Some chest tightness. No blood. Coryza, sneezing, sore throat too. Feels tired. E+D, PU.
	Examination	Examination Speaking complete sentences. Tar staining on fingers. Chest - mild wheeze throughout. No creps. T = 37.5 Sats = 95% RA, RR = 20 BP = 124/78, HR = 100 reg. PEF 220 - 58% predicted. Struggled with technique.
	Comment	Comment Imp: IE asthma Plan: 1. Prednisolone 2. Amoxicillin 3. Strict worsening advice 4. Patient to book in for review if symptoms persist
	Medication	Medication Amoxicillin Capsules 500 mg 21 capsule ONE TABLET TO BE TAKEN THREE TIMES A DAY
	Medication	Medication Prednisolone Tablets 5 mg 40 tablet 8 TABLETS TO BE TAKEN ONCE DAILY FOR 5 DAYS

01-Nov-2024 Dr Colin Haddow (CHH) The Fullarton PracticeMain Surgery

	History	History Px in to dicuss results. High TC. 1 ***** died aged 40 from MI and other ***** had MI in 50s. She has no chest pain symptoms. Diet is very poor, living off fast food.
	Comment	Comment Start atorva, refer to lipid clinic to see if they wish to test for familial hypercholesterolaemia (Px has offspring in 30s now). Rpt lipids in 3/13. Px will try to improve diet and try to reduce smoking. BP borderline but does not require Rx at present.
	Medication	Medication Atorvastatin Tablets 20 mg 56 tablet ONE TO BE TAKEN EACH DAY

30-Oct-2024 Dr Naomi Brown (NB) Data Entry

	History	History TC 8.0 LDL 5.5 significant FHx IHD. QRISK3 = 24.7%. task sent to make appt to discuss lipid lowering therapy and ?genetics referral

30-Oct-2024 Mrs Gillian McDonald (GM) The Fullarton PracticeMain Surgery

	Examination	ABPM device removed on 30/10/2024 10:00	
	Examination	Average 24hr Blood Pressure Overall - Systolic	133 mm Hg
	Examination	Average 24hr Blood Pressure Overall - Diastolic	82 mm Hg
	Examination	Average 24hr Blood Pressure Day interval - Systolic	135 mm Hg
	Examination	Average 24hr Blood Pressure Day interval - Diastolic	85 mm Hg
	Examination	Average 24hr Blood Pressure Night interval - Systolic	131 mm Hg
	Examination	Average 24hr Blood Pressure Night interval - Diastolic	79 mm Hg
29-Oct-2024	Examination	ABPM device fitted on 29/10/2024 13:52	

29-Oct-2024 Mrs Gillian McDonald (GM) The Fullarton PracticeMain Surgery

History	History non fasting bloods taken today 24hr bp monitor applied today bp with machine was 137/91	
Examination	O/E - height	159 cm
Examination	O/E - weight	74 Kg
Examination	Body Mass Index	29.27
Family History	FH: Ischaemic heart dis. <60 ***** x2	
Family History	FH: Ischaemic heart dis. >60 *****	
Family History	FH: Asthma ***** x2	
Social	Alcohol consumption	0 units/week
Social	Heavy smoker - 20-39 cigs/day	
Social	30 mins/day of at least mod intensty physc activity >=5 week 7	

23-Oct-2024 Dr Stephen Dunne (SD) The Fullarton PracticeMain Surgery

History	History Past few months struggling with bilateral leg pain and muscle fatigue - thighs to feet. 'like i've run a marathon'. No sensory changes. Symptoms resolve on resting but start immediately when resumes walking. Walking now limited to a few hundred yards to pain/weakness. Longstanding mixed urge/stress incontiennce - no change. Bowel function normal. No saddle anaestheia. gained weight ?abdominal bloating. Last menstrual period 10 years ago, no PV bleed/discharge/pain. Suffered from swetas for several years. Ex-IVDA, previous alcohol dependence. Smokes 20/day. No SOB/chest pain, no new cough. Anxiety +++, requesting medication for this.	
Examination	O/E - BP reading Ambulant, pale, power/tone/sensation normal both legs, good paedal pulses, abdo SNT, BSN, no palpable LNs. Spo2 98%, hr 90,	
Examination	Systolic blood pressure	160 mm Hg
Examination	Diastolic blood pressure	80 mm Hg
Comment	Comment 24 hour ABPM + bloods, ERx as below, review with results	
Medication	Medication Venlafaxine M/R tablets 75 mg 56 tablet ONE TO BE TAKEN EACH DAY	

03-May-2024 Nurse Liz Griffin (EG) The Fullarton PracticeMain Surgery

Comment	Comment pt in for inhaler px as mixed up when due, pt states symptoms much improved since starting trimbow, now using one ventolin inhaler per month instead of 3, advised to call for rev with asthma nurse if still reliant on ventolin

08-Apr-2024 Mrs Alison Jones (AJ) The Fullarton PracticeMain Surgery

Problem	Chronic obstructive pulmonary disease
Comment	Moderate smoker - 10-19 cigs/d Has Emphysema with partial significant reversibiity but pattern still remain obstructed on soirometry from 2016. CT from 2021 shows emphysema. Needs treatmentfor this. Uses salbutamol multiple times daily as SOB Distrubs sleep nightly with cough. Continues to strongly advised to stop discussed this and given QYW infromation and contact details. Will trial Trimbow via aerochamber demomstarted its use.
Medication	Medication Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose 120 DOSE TWO PUFFS TO BE INHALED TWICE A DAY
Medication	Medication Aerochamber Plus Spacer device standard (blue) 1 device TO BE USED AS DIRECTED

19-Mar-2024 Nurse Liz Griffin (EG) Telephone Call

Comment	Comment t/c to pt to discuss asthma, has been using ventolin everyday and at night sometimes also, never been coded for asthma, saw spiro had been done in feb 2016 which diagnosed asthma and ? copd as smoker, explained danger of using ventolin on its own and that pt needs ICS also, explained how both inhalers work and have made appt with respiratory nurse for rev and coded pt with asthma, will get px done for ventolin for time being, pt happy with plan

01-Mar-2024 Nurse Liz Griffin (EG) Data Entry

Comment	Comment attempted to call pt to discuss frequency of use of ventolin and arrange rev no answer, will try again later

16-Feb-2024 Dr Emily Murphy (EMA) Data Entry

History	History 5th Ventolin request since December - not coded asthma/ COPD. Issued but note will need formal asthma review prior to next prescription.

04-Dec-2023 Mr Liam McGee (LMCG) Data Entry

Comment	Comment sr- see ptreq for ventolin brand of salbutamol -stated prv got generic and not as effective- noted as prev due inhaler/asthma rv-tasked admin to invite/arrange
Comment	Prescription by supplementary prescriber
Medication	Medication Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff 1 inhaler TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

13-Nov-2023 Mr Liam McGee (LMCG) Data Entry

Comment	Prescription by supplementary prescriber sr-
Comment	Comment as prev needs asthma rv wit PN -rx annotated to try and prompt again re
Medication	Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 INHALER TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

18-Oct-2023 Ms Carmen Chan (CKC) The Fullarton PracticeMain Surgery

Comment	Comment sr- Rx issued by supplementary prescriber - need asthma rv- had 1-2 rx every month. text sent to pt to arrange nurse rv
Medication	Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 INHALER TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

29-Jun-2022 Dr Catriona Martin (CAM) The Fullarton PracticeMain Surgery

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Anxiety and depression; Duration: 27/06/2022 - 27/07/2022)*

30-May-2022 Dr Stephen Dunne (SD) Data Entry

Problem	Anxiety with depression
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Anxiety with depression; Duration: 27/05/2022 - 26/06/2022)*

09-May-2022 Dr Colin Haddow (CHH) Telephone Consultation

Problem	Anxiety with depression
History	History Ongoing anxiety and low mood. Anxiety is worse than mood. Doesn;t feel there has been any improvement with trazodone. No side-effects either.
Comment	Comment Discussed options and happy to try higher dose =&gt 50mg bd and r/v in 2 weeks by phone.

28-Apr-2022 Dr L Walker (LINSEY_3623) Data Entry

History	History Needs to book routine review appt as planned.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 28/04/2022 - 26/05/2022)*

28-Mar-2022 Dr Gemma Freestone (GT) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Anxiety and Depression; Duration: 28/03/2022 - 28/04/2022)*

08-Mar-2022 Ms Lisa Malcolm (LMM) The Fullarton PracticeMain Surgery

History	History TC- has now stopped Mirtazapine. start trazodone and review 1/12 sleep if main issue for patient.
Medication	Medication Trazodone Hydrochloride Capsules 50 mg 84 capsule ONE TO BE TAKEN EACH DAY

28-Feb-2022 Dr Zoe Ballantine (ZB) The Fullarton PracticeMain Surgery

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 28/02/2022 - 28/03/2022)*

22-Feb-2022 Mrs Lynn Callaghan (LCCC) The Fullarton PracticeMain Surgery

History	History reducing dose of mirta then switching 15 mg for 2 weeks then tablet every other day then every 3 days etc then stop and start new AD review TC

08-Feb-2022 Ms Lisa Malcolm (LMM) Triage

History	History TC- feels mirtazapine increased dose isnt helping. increased weight. denies alcohol use. increased appetite. no suicidal ideation. reduce AD and then switch to alternative. discussed compliance.
Comment	Comment review once reduced for 2/52. assess further reduction.
Medication	Medication Mirtazapine Tablets 30 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

31-Jan-2022 Dr Catriona Martin (CAM) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 12/01/2022 - 28/02/2022)*

10-Jan-2022 Dr Catriona Martin (CAM) Telephone Consultation

History	History 1 year hx of R hip/leg pain. Seen by PT in Oct 21 but hasn't followed this up. Was asked to make further appt if no improvement. No weight loss and note bloods ok from admission in Oct except for alcohol related bloods.
Result	Result Plan- patient will make f/u PT appt. Given 1 year hx and no better for x-ray.

05-Jan-2022 Mrs Lynn Callaghan (LCCC) The Fullarton PracticeMain Surgery

History	History has not started increased dose as not picked up from pharmacy ? will do this in next few days and call us back for review in about 4 weeks time

22-Dec-2021 Mrs Lynn Callaghan (LCCC) The Fullarton PracticeMain Surgery

History	History spoke to ***** at addiction Mary doing very well with detox program but feeling very low feel mirtazapine not doing much, spoke to mary sounds low will increase mirtaz to 45 but if fails to help mood will titrate in the new year and switch to diff AD

13-Dec-2021 Dr Stephen Dunne (SD) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Anxiety and depression; Duration: 13/12/2021 - 12/01/2022)*

10-Dec-2021 Mr Steven McCormack (SMCC) The Fullarton PracticeMain Surgery

Problem	Problem low mood, alcohol issues
History	History Discharged from rehab ward Woodland view in Oct, currently open to addictions team
History	Depressed mood Presenting Problem (MHP Consultation)
History	No thoughts of deliberate self harm
History	Low suicide risk
Examination	Examination She was a casually and appropriately dressed, slim female. No evidence of significant self neglect and kempt. Eye contact good but ***** nervous, closed posture. She was not tearful, agitated or distressed. She spoke spontaneously and appropriately. There were no abnormalities of speech. Recurrent themes were her low mood, not feeling better since stopping drinking and lack of structure. Reports mood 0/10 and states despite feeling a bit better a few weeks ago mood is for the most part down. No psychotic features observed or reported. Has thoughts of not wanting to be here but no suicidal plan or intent.
Social	Social Lives alone, off work since before rehab - doesn't think will go back - worked in security.
Social	Substance misuse Contributing Factor (MHP Consultation) - Abstinent from alcohol for 8 weeks, open to CAT
Comment	Comment Abstinent from alcohol for 8 weeks, no benefit from medication, tries not to get up, doesn't like people, ruminates, overthinks and catastrophises about the future, "can't help it" Poor sleep pattern. Goes to AA meeting 6 nights a week. Open to CAT. Want to consider changing AD, discussion around the importance of engaging with meaningful activity and structuring day, advised if does not begin to make changes and challenge firmly held beliefs then medication alone is unlikely to improve her mood to any great extent. Unaware that she should have contacted addictions worker and advised she will do so - missed her last phone contact with team in Dec 3rd.
Read Code	Signposted to mental health service CAT
Read Code	Mental health assessment

02-Dec-2021 Nurse Sarah Fitzpatrick (SF) Telephone Consultation

Comment	Comment T/C to pt to review asthma- states better controlled. Monitoring peak flows and using aerochamber with inhalers. Advised to continue with current treatment and for review prn. Pt happy with plan.

22-Nov-2021 Dr Nicholas Hill (NH) The Fullarton PracticeMain Surgery

Problem	Anxiety with depression
History	History Was meant for TC but had came in. Mood same as before. Stopped drinking for 5 weeks. Anxiety symptoms worrying a lot about things. Had high expectations that medication and stopping drinking would help. No suicidal thoughts. Sleep still poor due to rumination. Discussed CBT briefly, but says that these have been unhelpful in the past as part of AA. Mood up and down minute to minute, but not bipolar in pattern.
Comment	Comment Plan: 1. continue with mirtazepine 30mg 2. MHP review

11-Nov-2021 Dr L Walker (LINSEY_3623) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: anxiety and panic attack; Duration: 08/11/2021 - 13/12/2021)*

05-Nov-2021 Dr Nicholas Hill (NH) Telephone Consultation

Problem	Anxiety with depression
History	History Recently restarted on Mirtazepine 15mg. Feels mood worsening with a lot of anxiety, worrying about things and somatic symptoms of anxiety. Denies side effects. Sleep variable from oversleeping to early morning wakening. Feels fed up but denies thoughts of suicide. Agreed to contact us for same day r/v if these develop. Mirtazepine worked well in past. Previous alcohol abuse.
Comment	Comment Plan: 1. increase mirtazepine to 30mg 2. R/v in 2-3 weeks (booked)
Medication	Medication Mirtazapine Tablets 30 mg 28 tablet 1 Tab At night

28-Oct-2021 Mr Brian Scarisbrick (BS) The Fullarton PracticeMain Surgery

Problem	Problem Right leg pain.	
History	History 1 year history- fell onto right side. Was able to walk. No ED at time. Constat pain, worse sitting. Painful when lying down. Most comfortable lying on left. No change when walking. Meds NSAID- little help. Works as security- standing.	
Examination	Examination O/E- Right hip- loss of control on single leg dip. Pain on muscle activation. Impression- soft tissue injury.	
Social	Social Verbal (or) implied consent given as per Physiotherapy protocol. Patient understands shaperone polocy, PMH and DH checked.	
Comment	Comment Discussed findings, advised on single leg sit to stands. Patient knows to rebook if not settled by 6/52.	
Read Code	No red flag symptoms	
Read Code	Other symptoms - hip	
Read Code	Patient given advice NOS	
Read Code	Home exercise programme	
Read Code	Has self management plan	
Read Code	Source of referral: Self referral	
Read Code	New appointment MSK First Appt;	

21-Oct-2021 Nurse Sarah Fitzpatrick (SF) The Fullarton PracticeMain Surgery

History	No known allergies	
History	Shortness of breath once a day or more	
Examination	Systolic blood pressure	105 mm Hg
Examination	Diastolic blood pressure	65 mm Hg
Examination	O/E - height	158 cm
Examination	O/E - weight	53 Kg
Examination	Body Mass Index	21.23
Examination	Asthma monitoring by nurse	
Examination	Asthma control test	8 /25
Social	Alcohol consumption	0 units/week
Social	Heavy smoker - 20-39 cigs/day	
Social	30 mins/day of at least mod intensty physc activity >=5 week	
Comment	Comment Asthma Review. Had salbut inhaler- needing to use every 2/3 hours. Long chat- Script organised for low dose ICS as per formulary- will use aerochamber- demonstrated. Will monitor peak flows. Chat re preventer/ reliever and aim of controlling asthma. Smokes 20-30 cigs per day- advised to cut down/ give up. Smoking cessation declined. Just out of hospital on Wed following rehab for alcohol- last drink Sunday though- pt attempting to stay away from alcohol. Review 6wks- appointed- sooner if required.	
Medication	Medication Soprobec Inhaler 100 micrograms/dose 1 INHALER TWO PUFFS TO BE INHALED TWICE A DAY	
Medication	Medication Aerochamber Plus Spacer device standard (blue) 1 DEVICE TO BE USED AS DIRECTED	
Medication	Medication Peak Flow Meter (Standard Range) Meter 1 device USE AS DIRECTED	
Read Code	Patient advised re diet	
Read Code	Health ed. - diet	
Read Code	Health ed. - alcohol	
Read Code	Health ed. - diet	
Read Code	Patient advised re exercise	
Read Code	Inhaler technique - moderate	
Read Code	Asthma causes daytime symptoms most days	
Read Code	Asthma disturbs sleep frequently	
Read Code	Asthma limits activities most days	
Read Code	Asthma self-management plan agreed	
Read Code	Asthma limiting activities	
Read Code	Asthma night-time symptoms more than twice weekly	

19-Oct-2021 Dr Zoe Ballantine (ZB) The Fullarton PracticeMain Surgery

History	History holds appointment for asthma review on thursday with nurse see docman letter from respiratory who advised CT chest shows emphysema; patient does report breathlessness and chronic cough: I. wonder if her diagnosis is actually COPD now due to her heavy smoking for many years. hoarseness has improved; however this comes and goes. has put on weight since stopping alcohol.	
Examination	O/E - weight	53 Kg
Social	Heavy smoker - 20-39 cigs/day tried patches but didn't feel they helped and getting a spray through snoking cessation.	
Problem	Problem leg pain	
History	History over 1yr has had pain in back of posteroir right leg; fell in shop dec 2020. sore every day; seems to be getting worse. no pins and needles. worse on twisting. normal power in legs. no falling. is aware of needing to pass a stool and urine. normal sensation in sadle area.	
Medication	Medication Naproxen Tablets 500 mg 28 tablet TAKE ONE UP TO TWICE A DAY FOR PAIN	
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule TAKE ONE DAILY	
Comment	Comment keep an eye on weight; I think if this continues to improve then no need to further investigate; was secondary to poor diet and alcohol dependence. advised patient to report if hoarseness in voice is persistent. seeing nurse on thurs for asthma review; will need new inhalers.	
Examination	Examination SLR negative. seems to be mostly tender in hamstring/groin muscles. internal and external rotation of hips ok, no tenderness over femoral heads. Lower limbs: normal tone, power 5/5, reflexes present. sensation normal.	
Comment	Comment Will request next available review with *****, PT to assess ongoing leg pain. NSAID and PPI. worsening advice given	

14-Oct-2021 Ms Laura Scott (LSSS) Data Entry

Problem	Problem alcohol dependence - WV -inpatient detox	
Comment	Medication commenced acamprosate, thiamine	
Comment	Comment using salbutamol inhaler more, need to arrange review	
Medication	Medication Acamprosate Calcium E/c tablets 333 mg 112 tablet TAKE TWO IN THE MORNING ONE AT NOON AND EVENING	
Medication	Medication Thiamine Hydrochloride Tablets 100 mg 84 TABLET ONE TO BE TAKEN THREE TIMES A DAY	
Comment	Comment Addictions CPN follow up	
13-Oct-2021 History	Discharged from hospital	
23-Sept-2021 History	Admission to hospital	

11-Oct-2021 Dr Eoin Colgan (EC) The Fullarton PracticeMain Surgery

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Anxiety and Panic attacks; Duration: 11/10/2021 - 08/11/2021)*

27-Sept-2021 Dr Stephen Dunne (SD) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Anxiety and panic attacks; Duration: 27/09/2021 - 11/10/2021)*

14-Sept-2021 Ms Shannon Jones (SJ) The Fullarton PracticeMain Surgery

Examination	Examination Bloods taken as per dr colgan.

10-Sept-2021 Dr Eoin Colgan (EC) Data Entry

Comment	Comment Ferritin 512 prev 481. % saturation high 55.6 plan Check HFE genetics ? Haemachromatosis

07-Sept-2021 Mrs Gillian McDonald (GM) The Fullarton PracticeMain Surgery

History	History non fasting bloods taken today pt states she is waiting to go into rehab

07-Sept-2021 Dr Eoin Colgan (EC) Telephone Consultation

History	History Low mood and anxiety. Has been having difficulty with sleep. Has had issues with low mood in the past. Feels would like to try mirtazipine again to help manage this. Has been working with addictions team. Has cut wine to 2 bottles per day and in patient detox is planned for early October. Motivated to get better and off the alcohol. Has good support from *****. No thoughts of self harm or suicide.
Comment	Comment Agreed to recommence mirtazipine 15mg and review appointment in 3 - 4 weeks time. Mary will arrange this. Given worsening advice regarding mood and if feels things are deteriorating to get in touch sooner. Mary will continue to liase with addictions. Happy with plan.

06-Sept-2021 Dr Stephen Dunne (SD) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Anxiety and panic atacks; Duration: 05/09/2021 - 26/09/2021)*

06-Sept-2021 Dr Eoin Colgan (EC) Telephone Consultation

History	History Phone call from addictions team ***** Rennie. Was wondering about ongoing plan to address patients mood. Has mentioned to her that she had previously been on mirtazipine which has helped. Is keen to engage with addictions has been taking the right steps. Will hopefully be arranging an inpatient detox at the beginning of October.
Comment	Comment Agreed I will contact patient tomorrow to discuss mood

30-Aug-2021 Dr Eoin Colgan (EC) Telephone Consultation

History	History Weight has remained stable. Loos of appetite and fatigue ongoing. Has appointment with addictions on Wednesday. CXR normal. Bloods Ferritin up 481. AST 89 ALT 86 GGT 174. Is cutting down on alcohol. Cough no worse than usual. No more breathless than usual.
Comment	Comment Plan refer UCS respiratory for HRCT chest. USS liver. Repeat LFTs ferritin and iron studies in around 6 weeks. To get in touch if any concerns in meantime while awaiting further investigation. Happy with plan.

23-Aug-2021 Mrs Lynn Callaghan (LCCC) The Fullarton PracticeMain Surgery

History	History as below stuggling with alcohol addiciton spoke to mary an ***** who is supporting her had a rough few days panic attacks, referral into addiction services but ***** fears she will cause her self harm with alcohol and panic attacks before she is seen, lost other ***** to same problem see Mary going the same way, not eating loosing weight. Mary now prepared to go as in patient for detox, stuggling even to cut down alcohol just cant function without it.
Examination	Examination spoke to ***** who has been nurse for 40 years happy to pick up and dispense diazepam and try reduce alcohol intake, numnber for addiction services to update on situation

17-Aug-2021 Dr Zoe Ballantine (ZB) The Fullarton PracticeMain Surgery

History	History feeling very anxious. feeling like she is always on the verge on a mental breakdown. thinks needs help with councelling or psychiatrist. alcohol doesn't work for her anymore. as soon as she wakes up and thinks about work she feels her heart racing. if doesn't have alcohol she shakes uncontrolably. last year got off alcohol for 3weeks just before lockdown. started going to AA again. wishes she wasn't here anymore but doesn't want to end her life. very low in mood all the time.
Social	Social is alcoholic; stops her heart racing. drinking 3 bottles of wine daily as much as she can afford. works on security; been sent home for being drunk. lives alone. ***** stays round the corner. 7 years ago ***** died.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: anxiety and panic attacks; Duration: 14/08/2021 - 04/09/2021)*
Comment	Comment I will refer to the addictions team to see her and have advised they will be in contact. I have explained that we need to deal with the alcohol before we add any further medications into the mix.

16-Aug-2021 Ms Lisa Malcolm (LMM) The Fullarton PracticeMain Surgery

Comment	Comment med cert from saturday 14/8

13-Aug-2021 Dr Eoin Colgan (EC) Data Entry

Comment	Comment Nil obvious on bloods apart from mild transaminitis - note alcohol intake. Ferritin also raised - consider iron studies and coeliac screen. Make telephone appointment after CXR

06-Aug-2021 Ms Lisa Malcolm (LMM) The Fullarton PracticeMain Surgery

History	History weight loss ++

06-Aug-2021 Dr Eoin Colgan (EC) The Fullarton PracticeMain Surgery

History	History Has noticed weight loss since Christmass. Last weighed in practice 56.6 kg. In 2016 - Thinks was maybe just a little bit lighter than this at Christmass. Has intermittenet constipation and diarrhoea. No change from regular. No blood in stool. Feels as if something is wrong with muscles. Cramps in hands, feet and ribs. Has been trying to eat more. Hasn't been eating less than usual. Chronic cough - but much the same as usual. Cough productive of white sputum. No blood. Gets sweats all the time, heart thumping at times, faster and harder than normal. No hot or cold intolerance. Smokes 20cpd for 40 years. No more breathless than usual. Has asthma. Not painful when swallowing. No food getting stuck. No reflux. No indigestion. Some intermittent hoarseness. Not constant or progressive. Drinks a lot of alcohol. 1 - 3 bottles of wine per day. Is engaging with AA. Trying to cut down. No haematuria.	
Examination	O/E - weight	46 Kg
Examination	Examination Temp 37.1 HR Spo2 98% HR 94 BP 144/90 Chest clear. HS normal. Throat NAD. Small mobile node right cervical less than 1cm. Small smooth supraclavicular node left hand side. Abdomen soft, non tender, no massess. Excess skin suggesting weight loss. BM 6.9	
Comment	Comment Significant weight loss. No clear cause. plan bloods. Urgent CXR. Telephone review to discuss results and further investigation. Anxious today. Recheck BP when in for bloods.	

18-Jun-2021 Mrs Lynn Callaghan (LCCC) The Fullarton PracticeMain Surgery

History	History fell 3 months ago onto thigh still painful to touch appt given

08-Jun-2020 Dr Gemma Freestone (GT) Telephone Consultation

History	History Telephoned due to request for med3, has been trying to cut down alcohol consumption. Managed 5 weeks off alcohol. States drinking in binges. Works as a taxi ***** and in security at football matches, not well enough to work. Lives alone, agreed further med3, cut down alcohol consumption and review in 1/12 or sooner if concerns
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Anxiety; Duration: 08/06/2020 - 06/07/2020)*

08-May-2020 Ms Lisa Malcolm (LMM) The Fullarton PracticeMain Surgery

Comment	MED3 issued to patient 09/05-09/06 anxiety

10-Apr-2020 Dr Gemma Freestone (GT) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 10/04/2020 - 08/05/2020)*

25-Mar-2020 Mrs Lynn Callaghan (LCCC) The Fullarton PracticeMain Surgery

History	History Telephone consult as below with MHN increaase mirtazapine as asked and follow up

24-Mar-2020 Ms Michelle Robertson (MRR) The Fullarton PracticeMain Surgery

Comment	Comment Due to exigencies of the COVID-19 pandemic, changes to clinical and care practice have been necessary to balance client care, population risk and the protection of essential services. Telephone consultation with Mary who reported drinking alcohol to excess so much so that she now craves it in the morning upon waking. Discussed this to some extent with Mary and provided short-term interventions. Mary also encouraged to download NHS Addictions app which may prove useful. Mary enquiring about increase in medication and also repeat prescription for inhaler, will inform ANP of this request. Mary stated that she can't leave the house and is self-isolating so is unsure of how to remain connected within the community, informed Mary of South Ayrshire Life who are providing outreach and supplied with telephone number for same. Mary engaged well during the consultation and is happy to try self-help in the form of telephone apps. Denied self-harming behaviours and suicidal ideation as is a '******". Mary also stated that she has experienced multiple bereavements in the last 6 years, provided with bereavement telephone number. Mary aware that she can contact surgery for follow-up telephone review if required.

10-Mar-2020 Mrs Lynn Callaghan (LCCC) The Fullarton PracticeMain Surgery

Problem	Anxiety with depression
History	History has came to crisis point in life with low mood anxiety caused by bereavement, debts alcohol missuse feels as if life unravelling, owes thousands of pounds in rent arrears, drinking almost every night to helps sleep 1 bottle of wine worried it could become a problem has contacted AA and goes to meetings, not coping at work has 2 jobs to try and pay bills but now stuggling to function at work due to anxiety, no washing or cleaning house, no thoughts of self harm or suicide saftey factor children and ***** has reach a low point feels needs help as does not like where mental health is
Examination	Examination emotional but anxious and figity making occastional eye contact but giving a good account of feelings, distressed today needs help with debt issues and continue to see AA re alcohol, will start on mirtazapine and short course of diazapam to use with caution along with mirtazapine has had before . Will refer to MH and CLP will discuss with *****
Comment	MED3 issued to patient low mood and anxiety 10/2/20 - 10/4/20
Medication	Medication Mirtazapine Tablets 15 mg 28 tablet ONE TABLET TO BE TAKEN DAILY
Medication	Medication Diazepam Tablets 2 mg 14 tablet 1 Tab As directed

29-Oct-2019 Mr Brian Scarisbrick (BS) The Fullarton PracticeMain Surgery

Problem	Problem Left hip/ lef pain.
History	History I/M pain but becoming more daily. 2 year history following a fall landing on hip. Walking and standing makes it worse. Can walk for 10 minutes then has to rest for 5 minutes. Medication- NSAID and paracetamol (4 per day). Works as security- standing/ walking- 4-8 hour shifts- work varies. No strength activities. Has accidents x1 every 4 months or sod but knows when it is happening. Can feel when urine flowwing.
History	C/O - low back pain
Examination	Examination O/E- Lx FROM but tight left buttock on all movements. Single leg stand- unsteady on right- unable to left. Hips scoop -ve, muscle power- reduced left ext and abd. Impression - poor muscle control.
Social	Social Verbal (or) implied consent given as per Physiotherapy protocol. Patient understands shaperone polocy, PMH and DH checked.
Comment	Comment Discussed findings, taught single leg sit to stand- advised to perform x5 per day. If not improved by 6/52 then patient to rebook.
Read Code	No red flag symptoms
Read Code	Patient given advice NOS
Read Code	Home exercise programme
Read Code	Has self management plan
Read Code	Source of referral: Self referral
Read Code	New appointment MSK First Appt;

09-Oct-2019 Dr Prithvi Shiva Kumar (PSK) The Fullarton PracticeMain Surgery

Problem	Sciatica
History	History Left lower back pain since 2 yrs, getting worse progressively, gets shooting pain down her left leg, more worse when walking, when stands up from sitting. Can bear weight, no weakness of legs, no change in sensations. H/o fall 2 yrs ago, ? fractured ribs, never got investigated thoroughly, gets back pain since then. She had severe back pain initially post-injury and took almost 6 weeks to fully mobilise and sit straight. No abdo pain, urinary or bowel problems. Otherwise well.
Examination	Examination No spinal tenderness, no paraspinal tenderness. Lower back ROM slightly reduced. Mild tenderness noted in L sacro-illiac joint, FROM of L hip. Power normal 5/5, sensory equal and intact. CRT&lt3 sec. Neurovascular bundle intact.
Comment	Comment ? Sciatica ?L Sacro-illiatis. Trial of anti-inflammatory, physio appt, to come back if worsens.
Medication	Medication Naproxen Tablets 250 mg 56 tablet ONE TO BE TAKEN TWICE A DAY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule ONE TO BE TAKEN EACH DAY

15-Jun-2016 Dr A White (ALAN_3623) The Fullarton PracticeMain Surgery

History	History Probably menopausal.
Social	Current smoker
Comment	Comment Smokes 20/day.
Read Code	Smoking cessation advice
Read Code	Referral to smoking cessation advisor

15-Jun-2016 Sister Mary Gallery (MARYG_3623) The Fullarton PracticeMain Surgery

History	History Itchy dry skin back of legs , under arms and thigh areas also elbows , ? sweat rash mainly crease areas .

15-Feb-2016 Sister Mary Gallery (MARYG_3623) The Fullarton PracticeMain Surgery

History	History Asthma since childhood , has only ever has a sabd , Mild Asthma , never had an ICS , uses other peoples inhalers , Always has a chest infection , says has a cold at present , has green spit at present . . smoker , 33 pack years , has a cough and dirty spit since Jan . Not unwell , ? element Copd ,. Spirometry shows Mild Obstruction, reversed with 4 puffs Salbutamol

15-Feb-2016 Sister Mary Gallery (MARYG_3623) The Fullarton PracticeMain Surgery

History	Peak exp. flow rate: PEFR/PFR	330 L/min
Examination	O/E - weight	56.6 Kg
Examination	Body Mass Index	22.67
Examination	Predicted peak flow (EN13826)	418 l/min
Examination	O/E - weight	56.6 Kg
Examination	Body Mass Index	22.67
Examination	Asthma annual review	
Examination	Asthma annual review	
Social	Less than 30 mins/day of at least mod int physc act >=5 week	
Social	Alcohol consumption	18 units/week
Social	Current smoker	
Comment	Comment Advised re smoking Cessation	
Read Code	Patient advised re exercise	
Read Code	Lifestyle counselling	
Read Code	Smoking cessation advice	
Read Code	Inhaler technique - moderate	
Read Code	Asthma causes daytime symptoms most days	
Read Code	Asthma disturbs sleep frequently	
Read Code	Asthma limiting activities	

15-Feb-2016 Sister Mary Gallery (MARYG_3623) The Fullarton PracticeMain Surgery

History	History spirometry Reversibility post Sabd shows , fev1 has improved by 30% , Fvc x 22% and pef x29% , though this supports a dx of Asthma , I wonder if there is an element of COPD , will need to start ICs Bd , Advised must use her own inhalers and review Dr ***** , Pt given an Aerochamber to use , advised re rinsing out mouth	

15-Feb-2016 Sister Mary Gallery (MARYG_3623) The Fullarton PracticeMain Surgery

History	History To start Clenil 100mcgs and see Dr *****	
Comment	Comment appt made for 19th	

18-Jan-2016 Dr L Walker (LINSEY_3623) The Fullarton PracticeMain Surgery

History	History Says asthma since childhood, tends to chest infections over winter when uses SABA uses family members. Generally ok in interim but works outdoors so sometimes cough. Just at tail end of chesty cough just now.	
Examination	Systolic blood pressure chest clear.	138 mm Hg
Examination	Diastolic blood pressure	76 mm Hg
Comment	Comment Suggest spirometry in 4 weeks or so, then review. 33 pack year smoking hx.	
Medication	Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 INHALER TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED	
Social	Current smoker	
Read Code	Smoking cessation advice	

25-Aug-2014 Dr K Ali (KALI) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Bereavement Reaction Depressive Illness; Duration: 25/08/2014 - 22/09/2014)*

20-Aug-2014 Dr K Ali (KALI) The Fullarton PracticeMain Surgery

History	History no change in mood. struggling with work now. keen to take a break. agreed. wants line starting on monday agreed. will phone in. increase mirtazapine to 30mg. see in 1/12	
Medication	Medication Mirtazapine Tablets 30 mg 28 TABLET ONE TO BE TAKEN AT NIGHT	
Problem	Bereavement reaction	

14-July-2014 Dr K Ali (KALI) The Fullarton PracticeMain Surgery

Medication	Medication Lacri-Lube Eye ointment 5 GRAM APPLY TO THE AFFECTED EYE(S) AT NIGHT	
Medication	Medication Carbomer 980 Gel 0.2 % 10 GRAM TO BE USED WHEN REQUIRED FOR DRY EYES	
Problem	Blepharitis (Left)	
History	History struggling since sudden death of ***** at home MI 2/12 ago. very tearful. not sleeping. no motivation. still working 2 days ago but this a struggle. nil suicidal. 1 ***** in edinburgh the other 1 is in England. no other support. declined CMHT but given number for Cruse Bereavement service. start mirtazapine and increase to 30mg after 1/52. see in 1/12 or prn.	
Medication	Medication Mirtazapine Tablets 15 mg 42 tablet ONE TO BE TAKEN AT NIGHT	
Problem	Bereavement reaction	

06-May-2014 Dr Nithya Ramalingam (NR) Data Entry

Medication	Medication Diazepam Tablets 2 mg 14 tablet 2TABS NOCTE	
Comment	Comment req for diazepam. has told staff that she has lost the prescription. phoned to check, no reply.no facility to leave voice message.	

06-May-2014 Dr Nithya Ramalingam (NR) Telephone Consultation

Comment	Comment says has lost the Px and don't know where she kept it. also requesting sick note. says does 2 jobs and wants to return to 1 from 1605 and not planned to return to the 2nd one for now. MED 3 bereavement 1 from 31/04/14 to 15/05/14. another one for 2 months from 31/04/14.	
Problem	Problem bere	

04-Nov-2010 Dr J Ashcroft (JLA) The Fullarton PracticeMain Surgery

History	History recurrent problems with pain l elbow.has recurred over past 6 weeks.doing a lot of lifting recently.is left handed	
Examination	Examination v tender over lat epicondyle.pronation/supination painful	
Comment	Comment refer physio	
Problem	Tennis elbow (Left)	

19-Dec-2007 Mrs Ellis Milligan (EM) The Fullarton Practice

History	Data Entry priority=2	

22-Oct-2007 Mrs Maggie Gillespie (MAG) The Fullarton Practice

	History	Data Entry priority=2	
	Problem	Notes summary on computer	
30-Nov-2001	History	Smear Refusal (GPASS code: Z1002) priority=2	
01-Apr-1998	History	Closed crush injury, finger right middle finger - terminalisation of digit priority=2	
01-Jan-1995	History	*****s (facial) palsy right priority=2	
01-Jan-1994	History	[D]Abdominal pain investigated priority=2	
15-Oct-1993	History	Surgical removal of tooth 63/37 and lower dental clearance. Paroxysmal tachycardia. priority=2	
01-Jan-1990	History	Spontaneous vaginal delivery female priority=2	
01-Jan-1988	History	Spontaneous vaginal delivery female. 2% PPH & E/U priority=2	
01-Jan-1987	Problem	Migraine	
02-Aug-1969	History	Spontaneous vaginal delivery girl priority=2	

16-Oct-2007 Dr K Ali (KALI) The Fullarton Practice

History	Encounter pain in L side of neck, radiates down arm and associated paraesthesia.no loss in power or sensation.continue co-codamol, add amitriptyline (advised re. s.e). priority=2	

03-Oct-2007 UnknownUser (UnknownUse3623) The Fullarton Practice

History	Data Entry Automatically generated by transaction priority=2	
Problem	Pat. GP7B/GP8B card from HB priority=1	

01-Oct-2007 Mrs Ellis Milligan (EM) The Fullarton Practice

History	Data Entry Automatically generated by transaction priority=2	
Problem	Patient reg. form sent to HB priority=1	

01-Oct-2007 Mrs Ellis Milligan (EM) The Fullarton Practice

History	Data Entry priority=2	
History	Other white British ethnic group priority=2	
Problem	Body mass index index 25-29 - overweight Disease: SPICE Basic Health Values,	
Problem	Current smoker Disease: SPICE Basic Health Values,	
History	Alcohol intake within recommended sensible limits Disease: SPICE Basic Health Values, priority=2	
History	Enjoys moderate exercise Disease: SPICE Basic Health Values, priority=2	
History	O/E - height Disease: SPICE Basic Health Values,	158
History	O/E - weight Disease: SPICE Basic Health Values,	64

Medications (inc. issues)

Acute

23-Oct-2024 Venlafaxine M/R tablets 75 mg
56 tablet - ONE TO BE TAKEN EACH DAY

08-Apr-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

19-Mar-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

01-Mar-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

16-Feb-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

06-Feb-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

18-Jan-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

18-Dec-2023 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

Repeat

01-Jun-2026 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

01-Jun-2026 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

05-May-2026 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

05-May-2026 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

07-Apr-2026 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

07-Apr-2026 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

09-Mar-2026 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

09-Mar-2026 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

17-Feb-2026 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

17-Feb-2026 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

30-Jan-2026 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

30-Jan-2026 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

30-Dec-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

30-Dec-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

09-Dec-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

09-Dec-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

12-Nov-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

12-Nov-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

20-Oct-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

20-Oct-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

23-Sept-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

23-Sept-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

28-Aug-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

28-Aug-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

28-July-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

28-July-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

15-July-2025 Atorvastatin Tablets 20 mg
56 tablet - ONE TO BE TAKEN EACH DAY

23-Jun-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

23-Jun-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

03-Jun-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

03-Jun-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

30-Apr-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

30-Apr-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

08-Apr-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

08-Apr-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

11-Mar-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

11-Mar-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

14-Feb-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

14-Feb-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

17-Jan-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

17-Jan-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

18-Dec-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

18-Dec-2024 Venlafaxine M/R tablets 75 mg
56 tablet - ONE TO BE TAKEN EACH DAY

18-Dec-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

25-Nov-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

25-Nov-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

01-Nov-2024 Atorvastatin Tablets 20 mg
56 tablet - ONE TO BE TAKEN EACH DAY

01-Nov-2024 Atorvastatin Tablets 20 mg
56 tablet - ONE TO BE TAKEN EACH DAY

28-Oct-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

28-Oct-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

23-Oct-2024 Venlafaxine M/R tablets 75 mg
56 tablet - ONE TO BE TAKEN EACH DAY

25-Sept-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

25-Sept-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

02-Sept-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

02-Sept-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

05-Aug-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

05-Aug-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

03-July-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

03-July-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

03-Jun-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

03-Jun-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

03-May-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

03-May-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

08-Apr-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

18-Dec-2023 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

Past

31-Oct-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 dose - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

31-Oct-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 dose - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

23-Jun-2025 Aerochamber Plus Spacer device standard (blue) Acute Medication (Past)
1 device - TO BE USED AS DIRECTED

23-Jun-2025 Aerochamber Plus Spacer device standard (blue) Acute Medication (Past)
1 device - TO BE USED AS DIRECTED

11-Mar-2025 Prednisolone Tablets 5 mg Acute Medication (Past)
40 tablet - 8 TABLETS TO BE TAKEN ONCE DAILY FOR 5 DAYS

11-Mar-2025 Prednisolone Tablets 5 mg Acute Medication (Past)
40 tablet - 8 TABLETS TO BE TAKEN ONCE DAILY FOR 5 DAYS

11-Mar-2025 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - ONE TABLET TO BE TAKEN THREE TIMES A DAY

11-Mar-2025 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - ONE TABLET TO BE TAKEN THREE TIMES A DAY

14-Feb-2025 Folic Acid Tablets 5 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

14-Feb-2025 Folic Acid Tablets 5 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

30-Oct-2024 Folic Acid Tablets 5 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN EACH DAY

30-Oct-2024 Folic Acid Tablets 5 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN EACH DAY

04-Jun-2024 Aerochamber Plus Spacer device standard (blue) Acute Medication (Past)
1 device - TO BE USED AS DIRECTED

04-Jun-2024 Aerochamber Plus Spacer device standard (blue) Acute Medication (Past)
1 device - TO BE USED AS DIRECTED

08-Apr-2024 Aerochamber Plus Spacer device standard (blue) Acute Medication (Past)
1 device - TO BE USED AS DIRECTED

08-Apr-2024 Aerochamber Plus Spacer device standard (blue) Acute Medication (Past)
1 device - TO BE USED AS DIRECTED

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

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

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

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

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

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

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

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

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

18-Apr-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
2 inhaler - ONE TO TWO PUFFS TO BE INHALED AS REQUIRED FOR BREATHLESSNESS

18-Apr-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
2 inhaler - ONE TO TWO PUFFS TO BE INHALED AS REQUIRED FOR BREATHLESSNESS

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

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

30-Jan-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
2 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

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

05-Dec-2022 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
56 CAPSULE - 1 Twice daily

05-Dec-2022 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
56 CAPSULE - 1 Twice daily

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

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

18-Oct-2022 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
56 CAPSULE - 1 Twice daily

18-Oct-2022 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
56 CAPSULE - 1 Twice daily

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

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

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

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

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

11-Aug-2022 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
56 CAPSULE - 1 Twice daily

20-July-2022 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
56 CAPSULE - 1 Twice daily

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

15-Jun-2022 Acamprosate Calcium E/c tablets 333 mg Acute Medication (Past)
112 tablet - TAKE TWO IN THE MORNING ONE AT NOON AND EVENING

15-Jun-2022 Acamprosate Calcium E/c tablets 333 mg Acute Medication (Past)
112 tablet - TAKE TWO IN THE MORNING ONE AT NOON AND EVENING

15-Jun-2022 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
84 capsule - 1 Twice daily

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

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

09-May-2022 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
56 CAPSULE - 1 Twice daily

09-May-2022 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
84 capsule - 1 Twice daily

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

19-Apr-2022 Acamprosate Calcium E/c tablets 333 mg Acute Medication (Past)
112 tablet - TAKE TWO IN THE MORNING ONE AT NOON AND EVENING

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

09-Mar-2022 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - TAKE ONE UP TO TWICE A DAY FOR PAIN

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

09-Mar-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - TAKE ONE DAILY

09-Mar-2022 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - TAKE ONE UP TO TWICE A DAY FOR PAIN

09-Mar-2022 Acamprosate Calcium E/c tablets 333 mg Acute Medication (Past)
112 tablet - TAKE TWO IN THE MORNING ONE AT NOON AND EVENING

09-Mar-2022 Acamprosate Calcium E/c tablets 333 mg Acute Medication (Past)
112 tablet - TAKE TWO IN THE MORNING ONE AT NOON AND EVENING

09-Mar-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - TAKE ONE DAILY

08-Mar-2022 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
84 capsule - ONE TO BE TAKEN EACH DAY

08-Mar-2022 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
84 capsule - ONE TO BE TAKEN EACH DAY

22-Feb-2022 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

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

22-Feb-2022 Soprobec Inhaler 100 micrograms/dose Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED TWICE A DAY

22-Feb-2022 Soprobec Inhaler 100 micrograms/dose Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED TWICE A DAY

22-Feb-2022 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

08-Feb-2022 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

08-Feb-2022 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

18-Jan-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - TAKE ONE DAILY

18-Jan-2022 Acamprosate Calcium E/c tablets 333 mg Acute Medication (Past)
112 tablet - TAKE TWO IN THE MORNING ONE AT NOON AND EVENING

18-Jan-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - TAKE ONE DAILY

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

18-Jan-2022 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - TAKE ONE UP TO TWICE A DAY FOR PAIN

18-Jan-2022 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - TAKE ONE UP TO TWICE A DAY FOR PAIN

18-Jan-2022 Acamprosate Calcium E/c tablets 333 mg Acute Medication (Past)
112 tablet - TAKE TWO IN THE MORNING ONE AT NOON AND EVENING

22-Dec-2021 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

22-Dec-2021 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

22-Nov-2021 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

22-Nov-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - ONE TO TWO PUFFS TO BE INHALED AS REQUIRED FOR BREATHLESSNESS

22-Nov-2021 Acamprosate Calcium E/c tablets 333 mg Acute Medication (Past)
112 tablet - TAKE TWO IN THE MORNING ONE AT NOON AND EVENING

22-Nov-2021 Acamprosate Calcium E/c tablets 333 mg Acute Medication (Past)
112 tablet - TAKE TWO IN THE MORNING ONE AT NOON AND EVENING

22-Nov-2021 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

05-Nov-2021 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - 1 Tab At night

05-Nov-2021 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - 1 Tab At night

21-Oct-2021 Aerochamber Plus Spacer device standard (blue) Acute Medication (Past)
1 DEVICE - TO BE USED AS DIRECTED

21-Oct-2021 Soprobec Inhaler 100 micrograms/dose Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED TWICE A DAY

21-Oct-2021 Soprobec Inhaler 100 micrograms/dose Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED TWICE A DAY

21-Oct-2021 Aerochamber Plus Spacer device standard (blue) Acute Medication (Past)
1 DEVICE - TO BE USED AS DIRECTED

21-Oct-2021 Peak Flow Meter (Standard Range) Meter Acute Medication (Past)
1 device - USE AS DIRECTED

21-Oct-2021 Peak Flow Meter (Standard Range) Meter Acute Medication (Past)
1 device - USE AS DIRECTED

20-Oct-2021 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

20-Oct-2021 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

19-Oct-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - TAKE ONE DAILY

19-Oct-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - TAKE ONE DAILY

19-Oct-2021 Acamprosate Calcium E/c tablets 333 mg Acute Medication (Past)
112 tablet - TAKE TWO IN THE MORNING ONE AT NOON AND EVENING

19-Oct-2021 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

19-Oct-2021 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - TAKE ONE UP TO TWICE A DAY FOR PAIN

19-Oct-2021 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - TAKE ONE UP TO TWICE A DAY FOR PAIN

14-Oct-2021 Acamprosate Calcium E/c tablets 333 mg Acute Medication (Past)
112 tablet - TAKE TWO IN THE MORNING ONE AT NOON AND EVENING

14-Oct-2021 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

07-Sept-2021 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

07-Sept-2021 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

07-Sept-2021 Diazepam Tablets 2 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN THREE TIMES A DAY

07-Sept-2021 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

07-Sept-2021 Diazepam Tablets 2 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN THREE TIMES A DAY

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

23-Aug-2021 Diazepam Tablets 2 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN THREE TIMES A DAY

23-Aug-2021 Diazepam Tablets 2 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN THREE TIMES A DAY

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

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

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

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

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

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

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

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

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

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

13-Aug-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

09-July-2020 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

09-July-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

05-Jun-2020 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

05-Jun-2020 Mirtazapine Tablets 30 mg Acute Medication (Past)
7 tablet - ONE TABLET TO BE TAKEN DAILY

28-May-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

01-May-2020 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

01-May-2020 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

30-Apr-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

25-Mar-2020 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

25-Mar-2020 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

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

10-Mar-2020 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

10-Mar-2020 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

10-Mar-2020 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - 1 Tab As directed

10-Mar-2020 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - 1 Tab As directed

25-Feb-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

24-Jan-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - ONE TO TWO PUFFS TO BE INHALED AS REQUIRED FOR BREATHLESSNESS

18-Dec-2019 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

18-Nov-2019 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

09-Oct-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

09-Oct-2019 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

09-Oct-2019 Naproxen Tablets 250 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

09-Oct-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

09-Oct-2019 Naproxen Tablets 250 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

23-Aug-2019 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

16-July-2019 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

11-Jun-2019 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

07-May-2019 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

26-Mar-2019 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

25-Feb-2019 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

29-Jan-2019 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

18-Dec-2018 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

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

08-Oct-2018 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

03-Sept-2018 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

31-July-2018 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

30-May-2018 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

16-Feb-2018 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

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

09-Jan-2018 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

06-Nov-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

05-Oct-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

28-Aug-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

02-Aug-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

28-Jun-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

23-May-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

23-May-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

27-Mar-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

20-Feb-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

13-Jan-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

13-Jan-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

28-Nov-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

03-Nov-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

03-Nov-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

05-Sept-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

05-Sept-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

25-July-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

25-July-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

15-Jun-2016 Eumovate Cream 0.05 % Acute Medication (Past)
60 gram - APPLY TWICE A DAY

15-Jun-2016 Eumovate Cream 0.05 % Acute Medication (Past)
60 gram - APPLY TWICE A DAY

03-Jun-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

26-Apr-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

26-Apr-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

15-Feb-2016 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Acute Medication (Past)
2 inhaler - TWO PUFFS TO BE INHALED TWICE A DAY

15-Feb-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

15-Feb-2016 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Acute Medication (Past)
2 inhaler - TWO PUFFS TO BE INHALED TWICE A DAY

18-Jan-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

18-Jan-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

27-Oct-2014 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

27-Oct-2014 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

09-Sept-2014 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

20-Aug-2014 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

20-Aug-2014 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

14-July-2014 Mirtazapine Tablets 15 mg Acute Medication (Past)
42 tablet - ONE TO BE TAKEN AT NIGHT

14-July-2014 Lacri-Lube Eye ointment Acute Medication (Past)
5 GRAM - APPLY TO THE AFFECTED EYE(S) AT NIGHT

14-July-2014 Mirtazapine Tablets 15 mg Acute Medication (Past)
42 tablet - ONE TO BE TAKEN AT NIGHT

14-July-2014 Lacri-Lube Eye ointment Acute Medication (Past)
5 GRAM - APPLY TO THE AFFECTED EYE(S) AT NIGHT

14-July-2014 Carbomer 980 Gel 0.2 % Acute Medication (Past)
10 GRAM - TO BE USED WHEN REQUIRED FOR DRY EYES

14-July-2014 Carbomer 980 Gel 0.2 % Acute Medication (Past)
10 GRAM - TO BE USED WHEN REQUIRED FOR DRY EYES

06-May-2014 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - 2TABS NOCTE

06-May-2014 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - 2TABS NOCTE

29-Apr-2014 Diazepam Tablets 2 mg Acute Medication (Past)
28 tablet - 2TABS NOCTE

29-Apr-2014 Diazepam Tablets 2 mg Acute Medication (Past)
28 tablet - 2TABS NOCTE

04-Nov-2010 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY AFTER FOOD

04-Nov-2010 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - 1 or 2 Tabs 4 times daily

04-Nov-2010 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY AFTER FOOD

04-Nov-2010 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - 1 or 2 Tabs 4 times daily

16-Oct-2007 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - 1 or 2 Tabs 4 times daily

16-Oct-2007 AMITRIPTYLINE HYDROCHLORIDE TABLETS 10MG Acute Medication (Past)
60.000 tablet - 1 or 2 Tabs At night

16-Oct-2007 CO-CODAMOL 30MG/500MG TABLETS Acute Medication (Past)
100.000 tablet - 1 or 2 Tabs 4 times daily

16-Oct-2007 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
60 tablet - 1 or 2 Tabs At night

Allergies

21-Oct-2021 Nurse Sarah Fitzpatrick (SF)
No known allergies
Unknown
Episodicity - None

Vaccinations

This section is empty.

Referrals

04-Nov-2024 Dr Colin Haddow (CHH)
8HT1.: Referral to lipid clinic (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

07-Sept-2021 Dr Eoin Colgan (EC)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

18-Aug-2021 Dr Zoe Ballantine (ZB)
EMISNQRE520: Referred for addictions assessment (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

05-Nov-2010 Dr J Ashcroft (JLA)
8H77.: Refer to physiotherapist (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

Test Requests

30-Dec-1899 Mrs Gillian McDonald (GM)
Status Sampled
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Dr Stephen Dunne (SD)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Dr Eoin Colgan (EC)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Mrs Gillian McDonald (GM)
Status Sampled
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Dr Eoin Colgan (EC)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Ms Shannon Jones (SJ)
Status Sampled
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Dr Eoin Colgan (EC)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Dr A White (ALAN_3623)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Sister Mary Gallery (MARYG_3623)
Status Sampled
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

Test Results

29-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - SERUM FERRITIN)

Ferritin	188 ug/L	(Range: 13 - 250)

29-Oct-2024 Mr Anonymous User (ANON)
Result: Serum folate

Folate	**2.4 ug/L**	**(Range: 3.9 - 26.8)**

29-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - VITAMIN B12)

Vitamin B12	676 ng/L	(Range: 197 - 771)

29-Oct-2024 Mr Anonymous User (ANON)
Result: Total cholesterol measurement

LDL Cholesterol	5.5 mmol/L	(No range available)
Triglyceride	3.1 mmol/L	(No range available)
Cholesterol:HDL Ratio	7.3	(No range available)
HDL Cholesterol	1.1 mmol/L	(No range available)
Cholesterol	8 mmol/L	(No range available)

29-Oct-2024 Mr Anonymous User (ANON)
Result: Plasma C reactive protein

CRP	**11 mg/L**	**(No range available)**

29-Oct-2024 Mr Anonymous User (ANON)
Result: CK - creatine kinase level

CK	85 U/L	(Range: 25 - 200)

29-Oct-2024 Mr Anonymous User (ANON)
Result: Bone profile

Phosphate	0.93 mmol/L	(Range: 0.7 - 1.5)
Adjusted Calcium	2.41 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.53 mmol/L	(Range: 2.2 - 2.6)

29-Oct-2024 Mr Anonymous User (ANON)
Result: Liver function test

Globulin	30 g/L	(Range: 21 - 35)
Albumin	46 g/L	(Range: 35 - 50)
Total Protein	76 g/L	(Range: 60 - 80)
ALT	27 U/L	(Range: 5 - 55)
AST	19 U/L	(Range: 10 - 45)
ALP	91 U/L	(Range: 30 - 130)
Bilirubin	7 µmol/L	(No range available)

29-Oct-2024 Mr Anonymous User (ANON)
Result: Urea and electrolytes

eGFR result/1.73m2 >60		(No range available)
Chloride	98 mmol/L	(Range: 95 - 108)
Potassium	4.9 mmol/L	(Range: 3.5 - 5.3)
Sodium	138 mmol/L	(Range: 133 - 146)
Creatinine	66 µmol/L	(Range: 50 - 100)
Urea	3.7 mmol/L	(Range: 2.5 - 7.8)

29-Oct-2024 Mr Anonymous User (ANON)
Result: Test request : ESR

ESR	13 mm/hour	(No range available)

29-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - FULL BLOOD COUNT)

Basophils	0.1 10*9/L	(No range available)
Eosinophils	0.2 10*9/L	(Range: 0.1 - 0.7)
Monocytes	0.6 10*9/L	(Range: 0.2 - 0.9)
Lymphocytes	3.8 10*9/L	(Range: 1.1 - 5)
Neutrophils	4.8 10*9/L	(Range: 1.8 - 7.4)
Platelets	368 10*9/L	(Range: 150 - 400)
MCHC	336 g/L	(Range: 316 - 349)
MCH	30.1 pg	(Range: 27.3 - 32.6)
MCV	90 fL	(Range: 82 - 98)
Haematocrit	0.47 %	(Range: 0.36 - 0.48)
RBC	**5.25 10*12/L**	**(Range: 3.88 - 4.99)**
White Cell Count	9.4 10*9/L	(Range: 3.9 - 11.1)
Haemoglobin	158 g/L	(Range: 122 - 165)

29-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - GLYCATED HB)

Haemoglobin A1c (IFCC)	40 mmol/mol	(Range: 20 - 41)
Haemoglobin A1c	5.8 %	(Range: 4 - 5.9)

29-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - CA 125)

CA125	10 U/mL	(No range available)

29-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - SERUM PROTEIN ELECTROPHORESIS)

IgM	1.6 g/L	(Range: 0.5 - 2)
Serum Protein Electrophoresis		(No range available)
IgA	1.6 g/L	(Range: 0.8 - 4)
IgG	8.6 g/L	(Range: 6 - 16)

29-Oct-2024 Mr Anonymous User (ANON)
Result: Thyroid function tests

TSH	2.04 mU/L	(Range: 0.27 - 4.2)
Free T4	13.3 pmol/L	(Range: 10 - 22)

07-Sept-2021 Mr Anonymous User (ANON)
Result: Iron isotope studies

Iron	36.1 µmol/L	(Range: 14 - 39)
TIBC	64.9 µmol/L	(Range: 45 - 80)
% Saturation	55.6 %	(No range available)

07-Sept-2021 Mr Anonymous User (ANON)
Result: (Non Coded Event - SERUM FERRITIN)

Ferritin	**512 ug/L**	**(Range: 13 - 250)**

07-Sept-2021 Mr Anonymous User (ANON)
Result: Liver function test

Globulin	26 g/L	(Range: 21 - 35)
Albumin	49 g/L	(Range: 35 - 50)
Total Protein	75 g/L	(Range: 60 - 80)
ALT	**73 U/L**	**(Range: 5 - 55)**
AST	**68 U/L**	**(Range: 10 - 45)**
ALP	109 U/L	(Range: 30 - 130)
Bilirubin	6 µmol/L	(Range: 3 - 21)

09-Aug-2021 Mr Anonymous User (ANON)
Result: (Non Coded Event - GLYCATED HB)

Haemoglobin A1c (IFCC)	31 mmol/mol	(Range: 29 - 42)
Haemoglobin A1c	5 %	(Range: 4.8 - 6)

09-Aug-2021 Mr Anonymous User (ANON)
Result: Serum folate

Folate	5.7 ug/L	(Range: 3.9 - 26.8)

09-Aug-2021 Mr Anonymous User (ANON)
Result: (Non Coded Event - VITAMIN B12)

Vitamin B12	677 ng/L	(Range: 197 - 771)

09-Aug-2021 Mr Anonymous User (ANON)
Result: (Non Coded Event - SERUM FERRITIN)

Ferritin	**481 ug/L**	**(Range: 13 - 250)**

09-Aug-2021 Mr Anonymous User (ANON)
Result: (Non Coded Event - GAMMA GT)

GGT	**174 U/L**	**(Range: 2 - 50)**

09-Aug-2021 Mr Anonymous User (ANON)
Result: Thyroid function tests

TSH	0.33 mU/L	(Range: 0.27 - 4.2)
Free T4	13.4 pmol/L	(Range: 10 - 22)

09-Aug-2021 Mr Anonymous User (ANON)
Result: Bone profile

Phosphate	0.87 mmol/L	(Range: 0.8 - 1.5)
Adjusted Calcium	2.2 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.34 mmol/L	(Range: 2.2 - 2.6)

09-Aug-2021 Mr Anonymous User (ANON)
Result: Liver function test

Globulin	26 g/L	(Range: 21 - 35)
Albumin	47 g/L	(Range: 35 - 50)
Total Protein	73 g/L	(Range: 60 - 80)
ALT	**86 U/L**	**(Range: 5 - 55)**
AST	**89 U/L**	**(Range: 10 - 45)**
ALP	102 U/L	(Range: 30 - 130)
Bilirubin	5 µmol/L	(Range: 3 - 21)

09-Aug-2021 Mr Anonymous User (ANON)
Result: Urea and electrolytes

eGFR result/1.73m2 >60		(No range available)
Chloride	98 mmol/L	(Range: 95 - 108)
Potassium	4 mmol/L	(Range: 3.5 - 5.3)
Sodium	143 mmol/L	(Range: 133 - 146)
Creatinine	51 µmol/L	(Range: 50 - 100)
Urea	3.5 mmol/L	(Range: 2.5 - 7.8)

09-Aug-2021 Mr Anonymous User (ANON)
Result: Blood glucose result

Glucose	**8.1 mmol/L**	**(Range: 3.3 - 6)**

09-Aug-2021 Mr Anonymous User (ANON)
Result: (Non Coded Event - FULL BLOOD COUNT)

Basophils	0.1 10*9/L	(No range available)
Eosinophils	0.2 10*9/L	(Range: 0.1 - 0.7)
Monocytes	0.5 10*9/L	(Range: 0.2 - 0.9)
Lymphocytes	2.4 10*9/L	(Range: 1.1 - 5)
Neutrophils	4.8 10*9/L	(Range: 1.8 - 7.4)
Platelets	220 10*9/L	(Range: 150 - 400)
MCHC	**351 g/L**	**(Range: 316 - 349)**
MCH	**33.5 pg**	**(Range: 27.3 - 32.6)**
MCV	96 fL	(Range: 82 - 98)
Haematocrit	0.44 %	(Range: 0.36 - 0.48)
RBC	4.63 10*12/L	(Range: 3.88 - 4.99)
White Cell Count	8 10*9/L	(Range: 3.9 - 11.1)
Haemoglobin	155 g/L	(Range: 122 - 165)

15-Jun-2016 Mr Anonymous User (ANON)
Result: FSH level

FSH	81.5 U/L	(No range available)

15-Jun-2016 Mr Anonymous User (ANON)
Result: (Non Coded Event - LH)

LH	46.5 U/L	(No range available)

15-Jun-2016 Mr Anonymous User (ANON)
Result: (Non Coded Event - IMMUNOASSAY COMMENT)

Immunoassay comment		(No range available)

Other Items

08-Apr-2027	Recall	Medication review
08-Jun-2026	Read Code	SMS text message sent to patient 0774****590: As part of ***** Week, we want to recognise our patients who provide care for someone else. If you are a ***** please let us know so we are aware and can su
01-Jun-2026	Read Code	SMS text message sent to patient 0774****590
26-May-2026	Read Code	No response to bowel cancer screening programme invitation Non-Responder
08-Apr-2026	Read Code	Medication review done
25-Feb-2026	Recall	No response to bowel cancer screening programme invitation *Bowel Cancer Screening Exclusion*
14-Jan-2026	Read Code	SMS text message sent to patient 0774****590: Fullarton Medical Practice is having an essential server upgrade on Wednesday 21st January 2026. On the 21st please only call for a GP appointment if urg Tuesday 20th until Thursday 22nd. We thank you in advance for your co-operation and understanding.
01-Dec-2025	Read Code	Drug not collected-lost script Trimbow & Ventolin inahler issued 20/10/2025 still not collected by 01/12/2025 RX destroyed
24-Nov-2025	Read Code	SMS text message sent to patient 0774****590: To help aid us in keeping patients up to date on practice and local health issues we invite you to follow our Facebook page. Link is below: https://www.facebo
06-Oct-2025	Read Code	Registered for access to Patient Facing Service
01-Aug-2025	Read Code	Chronic Disease Management Annual Review Invitation 0774****590: Chronic Disease Management Annual Review Invitation
16-Jun-2025	Read Code	***** Health invite 0774****590: Fullarton Medical Practice has partnered with ***** Health to offer patients free habit coaching (to help sleep, exercise, eating and mental wellbeing). The app may serve as ar gp&data=05%7C02%7CBarbara.Milby%40aapct.scot.nhs.uk%7C4c69a5fb358c4b3de57508dc1b48fe79%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638415247510521248%7CUnknov
11-Mar-2025	Read Code	SMS text message sent to patient 0774****590: An appointment has been booked for you: On: 11/03/2025 14:15 With: Dr ***** ***** To cancel this appointment, text 'CANCEL' to 07860035293 or contact the
11-Mar-2025	Read Code	SMS text message sent to patient 0774****590: Please remember to attend your appointment: On: 11/03/2025 14:15 With: Dr ***** ***** To cancel this appointment, text 'CANCEL' to 07860035293 or contac
24-Feb-2025	Read Code	SMS Text message sent to patient 0774****590: Please note Fullarton Medical Practice will be closed from 1pm on Tuesday 25th February for training. If you have a medical concern which cannot wait until
19-Dec-2024	Read Code	December 2024 Newsletter Mmcfad69 gmail.com
25-Nov-2024	Read Code	SMS Text message sent to patient 0774****590: Please note the practice is closed on Wednesday 27th November from 13:00 for Training. We re-open our phone lines at 08:30 on 28th November. Fullarto
28-Oct-2024	Read Code	SMS text message sent to patient 0774****590: Please remember to attend your appointment: On: 29/10/2024 13:30 With: Mrs Gillian ***** To cancel this appointment, text 'CANCEL' to 07860035293 or cor
24-Oct-2024	Read Code	SMS text message sent to patient 0774****590: An appointment has been booked for you: On: 29/10/2024 13:30 With: Mrs Gillian ***** To cancel this appointment, text 'CANCEL' to 07860035293 or contac
19-Sept-2024	Read Code	E-mail sent to patient Mmcfad69 gmail.com: Practice Newsletter : Please find attached the September 2024 Newsletter. Fullarton Medical Practice
13-Sept-2024	Read Code	SMS text message sent to patient 0774****590: Please note that Fullarton Medical Practice will be closed on Friday 20th and Monday 23rd September for the Local Public Holiday.
25-May-2024	Read Code	No response to bowel cancer screening programme invitation Non-Responder

03-May-2024	Read Code	Medication review done
26-May-2022	Read Code	No response to bowel cancer screening programme invitation Non-Responder
24-Feb-2022	Read Code	E-mail sent to patient Mmcfad69 gmail.com: Practice Newsletter : We hope that you find the attached of interest. ***** *****
22-Dec-2021	Read Code	SMS text message sent to patient 07742462590: Fullarton Practice. If you are due a covid vaccination, are currently well and have not had covid in the last 28 days please come along to our drop in clinic t
24-Nov-2021	Read Code	SMS text message sent to patient 07742462590: Fullarton Medical Practice. Appointments are available on Friday 26 November from 1pm to 4.30pm Please phone 01292 264260 to book. If you wish to de
19-Nov-2021	Read Code	SMS text message sent to patient 07742462590: Fullarton Medical Practice. Seasonal Flu vaccination clinic Friday 26 November. Gentle reminder please phone and book and appointment. 01292 246260
18-Nov-2021	Read Code	SMS text message sent to patient 07742462590: Fullarton Medical Practice. Seasonal Flu Vaccination. Please phone and make an appointment for your flu jab. Our flu jab clinic is on Friday 26 Nov. 01292
23-Sept-2021	Read Code	Opiate dependence detoxification
19-Aug-2021	Read Code	E-mail sent to patient Mmcfad69 gmail.com: Practice newsletter - August 2021 : I hope this is of interest to you. Regards. ***** *****
25-Jun-2021	Read Code	Cervical smear defaulter Exclusion From SCCRS Until 25/09/2025. Reason: Defaulter
31-Aug-2020	Read Code	E-mail sent to patient Mmcfad69 gmail.com: Flu Vac : we will send out appointment letters to patients who are eligible to receive a flu jab in the next week or so. Our flu vaccination clinics are scheduled fron
28-Aug-2020	Read Code	E-mail sent to patient Mmcfad69 gmail.com: Seasonal Flu Vac : Dear Patient We are approaching flu vaccination season and so wanted to let you know of our arrangements - which due to the coronavirus p share a household with patients who are shielding. The usual at risk categories apply for those under 55 years of age a
17-Aug-2020	Read Code	2019-nCoV (novel coronavirus) not detected
16-July-2020	Read Code	E-mail sent to patient Mmcfad69 gmail.com: Fullarton Medical Practice Summer Newsletter : I hope you find our summer newsletter of interest. ***** *****
11-May-2020	Read Code	SMS text message sent to patient 0774****590: Medicines are NOT in short supply. Only order medicines you need. Do NOT order all medicines every time. Tell us your preferred pharmacy for prescriptions
20-Mar-2020	Read Code	SMS text message sent to patient 07742462590: Fullarton useful website: Online isolation notes are now available: https://111.nhs.uk/isolation-note. If you have a long term condition e.g. asthma and need
20-Mar-2020	Read Code	SMS text message sent to patient 07742462590: We hope this information is helpful. Repeat prescriptions. Please only ask for what you need and no earlier than 7 days before you need it. Steroid Inhalers
18-Mar-2020	Read Code	E-mail sent to patient Mmcfad69 gmail.com: Ant-inflammatory medications : Fullarton Practice. Advice for patients. If you are well with no symptoms of Coronavirus continue to take your anti-inflammatory m
06-Mar-2020	Read Code	E-mail sent to patient Mmcfad69 gmail.com: Attend Anywhere : We hope to offer Attend Anywhere appointments in the very near future. The leaflet attached provides more information on Attend Anywhere.
05-Mar-2020	Read Code	E-mail sent to patient Mmcfad69 gmail.com: Patient update : I hope you find this advice helpful.
20-Jan-2020	Read Code	E-mail sent to patient Mmcfad69 gmail.com: Practice Newsletter : We hope you find the attached newsletter of interest.
20-Jan-2020	Read Code	E-mail sent to patient Mmcfad69 gmail.com: Repeat Prescription telephone service : Fullarton Medical Practice. From Mon 24 Feb we will move to a 24hr automated service. Please still allow 48 hours for us
31-Oct-2019	Read Code	No response to bowel cancer screening programme invitation Non-Responder
28-Oct-2019	Read Code	E-mail sent to patient Mmcfad69 gmail.com: Please remember to attend your appointment On: 29/10/2019 13:20 With: Mr ***** Scarisbrick Please ring the surgery on 01292 264260 if you cannot attend this
28-Oct-2019	Read Code	SMS text message sent to patient 07742462590: Please remember to attend your appointment: On: 29/10/2019 13:20 With: Mr ***** Scarisbrick Please ring the surgery on 01292 264260 if you cannot atte
10-Oct-2019	Read Code	E-mail sent to patient Mmcfad69 gmail.com: This is to confirm your appointment On: 29/10/2019 13:20 With: Mr ***** Scarisbrick Please ring the surgery on 01292 264260 if you cannot attend this appointm
10-Oct-2019	Read Code	SMS text message sent to patient 07742462590: An appointment has been booked for you: On: 29/10/2019 13:20 With: Mr ***** Scarisbrick Please ring the surgery on 01292 264260 if you cannot attend t
09-Oct-2019	Read Code	E-mail sent to patient Mmcfad69 gmail.com: This is to confirm your appointment On: 29/10/2019 13:20 With: Mr ***** Scarisbrick Please ring the surgery on 01292 264260 if you cannot attend this appointm
09-Oct-2019	Read Code	SMS text message sent to patient 07742462590: An appointment has been booked for you: On: 29/10/2019 13:20 With: Mr ***** Scarisbrick Please ring the surgery on 01292 264260 if you cannot attend t
09-Oct-2019	Read Code	E-mail sent to patient Mmcfad69 gmail.com: This is to confirm your appointment On: 29/10/2019 13:20 With: Mr ***** Scarisbrick Please ring the surgery on 01292 264260 if you cannot attend this appointm
09-Oct-2019	Read Code	SMS text message sent to patient 07742462590: An appointment has been booked for you: On: 29/10/2019 13:20 With: Mr ***** Scarisbrick Please ring the surgery on 01292 264260 if you cannot attend t
26-Mar-2019	Read Code	Medication review done
07-Feb-2018	Read Code	Total notes on computer
25-Dec-2017	Read Code	Cervical smear defaulter Exclusion From SCCRS Until 25/03/2020. Reason: Defaulter
15-Feb-2016	Read Code	Smoking cessation advice declined

15-Feb-2016	Read Code	Current smoker
15-Feb-2016	Read Code	Post bronchodilator spirometry in house
15-Feb-2016	Read Code	Asthma
07-Oct-2015	Read Code	Well adult monitor.2nd letter
16-Mar-2015	Read Code	Well adult monitor.1st letter
25-Nov-2014	Read Code	Cervical smear defaulter Exclusion From SCCRS Until 25/02/2017. Reason: Defaulter
08-Mar-2013	Read Code	Smoking cessation advice Message Not Available
27-Feb-2013	Read Code	Smoking cessation advice Message Not Available
14-Dec-2012	Read Code	Well adult monitor.1st letter
25-Oct-2011	Read Code	Cervical smear defaulter Exclusion From SCCRS Until 25/01/2014. Reason: Defaulter
04-Nov-2010	Read Code	Tennis elbow (Left)
31-Aug-2010	Read Code	Other White background - ethnic category 2001 census
09-Mar-2010	Read Code	Current smoker
09-Mar-2010	Read Code	Smoking cessation advice
09-Mar-2010	Read Code	Health ed. - smoking

Attachments

Scanned Document
11-Jun-2026 KMK
Additional: Scanned Document

Filename: document.pdf
Extension: .tif
Pages:

NHS Confidential: [redacted] data about a patient

Confidential - Clinical Information

Department of Biochemistry
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555

www.nhsaaa.net

NHS Ayrshire & [redacted]

Dr C Haddow
The Fullarton Medical Practice
40 Dalblair Road
Ayr
Ayrshire
KA7 1UL

Our Ref: SMacK/EAP
Clinic Date: 11/06/2025
Date Dictated: 11/06/2025
Date Typed: 24/06/2025
Enquiries to [redacted]
Direct Line: 01292 614710
Email: [redacted] scot.nhs.uk

Dear Dr Haddow,

MARY MCFADYEAN DOB: 02/08/1969 CHI No: 0208693521
11 [redacted] STREET, AYR, AYRSHIRE, KA8 9PG

Diagnosis: **Possible Familial Hypercholesterolemia**
Smoker

Lipids: **Below**

Management: **Start Atorvastatin 20mg**
FH screen taken in clinic

Follow up: **Routine appointment by telephone**

I met Mrs McFadyean in clinic this morning. She was referred after she was found to have Primary Hypercholesterolemia with a strong family history of premature heart problems.

You had prescribed Atorvastatin, but she had not started this yet, nervous about leg pains. She has no personal history of vascular disease or diabetes. She smokes about 20 cigarettes per day. She has been trying with her diet recently, but she tells me it is rather poor with little in the way of fruit and veg. She does not drink alcohol and is not on HRT. She has three children who keep well and are in their 30s. Her [redacted] had a heart attack in his 50s and died, and her [redacted] also had a heart attack in his 50s. Another [redacted] had heart problems in his 40s.

We discussed today that there were two issues to address. Firstly, I agree that she should be taking lipid lowering medication and I have encouraged her to start the Atorvastatin that you have prescribed.

The second issue we discussed was genetic screening for Familial Hypercholesterolemia. She consented to this, and bloods were taken in the clinic today. I have explained that this can take several months to come back but I would hope to have a result for her by the autumn.

Bloods taken in clinic are documented below and similar to previous results. Her TFTs were normal in October 24, as was her HBA1c.

I have asked the CPS to contact her in a couple of months for an up-to-date blood test after starting her Atorvastatin. I will also be in touch when the results of the genetic screening for FH is available

Yours sincerely

Authorised on 12/07/2025 11:27:01 by Suzanne [redacted]

Dr Suzanne [redacted]
Consultant in Biochemistry

Description	Value	Normal Range	Units	H/L	Comment
[redacted] LIPOPROTEIN A Auth. Date: 17/06/2025 09:14					
Lipoprotein A	10.9		mg/dL		
BIOCHEM/HAEM REPORT					
Description	Value	Normal Range	Units	H/L	Comment
Investigation: LIPID PROFILE Auth. Date: 11/06/2025 11:00					
Cholesterol	8.4		mmol/L		
HDL Cholesterol	1.2		mmol/L		
Triglyceride	3.6		mmol/L		
LDL Cholesterol	5.6		mmol/L		
Cholesterol:HDL Ratio	7.0				
Investigation: LIVER FUNCTION TEST Auth. Date: 11/06/2025 11:00					
Total Bilirubin	4	0-21			umol/L
ALP	96	30-130			U/L
AST	15	10-45			U/L
ALT	20	5-55			U/L
Total Protein	71	60-80			g/L
Albumin	43	35-50			g/L
Globulin	28	21-35			g/L
Investigation: UREA AND ELECTROLYTES Auth. Date: 11/06/2025 11:00					
Urea	4.2	2.5-7.8			mmol/L
Creatinine	71	50-100			umol/L
Sodium	137	133-146			mmol/L
Potassium	4.6	3.5-5.3			mmol/L
Chloride	98	95-108			mmol/L
eGFR result/1 [redacted]	>60	60-61			mL/min
BIOCHEM/HAEM REPORT					

NHS Confidential: [redacted] data about a patient

Confidential - Clinical Information

Department of Biochemistry
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555

www.nhsaaa.net

NHS Ayrshire & [redacted]

Mary McFadyean
11 [redacted] Street
Ayr
Ayrshire
KA8 9PG

Our Ref: SMacK/EAP
Clinic Date: 15/08/2025
Date Dictated: 15/08/2025
Date Typed: 03/09/2025
Enquiries to [redacted]
Direct Line: 01292 614710
Email: [redacted] scot.nhs.uk

Dear Mrs. McFadyean ,

MARY MCFADYEAN DOB: 02/08/1969 CHI No: 0208693521
11 [redacted] STREET, AYR, AYRSHIRE, KA8 9PG

Thank you very much for coming to the Lipid clinic recently. You will remember on that day we took bloods for genetic testing to look for variants associated with the most severe type of inherited high cholesterol called Familial Hypercholesterolemia. I am pleased to say that none of these were found in your sample. This means it is very unlikely that you have this condition.

Nevertheless, I think it is important that you take a cholesterol lowering medicine and I hope that the Atorvastatin is suiting you. I have asked for you to have blood tests soon to see what your cholesterol level is on this. Someone will be in touch with you via the community blood team to arrange this.

I look forward to speaking with you next year as planned.

Best wishes
Yours sincerely

Authorised on 17/09/2025 16:53:59 by Suzanne [redacted]

Dr Suzanne [redacted]
Consultant in Biochemistry

Dr LA [redacted]
The Fullarton Medical Practice
40 Dalblair Road
Ayr
Ayrshire
KA7 1UL

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Department of Biochemistry
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555

www.nhsaaa.net

NHS Ayrshire & Arran

Mary McFadyean
11 [redacted] Street
Ayr
Ayrshire
KA8 9PG

Our Ref: SMacK/EAP
Clinic Date: 27/05/2026
Date Dictated: 27/05/2026
Date Typed: 04/06/2026
Enquiries to [redacted]
Direct Line: 01292 614710
Email: [redacted]nhs.uk

Dear Mrs. McFadyean ,

MARY MCFADYEAN DOB: 02/08/1969 CHI No: 0208693521
11 [redacted] STREET, AYR, AYRSHIRE, KA8 9PG

[redacted] sorry you were not available for our Lipid clinic appointment this morning.
I have asked the appointments office to send a further one to you. If you would prefer not to attend the Lipid clinic please let us know so that we can use this appointment for another patient.

Yours sincerely

Authorised on 08/06/2026 17:20:40 by Suzanne [redacted]

Dr Suzanne [redacted]
Consultant in Biochemistry

Dr C Haddow
The Fullarton Medical Practice
40 Dalblair Road
Ayr
Ayrshire
KA7 1UL

NHS Confidential: Personal data about a patient

Hypertension Management

Patient ID:	GBFES/484	Date of birth:	02-Aug-1969
Name:	McFadyean	Weight:	74.0kg
First name:	Mary	Height:	159cm
Street:		Sex:	Female
City:		e-mail:	
Phone:		Section/Room:	

Report

24h ABPM
Start: 29/10/2024 13:52
End: 30/10/2024 10:00

		Total		Day		Night	
		Value	Goal	Value	Goal	Value	Goal
Time							
Start		29/10/2024 13:52		11:09		23:00	
End		30/10/2024 10:00		22:59		11:08	
Duration		20:08		09:08		11:00	
Measurements							
Total		37		21		16	
Valid		31		17		14	
Valid	%	84	>70	81		88	
Average: Over single measurements							
Systole	mmHg	133	<130	135	<135	131	<120
Diastole	mmHg	82	<80	85	<85	79	<75
MAP	mmHg	106		108		103	
Heart rate	bpm	71		73		69	
Pulse pressure	mmHg	51		50	<60	52	
Std. Dev.							
Systole	mmHg	11.0		13.4	<17	6.2	<13
Diastole	mmHg	10.5		11.0	<13	8.8	<10
MAP	mmHg	8.9		10.3		5.6	
Heart rate	bpm	10.2		8.1		11.9	
Pulse pressure	mmHg	12.0		13.1		10.4	
Values above limit							
Systole	%	61		47	<25 (1)	79	<25 (3)
Diastole	%	39		47	<25 (2)	29	<25 (4)

Values above limit(1) >= 140 (2) >= 90 (3) >= 125 (4) >= 80

Dipping		
Systole	%	3.0(Non-Dipper)
Diastole	%	7.1(Non-Dipper)

Dipping <0% Inverted; <10% Non-Dipper; <20% Normal; >=20% Extreme

MCFADYEAN, Mary
0208693521
11 Murray Street
Ayr
KA8 9PG
Dr Stephen Dunne
40 Dalblair Road Ayr, KA7 1UL
DATE 29/10/2024

v 5.2.3 IEM - Hypertension Management Software Page 1 / 4

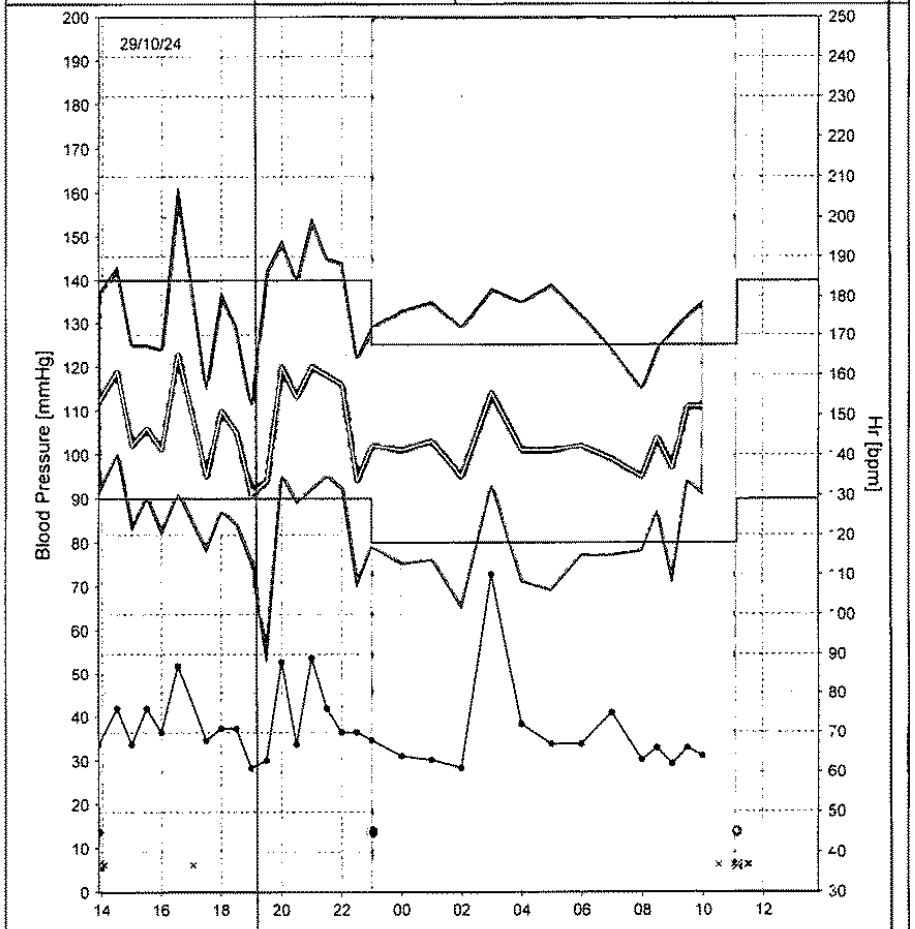
NHS Confidential; Personal data about a patient

Hypertension Management

Patient ID:	GBFES/484	Date of birth:	02-Aug-1969
Name:	McFadyean	Weight:	74.0kg
First name:	Mary	Height:	159cm
Street:		Sex:	Female
City:		e-mail:	
Phone:		Section/Room:	

BP Profile

24h ABPM
Start: 29/10/2024 13:52
End: 30/10/2024 10:00



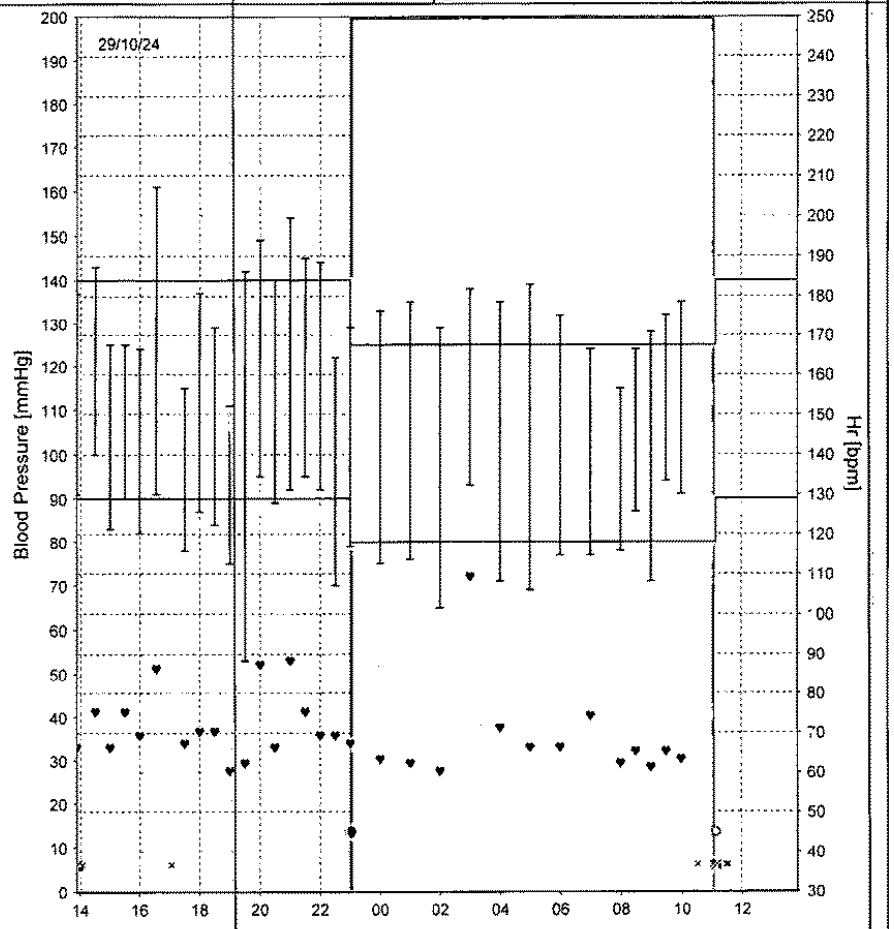
v 5.2.3 IEM - Hypertension Management Software Page 2 / 4

Hypertension Management

Patient ID:	GBFES/484	Date of birth:	02-Aug-1969
Name:	McFadyean	Weight:	74.0kg
First name:	Mary	Height:	159cm
Street:		Sex:	Female
City:		e-mail:	
Phone:		Section/Room:	

Bar chart

24h ABPM
Start: 29/10/2024 13:52
End: 30/10/2024 10:00



Hypertension Management

Patient ID:	GBFES/484	Date of birth:	02-Aug-1969
Name:	McFadyean	Weight:	74.0kg
First name:	Mary	Height:	159cm
Street:		Sex:	Female
City:		e-mail:	
Phone:		Section/Room:	

Table

24h ABPM
Start: 29/10/2024 13:52
End: 30/10/2024 10:00

No	Date	Time	Sys	MAP	Dia	PP	Hr	Code	Comment
1	29/10/24	13:52	137	112	91	46	67	100	Start of a manual measurement
	29/10/24	14:03						2	Pressure increased during deflation. Movement?
2	29/10/24	14:30	143	119	100	43	76		
3	29/10/24	15:00	125	102	83	42	67		
4	29/10/24	15:30	125	106	90	35	76		
5	29/10/24	16:00	124	101	82	42	70		
6	29/10/24	16:33	161	123	91	70	87		
	29/10/24	17:03						3	Movement artefact
7	29/10/24	17:30	115	95	78	37	68		
8	29/10/24	18:00	137	110	87	50	71		
9	29/10/24	18:30	129	105	84	45	71		
10	29/10/24	19:00	111	91	75	36	61		
11	29/10/24	19:30	142	94	53	89	63		
12	29/10/24	20:00	149	120	95	[redacted]	88		
13	29/10/24	20:30	140	113	89	51	67		
14	29/10/24	21:00	154	120	92	62	89		
15	29/10/24	21:30	145	110	95	50	76		
16	29/10/24	22:00	144	116	92	52	70		
17	29/10/24	22:30	122	94	70	52	70		
18	29/10/24	23:00	129	102	79	50	68		
19	30/10/24	00:00	133	101	75	58	64		
20	30/10/24	01:00	135	103	76	59	63		
21	30/10/24	02:00	129	95	65	64	61		
22	30/10/24	03:00	138	114	93	45	110		
23	30/10/24	04:00	135	101	71	64	72		
24	30/10/24	05:00	139	101	69	70	67		
25	30/10/24	06:00	132	102	77	55	67		
26	30/10/24	07:00	124	99	77	47	75		
27	30/10/24	08:00	115	95	78	37	63		
28	30/10/24	08:30	124	104	87	37	66		
29	30/10/24	09:00	128	97	71	57	62		
30	30/10/24	09:30	132	111	94	38	66		
31	30/10/24	10:00	135	111	91	44	64		
	30/10/24	10:33						2	Movement artefact
	30/10/24	11:03						2	Movement artefact
	30/10/24	11:09						124	The day/night button was not pressed during the set tir
	30/10/24	11:30						8	Measurement aborted by the user
	30/10/24	11:33						8	Measurement aborted by the user
	30/10/24	11:33						104	Device was switched off

Scottish Breast Screening Programme
South West of Scotland Breast Screening Centre
Part of NHS Ayrshire and [redacted]
Ayrshire Central Hospital
Kilwinning Road
Irvine
KA12 8SS
01294 323506
AA-UHB.BreastScreening@nhs.net

Dear Doctor,

Mary Mcfadyean 0208693521

Did Not Attend for Breast Screening on 23-03-2023.

Yours sincerely,

Dr [redacted]
Clinical Director

Service User Copy Printed 10/03/22 by [redacted] Rennie

MCFADYEAN, MARY

Date of Birth 02-Aug-1969 (52y) **CHI Number** 0208693521

Gender Female

Addiction Services Assessment v3

Centre of Care NHS Addictions South	**Status** Closed
Date of Activity 07 February 2022 10:00 by [redacted] Rennie	

Form Items

Presentation

Source of current referral

GP

Date referral received

18/08/2021

Assessment type

Discharge assessment

Patient agreed to [redacted] being involved in treatment?

Not applicable

Current medication

Salbutamol inhaler
Acamprosate
Confirmed by GP

Crisis arrangements

Mary provided with details for OOH crisis contact should she require them.

Summary of strengths, goals and aspirations

Mary is currently employed and has supportive family members.
Mary hopes to achieve abstinence long term to be there to see her grandchildren grow up.

Has Care Programme Approach been considered?

No

Has the Adult Support and Protection Act been considered?

No

Has the Mental Health Act been considered?

No

Has Adults with Incapacity Act been considered?

No

Advanced Statement

Advanced Statement in place?

No

Has the individual been made aware of their right to have an Advanced Statement?

Yes, declined support to complete

MCFADYEAN, MARY
Date of Birth 02-Aug-1969 (52y) **CHI Number** 0208693521

Named Person

Named Person identified?

No

Has the individual been made aware of their right to identify a Named Person?

Yes

Summary of Assessment

Summary of Assessment

Following detox and rehab in ward 5, Mary initially engaged sporadically with writer however soon after disengaged completely, hence discharge from CAT.

Mary was referred to CAT by GP for alcohol detox. Mary is a 52 year old lady who lives alone in Ayr, Mary is currently employed in 'security'. Mary describes a long history of alcohol misuse however is not previously known to CAT.

SUBSTANCE USE:
Prior to disengagement, Mary reports to have been abstinent from alcohol and compliant with Acamprosate medication. Mary underwent alcohol detox in ward 5 sept 21, followed by 2 weeks rehab which she viewed as a positive experience. Mary describes a long history with alcohol use, more recently over the last 2 years becoming more problematic. Although describing a long history, not previously required input from CAT. Mary describes only very short periods of days-weeks abstinence from alcohol over the last 2 years.

MENTAL STATE:
Throughout preparatory for detox Mary consistently presented and engaged well, Mary appeared well kept and appropriately dressed for the weather, no signs of intoxication were noted. Speech normal in rate tone and rhythm and good rapport was established. Mary was able to maintain adequate eye contact throughout contacts. Mary denies a history of any major psychiatric disorder/illness however describes experiencing low mood following the death of her [redacted] 7 years ago and identifies this as impacting factor to alcohol use. Mary did not appear distracted by perceptual abnormalities and denies any history of same. Mary denies any thoughts plans or intent to end her life of deliberate harm herself. Describes having thoughts of 'being better of not here' however denies any thoughts of suicide. Identifies her family as protective factor.
No immediate concerns to mental state at this time.

PHYSICAL HEALTH:
Mary denies any major physical health concerns, reports a long term suffering of Asthma that is treated through inhalers and can be prone to chest infections however Mary identifies smoking status to negatively impact this. Mary reports over the last few years to have lost a significant about of weight which she states has been contributed through long term alcohol misuse. Mary also reports poor sleep, describes this being long standing since her [redacted] died 7 years ago in the family home in bed, Mary describes not having slept in the bed since and sleeps on the couch. Mary reports post detox, to have noted improvement in her general physical wellbeing, improvement in nutritional intake and feels as though she has gained some weight.
No current physical health concerns at this time.

PLAN
- Mary to remain alcohol free, should she wish to re-refer in the future, is aware of the process to do this.
- Writer to liaise with GP re Acamprosate prescription
- Mary to be discharged from CAT

Ayrshire Mental Health Risk Assessment Framework

Mental state

Mental state

Green
Note: Throughout preparatory for detox Mary consistently presented and engaged well, Mary appeared well [redacted] and appropriately dressed for the weather, no signs of intoxication were noted. Speech normal in rate tone and rhythm and good rapport was established. Mary was able to maintain adequate eye contact throughout contacts. Mary denies a history of any major psychiatric disorder/illness however describes experiencing low mood following the death of her husband 7 years ago and identifies this as impacting factor to alcohol use. Mary did not appear distracted by perceptual abnormalities and denies any history of same. Mary denies any thoughts plans or intent to end her life of deliberate harm herself. Describes having thoughts of 'being better of not here' however denies any thoughts of suicide. Identifies her family as protective factor. No immediate concerns to mental state at this time.

Engagement

Engagement with services

Green
Note: Engaged with CAT initially and completed detox and rehab, however soon after disengaged, hence discharge
Medication management

MCFADYEAN, MARY
Date of Birth 02-Aug-1969 (52y) **CHI Number** 0208693521

Green
Note: N[redacted] issues noted during assessment today.

Risk of absconding

Not applicable
Note: Community based.

Risk of suicide/self-harm

Risk of self-harm

Green
Note: Mary denies any thoughts plans or intent to harm herself. Nor describes any history of same.

Risk of suicide

Green
Note: Mary denies any thoughts plans or intent to end her life. Nor describes any history of same.

Risk of harm to or from others

Risk of harm to others

Green
Note: No issues noted during assessment today.

Abuse issues

Green
Note: No issues noted during assessment today.

Neglect/Vulnerability issues (consider ASP/AWIA)

Green
Note: No issues noted during assessment today.

Child protection concerns

Green
Note: [redacted] Mary has 2 grown up adult children

Child well-being concerns

Not applicable
Note: N/A

Risk from substance misuse

Substance misuse

Green
Note: Prior to disengagement, Mary reports to have been abstinent from alcohol and compliant with Acamprosate medication. Mary underwent alcohol detox in ward 5 sept 21, followed by 2 weeks rehab which she viewed as a positive experience. Mary describes a long history with alcohol use, more recently over the last 2 years becoming more problematic. Although describing a long history, not previously required input from CAT. Mary describes only very short periods of days-weeks abstinence from alcohol over the last 2 years.

Social and personal risks

Support network

Green
Note: Mary describes having a small but close support network made up of her [redacted] and her 2 children.

Physical health

Green
Note: Mary denies any major physical health concerns, reports a long term suffering of Asthma that is treated through inhalers and can be prone to chest infections however Mary identifies smoking status to negatively impact this. Mary reports over the last few years to have lost a significant about of weight which she states has been contributed through long term alcohol misuse. Mary also reports poor sleep, describes this being long standing since her [redacted] died 7 years ago in the family home in bed, Mary describes not having slept in the bed since and sleeps on the couch. Mary reports post detox, to have noted improvement in her general physical wellbeing, improvement in nutritional intake and feels as though she has gained some weight. No current physical health concerns at this time.

Occupation of time

MCFADYEAN, MARY
Date of Birth 02-Aug-1969 (52y) **CHI Number** 0208693521

[redacted]

Note: Mary is employed doing security work for events/pubs etc. however is currently signed off sick due to alcohol misuse, to writer knowledge Mary remains off work and was seeking alternative options for employment On days where Mary is not working she describes a poor routine, often related around alcohol intake, drinking more on days when not working. Mary reports her sister encouraging her to attend AA meetings and supports her to attend to household chores etc. and her out the house for shopping.

Housing and finances

Amber
Note: Mary lives in rented accommodation alone, is currently employed however due to alcohol misuse signed off sick from [redacted] this time.

Any other issues

Any other issues

Green
Note: No other issues noted at this time.

Overall Impression of Risk

Overall Impression of Risk

Green
Note: Overall risk rated GREEN, improvement in alcohol use and general well being following detox

Immediate Risk Management Plan

Immediate Risk Management Plan

Mary at risk of further alcohol misuse due to non compliance or engagement with services, risking further deterioration to physical and mental health.
- Mary to be offered support and regular appointments form CAT to monitor wellbeing and provide/facilitate detox intervention.
- Should Mary fail to engage in the service will be discharged for non-engagement.

MCFADYEAN, MARY
Date of Birth 02-Aug-1969 (52y) CHI Number 0208693521

Gender Based Violence Assessment

Was gender based violence routine enquiry carried out during this assessment?

No - Not appropriate due to other clinical priority

Gender Based Violence Disclosure Assessment

What type of GBV is involved

Not applicable

Is abuse current or past or both?

Not applicable

Describe the relationship between the service user and the perpetrator

Not applicable

What is the sex of perpetrator(s)?

Not applicable

Response to disclosure

Referred to other specialist service

Not applicable

Information given on local services

Not applicable

Shared information with other health professional

Not applicable

Shared information with external agency (e.g. police, social work etc)

Not applicable

Safety planning discussed

Not applicable

Child protection procedures initiated

Not applicable

Adult protection procedures initiated

Not applicable

No further action required

Not applicable

Documented plan in case record

Not applicable

Revisit enquiry at a later date

Not applicable

Has consent been given to share this information with GP?

Not applicable

Mental health and well-being

Mental health and well-being strengths/needs identified?

Yes

Behaviour

Aggressive behaviour

No problem
Note: No issues noted during assessment today.
Suspicious or accusatory behaviour

MCFADYEAN, MARY
Date of Birth 02-Aug-1969 (52y) **CHI Number** 0208693521

No problem
Note: No issues noted during assessment today.

Eating problems

Mild problem
Note: Describes poor appetite impacted by alcohol intake.

Wandering

No problem
Note: No issues noted during assessment today.

Overactivity

No problem
[redacted] No issues noted during assessment today.

Odd, inappropriate or unacceptable behaviour

No problem
Note: No issues noted during assessment today.

Cognition

Memory

No problem
Note: No issues noted during assessment today.

Attention and concentration

No problem
Note: No issues noted, able to engage in assessment today without concern.

Understanding

No problem
Note: No issues noted during assessment today.

Expression

No problem
Note: No issues noted during assessment today.

Mental health

Thought disorganisation

No problem
Note: No issues noted during assessment today.

Delusions

No problem
Note: No issues noted during assessment today, nor denies any history of same.

Hallucinations and other perceptual abnormalities

No problem
Note: No issues noted during assessment today, nor denies any history of same.

Elated or expansive mood

No problem
Note: No issues noted during assessment today.

Depressed mood and ideation

Moderate problem
Note: Describes a history of low mood following the death of her [redacted] 7 years previous. Previously found Mirtazapine helpful however non compliance due to alcohol use.

Obsessional ideas and compulsive behaviour

No problem
Note: No issues noted during assessment today.

Intrusive ideation

MCFADYEAN, MARY
Date of Birth 02-Aug-1969 (52y) CHI Number 0208693521

No problem
Note: No issues noted during assessment today.

Anxiety, phobias and panics

No problem
Note: No issues noted during assessment today.

Somatic preoccupations

No problem
Note: No issues noted during assessment today.

Lowering of energy, drive or interest

No problem
Note: No issues noted during assessment today.

Self-esteem

No problem
Note: No issues noted during assessment today.

Sleep disturbance

Moderate problem
Note: Describes poor sleep most evenings, drinking large amounts of alcohol in the evenings to help her sleep however recognises poor sleep quality. Promoted good sleep hygiene and made suggestions of how to practice same.

Involvement in treatment and care

No problem
Note: No issues noted during assessment today, keen to be involved.

Mental health and well-being summary

Mental health and well-being summary

Throughout preparatory for detox Mary consistently presented and engaged well, Mary appeared well kempt and appropriately dressed for the weather, no signs of intoxication were noted. Speech normal in rate tone and rhythm and good rapport was established. Mary was able to maintain adequate eye contact throughout contacts. Mary denies a history of any major psychiatric disorder/illness however describes experiencing low mood following the death of her [redacted] 7 years ago and identifies this as impacting factor to alcohol use. Mary did not appear distracted by perceptual abnormalities and denies any history of same. Mary denies any thoughts plans or intent to end her life of deliberate harm herself. Describes having thoughts of 'being better of not here' however denies any thoughts of suicide. Identifies her family as protective factor.
No immediate concerns to mental state at this time.

Alcohol or substance misuse

Alcohol misuse

Yes
Note: Prior to disengagement, Mary reports to have been abstinent from alcohol and compliant with Acamprosate medication. Mary underwent alcohol detox in ward 5 sept 21, followed by 2 weeks rehab which she viewed as a positive experience. Mary describes a long history with alcohol use, more recently over the last 2 years becoming more problematic. Although describing a long history, not previously required input from CAT. Mary describes only very short periods of days-weeks abstinence from alcohol over the last 2 years.

Misuse of prescribed drugs

No
Note: Denies any misuse of prescribed medication.

Misuse of non-prescribed drugs

No
Note: Denies any misuse of illicit substances. History of amphetamine use however not for many years.

Alcohol / substance profile

Main alcohol / substance name

Wine

Prescribed

Not known

Route

MCFADYEAN, MARY
Date of Birth 02-Aug-1969 (52y) **CHI Number** 0208693521

Not known

Level of use

Not Recorded

Alcohol / substance name (2)

Not Recorded

Prescribed

Not known

Route

Not known

Level of use

Not Recorded

Alcohol / substance name (3)

Not Recorded

Prescribed

Not known

Route

Not known

Level of use

Not Recorded

Alcohol / substance name (4)

Not Recorded

Prescribed

Not known

Route

Not known

Level of use

Not Recorded

Alcohol / substance name (5)

Not Recorded

Prescribed

Not known

Route

Not known

Level of use

Not Recorded

Substance career

Teens

Describes having first alcohol drink around 10 years old. 'Binge' type drinking at weekends in teens.

20's

Binge drinking at weekends with friends, amphetamine use - not problematic during these years.

30's

More regular drinking most evenings to distress after work.
No illicit drug use

40's

MCFADYEAN, MARY
Date of Birth 02-Aug-1969 (52y) **CHI Number** 0208693521

More regular drinking most evenings to distress after work. Following death of her [redacted] daily drinking increasing, rarely going a day without alcohol however reports never feeling dependent on alcohol and felt she could stop at any time
No illicit drug use

50's

since turning 50 feels drinking becoming more problematic, requiring alcohol to 'function' leading to drinking while at work etc. Alcohol dependent.
23rd Sept 21, detoxed from alcohol

60's

Not Recorded

Forensic/Criminal

Forensic/criminal

No issues noted
N/A

MCFADYEAN, MARY
Date of Birth 02-Aug-1969 (52y) CHI Number 0208693521

Physical

Physical health and well-being strength/needs identified?

Yes

Physical impairment or disability

No problem
Note: No issues noted during assessment today.

Physical health condition

Mild problem

Long term physical health conditions

Yes

Long term condition

Asthma

Long term condition (2)

Not recorded

Long term condition (3)

Not recorded

Long term condition (4)

Not recorded

Mobility

No problem
Note: No issues noted during assessment today, able to mobilise independently.

Sensory impairment

No problem
Note: No issues noted during assessment today.

Diet/hydration

Mild problem
Note: reports poor nutritional intake, describes loosing weight as a result of this. Recognises impact of alcohol on weight loss and loss of appetite.

Swallowing difficulties

No problem
Note: No issues noted during assessment today.

Continence

No problem
Note: No issues noted during assessment today.

Distress/pain caused by physical state

No problem
Note: No issues noted during assessment today.

Side-effects of prescribed medication

No problem
Note: No issues noted during assessment today.

Health promotion advice required

No

Sexual health

No issues/concerns raised

Blood borne virus testing

No need for testing

MCFADYEAN, MARY
Date of Birth 02-Aug-1969 (52y) CHI Number 0208693521

Physical health check/assessment

Does the patient meet SMI (Severe Mental Illness) criteria, and/or is patient prescribed anti-psychotic medication?

No

Physical health check

Not applicable

Responsible for annual physical health check

Not applicable

Date of last physical health assessment

Not Recorded

Date BMI last measured and recorded

Not Recorded

Smoking status

Does the patient smoke?

Yes

Offered referral for smoking cessation support

Yes, declined

Physical summary

Physical summary

Mary denies any major physical health concerns, reports a long term suffering of Asthma that is treated through inhalers and can be prone to chest infections however Mary identifies smoking status to negatively impact this. Mary reports over the last few years to have lost a significant about of weight which she states has been contributed through long term alcohol misuse. Mary also reports poor sleep, describes this being long standing since her [redacted] died 7 years ago in the family home in bed, Mary describes not having slept in the bed since and sleeps on the couch. Mary reports post detox, to have noted improvement in her general physical wellbeing, improvement in nutritional intake and feels as though she has gained some weight.
No current physical health concerns at this time.

MCFADYEAN, MARY
Date of Birth 02-Aug-1969 (52y) **CHI Number** 0208693521

Social

Social strengths/needs identified?

Yes

Work/vocational/educational performance

Mild problem
Note: Currently on sick leave. Describes occasions where she was sent home from work due to drinking alcohol.

Ability to work now

Very severe problem
Note: Currently signed off sick

Social activities outside the home

Moderate problem
Note: Limited social interactions outside the home however encouraged by family to do so

Activities of [redacted] living

No problem
Note: No issues noted during assessment today.

Personal care

No problem
Note: No issues noted during assessment today.

Relationship with close family

No problem
Note: No issues noted during assessment today.

Relationship with [redacted]

Not applicable
Note: Widow.

Relationships with others close by

No problem
Note: No issues noted during assessment today.

[redacted] needs/support

[redacted] needs assessment

Not required

[redacted] support offered

Not applicable

Social summary

Social summary

Limited activities out with the home, supported by family to meet social stimulation needs.
Employed however currently off sick due to alcohol misuse.

NHS Confidential: [redacted]

Sloan, [redacted]

From: Rennie [redacted]
Sent: 03 March 2022 11:22
To: aa.Clinical_Practice_AyrFullartonPractice_80113
Subject: *protected*

CHI 0208693521 M McFadyean

Hi, re above pt.

Has recently disengaged over a period of time following successful detox, therefore will now be discharged from the service. Post detox pt was initiated on Acamprosate, however due to disengagement this will no longer be monitored by addiction services.

Formal discharge to follow. Any other information required please let me know.

Thanks,
[redacted]

[redacted] *Rennie*
Staff Nurse
South Ayrshire Addiction Services
Upper Killochan
Ailsa Campus
Dalmellington Road
Ayr
KA6 6AB
TEL: 01292 559800

1

NHS Confidential: [redacted] data about a patient

Freestone, [redacted]

From: aa.Clinical_Radiology_UHA
Sent: 23 February 2022 09:53
To: Freestone, [redacted]
Subject: RE: Advice

Hello Dr Freestone,

Thank you for your email. The "small rounded calcific density" looks like an enthesophyte and it is probably due to a form of insertional tendinopathy. No further investigation would be required in my opinion.

Warm regards,
Lekan

Olalekan Abudu
Locum Consultant Radiologist
University Hospital Ayr
NHS Ayrshire and [redacted]
olalekan.abudu@aapct.scot.nhs.uk | ☎ (01292614249 (Internal ext: 14249) | ✉Medical Imaging Department, University Hospital Ayr, Dalmellington Road, Ayr, KA6 6DX

From: Freestone, [redacted]
Sent: 22 February 2022 17:13
To: aa.Clinical_Radiology_UHA <Clinical_Radiology_UHA@aapct.scot.nhs.uk>
Subject: Advice
Importance: High

I was wondering if you could help me with regards to an Xray report for a patient

Mary McFadyean
CHI 0208693521

Regarding her hip xray

Its reported as her hip having a small rounded calcific density ? any further investigations necessary for this or does it look like an area of calcification likely due to OA?

Best wishes

[redacted] Freestone
GP
Fullarton Medical Practice
Ayr

1

University Hospital Ayr
Medical Imaging Department
Dalmellington Road
Ayr
KA6 6DX

NHS Ayrshire [redacted]

Diagnostic Imaging Report

CHI No.	: 0208693521	Referrer Clinician	: [redacted] Freestone
Patient Name	: McFadyean, Mary	Specialty	: General Practice
Patient Address	: 11 [redacted] Street Ayr KA8 9PG	Address	: Fullarton Medical Practice 40 Dalblair Road Ayr KA7 1UL
DOB	: 02/08/1969	Ward/Clinic	: GP
Gender	: Female	Attendance No.	: 50159128

Examination(s): XR Pelvis — Exam Date : 01 February 2022
Accession(s) : A105015912801 — Report Date : 02 February 2022

Authorised

Patient Name: Mary, McFadyean
Patient Address: 11 [redacted] Street, KA8 9PG
DOB: 02/08/1969
Patient ID: 0208693521
Accession Number: A105015912801
Referring Cons: [redacted] Freestone
Referring Dept: GP
Site: University Hospital Ayr

50159128 01/02/2022 XR Pelvis

Clinical Indications
Pain R hip ? OA for xray to assess

Report

Pelvis

A small rounded calcific density is noted superiorly to the left greater trochanter.
No other significant bone or joint abnormality is seen.

Frew, N (Rep.Radiographer RA49336)

[END REPORT]

Reported by	Frew, N (Rep.Radiographer RA49336)
Authorised by	Frew, N (Rep.Radiographer RA49336)

Page 1 of 1

NHS Confidential: Personal data about a patient

Woodland View **Ayrshire Central Hospital** **Kilwinning Road, Irvine** **KA12 8SS** **Phone: 01294 322330**	**Immediate Discharge Letter** **&** **Prescription**

To: The Fullarton Medical Practice 40 Dalblair Road AYR AYRSHIRE KA7 1UL	**Re:** MARY MCFADYEAN 11 [redacted] STREET , . AYR , AYRSHIRE , KA8 9PG DOB: 02/08/1969 Hosp. No.: 0208693521 CHI No.: 0208693521

Date of Admission: 23/09/2021
Mode of Admission: Planned
Admission Reason:
Discharge Date: 13/10/2021

Ward: WV WARD 5
Consultant: DR [redacted] (Mental Health)
Follow Up:

Diagnoses Alcohol dependence.
-
( )

Secondary Diagnoses Adjustment disorder.
-
NURSE [redacted] (NIP) (2021-10-11 14:12:42)

Investigations Nil acutely concerning on admission bloods. AST-63, GGT-333, All other results including LFT, FBC, UE, Haematinics within normal parameters.
Plan/Follow up: -
Addictions CPN follow up in place on discharge
Offered transfer to 14 day residential rehab programme on completion of detox as per patient request.
Individual will d/w Addictions Nursing staff re bereavement and trauma support options.
Recommend GP continue relapse prevention medications with Addictions CPN monitoring.
GP to continue with Acamprosate prescription.
-
NURSE [redacted] (NIP) (2021-10-11 14:14:39)

Clinical Progress Source of referral NADARS CPN [redacted] Rennie
Clinical Progress:
Has progressed generally well with standard diazepam detoxification regime along with course of IV prophylactic pabrinex. She required PRN diazepam initially due to shakes.
NEWS not acutely concerning.
Nursing staff reported no immediate concerns re mental health or detox.

Discharged by: DR BEINN [redacted]

Page: 1 of 4
Report generated on: 13/10/2021 20:00

NHS Confidential: Personal data about a patient

Woodland View **Ayrshire Central Hospital** **Kilwinning Road, Irvine** **KA12 8SS** **Phone: 01294 322330**	**Immediate Discharge Letter** **&** **Prescription**

To: The Fullarton Medical Practice 40 Dalblair Road AYR AYRSHIRE KA7 1UL	**Re:** MARY MCFADYEAN 11 [redacted] STREET , . AYR , AYRSHIRE , KA8 9PG DOB: 02/08/1969 Hosp. No.: 0208693521 CHI No.: 0208693521

Reasonable sleep and appetite.
Outcome of psychiatric screening and mental state examination (reviewed by Dr M Saggar 24/9/21 1650) was of no concerning acute change noted in mental state.

- NURSE [redacted] (NIP) (2021-10-11 14:13:12)

GP follow-up

2. Patient reports using her salbutamol inhaler 2-3 times/day regularly. Has hx of asthma (?poorly controlled) but also being investigated for unexplained weight loss, awaiting CT chest. GP probably best placed to review asthma. Add note to IDL on discharge. GL 24/9
Plan/Follow up: -
Addictions CPN follow up in place on discharge
Offered transfer to 14 day residential rehab programme on completion of detox as per patient request.
Individual will d/w Addictions Nursing staff re bereavement and trauma support options.
Recommend GP continue relapse prevention medications with Addictions CPN monitoring.
GP to continue with Acamprosate prescription.

- NURSE GRAHAM [redacted] (NIP) (2021-10-11 14:15:11)

Pharmacy

Medication changes:
No changes to preadmission medications.
No specific changes recommended to usual antidepressant after discussion with patient
Acamprosate commenced for alcohol relapse prevention at patient request after discussion of risks / benefits. No apparent contraindications.
She did not want to be prescribed Disulfirsm at this point. Commenced on NRT on discharge

- NURSE [redacted] (NIP) (2021-10-11 14:14:08)

Allergy/Intolerance	Reaction
***No Known Drug Allergies	

Allergy records are as recorded at time and date of printing.

Discharged by: DR BBINN [redacted]

Page: 2 of 4
Report generated on: 13/10/2021 20:00

NHS Confidential: Personal data about a patient

Woodland View **Ayrshire Central Hospital** **Kilwinning Road, Irvine** **KA12 8SS** **Phone: 01294 322330**	**Immediate Discharge Letter** **&** **Prescription**

To: The Fullarton Medical Practice 40 Dalblair Road AYR AYRSHIRE KA7 1UL	**Re:** MARY MCFADYEAN 11 [redacted] STREET , . AYR , AYRSHIRE , KA8 9PG DOB: 02/08/1969 Hosp. No.: 0208693521 CHI No.: 0208693521

Drug	Dose	Route	Frequency	Note	GP to continu	POD	Days Supply
ACAMPROSATE 333 mg Enteric Coated Tablets	**666 mg**	Oral	ONCE daily at 7am		Yes	N	7
ACAMPROSATE 333 mg Enteric Coated Tablets	**333 mg**	Oral	TWICE daily at 12 midday and 6pm		Yes	N	7
MIRTAZAPINE 15 mg Tablets	**15 mg**	Oral	ONCE daily at 10pm		Yes	N	7
NICOTINELL 30 (Step1) 21 mg in 24 hours Transdermal Patch	**21 mg**	Transderma	ONCE daily at 7am	patient to see smoking cessation services such as community pharmacy for further supply/review	Yes	N	7
NICOTINELL MINT 2 mg Lozenges	**2 mg**	Oral	PRN FOR NICOTINE REPLACEMENT		No	N	3
SALBUTAMOL 100 micrograms (MDI) per metered dose	**200 microgram**	Inhalation	PRN FOR BREATHLESSNESS max 4 times daily	using 2-3 times/day - please review	Yes	N	7
THIAMINE 100 mg Tablets	**100 mg**	Oral	THREE times daily - 7am; 1pm; 10pm		Yes	N	7

Discharged by: DR BENN[redacted]

Page: 3 of 4
Report generated on: 13/10/2021 20:00

NHS Confidential: Personal data about a patient

Woodland View **Ayrshire Central Hospital** **Kilwinning Road, Irvine** **KA12 8SS** **Phone: 01294 322330**	**Immediate Discharge Letter** **&** **Prescription**

To: The Fullarton Medical Practice 40 Dalblair Road AYR AYRSHIRE KA7 1UL	**Re:** MARY MCFADYEAN 11 [redacted] STREET , . AYR , AYRSHIRE , KA8 9PG DOB: 02/08/1969 Hosp. No.: 0208693521 CHI No.: 0208693521

Additional Medicines Information:

Medicines discontinued or modified during admission
(Medicines that patient was recorded as admitted on only)

Drug	Discontinued / Modified reason
**** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.**** *****Information here may be incomplete and is for guidance only.*****	

Discharged by: DR BENN [redacted]

Page: 4 of 4
Report generated on: 13/10/2021 20:00

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010346777280

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:0208693521

REFERRAL TO

Other Medical SpecialtiesA1A5
AA Other Medical Specialties

University Hospital Ayr
LIPID CLINIC
Dalmellington Road
Ayr
KA6 6DX

Ethnic Origin	(White) Other Background
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	04-Nov-2024
Date submitted	04-Nov-2024

PATIENT DETAILS

Surname	McFadyean
Forename(s)	Mary
Title	-
Sex	Female
Date of birth	02-Aug-1969
CHI no.	0208693521

Patient's address

11 [redacted] Street
Ayr
KA8 9PG

Contact number(s)

-

REGISTERED GP DETAILS

Name	o		
GMC code	o	GP code	o
Practice name	The Fullarton Practice (3623)		
Practice code	80113		

Practice address

The Fullarton Practice
40 Dalblair Road
AYR

Contact number(s)

Voice: 01292 264260
Facsimile: 01292 292160

REFERRING PRACTITIONER DETAILS

Name	Dr. [redacted] Haddow		
GMC code	6055607	GP code	21491
Practice name	The Fullarton Medical Practice (80113)		
Practice code	80113		

Practice address

40 Dalblair Road
AYR
AYRSHIRE
KA7 1UL

Contact number(s)

Voice: 01292 264260

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: REQUEST FOR FAMILIAL HYPERCHOLESTEROLAEMIA TEST

Comment: Dear Colleague
Mrs McFadyean had presented with rather vague symptoms of pain in her legs and as part of this she had her lipid profile checked. Total cholesterol came back at 8.0, HDL 1.1, cholesterol: HDL ratio 7.3, triglyceride 3.1 and LDL 5.5.
This gave her a QRISK3 score of 24.7 and she has been commenced on Atorvastatin 20 mg.
When she came in for discussion she noted that her [redacted] died in his 50's from an MI. She has 2 [redacted] 1 died at 40 from a sudden cardiac cause and her other [redacted] had an MI in his 50's.
Mrs McFadyean has 2 offspring who are in their 30's.
I note that Mrs McFadyean admits to a poor diet, high in fast foods and she has a past history of opiate dependence, COPD (currently smokes 20 cigarettes per day), migraine and asthma.
Given the strong family history and high lipid profile, I wonder whether she should be tested for familial hypercholesterolaemia. Many thanks for your help. Kind regards.

Examinations and Investigations

Height:	159 -	
Weight(kg):	74 -	
BMI:	29.27 -	
Heavy smoker - 20-39 cigs/day:		29-Oct-2024 00:00
Alcohol consumption, 0 units/week:		29-Oct-2024 00:00
30 mins/day of at least mod intensty physc activity >=5 week: 7		29-Oct-2024 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Anxiety with depression	-	-	-	05-Nov-2021	05-Nov-2021
Asthma	-	-	-	15-Feb-2016	15-Feb-2016
Migraine	-	-	-	01-Jan-1987	01-Jan-1987
Tennis elbow (Left)	-	-	-	30-Dec-1899	30-Dec-1899

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Opiate dependence detoxification	-	-	-	23-Sep-2021	23-Sep-2021

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Atorvastatin Tablets 20 mg	0212000B0AAABAB	56 tablet	ONE TO BE TAKEN EACH DAY	-	01-Nov-2024	-	01-Nov-2024
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	-	120 DOSE	TWO PUFFS TO BE INHALED TWICE A DAY	-	08-Apr-2024	-	28-Oct-2024
Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff	0301011R0BEAIAP	1 inhaler	TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED	-	18-Dec-2023	-	28-Oct-2024

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Folic Acid Tablets 5 mg	0901020G0AAAGAG	84 tablet	ONE TO BE TAKEN EACH DAY	-	30-Oct-2024	84 Days	30-Oct-2024
Venlafaxine M/R tablets 75 mg	-	56 tablet	ONE TO BE TAKEN EACH DAY	-	23-Oct-2024	-	01-Nov-2024

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

Signature of referring doctor (or other professional) **Date**

NHS Confidential: [redacted] data about a patient

Confidential - Clinical Information

Department of Respiratory Medicine
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Phone: 01563 521133

www.nhsaaa.net

NHS Ayrshire [redacted]

Mary McFadyean
11 [redacted] Street
Ayr
Ayrshire
KA8 9PG

Our Ref: PH/CM
Hospital No:
Clinic Date: 04/10/2021 – Virtual Clinic
Date Dictated: 04/10/2021
Date Typed: 04/10/2021
Enquiries to Jacqueline [redacted]
Direct Line: 01563 825009
Ext. Number: 25009
Email: jacqueline.[redacted]scot.nhs.uk

Dear Mrs McFadyean,

MARY MCFADYEAN DOB: 02/08/1969 CHI No: 0208693521
11 [redacted] STREET, AYR, AYRSHIRE, KA8 9PG

Your GP wrote to us about your cough and weight loss. They also noticed some lymph nodes in your neck and some change in your voice. We arranged a CT scan of the chest on the 22nd September 2021 in response. There is some smoking related damage called emphysema in your lungs but no other abnormality.

I would be grateful if you could re-engage with your GP about the weight loss and hoarseness as these symptoms have not been explained by the problems in your chest. You may require some additional investigations and input. In addition to that I would strongly suggest that you stop smoking as this is likely to contribute to your cough and also stopping with also improve your appetite. I haven't arranged any further chest investigations on the basis of this CT.

Yours sincerely

Authorised on 04/10/2021 17:01:28 by [redacted] Hodkinson.

Dr. [redacted] Hodkinson
Consultant Respiratory Physician
GMC: 4532387

Dr LA Walker
The Fullarton Medical Practice
40 Dalblair Road
Ayr
Ayrshire
KA7 1UL

NHS Confidential: Personal data about a patient

NHS Ayrshire & Arran

Microbiology Report

Lab Report ID:	0021M149028

Patient Name:	Mary McFadyean	**DOB:**	02/08/1969
CHI Number:	0208693521	**Sex:**	F
Practice Details:	The Fullarton Medical Practice (80113)		

Specimen:	Throat and Nose Swab

Investigation:	**Test:**	**Result:**
COVID-19	Covid-19	NOT Detected by PCR

Sample Collected:	27/09/2021 09:30
Received by Lab:	27/09/2021 15:05

Requestor:	Wilson, Dr Beinn
Requestor Organisation:	(WV5) Woodland View Ward 5

Report Run Time: 29/9/2021 06:01:49

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

NHS Ayrshire

Microbiology Report

Lab Report ID:	0021M288688

Patient Name:	Mary McFadyean	**DOB:**	02/08/1969
CHI Number:	0208693521	**Sex:**	F
Practice Details:	The Fullarton Medical Practice (80113)		

Specimen:	Throat and Nose Swab

Investigation:	**Test:**	**Result:**
COVID-19	Covid-19	NOT Detected by PCR

Sample Collected:	23/09/2021 11:10
Received by Lab:	23/09/2021 16:22

Requestor:	Wilson, Dr Beinn
Requestor Organisation:	(WV5) Woodland View Ward 5

Report Run Time: 24/9/2021 06:01:35

NHS Confidential: Personal data about a patient

GE 30

Merli, Chiara

From: Love, Michelle
Sent: 23 September 2021 10:14
To: aa.Clinical_Practice_AyrFullartonPractice_80113
Subject: Adult Mental Health Admission Ward 5

Dear Practice Manager

Your patient Mary McFadyean Chi 0208693521 has been admitted to Woodland View Hospital, Ward 5 on 23/09/21 . Please could you suspend/stop repeat prescriptions until notification of discharge is received. If this patient is no longer at your Practice could you please let us know.

Kind Regards

[redacted]
Medical Records
Woodland View
Ayrshire Central
KA12 8SS
01294 322334

This email is in 12 point font to improve accessibility under the requirements of the Disability Discrimination Act (DDA).

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[redacted]

University Hospital Crosshouse
Medical Imaging Department
Kilmarnock Road
Crosshouse
KA3 0BE

NHS Ayrshire &[redacted]

Diagnostic Imaging Report

CHI No.	: 0208693521	Referrer Clinician:	C[redacted] Haddow (Fullerton)
Patient Name	: MCFADYEAN, MARY	Specialty	: General Practice
Patient Address	: 11 [redacted] Street Ayr AYRSHIRE KA8 9PG	Address	: Fullarton Medical Practice 40 Dalblair Road, Ayr, AYR KA7 1UL
DOB	: 02/08/1969	Ward/Clinic	: GP
Gender	: Female	Attendance No.	: 39563726

Examination(s): US Abdomen — Exam Date : 21 September 2021
Accession(s) : AA13956534801 — Report Date : 21 September 2021

Authorised

Patient Name: MARY, MCFADYEAN
Patient Address: 11 [redacted] Street, KA8 9PG
DOB: 02/08/1969
Patient ID: 0208693521
Accession Number: AA13956534801
Referring Cons: Colin Haddow (Fullerton)
Referring Dept: GP
Site: University Hospital Crosshouse

39563726 21/09/2021 US Abdomen

Clinical Indications
52 year old female. Weight loss of 8 - 10 kg over the past year. Heavy smoker. Alcohol excess. 3 bottles of wine per day. LFTS - AST 89 ALT 86 GGT 174. Examination of abdomen unremarkable.USS Liver ? evidence of cirrhosis ? HCC

Report
The liver is normal in size and shape. The liver parenchyma is diffusely echogenic and coarsened in echotexture. Although nonspecific, appearances are suggestive of fatty change/diffuse parenchymal disease. No gross focal intrahepatic lesions are identified.

A solitary gallstone is seen within an otherwise normal gallbladder. The CBD is of normal calibre.

The spleen, aorta and both kidneys outline normally. The pancreas was obscured. There is no free fluid.

Rae, [redacted] (Loc.Sonographer RA48661)

[END REPORT]

Reported by	Rae, [redacted] (Loc.Sonographer RA48661)
Authorised by	Rae, [redacted] (Loc.Sonographer RA48661)

Page 1 of 1

NHS Confidential. Personal data above e-label

West of Scotland Genetic Services
Laboratory Genetics
Level 2B, Laboratory Medicine
Queen [redacted] University Hospital
1345 Govan Road, Glasgow G51 4TF
Email: geneticlabs@ggc.scot.nhs.uk Tel: 0141 354 9330
Head of laboratory: [redacted]

UKAS MEDICAL 8290

CH COLGAN FULLARTON

NHS Greater Glasgow and Clyde

Molecular Genetics Report for HFE-related Hereditary Haemochromatosis

Report Number: 179606

Consultant Biochemist
Biochemistry
Area Laboratory
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

Reported: [redacted]
Authorised: Gillian [redacted]

Name of Patient:	**Mary MCFADYEAN**			Date of Birth:	**02/08/1969**
CHI/NHS Number:	**0208693521**	Sex:	**Female**	Date of Sample:	**14/09/2021**
Hospital Number:		Sample Type:	**EDTA blood**	Date Received:	**15/09/2021**
Pedigree Number:		Lab Number:	**4215502**	Date of Activation:	**15/09/2021**
Ref Lab Number:	**21B719244**	Gestation:		Date of Report:	**26/10/2021**

Reason for referral: Testing for HFE-related hereditary haemochromatosis has been requested.

Conclusion: **The p.C282Y variant is not present (see interpretation/comments)**

Results and interpretation:

The HFE sequence variant p.C282Y, which is commonly associated with HFE-related haemochromatosis, was NOT detected.

A diagnosis of HFE-related hereditary haemochromatosis is very unlikely in this patient.

Comments:

For any further information please go to www.nhsggc.org.uk/HFEresultsupport. For any further enquiries please contact community.genetics@ggc.scot.nhs.uk.

In order to avoid error and/or misinterpretation, transcription of the content of this report is not advised; Laboratory Genetics do not take any responsibility for the accuracy of any data/text transcribed from this report.

Technical Information:

Allele specific PCR amplification was performed to detect the presence of the c.845G>A (p.Cys282Tyr) sequence variant in the HFE gene. Testing for the c.187C>G (p.His63Asp) variant is only initiated when the p.C282Y variant is detected to identify compound heterozygotes, and is not advised in the absence of heterozygosity for p.C282Y. Sequence nomenclature is according to HGVS guidelines (http://www[redacted]org/) using accession number NM_000410.3.

21B719244

Report Number: 179606 ver 210301 **Page 1 of 1**

NHS Confidential: [redacted] data about a patient

Confidential - Clinical Information

Department of Respiratory and General Medicine
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555

www.nhsaaa.net

NHS Ayrshire & [redacted]

Mary McFadyean
11 [redacted] Street
Ayr
Ayrshire
KA8 9PG

Our Ref:	DS/RT/
Hospital No:	CHI 0208693521
Ref Date:	09/09/2021
Date Dictated:	09/09/2021
Date Typed:	09/09/2021
Enquiries to	[redacted]
Direct Line:	01292 614894
Ext. Number:	14894
Email:	[redacted]@aapct.scot.nhs.uk

Dear Ms McFadyean ,

You have recently been referred to the respiratory department by your GP. On the basis of the information they provided we feel that the most helpful thing to do next would be to arrange a CT scan of your chest. This will help guide us on to the best way to proceed. You should receive an appointment for this within the next few weeks and we will be in touch again within approximately 2 weeks of the scan being performed.

Yours sincerely

Authorised on 09/09/2021 19:29:41 by [redacted] Sword.

Dr [redacted] Sword
Consultant in Respiratory Medicine
GMC: 4093103

Cc Dr EM Colgan
The Fullarton Medical Practice
40 Dalblair Road
Ayr
Ayrshire
KA7 1UL

NHS Confidential: Personal data about a patient

[redacted]

From: McLaughlan, Karlin
Sent: 07 September 2021 10:56
To: aa.Clinical.Practice_AyrFullartonPractice_80113
Subject: OFFICIAL SENSITIVE - GP SUMMARY

Importance: High

Morning

Can I please request GP Summary for patient MM 0208693521 for her pre-admission meeting on Friday at Woodland View.

Many thanks

Karlin

Karlin Mclaughlan
Team Secretary - HSCP Business Administration
North Ayrshire Community Mental Health Team
3-Towns Resource Centre
[redacted] Road
SALTCOATS
KA21 5RF

Three Towns Resource Centre. Tel: 01294 606596

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Ayrshire Doctors On Call

adastra

1 Patient Contacts for Fullarton Practice

Patient : Mary Mcfadyean

(Gender: Female) (DOB: 02/08/1969) (Age: 52 years) (CHI: 0208693521)

Case No 52915 **Case Date** 14/08/2021 13:59
Own Dr Haddow, [redacted]

Emergency Care Summary viewed on case

Current Address
36 [redacted] Street Ayr

KA8 9PB
Current Phone 07708 675816

Home Address (If Different)
11 [redacted] Street Ayr

KA8 9PG
Home Phone (If Different)

Case Type Doctor Advice
Priority On Reception Within 4 Hours

NHS 24 Advice by Carol [redacted] (Call Taker Si) ()
Triage Start 14:05
Triage End 14:30

Clinical summary created by: [redacted] of [redacted] (Call Taker Si) () [14/08/2021 14:30:31]
Reason for call: SEVERE ANXIETY - 5 HOURS
FELT AS IF HAVING HEART ATTACK AT WORK THIS MORNING. HIGH STATE OF ANXIETY. AWAITING CHEST X-RAY RESULTS.
Confirmed Symptom(s):
Aggressive or agitated
Behaviour change from normal
Anxiety or panic attack
Endpoint Management Selected (CCT)

Symptom(s) not found:
No fever

Call Detail(s):

Clinical supervisor (First Triage): F.TONER
Call reason: Anxiety
14:08:2021 14:06:56 STEELEC1.. [redacted] CONCERNED AS CANNOT COPE WITH PTS INCREASED STATES. IS DRINKING MORE ALCOHOL. WILL SPEAK TO GP ON MONDAY MORNING BUT FEELS SOMETHING HAS TO BE DONE JUST NOW... DW NP, F.TONER, SUDDEN ONSET OF ANXIETY EPISODE WHEN AT WORK. FELT AS IF WAS "HAVING HEART ATTACK". PALPITATIONS, DIZZY& OVERWHELMED. WENT TO [redacted] WHO CALLED SERVICE... CALMER NOW. MENTAL HEALTH HUB BUSY BUT PT NOW AWARE OF SERVICE. HISTORY OF SIMILAR EPISODES YEARS AGO. RECENT UNEXPLAINED WEIGHT LOSS. BLOODS & CHEST X-RAY DONE... BLOODS CLEAR, AWAITING CHEST X-RAY RESULTS. ALCOHOL HISTORY. [redacted] (NURSE) WITH PT, HAPPY TO CONTACT GP ON MONDAY RE SOCIAL/PHYSICAL ISSUES BUT FEELS PT NEEDS SOMETHING TO SETTLE HER NERVES TODAY.. PT FEELS FIT TO TRAVEL. PCEC4, HUB TO ARRANGE NEXT STEPS...
Outcome: PCEC within 4 Hrs

Case Questions

NHS 24 Feedback
Do you agree with the outcome determined by NHS 24? - Yes

CLINICAL PORTAL -
Did you perform a lookup on the A&A Clinical Portal? - No

Report Statistics: Report produced by Adastra Version 3 - 14/08/2021 21:48:47

Patient : Mary Mcfadyean

(Gender: Female) (DOB: 02/08/1969) (Age: 52 years) (CHI: 0208693521)

Pocked Aremote Consult by:
Start Type **End Type** **Consult Start** **Consult End**

Adastra Consult by Gillespie, [redacted] **Consult Start** 21:25
Start Type Doctor Advice **End Type** Doctor Advice **Consult End** 21:27

History
s/w patient's [redacted] - patient [redacted] longer with her.

patient's number - 07742462590

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)
Patient Told To Contact GP -

Adastra Consult by Gillespie, St[redacted] **Consult Start** 21:28
Start Type Doctor Advice **End Type** Doctor Advice **Consult End** 21:32

History
s/w patient's [redacted] - patient no longer with her.

patient's number - 07742462590

s/w patient. anxiety. support from [redacted] ongoing for some time now. states that she has spoken with her gP previously - aware of issues.

aware of samaritans and breathing space for support - but has [redacted]

plans to s/w GP on Monday.

Examination
talking in full sentences - clear conversation.

Diagnosis
anxiety

Treatment
as above

Clinical Code(s)
E200. Anxiety States

Prescriptions

Informational Outcome(s)
Patient Told To Contact GP -

Report Statistics: Report produced by Adastra Version 3 - 14/08/2021 21:48:47

Patient : Mary Mcfadyean

(Gender: Female) (DOB: 02/08/1969) (Age: 52 years) (CHI: 0208693521)

Report Statistics:

Report produced by Adastra Version 3 - 11/08/2021 21:03:17

Date	LW	SD	GF	NB	CH	LC	LM	JC
011/06/2021								
No rm	Sat ✓			Phone pat		Dr to phone	Appt	CSS	*
							a2		

Department of Radiology

UNIVERSITY HOSPITAL AYR
Medical Imaging Department
Dalmellington Road
AYR
KA6 6DX

NHS Ayrshire & Arran

RADIOLOGY REPORT

CHI NUMBER: 0208693521 **Examination Number:** 39501999 **Examination Date:** 13/08/2021
Name: MCFADYEAN, MARY DOB: 02/08/1969
Address: 11 Murray Street, , Ayr, KA8 9PG -- **CC:** -

Referring Department / Location: Brown, [redacted] (GP)
Fullarton Medical Practice
40 Dalblair Road
AYR

KA7 1UL

Referring Consultant: GP Requestor **Clinical Specialty:** General Practice

Date Dictated: 18/08/2021 **Typed by:** None

Examination: XR Chest

Clinical Indication

52 year old female 10 kg weight loss over the past 8 months. Smoker - 20cpd for 40 years, Has a chronic cough. Feeling fatigued. Curent weight 46kg, , On examination chest clear. Spo2 98% Small smooth supraclavicular node left side. Small less than 1cm smooth mobile cervical node right side., , CXR to exclude significant lung pathology.

Report:

The lung fields are clear. Cardiac and mediastinal silhouettes are within normal limits. The costophrenic recesses are free. No destructive bony lesion is seen.

Dictating Radiologist / Clinical Specialist **Abudu, Olalekan (Loc Radiologist)**

Verified by: Abudu, Olalekan (Loc Radiologist)

Examination Number: 39501999 **Examination Date:** 13/08/2021
Name: MCFADYEAN, MARY DOB: 02/08/1969
Dose :- 2.77 cGy cm2

NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	mcfadyean
Forename	mary
CHI	0208693521
Date of birth	1969-08-02
Sex	Female
Address	11 [redacted] STREET AYR KA89PG

Specimen Details

Specimen Processed Date	18-08-2020 20:58
Test Start Date	17-08-2020 00:00
Test End Date	17-08-2020 15:54
GP Practice	80113
Specimen Number	AAA71990335
Administration Method	

End of Report

Report Date: 19/08/2020

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr/Mrs/Miss/Ms~~ Mary McFadyean

I assessed your case on: 08 /06 / 2020

and, because of the following condition(s): Anxiety

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 /06 / 2020 to 06 /07 / 2020

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 GRP

Date of statement 08 /06 / 2020

Doctor's address
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 254260

[redacted] ID: Med 3 01/17

8473F350-B110-43E6-B489-5A2257725820

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Help getting back to work if you are employed

If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

What your doctor's advice means

'You are not fit for work': Your health condition means that you may not be able to work for the period [redacted]. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'.
You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname	~~Mr/Mrs/Miss/Ms~~ MCFADYEAN
Other names	MARY
Address	11 MURRAY STREET
	AYR Postcode KA8 9PG
Date of birth	02 / 08 / 1969 **Mobile**
NI number	

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could [redacted] benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Ayrshire Doctors On Call

adastra

1 Patient Contacts for Fullarton Practice

Patient : Mary Mcfadyean

(Gender: Female) (DOB: 02/08/1969) (Age: 50 years) (CHI: 0208693521)

Case No 81950 **Case Date** 13/05/2020 20:15
Own Dr Haddow, Colin

Current Address
11 [redacted] Street Ayr

KA8 9PG
Current Phone 07742 462590

Home Address (If Different)

Home Phone (If Different)

Case Type NHS24 Advice
Priority On Reception NHS24 Advised

NHS 24 Advice by [redacted] (Clinical Nurse) ()
Clinical summary created by: [redacted] (Clinical Nurse) () [13/05/2020 21:28:34]
Reason for call: INJURED HIP 1.5 HRS AGO
FELL DOWN STAIRS. HAD PROBS WITH THIS HIP BEFORE SHE FELL. LEFT BUTTOCK IS SORE.
13:05:2020 20:15:36 FINLAYC.. NO FEVER. NO COUGH..
13:05:2020 21:25:19 WILSONC2.. FELL DOWN STAIRS, INJURED HIP, IS ABLE TO WEIGHTBEAR, NO REDUCTION IN LEG LENGTH OR TURNING, HAS HURT NECK, AND SIDES. SMALL BRUISING TO BUTTOCK. SLIGHT SLURRING OF WORDS? ADVISED POSSIBLE BAD INJURY... PT WOULD LIKE TO BE ASSESSED. ADVISED A&E - WITHIN 4 HOURS. AYR..
Outcome: Patient advised to go to A&E - For Information Only

Triage Start 20:15
Triage End 21:26

Case Questions

Pocked Aremote Consult by:
Start Type **End Type**
Consult Start
Consult End

Adastra Consult by
Start Type **End Type**
Consult Start
Consult End

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Date 14/05/2020	AW	LW	SD	GF	NB [redacted]	LC

Norm	Sat			Phone pat	Dr to phone	Appt	CSS	LM *	JC
	✓							✓	

Action Staff sign

Report Statistics: Report produced by Adastra Version 3 - 13/05/2020 21:44:49

NHS Confidential: Personal data about a patient

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr~~, Mrs, ~~Miss~~, ~~Ms~~ Mary Mc Fadyean

I assessed your case on: 08/05/20

and, because of the following condition(s): Anxiety & 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
- [ ] [redacted] adaptations

Comments, including functional effects of your condition(s):

This will be the case for

or from 09/05/20 to 09/06/20

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: 08/05/20

Doctor's address:
The Fullarton Practice
40 Dalblair Road
Ayr KA7 1UL
Tel: 01292 264260
Fax: 01292 292160

[redacted]

Med 3 04/10

NHS Confidential: Personal data about a patient

For the patient – what to do now

Please [redacted] 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 [redacted] 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 **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS

Surname	Mr, Mrs, Miss, Ms
Other names	
Address	
	Postcode
Date of birth	/ /
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: ☐

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr/Mrs/Miss/Ms~~ Mary McFadyean

I assessed your case on: 10 / 04 / 2020

and, because of the following condition(s): anxiety 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:
- [ ] [redacted] ~~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 / 04 / 2020 **to** 08 / 05 / 2020

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 / 04 / 2020

Doctor's address
The Fullarton Practice
10 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 284260

Unique ID: Med 3 01/17

DFA4CCA-0087-4E8E-8F58-82E86A76C023

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Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr/Mrs/Miss/Ms~~ MCFADYEAN

Other names MARY

Address 11 MURRAY STREET
AYR Postcode KA8 9PG

Date of birth 02 / 08 / 1969 **Mobile**

NI number

What you [redacted] to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to [redacted]. Textphone users call **0800 023 4888**.

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101024128817G

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:0208693521

REFERRAL TO

Addictions - South AyrshireG1A2
AA Mental Health Service

Addiction Service
NHS Ayrshire & Arran

Ethnic Origin	(White) Other Background
Language interpreter req'd	?
Religion	?
Religious Observance	?
Vision impairment	?
Hearing impairment	?
Sign language interpreter req'd.	No

Urgency of referral	Routine
Date of referral	18-Aug-2021
Date submitted	18-Aug-2021

PATIENT DETAILS

Surname	McFadyean
Forename(s)	Mary
Title	-
Sex	Female
Date of birth	02-Aug-1969
CHI no.	0208693521

Patient's address

11 [redacted] Street
Ayr
KA8 9PG

Contact number(s)

Voice: 07742462590

REGISTERED GP DETAILS

Name	O		
GMC code	O	GP code	O
Practice name	The Fullarton Practice (3623)		
Practice code	80113		

Practice address

The Fullarton Practice
40 Dalblair Road
AYR

Contact number(s)

Voice: 01292 264260
Facsimile: 01292 292160

REFERRING PRACTITIONER DETAILS

Name	Dr. [redacted] Ballantine		
GMC code	7481069	GP code	99999
Practice name	The Fullarton Medical Practice (80113)		
Practice code	80113		

Practice address

40 Dalblair Road
AYR
AYRSHIRE
KA7 1UL

Contact number(s)

Voice: 01292 264260

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: ALCOHOL DEPENDENCY

Comment: Dear colleague
This 32 year old lady drinks alcohol excessively and has done for several years. She is currently drinking 3 bottles of wine each day and as much as she can afford. She does work as security but she has been sent home for being drunk and also is finding that she cant cope with no work right now and she has been given sick lines from ourselves. She said that her mental health is the reason why she is drinking excessively. Her [redacted] died seven years ago and she feels that since then she has not dealt with a lot of issues. She is a very anxious lady and has panic attacks regularly and feels that she is always on the verge of a mental breakdown. She is asking for help with her alcohol and also her mental health. She said that alcohol is the only thing that helps manage her anxiety but if she hasn't had a drink she will shake uncontrollably and has withdrawal symptoms. Last year she managed to get off alcohol herself for 3 weeks but then the pandemic hit and she went back to it. She does attend AA meetings and is keen to deal with her addiction. I wonder if you could see her and organise for her to get off the alcohol.
Kind regards
[redacted] Ballantine

Examinations and Investigations

Visual Impairment:	?	-
Hearing Impairment:	?	-
Sign language translator required:	No	-
Height:	158	-
Weight(kg):	46	-
BMI:	22.67	-
Current smoker:		15-Jun-2016 00:00
Alcohol consumption, 18 units/week:		15-Feb-2016 00:00
Less than 30 mins/day of at least mod int physc act >=5 week:		15-Feb-2016 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Migraine	-	-	-	01-Jan-1987	01-Jan-1987
Tennis elbow (Left)	-	-	-	30-Dec-1899	30-Dec-1899

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Salbutamol Cfc-free inhaler 100 micrograms/puff	0301011R0AAAPAP	1 INHALER	TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED	-	23-May-2017	-	22-Jul-2021

Recent medication (Any medication issued within last 90 days not shown above)

No recent medications recorded

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Additional relevant information
Administrative information
Referred By:Registered GP

Social circumstances

Signature of referring doctor (or other professional) **Date**

NHS Confidential: Personal data about a patient

Scottish Breast Screening Programme
South West of Scotland Breast Screening Centre
Part of NHS Ayrshire and [redacted]
Ayrshire Central Hospital
Kilwinning Road
Irvine
KA12 8SS
01294 323506
AA-UHB.BreastScreening@nhs.net

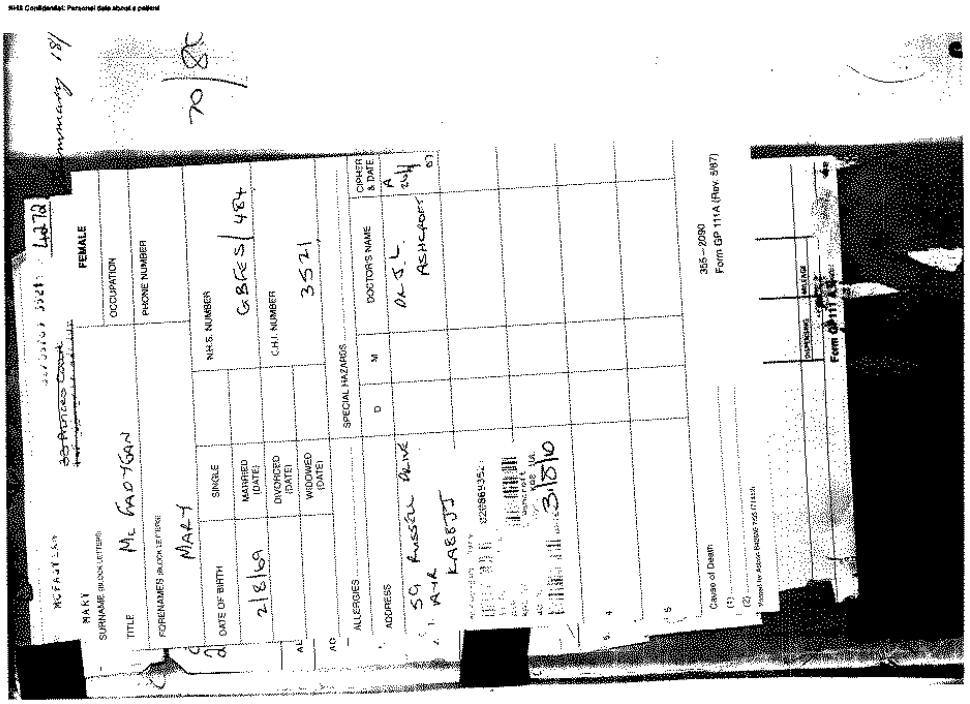
Dear Doctor,

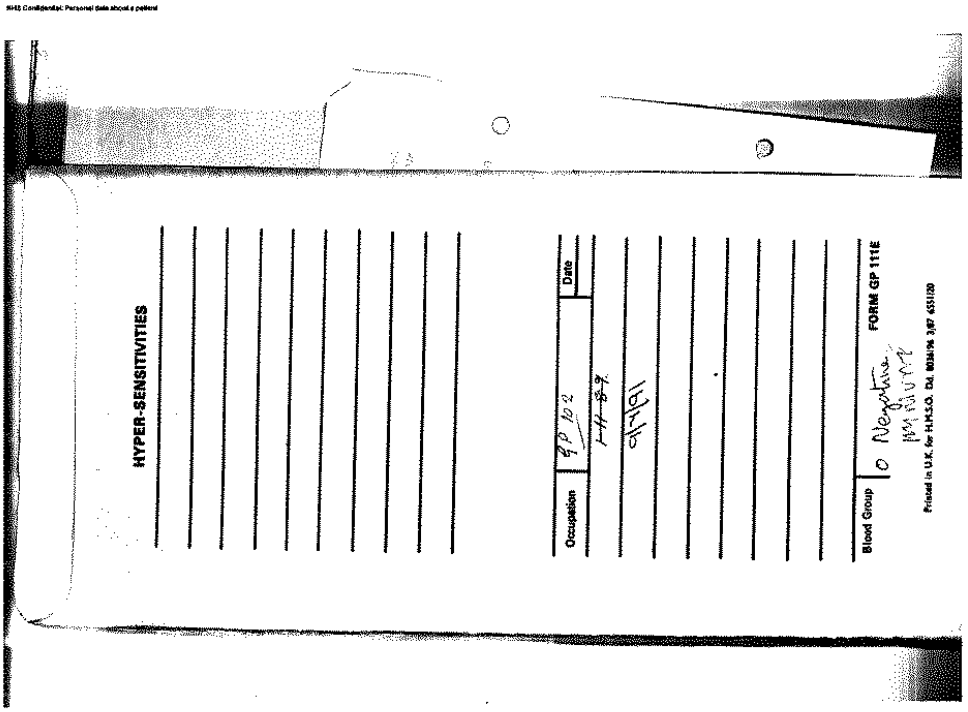
Mary Mcfadyean 0208693521

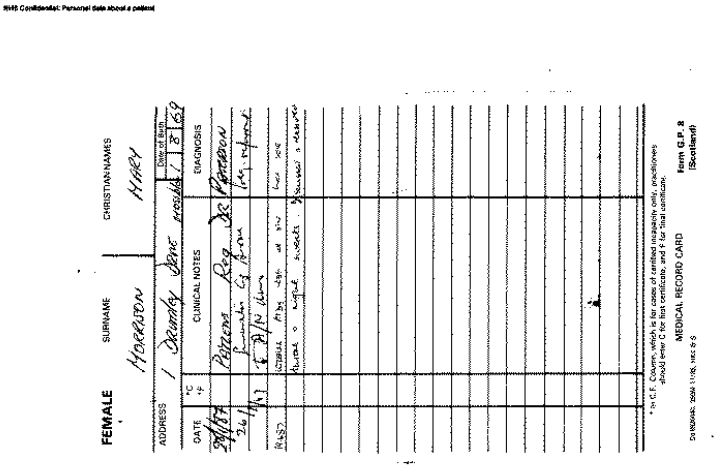
Did Not Attend for Breast Screening on 09-01-2020.

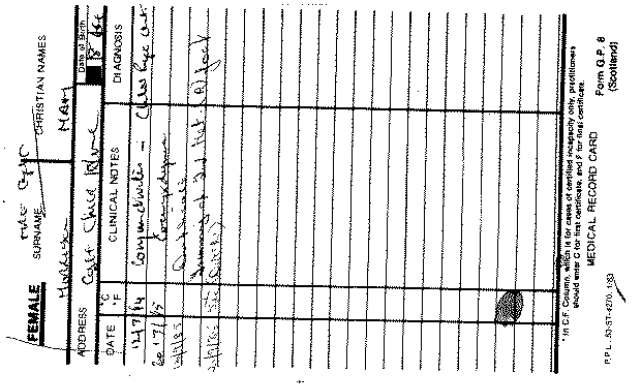
Yours sincerely,

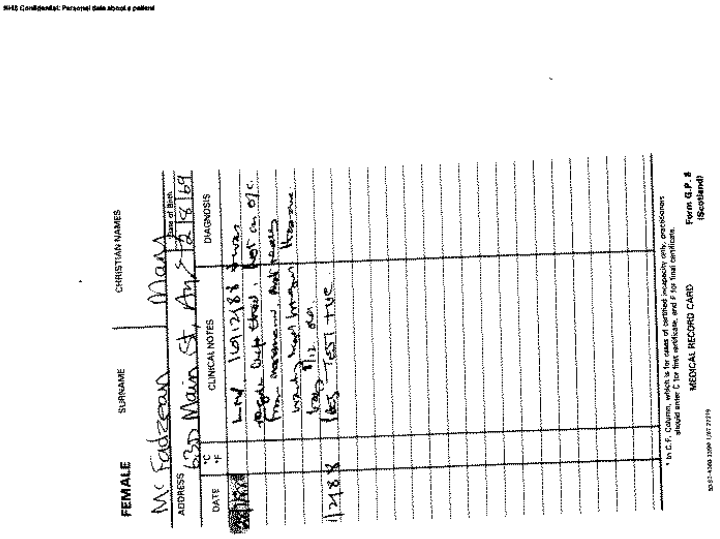
Dr Jacqueline [redacted]
Clinical Director


NHS Confidential: Personal data about a patient
FEMALE
SURNAME (BLOCK LETTERS)
MAY
TITLE
Ms
FORENAMES (BLOCK LETTERS)
MARY
OCCUPATION
PHONE NUMBER
DATE OF BIRTH
21/6/09
SINGLE
MARRIED (DATE)
DIVORCED (DATE)
WIDOWED (DATE)
N.H.S. NUMBER
GB65 484
C.H.I. NUMBER
3521
SPECIAL HAZARDS
ALLERGIES
ADDRESS
59 Russell Drive
KA68 5JJ
DOCTOR'S NAME
Dr S.L. Ashcroft
CIPHER & DATE
Cause of Death
365 – 2090
Form GP 111A (Rev. 5/87)


HYPER-SENSITIVITIES
Date
Occupation
GP 102
Blood Group
O Rh pos
FORM GP 111E
Printed in U.K. for H.M.S.O.


FEMALE
SURNAME
HOGARTH
CHRISTIAN NAMES
HENRY
ADDRESS
Date of Birth
CLINICAL NOTES
DIAGNOSIS
DATE
Form G.P. 8
MEDICAL RECORD CARD
[Scotland]


FEMALE
SURNAME
CHRISTIAN NAMES
ADDRESS
DATE
CLINICAL NOTES
DIAGNOSIS
MEDICAL RECORD CARD
Form G.P. 8
(Scotland)


FEMALE
SURNAME
CHRISTIAN NAMES
Date of Birth
ADDRESS
DATE
CLINICAL NOTES
DIAGNOSIS
MEDICAL RECORD CARD
Form G.P. 8
(Scotland)

NHS Confidential: Personal data about a patient

FEMALE SURNAME CHRISTIAN NAMES

ADDRESS

DATE °C °F CLINICAL NOTES DIAGNOSIS

In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form G.P. 8 (Scotland)

PRL 53/ST 4201 11/83

NHS Confidential: Personal data about a patient

FEMALE

Surname	Date of Birth	Serial No.
MORRISON	03/08/49	3521

MARY

14 DOON VALLEY
CARAVAN PARK
DALRYMPLE KA6 6EF

DR. E. G. HAGGARTY

DATE 02/09/86

THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE AND THIS CARD SHOULD BE USED UNTIL THE MEDICAL RECORD ENVELOPE IS SENT TO YOU. IT SHOULD THEN BE PLACED IN THE ENVELOPE.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
7/11/86		Hypertension? Granulation	Advice
		BP 90/60	

* IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD ENTER 'C' FOR FIRST CERTIFICATE AND 'F' FOR FINAL CERTIFICATE.

MEDICAL RECORDS CARD

FORM G.P.5A (A 8/...)

FEMALE SURNAME: MORRISON CHRISTIAN NAMES: MARY

ADDRESS: 14 Doonvalley Caravan Park Date of Birth: 1 | 9 | 69

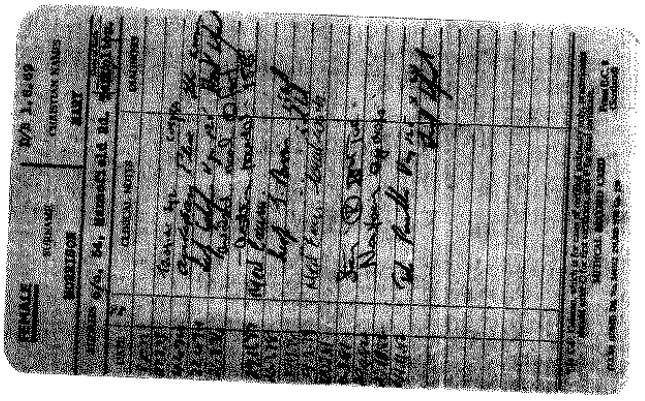
DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
5/12/36		LMP- 14/8/86	
		EDD 21/5/87	
		15wks	
		No further nausea	
		eating well	O/E Pregnancy
		Wt 8 st	
		Next appt at 31 wks.	
[illegible] Dr [illegible]			

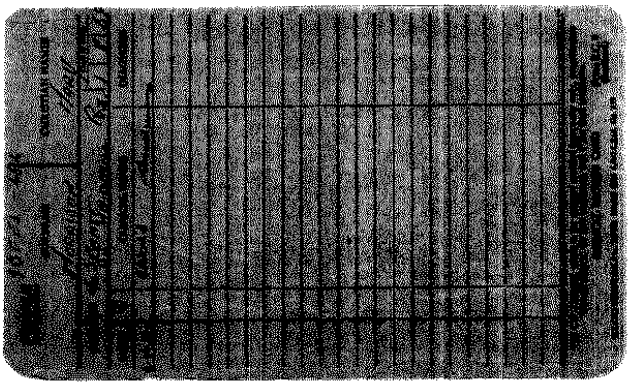
* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate

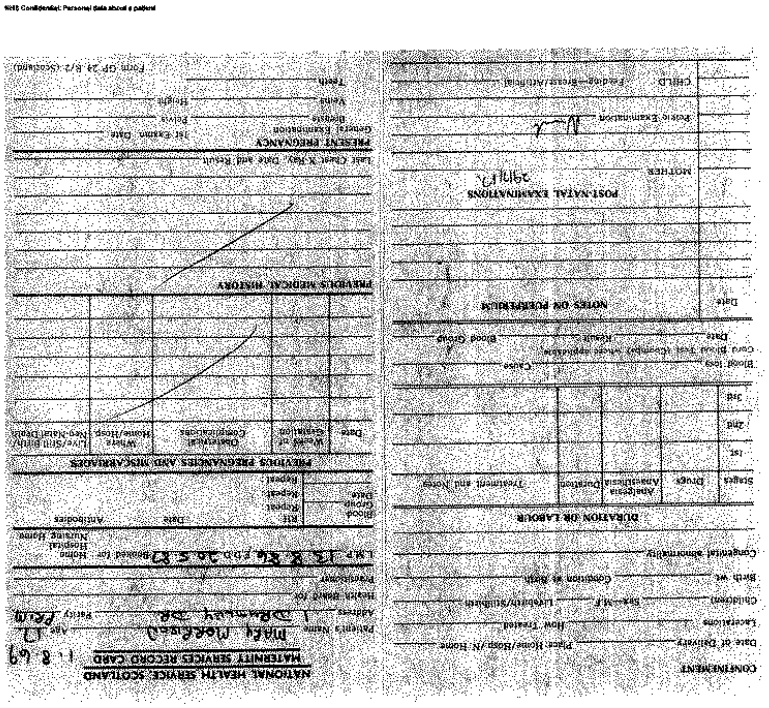
MEDICAL RECORD CARD

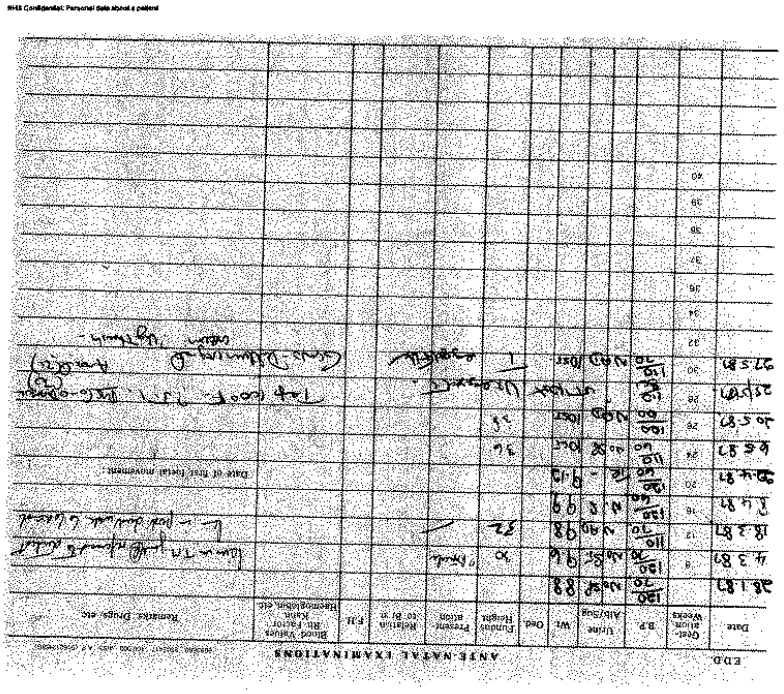
Form G.P. 8 (Scotland)

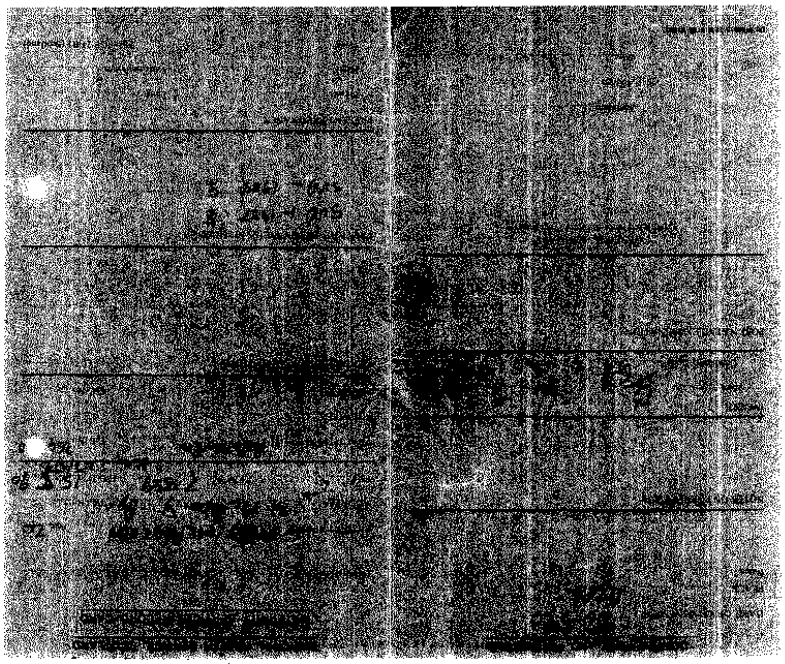
Dd 8226840, 250M 11/86, XXC 0-5

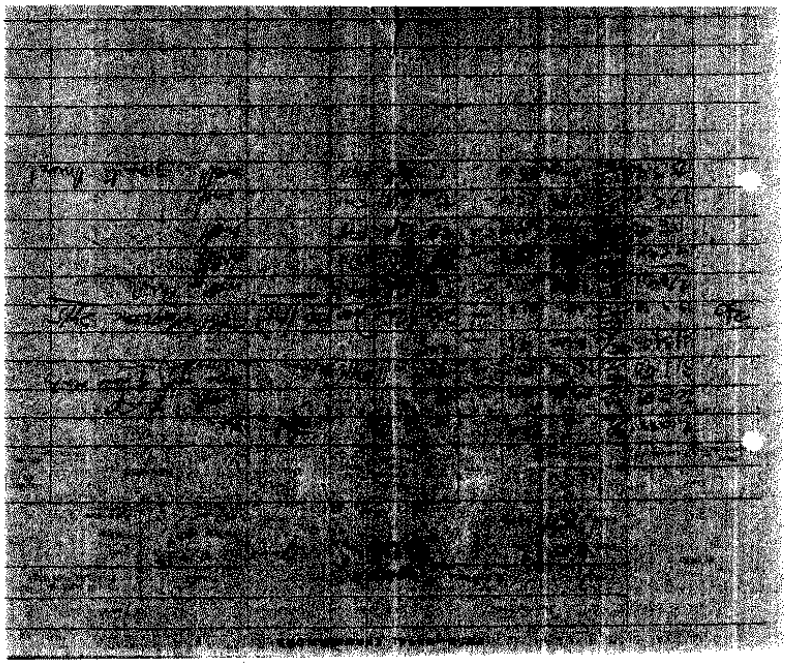












NHS Confidential: Personal data about a patient

NATIONAL HEALTH SERVICE, SCOTLAND

MATERNITY SERVICES RECORD CARD

Health Board for

PATIENT'S NAME MARY McFADZEAN Age

ADDRESS 31 McLean St Tele. No.

Para. 1 L.M.P. 10.12.8? E.D.D. 17.9.86

PRACTITIONER REWHORN Tele. No. 264206

MIDWIFE

ADDRESS Tele. No.

GENERAL MEDICAL HISTORY:

PREVIOUS PREGNANCIES (if applicable)

SVD 1987 – ACN

PRESENT PREGNANCY:

Breasts Lungs Clear

Heart I+II Varicose Veins

Teeth Form GP 24 R1 (Scotland)

CONFINEMENT AND PUERPERIUM

DATE OF CONFINEMENT

PLACE

Notes:

NOTES ON PUERPERIUM

INFANT

Sex Weight

Condition Feeding

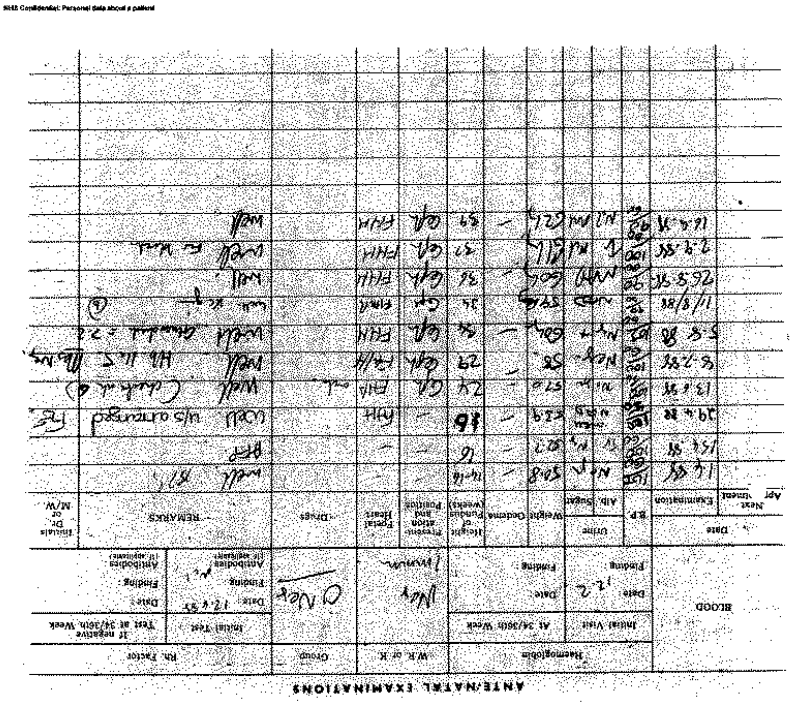
POST-NATAL EXAMINATION: Date

GENERAL SUMMARY
(with reference to future Pregnancies)

Signature

Address

Date



NHS Confidential: Personal data about a patient

NATIONAL HEALTH SERVICE, SCOTLAND

MATERNITY SERVICES RECORD CARD

Patient's Name ... Age ...

Address ... Parity ...

Health Board No. ...

Practitioner ... Booked for: Home / Hospital

L.M.P. ... E.D.D. ...

Blood Group ... Rh: ... Date ... Antibodies

Booked :
Repeat :
Repeat :
Repeat :

PREVIOUS PREGNANCIES AND MISCARRIAGES

Date	Weeks of Gestation	Obstetrical Complications	Where Home/Hosp.	Live/Still Birth/ Neo-Natal Death

PREVIOUS MEDICAL HISTORY

Last Chest X-Ray, Date and Result:

PRESENT PREGNANCY

1st Examn. Date ...

General Examination

Breasts ... Pelvis ...

Veins ... Height ...

Teeth ...

Form EC 24 R/2 (Scotland)

CONFINEMENT

Date of Delivery ... Place : Home/Hosp./N. Home

Labour/ins ... How treated ...

Child(ren) ... Sex—M.F. ... Live/stillbirth ...

Birth wt ... Condition at Birth ...

Congenital abnormality ...

DURATION OF LABOUR

Stages	Drugs	Analgesia Anaesthesia	Duration	Treatment and Notes
1st				
2nd				
3rd				

Blood loss ... Cause ...

Cord Blood Test (Coombs) where applicable

Date ... Result ... Blood Group ...

NOTES ON PUERPERIUM

POST-NATAL EXAMINATIONS

MOTHER

Pelvic Examination

CHILD : Feeding—Breast/Artificial

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ANTENATAL EXAMINATIONS

Date	E.D.D. Gest. adjus. Weeks	B.P.	Urine Alb./Sug.	Wt.	Oed.	Fundus Height	Presentation	Relation to Brim	F.H.	Blood Values Rh Factor Kahn Haemoglobin, etc.	Remarks, Drugs, etc.
	8										
	12										
	16										
	20										Date of first foetal movement:
	24										
	26										
	28										
	30										
	32										
	34										
	36										
	37										
	38										
	39										
	40										

NHS Confidential: Personal data about a patient

McFadyean, Mary | Fullarton Practice
DoB: 02/08/1969 | **Report Valid On 08/01/07 09:41** | Page number 1

Registration

Mrs Mary McFadyean			Service Code: Permanent
33 Princes Court			DoB: 02/08/1969
AYR			
KA8 8HU			Age: 37
Telephone:			
Contact: ?	ContactRelship: ?		
Email: ?			
CHI Number: 0208693521	NHS Number: GBFES/484		Dispensing: No
Patient ID:			Road: 0 Water: 0 FootPath: 0
Occupation:			Marital Status: Married
Registered GP: Dr J L Ashcroft - Room 4			Seen By GP: Dr J L Ashcroft - Room 4
Repeat Consultation: ?			Acute Consultation: 24/12/2003
Registered: 13/03/1998		Confirmed: 24/03/1998	Records Received: 04/05/1998
BMI: 0.0	Height: 0 m	Weight: 0 kg	BP: 0/0
Parity: 0	Gravida: 0		

Priority [redacted] / User Marker

Date Recorded	Start Date	Priority	Description	Modifier

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Review

Adverse Reactions

Read Code	Description

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
13/03/1998	None	Medium	New patient screen done	
11/06/1998	None	Low	Smear Refusal	
04/05/1998	None	Low	Patient MRE received from HB	
24/03/1998	None	Low	Pat. GP7B/GP8B card from HB	
13/03/1998	None	Low	Patient signed reg. form	
01/01/1987	None	Low	Migraine	

Screening

11/06/1998	**Cervical Screening$$**	Screening not needed	
Call for screening		Send recall when due	Do not send result letter
28/05/1993	**Cervical Screening$$**	Cervical smear: negative	
		Send recall when due	Do not send result letter

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		Reason For Referral	Referred By	Attendance Type	

Acute Prescriptions

Summary Sheet: Data Protection | Printed at 08/01/2007 09:41:14

Drug/Preparation	Quantity/Dose/Frequency	Date
Terbutaline Sulphate 400 Dose INHAL 250MCG/DOSE	1 2 Puffs 4 times daily	24/12/2001
Amoxicillin CAPS 250MG	15 1 Cap 3 times daily	20/11/2001
Terbutaline Sulphate 400 Dose INHAL 250MCG/DOSE	1 2 Puffs 4 times daily	20/11/2001
Prednisolone Ec TABS 5MG	30 6 tabs Daily	20/11/2001

Inactive Repeat Drugs

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Intervals Pres.	Intervals Review

Last Encounter

Clinical / User Markers:

Migraine -

Dr J L Ashcroft - Room 4 Date: Dec 24 2001 3:02PM

Acute Prescriptions:

Terbutaline Sulphate - 400 Dose INHAL 250MCG/DOSE 2 Puffs - 4 times daily

Dr A C Hannah - Room 2 Date: Nov 30 2001 3:09PM

McFadyean, Mary | Fullarton Practice
DoB: 02/08/1969 **Report Valid On 08/01/07 09:41** | Page number 3

Acute Prescriptions:

Amoxicillin - CAPS 250MG	1 Cap - 3 times daily	15
Terbutaline Sulphate - 400 Dose INHAL 250MCG/DOSE	2 Puffs - 4 times daily	1
Prednisolone - Ec TABS 5MG	6 tabs - Daily	30

==

Clinical / User Markers:

Smear Refusal

==

Migrated Data

Screening:

Cervical Screening$$ - Cervical smear: negative -
Cervical Screening$$ - Screening not needed - Call for screening

Clinical / User Markers:

Patient signed reg. form - -
Patient MRE received from HB - -
Pat. GP7B/GP8B card from HB - -
New patient screen done - -

==
==

Appointments List

Dr A C Hannan - Room 2	Nov 30 2001 3:00PM
Dr J L Ashcroft - Room 4	Aug 31 2000 10:40AM
Dr J S M Holms - Room 1	Aug 24 2000 10:30AM

Last 4 Clinical Notes

Date	Clinical Notes
08/12/1998	Migrated Data

21 - 1 - 91

NEW PATIENT MEDICAL CHECK (69D.)

Surname ...MC FADZEAN.....
Forename .....MARY.....
Address ...54...SHAWLAND ST
.....CATRINE.....
.....

DOB ....3.8.65.....
Marital Status ..MARRIED....
Occupation ....HOUSE WIFE...
Housing (13F.) ....COUNCIL
No. in House .....5.....

Past Medical History
..OP...ON FOOT(R)...1983.....
.....
.....
.....

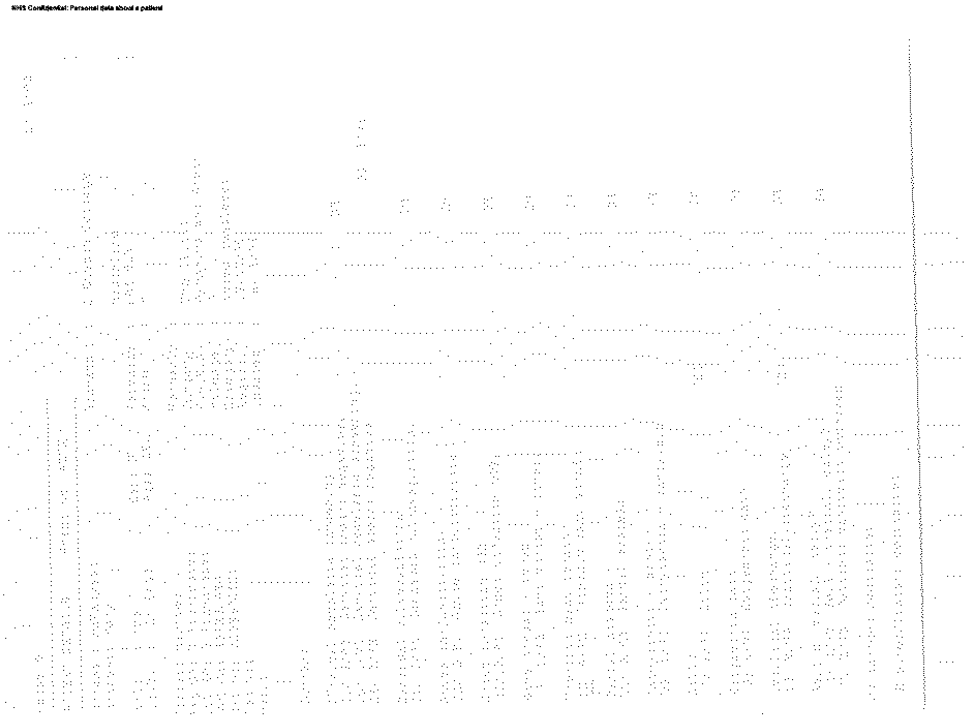
Current Health
.....
.....
.....
.....

Drug Therapy
.....
.....
.....
.....

Family History
.....
.....
.....
.....

Immunisation Status
..TETANUS...1983.....
.....
.....
Smear Date ..SEPT...1990 (Sym).
Breasts .....NAD.....
Exercise (138.) ..EXERCISE BIKE.
Alcohol (136.) ..OCC.IC..WEEKLY...

Smoking (137.)...30-40 PER DAY.
Weight (22A) ....9st...4lb....
Height .....5'...13"....
Blood Pressure (246.) ....110/78...
Urine (46.)
Sugar .....NIL.....
Protein .....NIL.....
Health Advice .....
...TO...STOP...SMOKING.....
.....
.....



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PATIENT QUESTIONNAIRE

This set of questions has been designed to help your new General Practitioner get to know [redacted] and your medical problems.

The information you provide will be handled confidentially by your doctor but if you are concerned about any of the [redacted] please leave them blank. Your doctor will be pleased to clarify any points.

It will be appreciated if you can return the completed forms to the surgery as soon as possible or bring them with you when you first visit the doctor.

Mr./Mrs./Miss: Mary McFadyean Date of Birth: 2/9/29

Address: 11F Oakwood Ave Tel.No:

Date when [redacted] completed: 13/2/98

What is your nationality and country of birth: English (England)

If not of British origin - how long have you been in this country?
years

What is your marital status: ~~Single/Married/Divorced/Separated/Widow(er)~~ (please delete)

If married, what year were you married? 1957
If widowed, when did your spouse die?

Name & Address of previous doctor :- Dr. Richardson
Address: Clinic Eastview

CHILDHOOD ILLNESSES

Please tick those illnesses which you have had and give approximate age if possible:-

MUMPS AGE	MEASLES AGE	DIPHTHERIA AGE	CHICKENPOX AGE	ASTHMA AGE
GERMAN MEASLES AGE	SCARLET FEVER AGE	RHEUMATIC FEVER AGE	CHILDHOOD ECZEMA AGE	WHOOPING COUGH AGE

ILLNESSES, ACCIDENTS or OPERATIONS

Please list all SERIOUS ILLNESSES, [redacted] HOSPITAL ADMISSIONS or OPERATIONS with dates and details of hospital. Please also list any *present illnesses* which [redacted] have:

Child birth
Lump cut out

PRESENT MEDICINES

Please list any medicines or tablets you are taking at present, and the illness for which you are taking them.

ALLERGIES

Are you allergic or sensitive to any medicines, food, animals etc?

IMMUNISATIONS

Please tick if you have been immunised against the following illnesses, and if possible give the dates of last vaccinations.

		Date			Date			Date
Diptheria	✓		Measles	✓		Polio		
Smallpox	✓		Tetanus	✓		Influenza		
German Measles	✓		Tuberculosis				✓	
Typhoid Fever			Whooping Cough					

BLOOD

Do you know what your blood group is? Yes

Have you ever been a blood donor? No

Have you ever received a blood transfusion? Yes

SMOKING & ALCOHOL

Do you smoke now? Yes ... Cigarettes ✓ ... Cigars ... Pipe ...

If you have now stopped smoking: –

When did you stop? ... What [redacted] the maximum smoked? ...

If you are still smoking: –

How much each day? 20 ... How old were [redacted] when [redacted] started? 9 ...

Have you tried to give up? NO ... Have you cut down recently? NO ...

What was the maximum number per day you have smoked? 30 ...

How much alcohol do you drink per week? NONE ...

WEIGHT

What is your weight now? Dont Know

Would you say you are: –

Very underweight	☐	Slightly underweight	☐	Slightly overweight	☑
		Very overweight	☐	Just the right weight	☐

Have you lost any weight recently? ... Have you put on any weight recently? Yes ...

HEIGHT

What is your height. 5ft 5inch ...

NHS Confidential: Personal data about a patient

OCCUPATION

What is your occupation? housewife

What does your job actually entail? .....

.....

What other jobs have ■ had in the past? .....

HOBBIES

Please list your hobbies (recreational and sporting activities) swimming keep fit

PETS

Please list any pets or animals which ■ keep

FAMILY HISTORY

Do you or any of your family or close relations have any of the following illnesses or conditions:

	YES or NO	Please give details
Sugar Diabetes	NO	
High Blood Pressure	NO	
Heart Attack	NO	
Stroke	NO	
Epilepsy or Fits	NO	
Asthma		
Skin Disease		
Nervous Disorders		
Allergies		
Congenital Diseases		
Cancer		
Kidney Disease		
Twins		
Other Diseases		

Are your parents still alive and in good health? DONT KNOW

■ ..... Father .....

(If either has died could you please say how old they were when they died and what was the known cause of death):

Please list your *brothers and sisters* with their ages and give details ■ any serious illnesses they have suffered:

.....

Is there any other information you may think helpful?

.....

WOMEN [redacted]

PERIODS

At what age did your periods start? 12

If you still have periods now please answer the following questions:-

Are your periods regular? [illegible]

How many days in the cycle? 6-7

How long does the bleeding last? 5

Is the bleeding heavy? Yes

How much pain do you get with your periods:-

Little........ Moderate ✓ .... A Lot........

If [redacted] periods have finished when did they do so?

Do you use contraceptives: The Contraceptive Pill

Intra-uterine Coil

Diaphragm

Sheath

Other Methods

If you use the Contraceptive Pill - for how long have you been taking it?........

Do you get any side effects?........

Have you had a cervical (cancer) smear? yes

What was the date of the last one? 4-5 years

CHILDREN

Please list all children that you have had:-

Name	Date of Birth	Difficulties with pregnancy or birth (and birth weight if known)
Denise [illegible]	3/6/87	6 lb
[illegible] Ann " "	20/9/88	7 lb SBCU
Shelley " "	28/5/90	hemmorage [illegible]

Have you had any miscarriages? – Please give details.

sanofi

This questionnaire designed by M.G. Sheldon is provided by SANOFI as a service to the Medical Profession.

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CLINICAL NOTES

National Health Service Number

Surname (Block Letters)

Forenames (Block Letters)

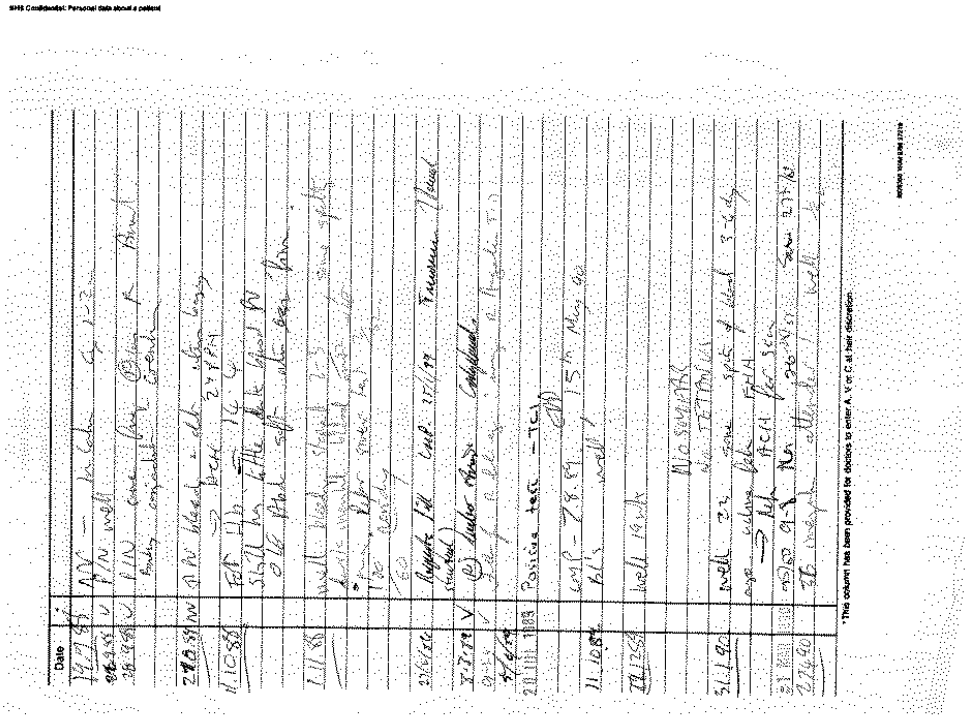
Address

Date of Birth

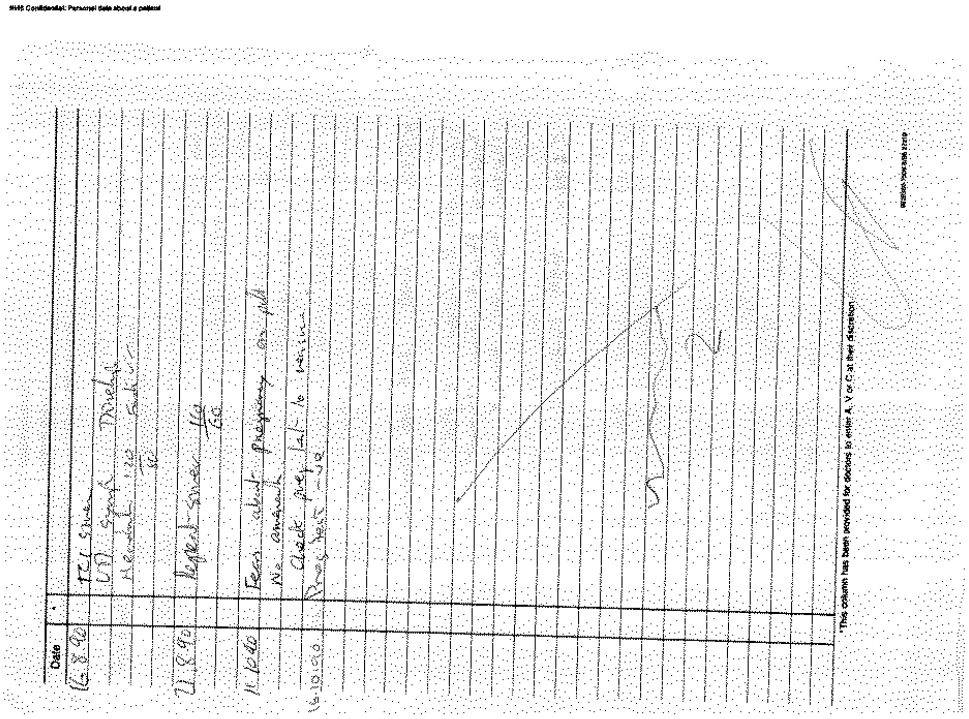
Date

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

FORM GP1 11F



Page 103 of 183


RHS Confidential: Personal data about a patient
Date
This column has been provided for doctors to enter A, V or C at their discretion
Initials/Job title

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters)

Forenames (Block Letters)

CLINICAL NOTES

Address

Date of Birth

Date

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

FORM GP1115

Page 106 of 183

National Health Service Number

Surname (Block Letters)

Forenames (Block Letters)

Address

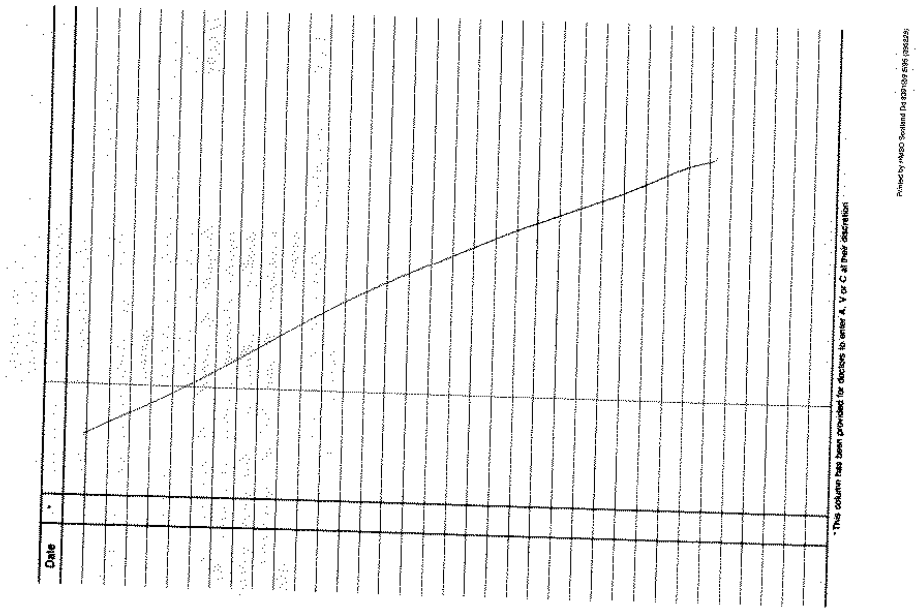
Date of Birth

CLINICAL NOTES

Date

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

FORM GP11F
365 2095


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

National Health Service Number	

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
[redacted] Fadyean	Mary

Address	Date of Birth
59 Russell Drive Ayr	02/08/69

Date	*	Clinical Notes	Diagnosis
		Reg 1/10/82	

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

FORM GP111F

355 2095

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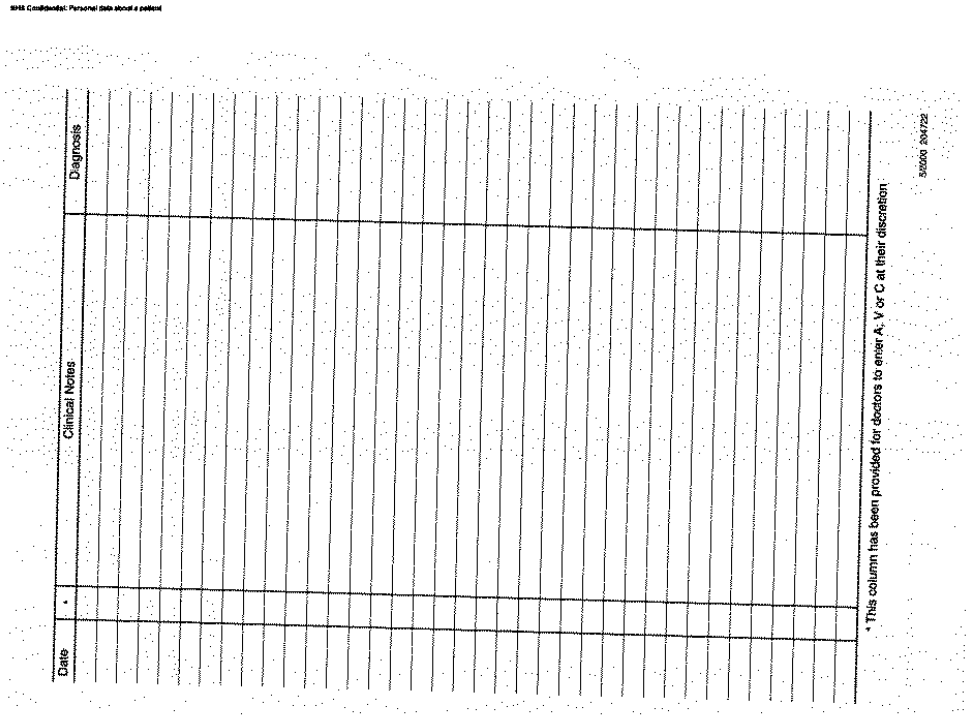

Date
*
Clinical Notes
Diagnosis
* This column has been provided for doctors to enter A, V or C at their discretion
5/6000 204722

THE AYR HOSPITAL

DALMELLINGTON ROAD AYR KA6 6DX
TELEPHONE: 01292 610555 FAX: 01292 288952

Our Ref: SM/RP/AG-654827 Your Ref: If phoning please ask for:

ORTHOPAEDIC DEPARTMENT

MR H POTTS

DATE ATTENDED: 9th April, 1998
DATE DICTATED: 9th April, 1998
DATE TYPED: 15th April, 1998

20 APR 1998

Dr. I.D. Rewhorn,
The Surgery,
24 Fullarton Street,
AYR

Dear Dr. Rewhorn,

RE: MRS. MARY MCFADYEAN - D.O.B. 2.8.69
14F OAKWOOD AVENUE, AYR

Your patient was seen today in the Orthopaedic Clinic.

Please find overleaf a copy of my clinical notes made at the time of examination.

Yours sincerely

S MAHADIK
ASSOCIATE SPECIALIST IN ORTHOPAEDICS

Changing ... for the better

THE SOUTH AYRSHIRE HOSPITALS NHS TRUST

OUT-PATIENT CLINIC NOTES

[redacted] McFADYEAN - AG-654827

9.4.98

HISTORY: Mrs. McFadyean had terminalisation [redacted] right middle finger.

EXAMINATION: When seen today in the clinic wound has healed satisfactorily. Sutures removed. Has a full range [redacted] finger movement.

TREATMENT: Protective dressing applied which could be taken off in a day [redacted] so. See if any problems.

Copy to GP. (SM/RP)

NHS Confidential: Personal data about a patient

JMCA/MA

6 March 1998

Mrs Mary Mcfadyean
14f Oakwood Avenue
Ayr

Dear Mrs McFadyean

Thank you for joining our practice.

When we were checking your registration form, we noticed that you have not signed the form. We therefore have returned it to you with a stamped envelope for its return. Please sign the form at the marked place.

Sorry for any inconvenience.

Kind regards.

Yours sincerely

Mary Alexander
Secretary/Receptionist

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on 01292-614522, quoting account number 98085-00225

To Dr.: ID (GP) REWHORN
24 PULLARTON [redacted]
AYR

KA7 1UB

MARY MCFADYEAN DOB 02/08/69
14F OAKWOOD AVENUE

AYR

Seen 12:36 on 26/03/98, ? ACCIDENT

30 MAR 1998

H	SPEAK	
AV	APPT	
IR	NOTES TO	
DN	SATISFACTORY	✓
A	CSS	

Triage nurse described problem as:

INJ TO RT MIDDLE FINGER

Investigations ordered:

RADIOLOGY: Finger Middle (by KD)

Procedures

(None Recorded)

Diagnosis

amputation tp mid finger

Attendance group ACCIDENT

Outcome of attendance was:

HOME

Nursing remarks were:

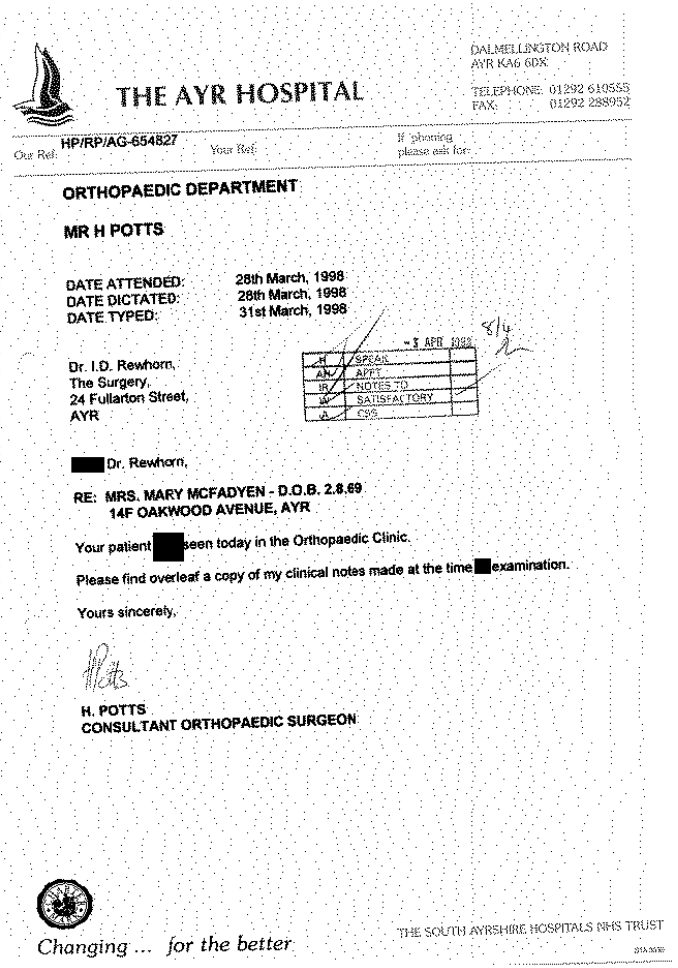
WOUND CLEANED AND DRESSED [redacted]H INADINE AUGMENTIN COPROXAMOL HAS

Additional remarks were:

(None recorded)

Follow up plans were:

FRACTURE CLINIC



THE AYR HOSPITAL

DALMELLINGTON ROAD
AYR KA6 6DX

TELEPHONE: 01292 610555
FAX: 01292 288952

Our Ref: HP/RP/AG-654827 Your Ref: If phoning please ask for:

ORTHOPAEDIC DEPARTMENT

MR H POTTS

DATE ATTENDED: 28th March, 1998
DATE DICTATED: 28th March, 1998
DATE TYPED: 31st March, 1998

- 3 APR 1998

H	SPEAK	
AN	APPT	
IR	NOTES TO	
W	SATISFACTORY	
A	CSS	

Dr. I.D. Rewhorn,
The Surgery,
24 Fullarton Street,
AYR

[redacted] Dr. Rewhorn,

RE: MRS. MARY MCFADYEN - D.O.B. 2.8.69
14F OAKWOOD AVENUE, AYR

Your patient [redacted] seen today in the Orthopaedic Clinic.

Please find overleaf a copy of my clinical notes made at the time [redacted] examination.

Yours sincerely,

H. POTTS
CONSULTANT ORTHOPAEDIC SURGEON

Changing ... for the better

THE SOUTH AYRSHIRE HOSPITALS NHS TRUST

NHS Confidential: Personal data about a patient

CASUALTY RETURN

28.3.98 MARY McFADYEN - AG-654827

HISTORY: This woman caught her hand in the door two days ago amputating the tip [redacted] the finger and leaving some [redacted] of the bone protruding. This has been the dressed and the finger looks clean today but there remains a protruding piece of bone which I think should be shortened to allow closure [redacted] the soft tissues. She should be admitted for this to be carried out later today.

Copy to GP. (HP/RP)

A&E Department, Ayr Hospital, KA6 6DX
Direct line 01292 614522 - A&E Clinical Area; Hospital 01292 610555
Fax into A&E Clinical Area 01292 288105

To: Dr ID (GP) REWHORN
24 FULLARTON STREET
AYR

This is a note [redacted] a review in the A&E [redacted]tment; if you require further information phone and quote account number:98085-00225

Name MARY [redacted]
dob 02/08/69
address 14F OAKWOOD AVENUE
AYR
KA8 0NX

Checked by:
Murray Madden Pieper Gardner
[ ] [ ] [/] [ ]
Copied for filing [✓]

first seen 26/03/98

this visit 05/04/98

This lady attended for review today. The dressings got wet and were therefore changed. The wound looks clean today. She will be seen for review as planned.

DR GARDNER - DICTATED 5.4.98

9 APR 1998

R	SPEAK
AW	APPT
IR	NOTES TO
W	SATISFACTORY
A	CSS

10/4/98

THE AYR HOSPITAL
DALMELLINGTON ROAD AYR KA6 6DX
TELEPHONE: 01292 610555 FAX: 01292 288952

Our Ref: HP/RP/AG-654927 Your Ref: If 'phoning please ask for:

ORTHOPAEDIC DEPARTMENT
MR. H.E. POTTS

17th April, 1998

22 APR 1998

Dr. I.D. Rewhorn,
The Surgery,
24 Fullarton Street,
AYR

Dear Dr. Rewhorn,

RE: MRS. MARY McFADYEAN, 14F OAKWOOD AVENUE, AYR D.O.B. 2.8.69

DATE OF ADMISSION: 28.03.98
DATE OF DISCHARGE: 28.03.98
DIAGNOSIS: Crush injury to the tip [redacted] the right middle finger
OPERATION: Terminalisation [redacted] right long finger

This young woman was admitted from the clinic two days [redacted] injuring her finger when it had been caught in a door. She was admitted and the exposed bone shortened to allow closure [redacted] the soft tissues.

Following her discharge she was reviewed after a week when she was found to have regained a full range of movement and her [redacted] were removed. Further review has not been arranged.

Yours sincerely,

H.E. POTTS
CONSULTANT ORTHOPAEDIC SURGEON

Changing ... for the better

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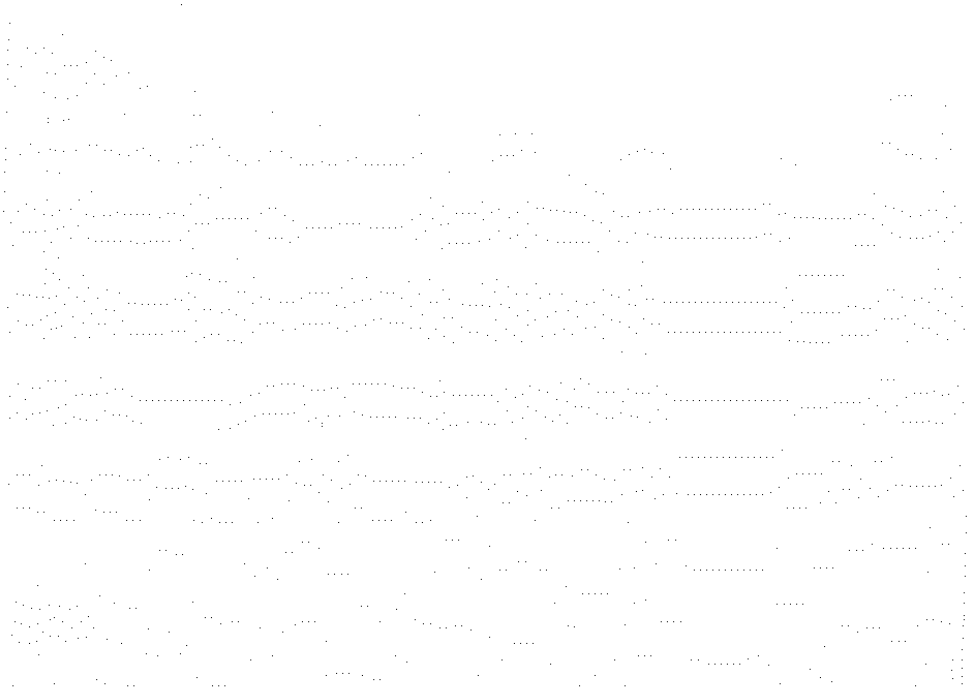


NORTH AYRSHIRE AND ARRAN NHS [redacted]

CROSSHOUSE HOSPITAL
AYRSHIRE CENTRAL HOSPITAL
ARRAN WAR MEMORIAL HOSPITAL

Crosshouse Hospital
KILMARNOCK
Ayrshire KA2 0BE
Tel: 0563 21133
Fax: 0563

Our Ref: AMPD/HCT/876/93

Your Ref:

If 'phoning ask for:

ORAL & MAXILLO FACIAL SURGERY SERVICE

15 October 1993

Mr. R. Ross
Dental Surgeon
1 Kilmarnock Road
MAUCHLINE

Dear Mr. Ross

re: MARY McFADYEAN, 56 SHAWLAND STREET, CATRINE (2.8.69)

Further to my letter of the 25th [redacted] March, this patient has since been admitted to Crosshouse Hospital [redacted] removal of 63/37 and a lower dental clearance was carried out uneventfully under a general anaesthetic.

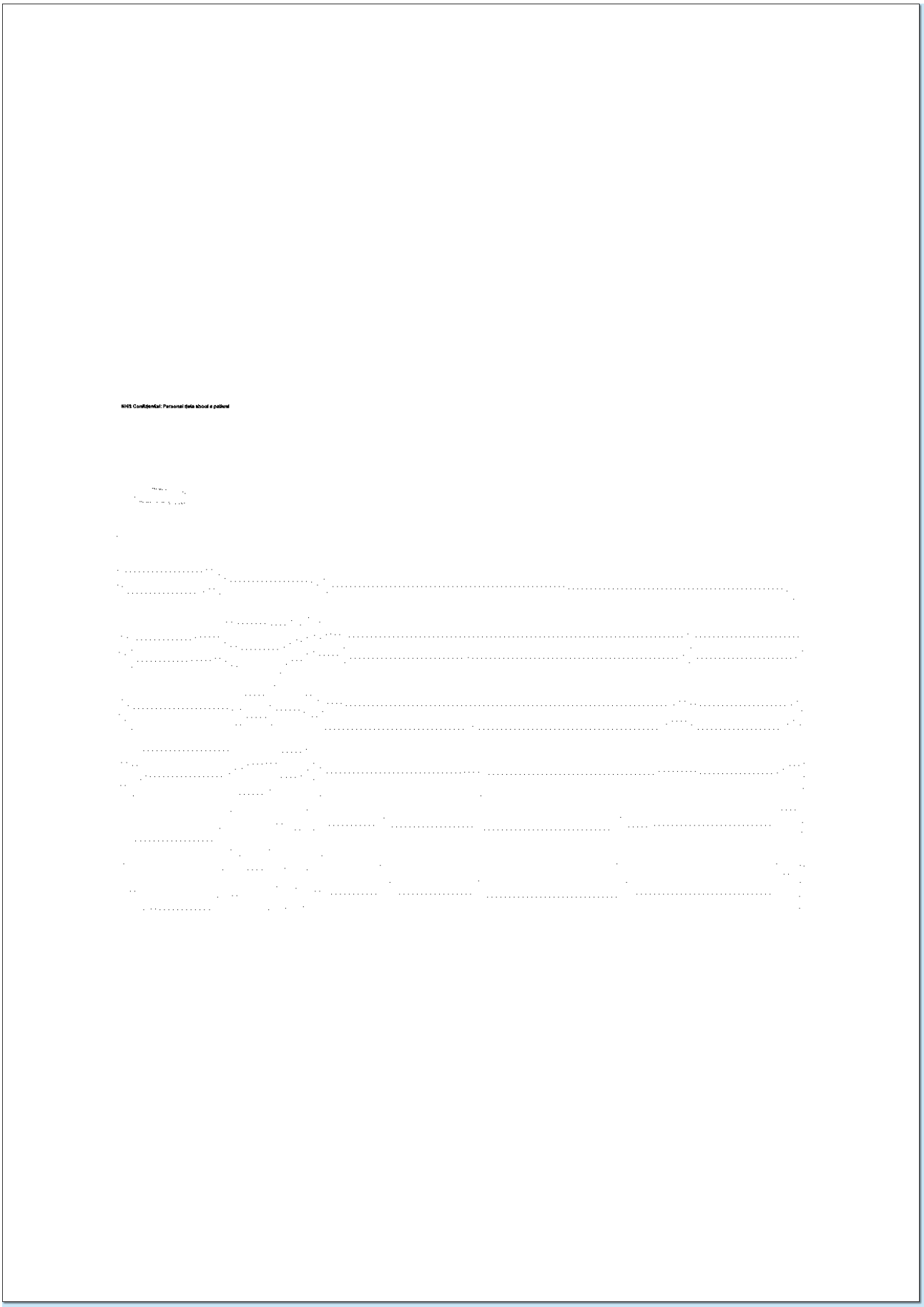
Post-operative recovery was satisfactory and at review one week later all was found to be [redacted] well. She is now discharged to [redacted] routine care.

Yours sincerely

A.M. Poynter-Dalton
Locum Staff Grade in Oral Surgery

c.c. Dr. Richardson, The Clinic, Catrine

STA 0340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**** Confidential: Personal data about a patient

SOUTH [redacted] HOSPITALS
THE AYR HOSPITAL

DALMELLINGTON ROAD
AYR KA6 6DX
Telephone: (0292) 610555
Fax: (0292) 286825

Our ref. APD/MEC/876/93 Your ref.

Your sincerely
please ask for

25th March 1993

ORAL SURGERY CLINIC

- Richardson
re Clinic
Catrine

Dear Dr. Richardson

re: Mary McPadyean, 56 Shawland Street, Catrine 2.8.69

This patient has been referred to our department for removal of several teeth [redacted] general anaesthetic.

She mentioned that she has attended yourself for monitoring of her cardiac condition.

I should be most grateful if you would let me know what [redacted] status [redacted] her heart murmur is and whether she requires antibiotic cover for extractions.

Yours sincerely

Anne Poynter-Dalton
Locum SHO in Oral Surgery

THE SOUTH AYRSHIRE HOSPITALS NATIONAL HEALTH SERVICE TRUST

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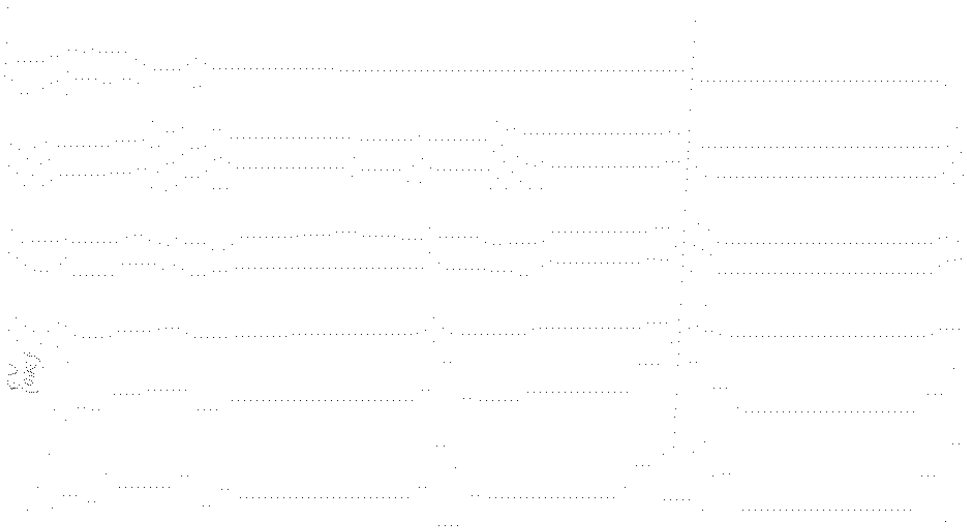
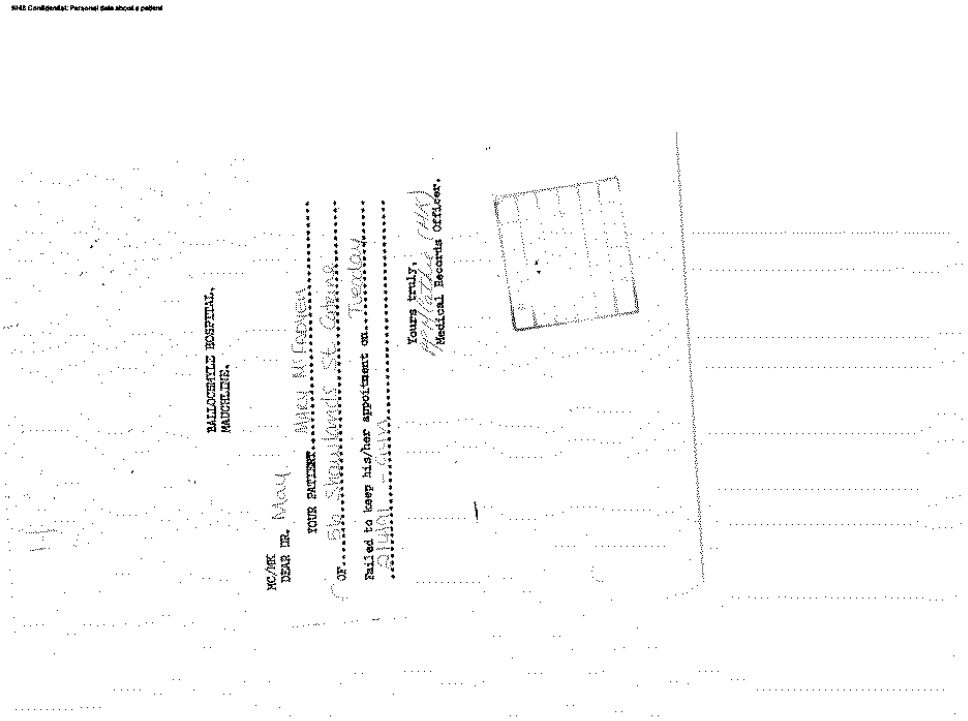
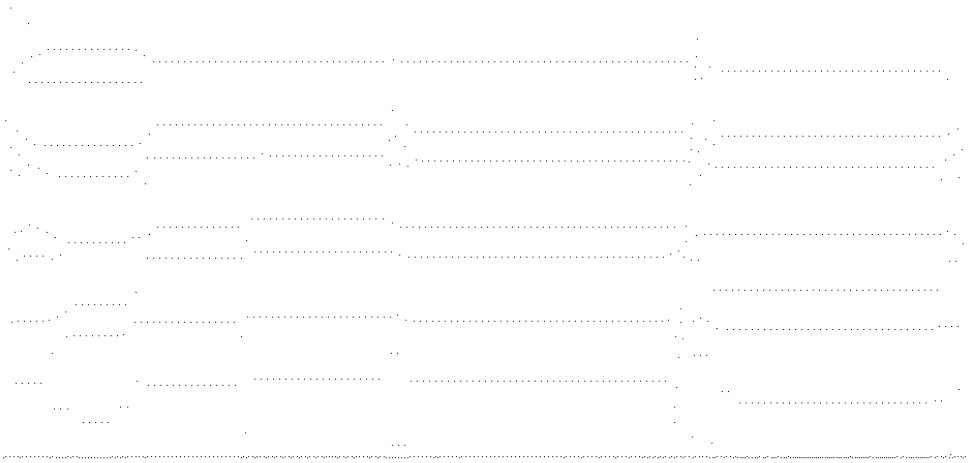
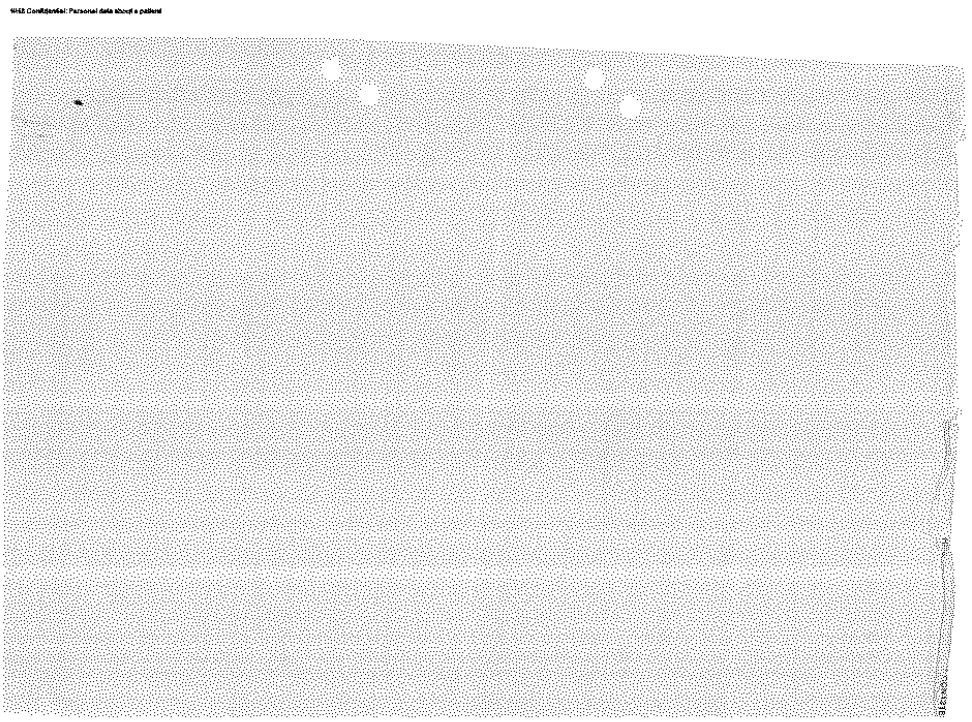



RH3: Confidential: Personal data about a patient
MALLOCKHILL HOSPITAL,
MALLOCKLAND.
MC/MK
DEAR DR.
YOUR PATIENT
OF
Failed to keep his/her appointment on
Yours truly,
Medical Records Officer.

NHS Confidential: Personal data about a patient



Dr Richardson
Dr May
The Clinic, Oamaru



NHS Confidential: Personal data about a patient

START!

AYRSHIRE AND ARRAN HEALTH BOARD

Midwifery Division — Post Natal Record

Name ... Date of Admission/Transfer ...

Address ... Date of Discharge ...

Address discharged to ... Parity ...

Blood Group ... Rh ... Hospital ...

Date of Delivery ... Time ...

Mode of Delivery ... Membranes: Complete ☐ Incomplete ☐

Placenta: Complete ☐ Incomplete ☐ ... mls.

Blood Loss ...

Perineum: Intact ☐ Tear ☐ Episiotomy ☐

Suture Material ... Rectovr YES/NO Number ...

Post Partum Hb ... B.P. ... Anti-D Date given ...

Drugs ...

BABY

Sex ... Stillborn ☐ Apgar Score ...

Alive ☐ ... Dismissal Weight ...

Birth Weight ... Guthrie Test: YES/NO Date ...

B.C.G. YES/NO Date ... O.F.C. ... Length ...

Cord stump/severed ... mls. Time/day ...

Feeding: Breast ☐ Artificial ...

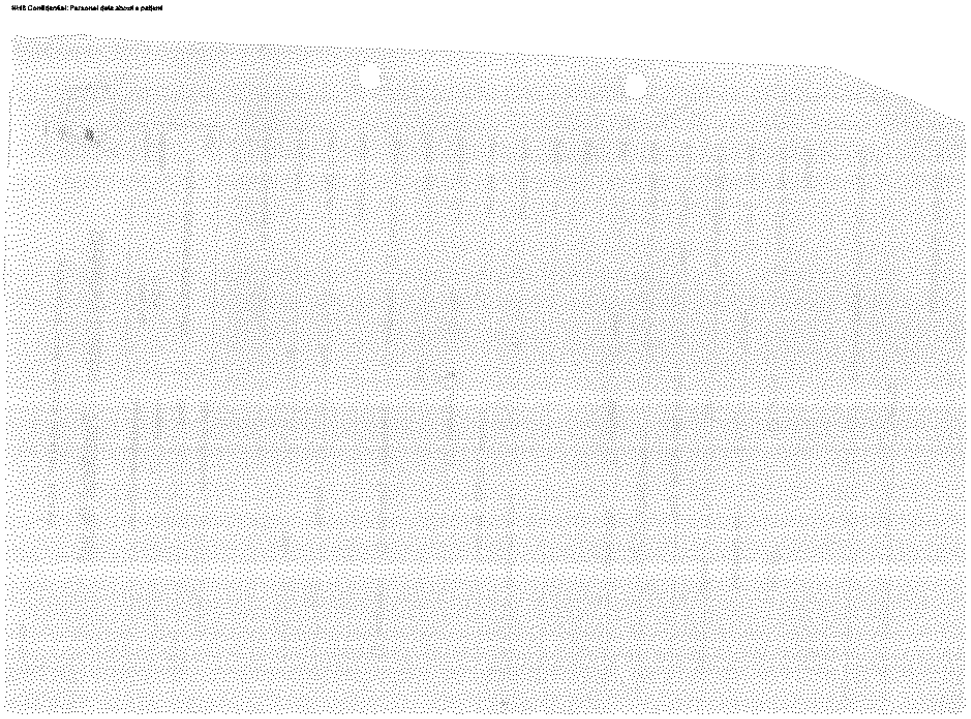
Retained in S.B.C.U. ☐ N.N.D. ☐

Remarks:

Post Natal Examination. Advised to report to ...

Signed ...

4. GENERAL PRACTITIONER


NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

STA0330

AYRSHIRE AND ARRAN HEALTH BOARD

Ayrshire Central Hospital

IRVINE
AYRSHIRE KA12 8SS
Telephone (0294) 74191

Our Ref. TVNR/LM/33391 Your Ref. If phoning ask for: Laura, ex: 3385

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

Consultants :
E. MacDONALD, F.R.C.S.(Ed.), F.R.C.O.G.
D. H. W. MacKAY, M.R.C.O.G.
T. V. N. RUSSELL, F.R.C.O.G.
C. H. BAIRD, M.R.C.O.G.
S. M. M. PRIGG, M.D., M.R.C.O.G.
E. B. MELROSE, M.R.C.O.G.
E. M. WALKER, M.R.C.O.G.
H. G. DOBBIE, M.D., M.R.C.O.G.

16th November, 1989

24/11/89

Dr I D Rewhorn
24 Fullarton Street
AYR

Dear Dr Rewhorn

MARY MacFADZEAN, 31 McLEAN STREET, AYR

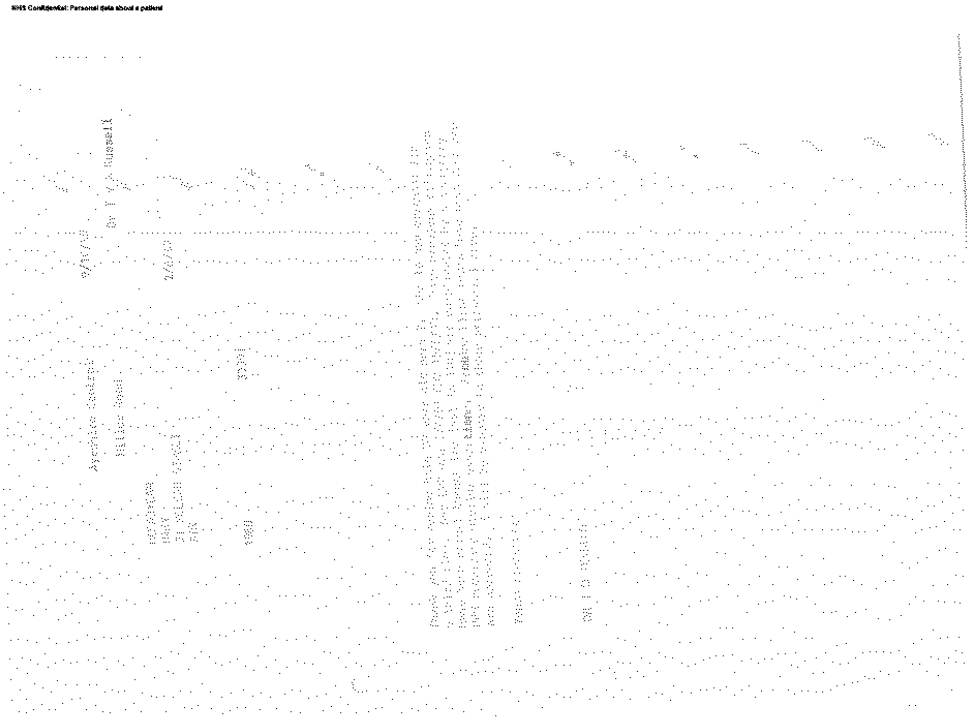
Thank you for referring Mary whom I saw at Miller Road today. This third pregnancy seems satisfactory, just 14 weeks advanced by dates, that confirmed by ultrasound. I thank you for checking her routine bloods and alphafetoprotein at the appropriate time. I shall see her for review, all being well, at 34 weeks of amenorrhoea and arranged for her to [redacted] a more detailed ultrasound at the 16 - 18 week mark. I have booked her for delivery at Irvine.

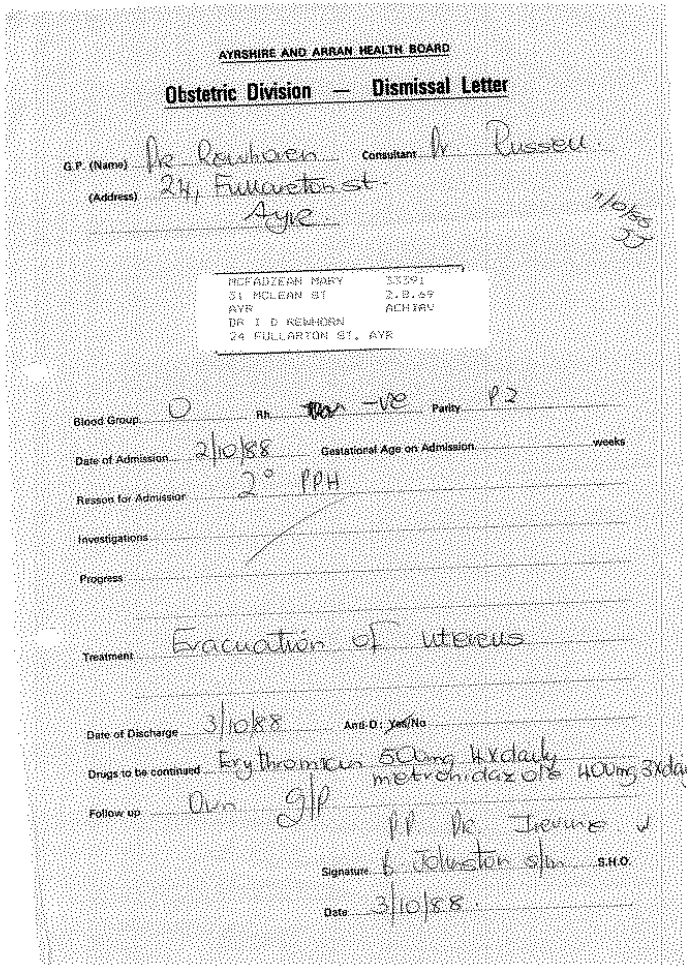
Yours sincerely

T V N RUSSELL

Blood Group - **O Rhesus Negative**
Haemoglobin - 13.7gms%
VDRL - Negative
Rubella - Immune
MSSU - no growth

W	SEE	
	SPEAK	
H	NORMAL	
W	SATISFACTORY	
IB	INSERT	
	V.S.E.	
	PRESCRIPTION	





AYRSHIRE AND ARRAN HEALTH BOARD

Obstetric Division — Dismissal Letter

G.P. (Name) Dr Renshaw Consultant Dr Russell

(Address) 24, Fullarton st. Ayr 11/65 57

MCFADZEAN MARY 33291
51 MCLEAN ST 2.8.69
AYR AC8TAV
DR I D RENHORN
24 FULLARTON ST, AYR

Blood Group O Rh Rh -ve Parity P2

Date of Admission 2/10/88 Gestational Age on Admission ..... weeks

Reason for Admission 2° PPH

Investigations

Progress

Treatment Evacuation of uterus

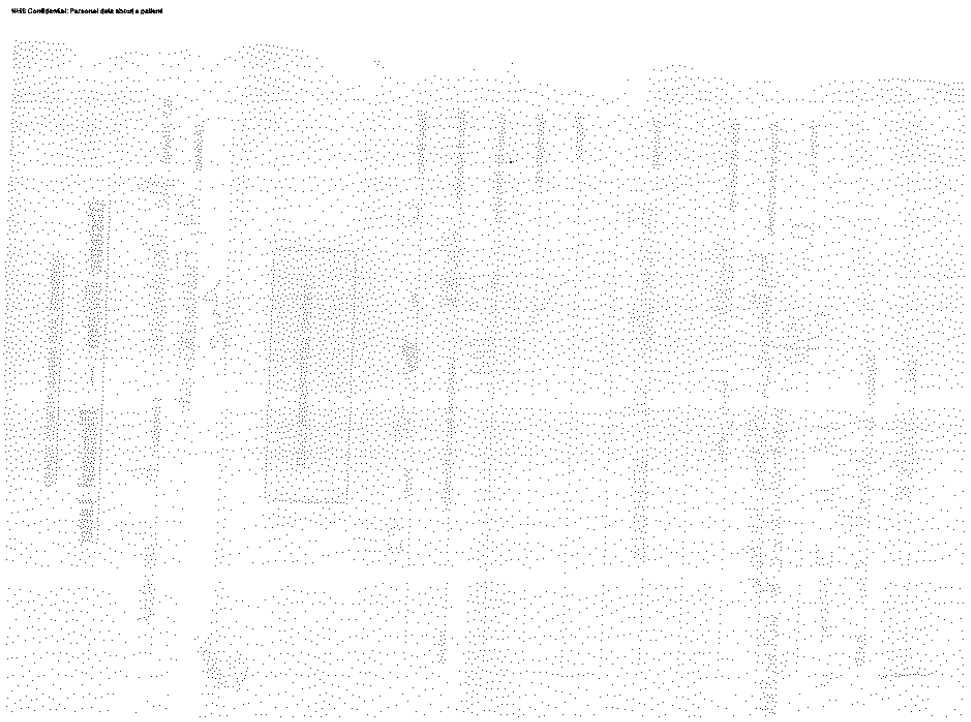
Date of Discharge 3/10/88 Anti-D: Yes/No

Drugs to be continued Erythromicin 500mg 4x daily metronidazole 400mg 3x da

Follow up Own GP

Signature L Johnston s/n S.H.O.

Date 3/10/88



Ayrshire and Arran Health Board

Consultants—
E. MacDONALD, M.B., Ch.B., F.R.C.S.(Ed.), F.R.C.O.G.
A. H. M. ROSS, M.B., Ch.B., F.R.C.O.G.
DONALD SMITH, M.B., Ch.B., F.R.C.O.G.
D. H. W. MacKAY, M.B., Ch.B., M.R.C.O.G.
T. V. N. RUSSELL, M.B., Ch.B., M.R.C.O.G.
C. H. BAIRD, M.B., Ch.B., M.R.C.O.G.

MATERNITY SECTION
AYRSHIRE CENTRAL HOSPITAL
IRVINE KA12 8SS
Tel. Irvine 74191

TVNR/LM/33391

28 April, 1988

	SEE	
	SPEAK	
	NORMAL	
	SATISFACTORY	
	URGENT	
	C.S.S.	
	PRESCRIPTION	

Dr I D Rewhorn
24 Fullarton Street
AYR

Dear Dr Rewhorn

MARY MACFADYEAN, [redacted] STREET, AYR

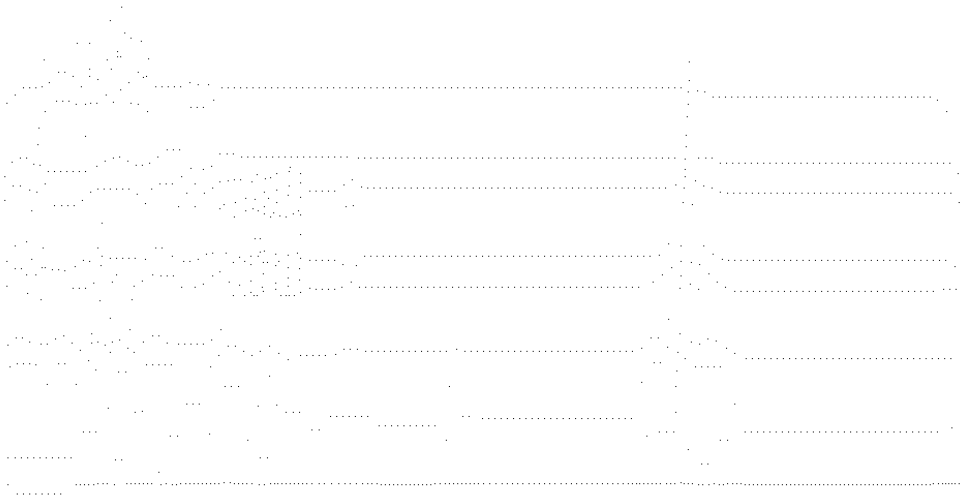
Thank you for referring Mary whom I saw at Miller Road on 29.4.88. This second pregnancy seems satisfactory, though I wondered if the uterine size may be somewhat small for the 20 weeks of claimed amenorrhoea. The fetal heart was identified. I thank you for doing her routine bloods and checking alphafetoprotein. I have arranged ultrasound shortly. I leave her in your care until she has claimed 34 weeks of amenorrhoea. I have booked her for delivery in Irvine.

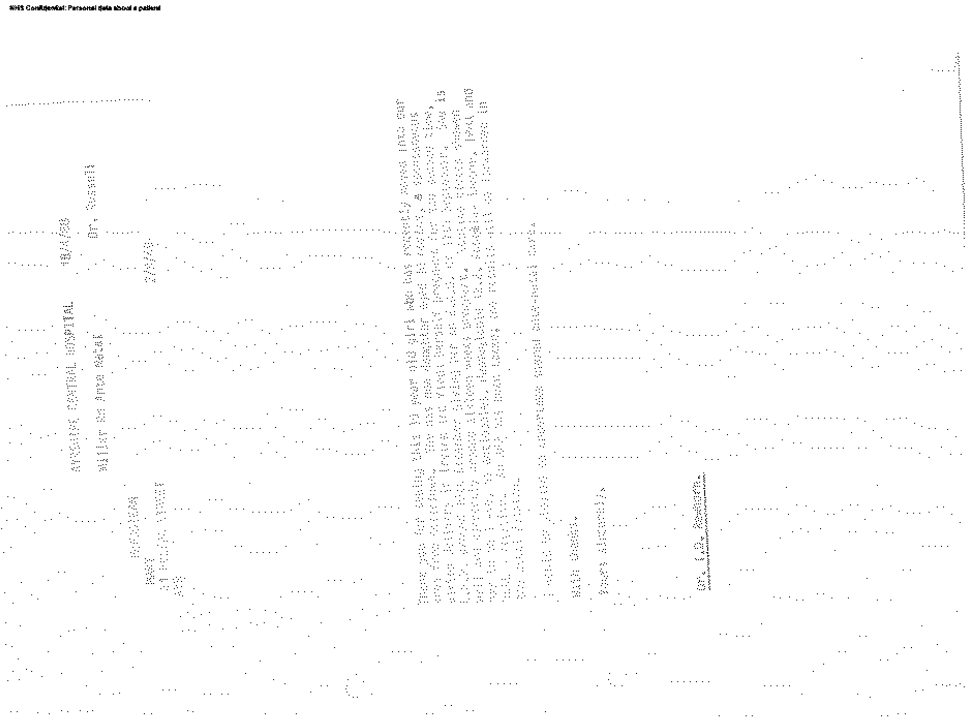
Yours sicnerely

T V N RUSSELL

Blood Group - **O Rhesus Negative** VDRL - Negative
Rubella - Immune Hb - 12.2 gms% MSSU - no growth

NHS Confidential: Personal data about a patient





AYRSHIRE AND ARRAN HEALTH BOARD

HEATHFIELD HOSPITAL

HEATHFIELD ROAD
AYR KA8 9DZ
Telephone: 0292 268621-6

GENERAL MEDICINE
Physicians:
Dr. W. R. Murdoch
Dr. J. Campbell Ferguson
Dr. F. M. G. Reynolds
Dr. J. A. Elliott

Our Ref.: VS/RK 2938/87
Your Ref.:
Date: 5th August 1987

Dr R.C. Paterson
The Surgery
4 Mauchline Road
Mossblown

Dear Dr Paterson

MARY MORRISON (2.8.69)
1 Drumley Drive, Mossblown

Thank you for referring this young lady to the Medical Clinic whom I saw on behalf of Dr Murdoch on 5.8.87. She has had recurrent vague generalised, diffuse headaches over the last two months. Symptoms occur mainly in the late morning or early afternoon. She has noticed occasional black spots in front of her eyes but there is no other associated visual disturbance or nausea or vomiting. She has tried Co-codamol and Distalgesic without any response. She gets these headaches up to two to three times per week and she is currently not taking any medication at all.

She has a two month old baby which is her first child. The patient herself and her boyfriend are unemployed. The baby is evidently sleeping well at night and the patient denies any mental worries or stress. She is not breast feeding.

There is no significant past medical history. There is no family history of migraine.

On examination she appears well. Blood pressure today was 130/80. Cardiovascular, chest and abdominal examinations were unremarkable. Her fundi were normal and there was no focal neurological sign.

There is no evidence of any serious organic pathology. I feel her headaches are probably related to stress, primarily related to the new born baby. There is a small possibility of migraine, though her history is very atypical. I have suggested to her to try Migril tablets 1 p.r.n. up to a maximum of six in a week. I have reassured the patient and arranged for an X-ray of the skull and sinuses and I shall contact you with the results. She has an appointment for review at the clinic again in 6 weeks' time.

Yours sincerely

V. Sonthalia
Locum SHO

X-ray Chest Heart and lung fields are clear.
Skull No significant abnormality
Sinuses [redacted] clear

NHS Confidential: Personal data about a patient

AYRSHIRE AND ARRAN HEALTH BOARD

Midwifery Division — Post Natal Record

Name [redacted] Hosp. No. [redacted]
Address [redacted] D.O.B. [redacted]
PATIENT IDENTIFICATION LABEL
G.P. [redacted]

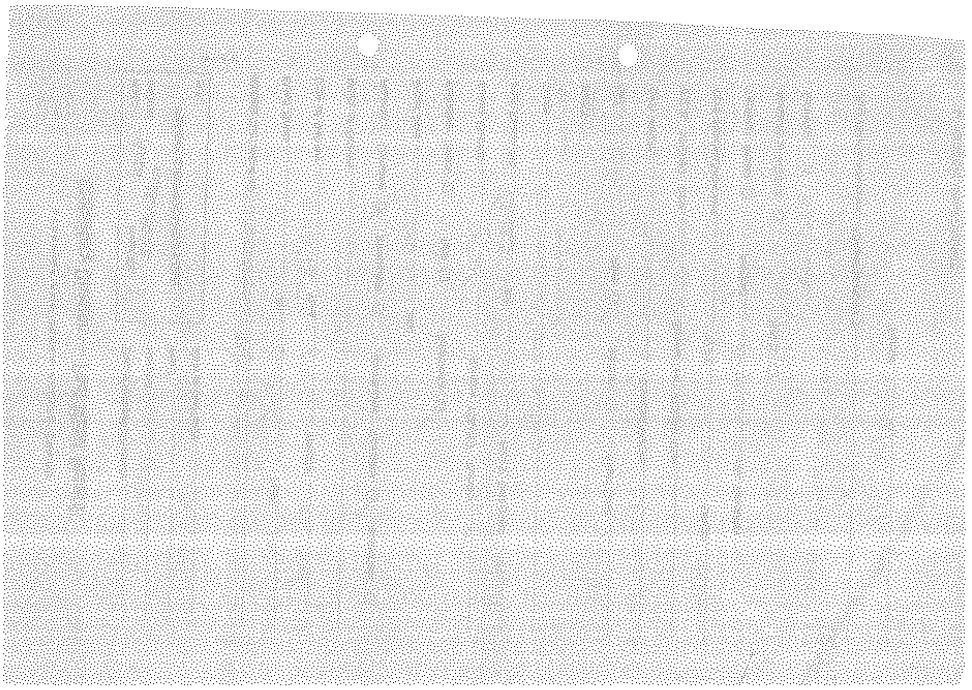
Date of Admission/Transfer
Hospital
Ward
Date of Discharge

Address discharged to
Rh.
Parity
Blood Group
Time
Hospital
Date of Delivery
Mode of Delivery
Placenta: Complete ☑ Incomplete ☐ Membranes: Complete ☐ Incomplete ☐
Blood Loss ml.
Perineum: Intact ☐ Tear ☐ Episiotomy ☐
Suture Material Remove YES/NO Number
Post Partum Hb B.P. Anti-D Date given
Drugs

BABY
Sex Alive ☐ Stillborn ☐ Apgar Score
Birth Weight Dismissal Weight
B.C.G. YES/NO Date Guthrie Test: YES/NO Date
Cord attached/separated O.F.C. Length
Feeding: Breast ☐ Artificial ml. Times/day
Retained in S.B.C.U. ☐ N.N.D. ☐
[redacted]
Post Natal Examination Advised to report to
Signed

4. GENERAL PRACTITIONER

NHS Confidential: Personal data about a patient



AYRSHIRE AND ARRAN HEALTH BOARD

MATERNITY SECTION
AYRSHIRE CENTRAL HOSPITAL

IRVINE KA12 8SS
Telephone (0294) 74191

OBSTETRICS RNR/JM/33391
Mr. E. MacDonald, F.R.C.S., F.R.C.O.G.

Obstetric Clinic:
Monday at 10.00 a.m.
Gynaecological Clinic:
Wednesday at 10.00 a.m.

30 October 1986

E Haggarty
76 High Street
Maybole

Dear Dr Haggarty

Miss Mary Morrison, 14 Doon Valley, Dalrymple

This 17 year old girl was admitted to the Central on 4 October with hyperemesis gravidarum. She gave a history of 8 weeks amenorrhoea and the uterine size and scan corresponded. Except for a yellow discharge, vaginal examination revealed no abnormality. Her [redacted] settled down after a few days of conservative [redacted] and she was discharged home on 10 October.

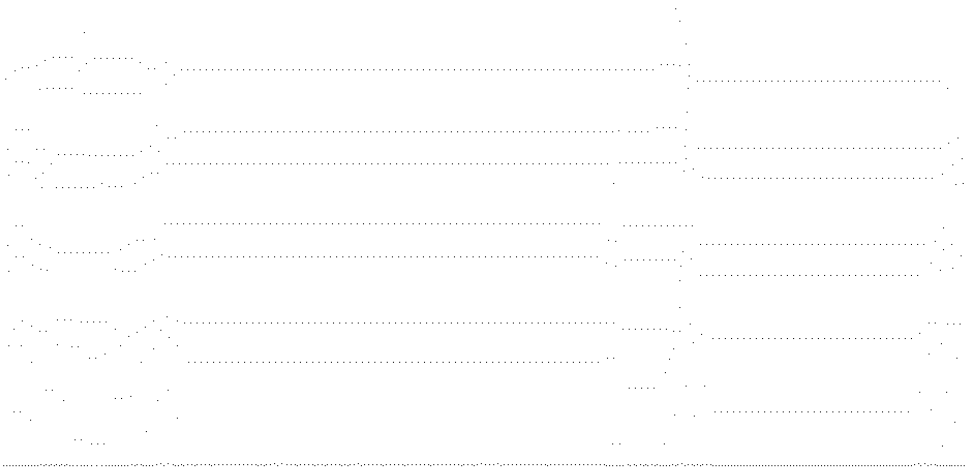
A repeat scan was arranged for 21 October and this showed a gestation sac to be seen, single fetus, fetal heart positive, crown rump length equivalent to just over 8 weeks.

She will be seen at Dr Russell's Miller Road ante-natal clinic in 8 weeks' time.

Yours sincerely

R N Rezk, Registrar

NHS Confidential: Personal data about a patient



AYRSHIRE AND ARRAN HEALTH BOARD

AYR COUNTY HOSPITAL

HOLMSTON ROAD
AYR KA7 3AY
Telephone 0292 281991

Our Ref. BG/MW 936/89 Your Ref. If phoning ask for—

GENERAL SURGERY
MR. A. L. FORSTER

22nd August, 1990

Dear Dr. Mackie,

Re: Mary Morrison, 24 Corsehill Crescent, Coylton

Thank you for referring this patient with the swelling at the terminal phalanx of her right index finger. This is most likely to be a ganglion.

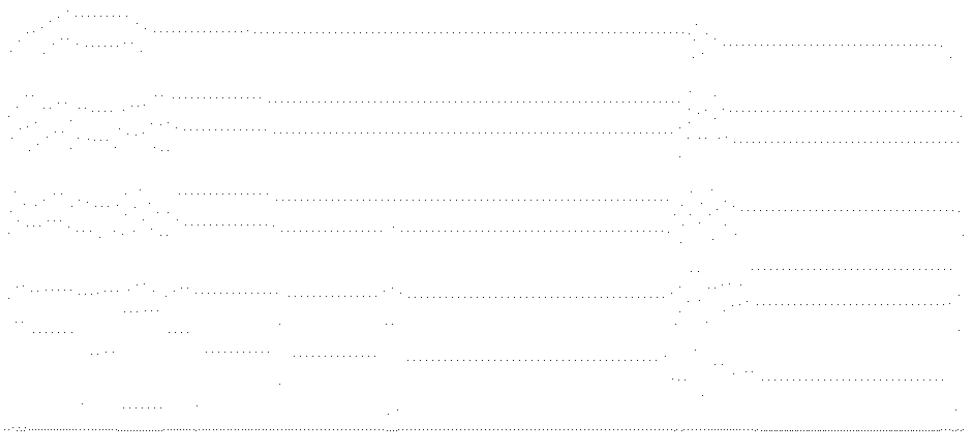
I have arranged for an X-ray and she will be seen again in three weeks time.

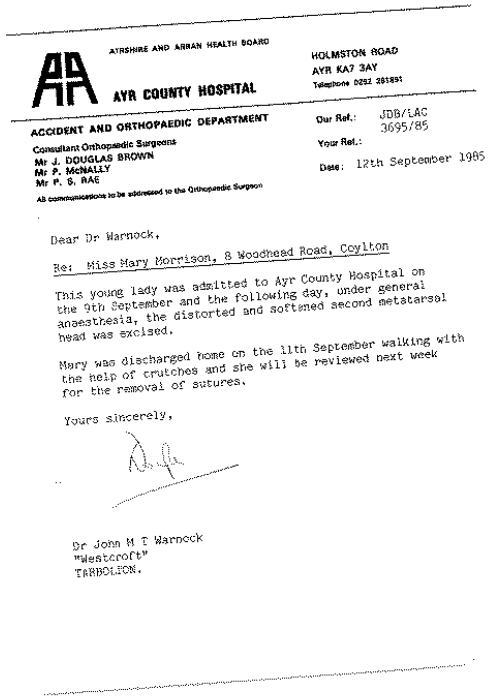
Yours sincerely,

B. Ghosh
Associate Surgeon

The Surgery
Mill O'Shields Road
DROMAN

NHS Confidential: Personal data about a patient





AYRSHIRE AND ARRAN HEALTH BOARD

AYR COUNTY HOSPITAL

HOLMSTON ROAD
AYR KA7 3AY
Telephone 0292 281891

ACCIDENT AND ORTHOPAEDIC DEPARTMENT

Consultant Orthopaedic Surgeons
Mr J. DOUGLAS BROWN
Mr P. McNALLY
Mr P. S. RAE
All communications to be addressed to the Orthopaedic Surgeon

Our Ref.: JDB/LAC 3695/85
Your Ref.:
Date: 12th September 1985

Dear Dr Warnock,

Re: Miss Mary Morrison, 8 Woodhead Road, Coylton

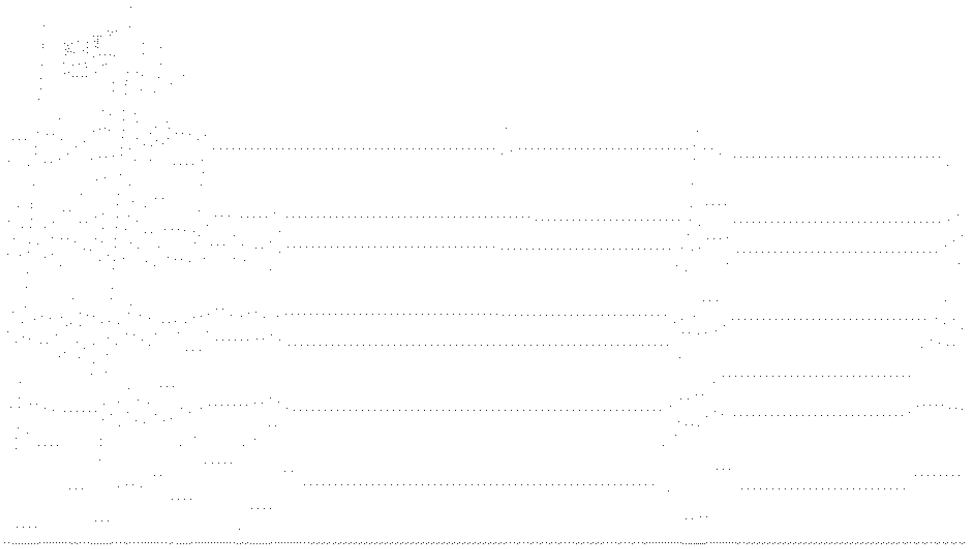
This young lady was admitted to Ayr County Hospital on the 9th September and the following day, under general anaesthesia, the distorted and softened second metatarsal head was excised.

Mary was discharged home on the 11th September walking with the help of crutches and she will be reviewed next week for the removal of sutures.

Yours sincerely,

Dr John M T Warnock
"Westcroft"
TARBOLTON.

NHS Confidential: Personal data about a patient



AYRSHIRE AND ARRAN HEALTH BOARD

Telephone
Ayr 281991
(STD 0292-281991)

AYR COUNTY HOSPITAL
AYR KA7 3AY

Date 11/9/85

Dear Dr. Wasnod

Your Patient Mary Morrison

of 8 WOODHEAD RD
COYLTON

has been discharged today.

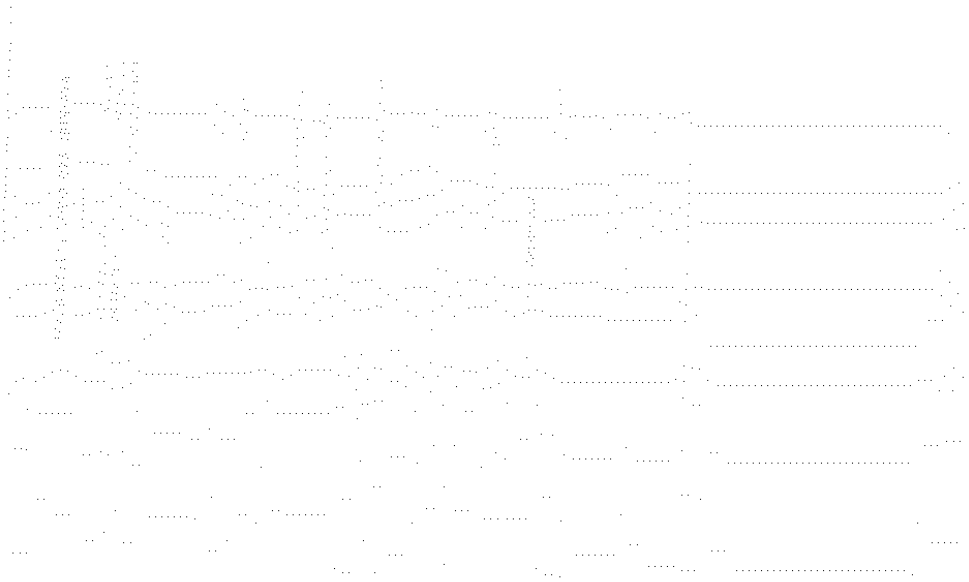
He/She was treated here for Trauma
2nd Metatarsal head

The immediate treatment is OP appt 30/9/85
Mobilise

A full report will follow.

Yours sincerely, MMM

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

AYRSHIRE AND ARRAN HEALTH BOARD

AYR COUNTY HOSPITAL

HOLMSTON ROAD
AYR KA7 3AY
Telephone 0292 281821

ACCIDENT AND ORTHOPAEDIC DEPARTMENT

Consultant Orthopaedic Surgeons
Mr J. DOUGLAS BROWN
Mr P. McNALLY
Mr P. S. RAE

All communications to be addressed to the Orthopaedic Surgeon

Our Ref.: [illegible]
Your Ref.:
Date: [illegible]

Dear Dr. [illegible],

re [illegible]

Thank you for referring this girl who is [illegible] years old and has been aware for many years of vague discomfort at her right 2nd toe, but more recently she has had problems when trying to wear a high heeled shoe with some stiffness of the toe.

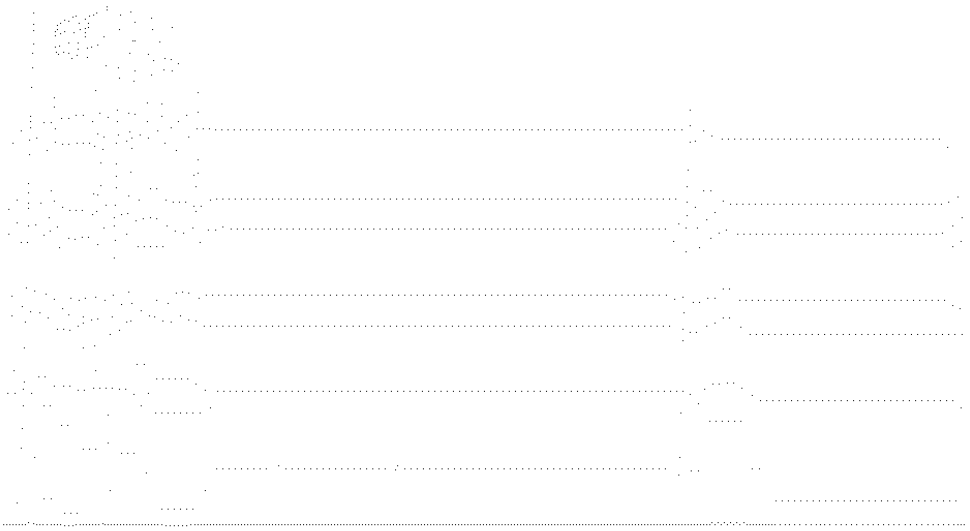
On examination she has a bony exostosis formation at the 2nd metatarsal head with localised tenderness. X-ray confirms a osteochondritis of the head of the 2nd metatarsal (Freiberg's disease).

This girl requires a trimming of the metatarsal head to give her a more mobile toe and I have put her name on the waiting list.

Yours sincerely,

[illegible]

NHS Confidential: Personal data about a patient



Department ■ Social Work
Ayr Division
Director: F E Edwards BD BA DipASS PISW MBIM

12 Main Street
Prestwick KA9 1NX

Strathclyde Regional Council

Tel Prestwick 0292-70099 Ext 4

Our ref MMK/MC

Your ref

If phoning or calling ask for Mrs Kennedy

Date 6 October 1983

Dr. Robertson
The Clinic
Manchline Road
MOSSBLOWN

Dear Dr. Robertson,

Re: Mary Morrison (1.08.69) c/o Coylton Children's Home
3 Woodhead Road, Joppa, by Coylton.

I have been involved with Mary Morrison for the past year and during this time I have witnessed a marked deterioration in most aspects of Mary's life.

I regard her recent incident with the razor blade as a cry for help rather than a serious suicide attempt, and I am concerned that if Mary does not receive some extra help other than that which I am able to offer her, she may very well resort to more serious self infliction of pain.

I would therefore be grateful if you could refer her to Child Psychiatrist who may be able to help Mary come to terms with what has happened in the past and to face up to her uncertain future. Mary has a very low self image of herself and believes that the only way she can get attention and be accepted by her peer group is by behaving in a somewhat extraordinary manner at times.

I can be contacted at the above address should you wish to discuss this matter with me and am willing to provide background material to the psychiatrist who will interview Mary should he so wish.

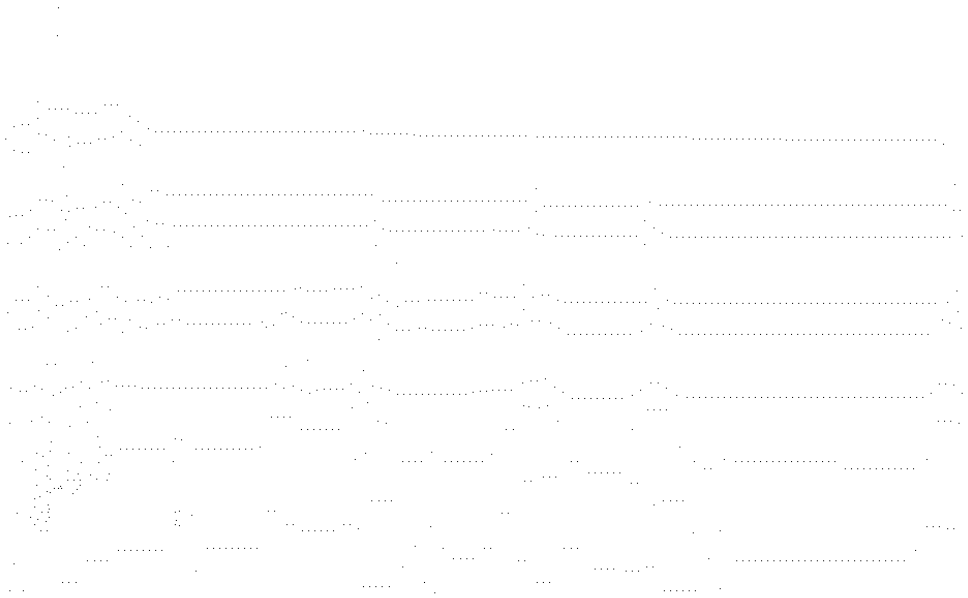
Yours sincerely,

Mary M Kennedy

Mary M Kennedy (Mrs)
Social Worker

12-10-83
Reference Dr.
Chapman
Burnside House
3a Kilmarnock Rd.,
Shawlin

NHS Confidential: Personal data about a patient



AYRSHIRE AND ARRAN HEALTH BOARD

Department ■ Child Psychiatry

BURNSIDE HOUSE
24 KILWINNING ROAD
IRVINE
AYRSHIRE KA12 8RU
Telephone (0294) 72023

Dr. J. A. CHAPMAN

November 7, 1983

Dr. J.T. Robertson,
The Clinic,
MOSSBLOWN

Dear Dr. Robertson,

MARY MORRISON, COYLTON CHILDREN'S HOME, 8 WOODHEAD ROAD, COYLTON - D.O.B. 1.8.69

Many thanks for your letter of 12.10.83 concerning this 14 year old girl. She had an appointment to come to Seafield Hospital, Out-Patient Department on 4.11.83. However her Social Worker, Mrs. Kennedy 'phoned to say that Mary had absconded from Coylton Children's Home and had not yet been found. If the Social Worker contacts us again when Mary is back in the Children's Home we shall provide another appointment for her.

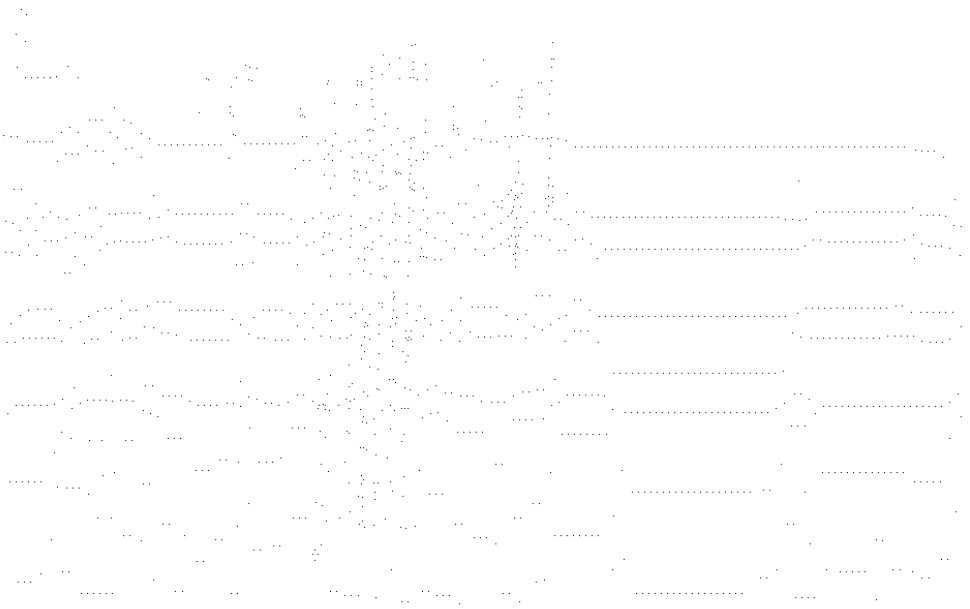
With kind regards,

Yours sincerely,

J.A. Chapman
Consultant Child Psychiatrist

8/11/83

NHS Confidential: Personal data about a patient



AYRSHIRE AND ARRAN HEALTH BOARD
SOUTH AYRSHIRE DISTRICT

Telephone:
Ayr 81991

AYR COUNTY HOSPITAL
AYR

Casualty Department

Date

Dear Doctor,

Re:

Address

Your patient was seen in the Casualty Department here today.

The findings are:

Yours sincerely,

№ 45417

CASUALTY OFFICER

NHS Confidential: Personal data about a patient

0208693521
11 Murray Street
Ayr
KA8 9PG
Dr Linsey Walker
40 Dalblair Road Ayr, KA8 1UL

Spirometry v1.25

Name: _____
Sex: Female Age: 46
Factor: 100% Caucasian)
Height: 158cm Weight: 56kg BMI: 22.4

Turbine Transducer

(* is for auto best: ^ for manual best)

	VC	Var	Warning	Time: Date:
Base	3.00 *		(Good blow)	11:55 15/02/16
Base	2.92 -2%		(Good blow)	11:54 15/02/16
Base	2.90 -3%		(Good blow)	11:54 15/02/16

BTS Quality Criteria (Relaxed):
Base: Met.

	FEV1	FVC	FEV1/FVC	PEF	Var	Warning	T
Post1 Date: 15/02/16							
Base	1.60	2.69	59.5	4.41	-2%	(Good blow)	11:56
Base	1.62	2.80	57.8	4.43 *		(Good blow)	11:57
Base	1.52	2.76	55.1	4.12	-3%	(Good blow)	11:58
Post1 Date: 15/02/16							
Post1	2.04	3.34	61.1	5.36	-2%	(Good blow)	12:02
Post1	2.08	3.37	61.7	5.46	-1%	(Good blow)	12:03
Post1	2.11	3.41	61.9	5.72 *		(Good blow)	

Calculation is based on FEV1 + FVC.

BTS Quality Criteria (Forced):
Base: Met
Post1: Met

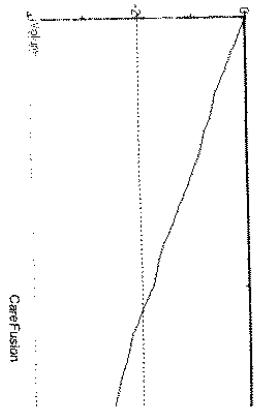
The forced data and graphs following are either to individual values or composite curve.

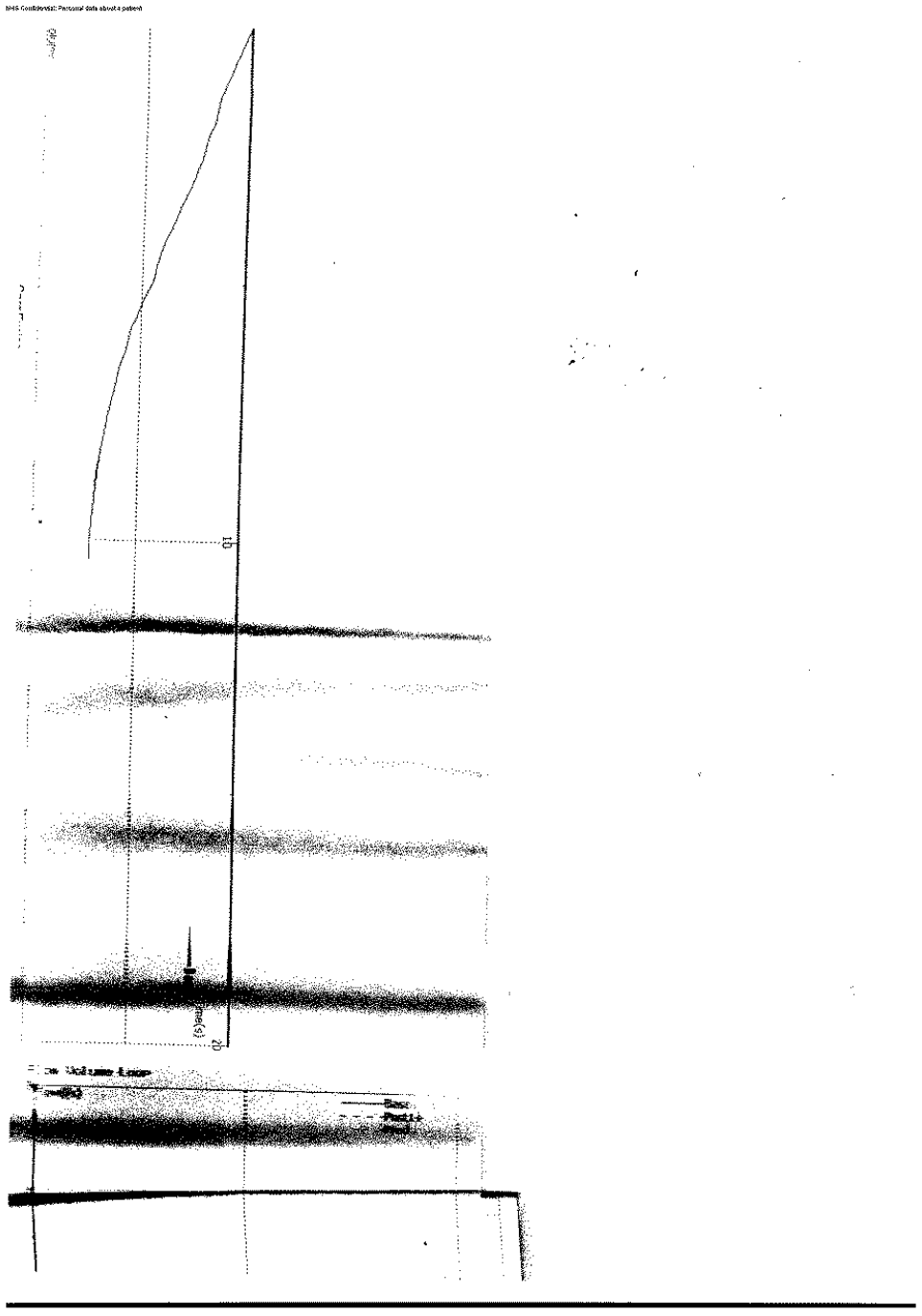
Best Spirometry Result:

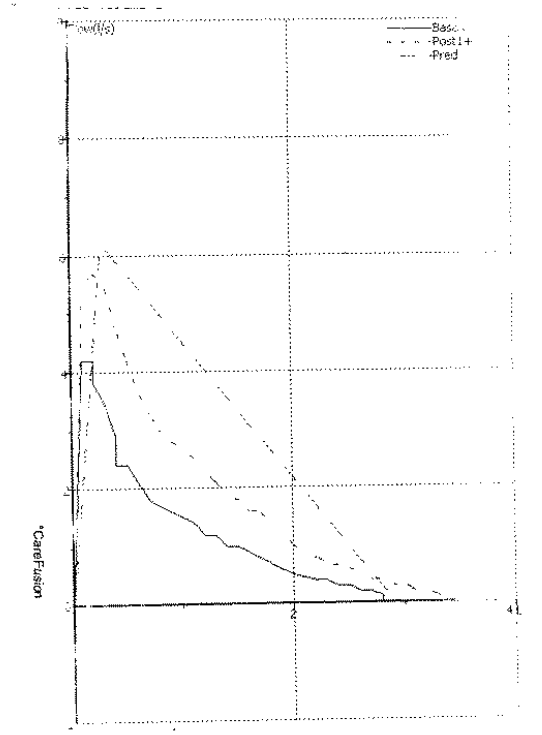
	Base	%Pr	Min Pred	Max	Post	%Pr	%Chg
			!-- Normal --!!	--- Post1 ---!			
FVC	3.00	104	2.20	2.89 3.58			
VC	3.00	104	2.20	2.89 3.58			
FEV0.5	1.09				1.50	38	
FEV0.75	1.38				1.85	34	
FEV1	1.62	65	1.87	2.49 3.11	2.11	85	30
FIVC	2.80	96	2.20	2.91 3.62	3.41	117	22
PEF	4.43	71	4.72	6.20 7.68	5.72	92	29
FEV1/VC	54						
FEV1/FVC	58	72	78	80 91	62	77	7
MEF25-75	0.88	26	1.93	3.33 4.73	1.11	33	26
MEF50/FVC	35				43		21
MEF25-75/FVC	31				33		4

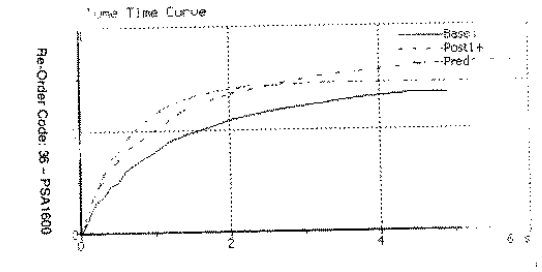
Age 76yrs
Interpretation(Nice): Mild Obstruction.

Relaxed Graph









Normal Values: ECCS (Adult):
Zapletal, Sofamar, Cogswell (Child)
Results at BTPS.

Patient : Mary Mcfadyean
(Gender: Female) (DOB: 02/08/1969) (Age: 44 years) (CHI: 0208693521)

Case No 92661 **Case Date** 26/04/2014 12:07
Own Dr Ashcroft, [redacted] L

Emergency Care Summary viewed on case

Current Address
11 [redacted] Street

Ayr
KA8 9PG
Current Phone 07743 418401

Home Address (If Different)

Home Phone (If Different)

Case Type Home Visit
Priority On Reception Within 4 Hours

NHS 24 Advice by (Nurse Advisor) (Glasgow)
Clinical summary created by: (Nurse Advisor) (Glasgow) [26/04/2014 12:19:41]
DISTRESS FOR 2 DAYS AND HER [redacted] DIED SUDDENLY AND UNEXPECTEDLY ON THURSDAY. SINCE THEN IS NOT SLEEPING, NOT EATING AND IS PACING ALL THE TIME. FOR HOME VISIT WITHIN 4 HRS.
PTS [redacted] DIED ON THURSDAY, UNABLE TO SLEEP AND DIFFICULTY GENERALLY COPING (
(Non-Clinical User) (Cardonald))

Triage Start 12:10
Triage End 12:19

Case Questions

Pocked Aremote Consult by:
Start Type
End Type
Consult Start
Consult End

Adastra Consult by Gillespie, [redacted]
Start Type Home Visit
End Type Home Visit
Consult Start 16:07
Consult End 16:20

History
[redacted] died suddenly during the week
Sudden cardiac death
[redacted] tearful and traumatised

Examination

Diagnosis

Treatment
Diazepam 2mg - 2 tabs nocte X 28

Clinical Code(s)
94... Death administration

Prescriptions

Informational Outcome(s)
No Follow-Up Required -

Report Statistics:

Report produced by Natasha Watson 3 - 27/04/2014 04:00:08

Date28/04/2014	AH		IR	AW	ASH	KA		LW	
					Phone pat.	Dr to phone	Appt	CSS	QOF
Action							Staff [redacted]		

NHS Confidential: Personal data about a patient

Physiotherapy Department
Heathfield Clinic
Heathfield Road
Ayr
KA8 9DZ

NHS Ayrshire &[redacted]

HOSP NO:
CHI NO: 0208693521

Date 08/12/10
Our Ref PHY/NH

Enquiries to Physiotherapy Department
Extension 66505
Direct line (01292) 666505
Fax (01292) 288021

Dear Dr Ashcroft (Fullarton Practice)

NAME: Mrs Mary McFadyean **DOB: 02/08/69**

ADDRESS: 11 [redacted] Street Ayr KA8 9PG

This patient was lettered stating that there was now an appointment for them and could they contact the department for a suitable appointment time. The letter states that if they do not contact the department within 3 weeks then it is presumed that they no longer require treatment.

This patient failed to contact the physiotherapy department for an appointment and has subsequently been discharged.

Yours sincerely,

PHYSIOTHERAPY DEPARTMENT

Awarded for excellence

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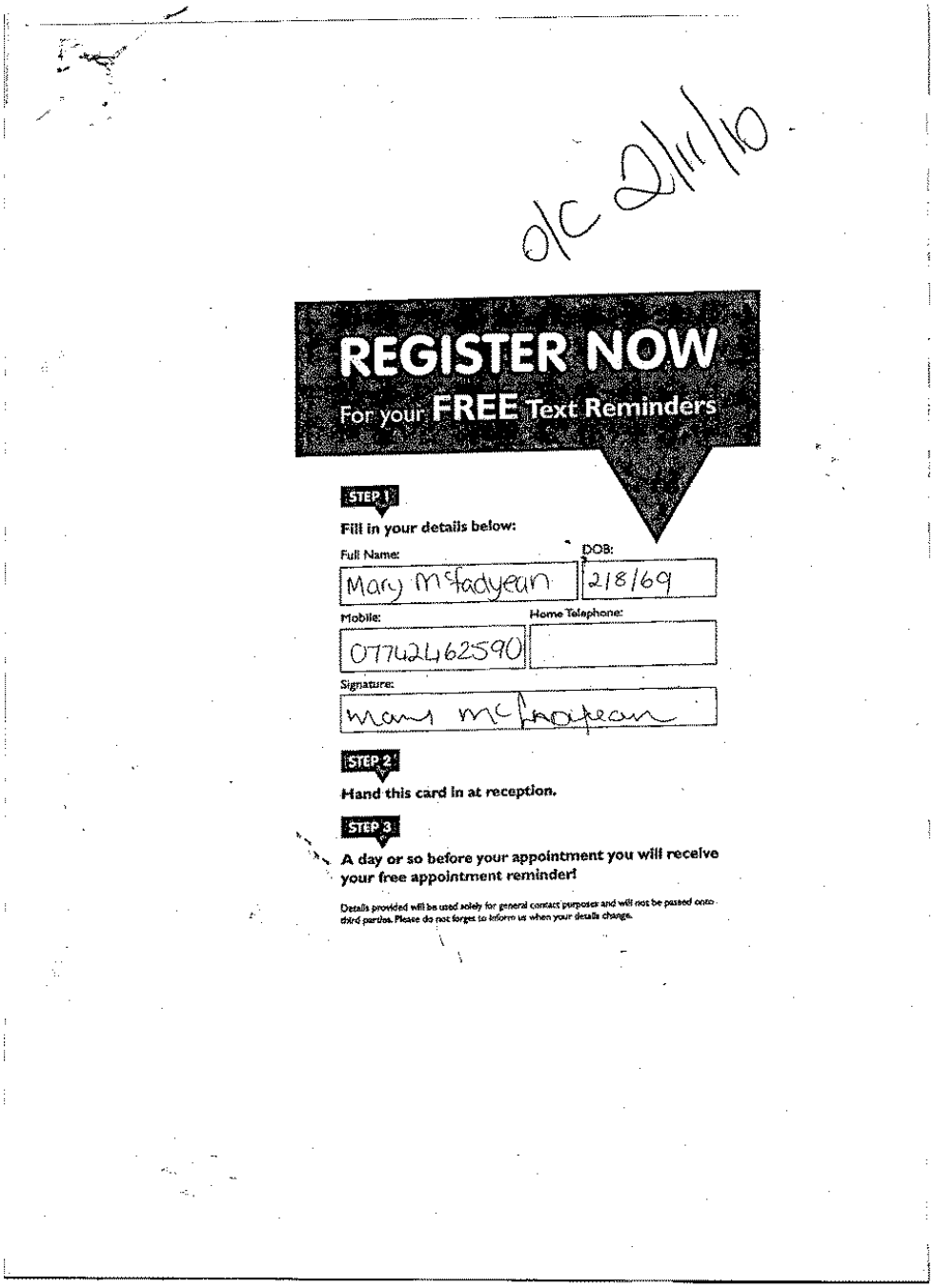

dc 21/1/10

REGISTER NOW

For your **FREE** Text Reminders

STEP 1

Fill in your details below:

Full Name: Mary McFadyean

DOB: 2/8/69

Mobile: 07742462590

Home Telephone:

Signature: Mary McFadyean

STEP 2

Hand this card in at reception.

STEP 3

A day or so before your appointment you will receive your free appointment reminder!

Details provided will be used solely for general contact purposes and will not be passed onto third parties. Please do not forget to inform us when your details change.

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GBFES 484

National Health Service Number 4272

Surname (Block Letters): McFadzean

Forenames (Block Letters): Mary

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address: ~~Ivor Gdns~~ ~~33 Princes Court, Ayr~~ 59 Russell Drive Ayr ~~Ayr~~

Date of Birth: 2/8/69

10/72

Date	
1987	SVD live female child
1987	? Migraine
1988	SVD live female child 2% PPH + E/U.
1990	SVD live female child
1993	Surgical removal 63/37 under G.A. Paroxysmal Tachycardia.
1994	Abdominal pain - ? DU. ? gastritis
1995	? (R) Bells Palsy.
April 98	Comb injury (R) middle finger - terminalisch & dist
May 98	CSS update ?snow Boarding.
7/00	CSS Review - C

FPM GP111G

HMSO 0082183121MD C5000 6/90 53781

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Date	*	
31/8/01		[redacted]
13/6/01		Smear Defaulter Letter sent Recorded Delivery
30/11/01		1. [illegible] [illegible], [illegible] [illegible] [illegible] & Stewart. ([illegible] [illegible])
		2. [illegible] [illegible] [illegible] [illegible] [illegible]
24/12/01	R	Tertroxaline [illegible]
5/4/02	[illegible]	— ✓ (UNCONTACTED)

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

Printed by The Stationery Office Scotland

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	National Health Service Number	GBFES\484
IMMUNISATIONS AND SCREENING INVESTIGATIONS	Surname (Block Letters): Mc FADZEAN	Forenames (Block Letters): MARY
	Address: ~~33 Princes Court, Ayr~~ ~~44F Oakwood Av.~~ 59 Russell Drive, Ayr ~~31 McLean St Ayr~~	Date of Birth: 2.8.69

IMMUNISATIONS (Insert date where appropriate)

	Diphtheria	Pertussis	Tetanus	Polio	Measles	Rubella	TAB	Smallpox
1								
2								
3								
Boost								
Boost								
Boost								

Tuberculin Test				BCG.			
Result				Date			
Date							

Other Inoculations

Type							
Date							
Type							
Date							
Type							
Date							

SCREENING INVESTIGATIONS under other day

Chest X-Ray (Date)	Cervical Smear (Date)	Blood Pressure		Urine			Miscellaneous		
		Date		Date	Albumen	Sugar	Date	Weight	Other (Specify)
	2/4/90	28/5/93	120/70	28/5/93	–	–	28/5/93	8st 7lb	5' 1½"
	28/5/93								

SCREENING INVESTIGATIONS CONTINUED OVERLEAF

FORM GP111H Dd 8926487 800M 12/86 Ed(239015)

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CERVICAL SMEAR TEST DEFAULT

I Mary McFadyen (2/8/69), the undersigned, understand the implications of not having a cervical smear test done as recommended. I have had explained to me, today, the full implications of this in respect of the risk to my health, including the possible development of preventable cancer, and the full implications and significance of this decision are clear.

X mary mcfadyen (Patient).

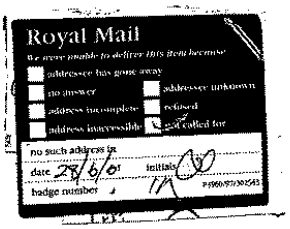
(Doctor).

30/11/94 (Date).

NHS Confidential: Personal data about a patient

DR J [redacted] HOLMS
[redacted] C [redacted]
DR IAN D REWHORN
DR ALAN A J WHITE
DR [redacted] L ASHCROFT

The Surgery, 24 Fullarton Street, Ayr. KA7 1UB
Tel: (01292) 264260
Fax: (01292) 283284



ACH/AAH

13 June 2001

Ms Mary McFadyean
33 Princes Court
AYR
KA8 8HU

Dear Ms McFadyean

CERVICAL SMEAR TEST

We would like to offer you a further opportunity to have this health screening test done. You may recall receiving letters from the surgery some time ago but decided (for whatever reason) not to respond.

We have been reviewing our system of recall and are attempting to ensure every one of our eligible patients is given this opportunity now. As you may remember the test takes little time, is painless and the result can provide great relief in knowing about your state of health rather than leaving it uncertain.

Please make an appointment with [redacted] Mary Gallery or Nurse [redacted] Wylie by phoning the receptionist now.

If you have had your smear test done recently please accept our apologies for troubling you.

Kind regards.

Yours sincerely

Dr A C [redacted]

NHS Confidential: Personal data about a patient

DR J STUART M HOLMS
DR ADAM C HANNAH
DR IAN D REWHORN
DR ALAN A J WHITE
DR JOANNE L ASHCROFT

The Surgery, 24 Fullarton Street, Ayr. KA7 1UB
Tel: (01292) 264260
Fax: (01292) 283284

ACH/AAH

13 June 2001

Ms Mary McFadyean
33 Princes Court
AYR
KA8 8HU

Dear Ms McFadyean

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Please make an appointment with [redacted] Mary Gallery or Nurse Sandra Wylie by phoning the receptionist now.

If you have had your smear test done recently please accept our apologies for troubling you.

Kind regards.

Yours sincerely

Dr A C [redacted]

NHS Confidential: Personal data about a patient

Milligan, [redacted]

From: Adastra Comms [AdastraC@adoc.scot.nhs.uk]
Sent: 12 November 2007 04:07
To: 'ellis.milligan@aapct.scot.nhs.uk'
Subject: Call #11138 11-Nov-2007

Call #: 11138 Received NHS24: 11-Nov-2007 10:49

Full cover

Patient's Name:Mary Mcfadyean
Date of birth:02-Aug-1969 (Age: 38 years Sex:Female | Received ADOC:10:49
59 [redacted] Drive | Passed :11:13
Ayr KA8 8JJ () | Advised :__:__
Tel No: 07742 462590 Origin: NHS24 | Arrived :13:36
Urgency: Routine Type: PCTC Visit | Departed :13:39
Consulted by: Aumuran, M Own Doctor: Ashcroft, [redacted] L

NHS24 Triage Begin 11-Nov-2007 11:08 NHS24 Triage End 11-Nov-2007 11:08
NHS24 Triaged by : Triage Nurse (Health Advisor) (Glasgow)

Triage - Diagnosis
TELEPHONE ON TURRETT IS 07742462590 ((Non-clinical user) (Glasgow))

H. BURNSIDE T/L ASSISTED WITH CALL. CALLED PT BACK ON NUMBER LISTED ON TURRETT AND CONFIRMED CORRECT CONTACT DETAILS ((Non-clinical user) (Glasgow))

Attend PCEC within 4 Hrs
Clinical summary created: 11-Nov-2007
UNPROTECTED INTERCOURSE FOR LAST NIGHT AND REQUEST FOR EMERGENCY CONTRACEPTION, PCEC 4 HRS, HUB TO CONTACT PATIENT TO ARRANGE APPOINTMENT.
Current Medication:
Allergies:
Previous Medical History:

Time Adoc Advised : 11:08 Advised by : Triage Nurse (Health A

Time of Visit/Base 13:36 Consulting Doctor : Aumuran, M

Final Outcome - Diagnosis
post coital contraceptio

Final Outcome - Treatment
levonell 1500 one tab., as directed

Final Outcome - History
as per nhs24

Final Outcome - Examination
incidence less than 72hrs
lmp. 3 weeks ago

Followups:
Patient Told To Contact GP:

Date 12.11.2007	AH		IR	W	ASM	KA	AG
Norm	Sat ✓	C/S to Dr	Phone pat	Dr to phone	Appt	CSS	QOF
Action						Staff sign	

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010012229512

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:0208693521

REFERRAL TO

Physiotherapy R5
AA Physiotherapy

Ayr Hospital
Dalmellington Road
Ayr
KA6 6DX

Ethnic Origin	(White) Other Background
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	**Urgent**
Date of referral	05-Nov-2010
Date submitted	05-Nov-2010

PAINFUL LEFT ELBOW

PATIENT DETAILS

Surname	McFadyean
Forename(s)	Mary
Title	-
Sex	Female
Date of birth	02-Aug-1969
CHI no.	0208693521

Patient's address

11 [redacted] Street
AYR
KA8 9PG

Contact number(s)

Voice: 07742462590

REGISTERED GP DETAILS

Name	Dr J Ashcroft		
GMC code	3299726	GP code	23892
Practice name	The Fullarton Practice (3623)		
Practice code	80113		

Practice address

The Fullarton Practice
40 Dalblair Road
AYR

Contact number(s)

Voice: 01292 264260
Facsimile: 01292 292160

REFERRING PRACTITIONER DETAILS

Name	Dr. [redacted] Ashcroft		
GMC code	3299726	GP code	23892
Practice name	THE FULLARTON PRACTICE (80113)		
Practice code	80113		

Practice address

40 DALBLAIR ROAD
AYR
KA7 1UL

Contact number(s)

Voice: 01292 264260

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: PAINFUL LEFT ELBOW

Comment: I would be grateful if you would see Mrs McFadyean who is a 41 year old lady who has had pain in her left elbow over the past 6 weeks. She has been doing a lot of lifting recently. This is her dominant hand. On examination she was extremely tender over the lateral epicondyl and pronation and supination was painful with pain radiating down the forearm. On further questioning she has obviously had some previous episodes of left tennis elbow, but has not sought medical help. In the meantime I have given her Diclofenac to take, but I would be most grateful for an early appointment for her.

Examinations and Investigations

Height:	158	-
Weight(kg):	64	-
Current smoker:		09-Mar-2010 00:00
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	01-Oct-2007 00:00
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2	01-Oct-2007 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Migraine	-	-	-	01-Jan-1987	01-Jan-1987

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Co-Codamol 30/500 Tablets	0407010F0AAAHAH	100 tablet	1 or 2 Tabs 4 times daily	-	04-Nov-2010	42 Days	04-Nov-2010
Diclofenac Sodium E/c tablets 50 mg	-	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY AFTER FOOD	-	04-Nov-2010	28 Days	04-Nov-2010

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

Signature of referring doctor (or other professional) **Date**

From October 2007

McFadyean	Mary	
59 Russell Drive Ayr		2.8.69

Date

Surname First Name

Address dob

NHS Confidential: Personal data about a patient

EM

THE FULLARTON PRACTICE
NEW PATIENT QUESTIONNAIRE

These questions have been designed to help us to get to know you and your medical history.

The information you provide will be handled confidentially by your Doctor. However, if you are concerned about any of the questions, please leave them blank. Your Doctor will be pleased to clarify any points.

Full Name	MRS MARY MCFADYEAN	**Title:** (Mr, Mrs, Miss, Other)	
Address	59 RUSSELL [redacted] AYR		
Telephone Number:	07726262590	**Date of Birth:**	02/08/69
Marital Status: (married, single, widowed)	MARRIED	**If widowed, when did your spouse die?**	
Name & Address of Previous Doctor	DR ASHCROFT		
If coming from abroad – UK entry date			

ILLNESSES, ACCIDENTS OR OPERATIONS

Please list all SIGNIFICANT ILLNESSES, ACCIDENTS, HOSPITAL ADMISSIONS and OPERATIONS with approximate dates. Please also list any medical problems which you have at present.

	PAINFULL ARM

PRESENT MEDICATION

Please list any medication you are taking at present, together with the strength and dosage:

Name	Strength	Dosage	Why you take this
CO-CODAMOL	30/500 mg	3 TIMES A DAY	SORE ARM
IBUPROFEN	500 mg	" "	

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ALLERGIES		
Do you have any allergies to medicines, food or animals? If yes please state all:	YES	NO ✓

SMOKING & ALCOHOL			
Do you smoke now?	YES ✓	NO	If YES how many per day? Pease specify: Cigarettes/~~Cigars/Pipe~~ 15
If you have smoked in the past:			
When did you stop?			What did you smoke? ~~Cigs~~
How much alcohol (on average) do you drink per week? 4 Units			Number of Units: (1 unit=½ pint beer or lager, small glass of wine, or 1 measure of spirits)

EXERCISE	
How much exercise (on average) do you take?	e.g. ~~None/mild~~/moderate/~~heavy~~:

HEIGHT & WEIGHT	
What is your height? 5'2 inches	What do you weigh now? bout 10 Stones

OCCUPATION	
What is your occupation?	
What other jobs have you done in the past?	

FAMILY HISTORY

Do you, or any of your family, or close relatives have any of the following illnesses or conditions:-

Condition	Yes	No	Details and Family Member
Diabetes		✓	
High Blood Pressure		✓	
Heart Attack		✓	
Stroke		✓	
Inherited Diseases		✓	
Cancer		✓	
Kidney Disease		✓	
Other Diseases		✓	
		✓	
Are your [redacted] still alive and in good health?		✓	Mother: [redacted]

If either has died, could you please say how old they were when they died and what the cause of death was: ??

Do you have any [redacted] and/or [redacted]	Yes ✓	No

Please list what ages they are and any serious illnesses they have suffered:

2

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WHAT IS YOUR ETHNIC ORIGIN?

We are obliged by law to ask the following questions. We do not agree with this and are happy if you wish to tick the box immediately below:

I do not want to answer these questions. ☐

Please tick the relevant box.

A. White -
Scottish[✓] Other British[ ] Irish[ ] Other White background. Please specify .....

B. Mixed. Any mixed background. Please specify .....

C. Asian, Asian Scottish or Asian British –
Indian [ ] Pakistani [ ] Bangladeshi [ ] Chinese [ ] Other – please specify .....

D. Black, Black Scottish or Black British –
Caribbean [ ] African [ ] Other – please specify .....

E. Other Ethnic background – please specify .....

WOMEN ONLY

CONTRACEPTIVE

Do you use the Contraceptive [redacted] Coil, Depot, or Implants e.g. Implanon	**YES** If yes, for how long?	**NO** ✓
What was the date of your last smear? 72		

PREGNANCY

Please list all the children that you have had:

Name	Date of Birth	Any problems with pregnancy or birth?
Denise McFadyean	030687	—
Leighann " "	200988	—
Shelley " "	280590	—

Have you ever had a miscarriage?	**Yes:**	**No:** ✓

ALL PATIENTS PLEASE COMPLETE THE FOLLOWING SECTIONS

Are you a [redacted]	**Yes:**	**No:** ✓

Please add any other information you think may be helpful to us:

Thank you for taking the time to complete this questionnaire.

3

eMED3 (2010) new statement issued, not fit for work
29-Jun-2022 Dr Catriona Martin (CAM)
Additional: eMED3 (2010) new statement issued, not fit for work
(Diagnosis: anxiety and depression; Duration: 27/06/2022 - 27/07/2022)
Filename: FitNote_8daf8c39-1806-48b6-9535-815cc3461f1f.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Mary McFadyean

I assessed your case on: 29 /06 / 2022

and, because of the following condition(s): anxiety 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~~
- [ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 27 /06 / 2022 **to** 27 /07 / 2022

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Catriona [redacted]

Issuer's profession Doctor

Date of statement 29 /06 / 2022

Issuer's address
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/22

8DAF8C39-1806-48B6-9535-815CC3461F1F

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to [redacted] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search [redacted] Fit note guidance for employers is also available.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ MCFADYEAN

Other names MARY

Address 11 [redacted] STREET
AYR **Postcode** KA8 9PG

Date of birth 02 / 08 / 1969 **Mobile**

NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

eMED3 (2010) new statement issued, not fit for work
29-Jun-2022 Dr Catriona Martin (CAM)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety and depression; Duration: 27/06/2022 - 27/07/2022)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Mary McFadyean

I assessed your case on: 29 /06 / 2022

and, because of the following condition(s): Anxiety 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~~
- [ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 27 /06 / 2022 **to** 27 /07 / 2022

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Catriona [redacted]

Issuer's profession Doctor

Date of statement 29 /06 / 2022

Issuer's address
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/22

662AAFA6-9C1E-4617-9A7A-2146AA56370E

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to [redacted] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search [redacted] Fit note guidance for employers is also available.

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Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ MCFADYEAN

Other names MARY

Address 11 [redacted] STREET
AYR **Postcode** KA8 9PG

Date of birth 02 / 08 / 1969 **Mobile**

NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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eMED3 (2010) new statement issued, not fit for work
30-May-2022 Dr Stephen Dunne (SD)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety with depression; Duration: 27/05/2022 - 26/06/2022)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Mary McFadyean

I assessed your case on: 30 /05 / 2022

and, because of the following condition(s): Anxiety with 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~~
- [ ] [redacted]adaptations

Comments, including functional effects of your condition(s):

This will be the case for

or from 27 /05 / 2022 **to** 26 /06 / 2022

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr [redacted] Dunne

Issuer's profession Doctor

Date of statement 30 /05 / 2022

Issuer's address
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/22

1DE3D415-314F-41A0-9D2C-A63403C94787

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to [redacted] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

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Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ MCFADYEAN

Other names MARY

Address 11 [redacted] STREET
AYR **Postcode** KA8 9PG

Date of birth 02 / 08 / 1969 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

eMED3 (2010) new statement issued, not fit for work
28-Apr-2022 Dr L Walker (LINSEY_3623)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 28/04/2022 - 26/05/2022)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Mary McFadyean

I assessed your case on: 28 /04 / 2022

and, because of the following condition(s): anxiety 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~~
- [ ] [redacted]adaptations

Comments, including functional effects of your condition(s):

This will be the case for 4 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 28 /04 / 2022

Doctor's address
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 01/17

A03B2F26-B078-4901-86B5-9B592D3BFD87

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Help getting back to work if you are employed

If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

What your doctor's advice means

'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to [redacted] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search [redacted]

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ MCFADYEAN

Other names MARY

Address 11 [redacted] STREET
AYR Postcode KA8 9PG

Date of birth 02 / 08 / 1969 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
28-Mar-2022 Dr Gemma Freestone (GT)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety and Depression; Duration: 28/03/2022 - 28/04/2022)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Mary McFadyean

I assessed your case on: 28 /03 / 2022

and, because of the following condition(s): Anxiety 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~~ [ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 28 /03 / 2022 **to** 28 /04 / 2022

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 /03 / 2022

Doctor's address
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 01/17 FB6E286E-D187-4654-964D-AF8422AA7561

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Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to [redacted] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search [redacted]

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ MCFADYEAN
Other names MARY
Address 11 [redacted] STREET
AYR Postcode KA8 9PG
Date of birth 02 / 08 / 1969 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
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- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
28-Feb-2022 Dr Zoe Ballantine (ZB)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 28/02/2022 - 28/03/2022)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Mary McFadyean

I assessed your case on: 28 /02 / 2022

and, because of the following condition(s): anxiety 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~~ [ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 28 /02 / 2022 **to** 28 /03 / 2022

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 /02 / 2022

Doctor's address
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 01/17 99B33B57-D410-42B5-93F7-7C7675E8EB96

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Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

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'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ MCFADYEAN
Other names MARY
Address 11 [redacted] STREET
AYR Postcode KA8 9PG
Date of birth 02 / 08 / 1969 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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eMED3 (2010) new statement issued, not fit for work
31-Jan-2022 Dr Catriona Martin (CAM)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 12/01/2022 - 28/02/2022)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~Mrs, ~~Miss, Ms~~ Mary McFadyean

I assessed your case on: 31 /01 / 2022

and, because of the following condition(s): anxiety 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~~ [ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for or from 12 /01 / 2022 to 28 /02 / 2022

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 31 /01 / 2022

Doctor's address
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 01/17 815F11ED-4935-4048-9126-ED9BBCE9D769

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Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~Mrs, ~~Miss, Ms~~ MCFADYEAN
Other names MARY
Address 11 [redacted] STREET
AYR Postcode KA8 9PG
Date of birth 02 / 08 / 1969 **Mobile**
NI number

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eMED3 (2010) new statement issued, not fit for work
13-Dec-2021 Dr Stephen Dunne (SD)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety and depression; Duration: 13/12/2021 - 12/01/2022)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~Mrs, ~~Miss, Ms~~ Mary McFadyean

I assessed your case on: 13 /12 / 2021

and, because of the following condition(s): Anxiety 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~~ [ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for or from 13 /12 / 2021 to 12 /01 / 2022

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 /12 / 2021

Doctor's address
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 01/17 F8557841-DD4D-43C6-AE11-DB15C18C8409

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- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

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'You may be fit for work': You could go back to [redacted] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
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Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~Mrs, ~~Miss, Ms~~ MCFADYEAN
Other names MARY
Address 11 [redacted] STREET
AYR Postcode KA8 9PG
Date of birth 02 / 08 / 1969 **Mobile**
NI number

What you need to do now
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- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
11-Nov-2021 Dr L Walker (LINSEY_3623)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: anxiety and panic attack; Duration: 08/11/2021 - 13/12/2021)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~Mrs, ~~Miss, Ms~~ Mary McFadyean

I assessed your case on: 11 /11 / 2021

and, because of the following condition(s): anxiety and panic attack

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~~ [ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 08 /11 / 2021 **to** 13 /12 / 2021

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 11 /11 / 2021

Doctor's address
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 01/17 9B89D76D-B53F-474F-8470-A7A2B3F8A150

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to [redacted] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search [redacted]

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~Mrs, ~~Miss, Ms~~ MCFADYEAN
Other names MARY
Address 11 [redacted] STREET
AYR Postcode KA8 9PG
Date of birth 02 / 08 / 1969 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
11-Oct-2021 Dr Eoin Colgan (EC)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety and Panic attacks; Duration: 11/10/2021 - 08/11/2021)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~Mrs, ~~Miss, Ms~~ Mary McFadyean

I assessed your case on: 11 /10 / 2021

and, because of the following condition(s): Anxiety and Panic attacks

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~~ [ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 11 /10 / 2021 **to** 08 /11 / 2021

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 11 /10 / 2021

Doctor's address
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 01/17 564E7E86-3C43-4FA8-B385-EF1153B7C2BF

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Help getting back to work if you are employed
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- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to [redacted] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search [redacted]

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~Mrs, ~~Miss, Ms~~ MCFADYEAN
Other names MARY
Address 11 [redacted] STREET
AYR Postcode KA8 9PG
Date of birth 02 / 08 / 1969 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
27-Sept-2021 Dr Stephen Dunne (SD)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety and panic attacks; Duration: 27/09/2021 - 11/10/2021)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~Mrs, ~~Miss, Ms~~ Mary McFadyean

I assessed your case on: 27 /09 / 2021

and, because of the following condition(s): Anxiety and panic attacks

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~~ [ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 27 /09 / 2021 **to** 11 /10 / 2021

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 /09 / 2021

Doctor's address
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 01/17 49C21D0A-3F7E-47D7-90B3-BA4E30C9A252

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to [redacted] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search [redacted]

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~Mrs, ~~Miss, Ms~~ MCFADYEAN
Other names MARY
Address 11 [redacted] STREET
AYR Postcode KA8 9PG
Date of birth 02 / 08 / 1969 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
06-Sept-2021 Dr Stephen Dunne (SD)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety and panic atacks; Duration: 05/09/2021 - 26/09/2021)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~Mrs, ~~Miss, Ms~~ Mary McFadyean

I assessed your case on: 06 /09 / 2021

and, because of the following condition(s): Anxiety and panic atacks

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~~ [ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 05 /09 / 2021 **to** 26 /09 / 2021

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 / 2021

Doctor's address
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 01/17 ECAD5184-C5A8-4228-813F-E14BEB85C903

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to [redacted] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search [redacted]

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~Mrs, ~~Miss, Ms~~ MCFADYEAN
Other names MARY
Address 11 [redacted] STREET
AYR Postcode KA8 9PG
Date of birth 02 / 08 / 1969 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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eMED3 (2010) new statement issued, not fit for work
17-Aug-2021 Dr Zoe Ballantine (ZB)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: anxiety and panic attacks; Duration: 14/08/2021 - 04/09/2021)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~Mrs, ~~Miss, Ms~~ Mary McFadyean

I assessed your case on: 17 /08 / 2021

and, because of the following condition(s): anxiety and panic attacks

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~~ [ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 14 /08 / 2021 **to** 04 /09 / 2021

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 17 /08 / 2021

Doctor's address
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 01/17 0CCDF2E4-E214-421E-821B-5230C5283CFB

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Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~Mrs, ~~Miss, Ms~~ MCFADYEAN
Other names MARY
Address 11 [redacted] STREET
AYR Postcode KA8 9PG
Date of birth 02 / 08 / 1969 **Mobile**
NI number

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- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
08-Jun-2020 Dr Gemma Freestone (GT)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety; Duration: 08/06/2020 - 06/07/2020)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~Mrs, ~~Miss, Ms~~ Mary McFadyean

I assessed your case on: 08 /06 / 2020

and, because of the following condition(s): Anxiety

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~~ [ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 08 /06 / 2020 **to** 06 /07 / 2020

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 08 /06 / 2020

Doctor's address
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 01/17 8473F350-B11D-43E8-9489-5A225772582D

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'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to [redacted] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~Mrs, ~~Miss, Ms~~ MCFADYEAN
Other names MARY
Address 11 [redacted] STREET
AYR Postcode KA8 9PG
Date of birth 02 / 08 / 1969 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
10-Apr-2020 Dr Gemma Freestone (GT)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 10/04/2020 - 08/05/2020)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Mary McFadyean

I assessed your case on: 10 /04 / 2020

and, because of the following condition(s): anxiety 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~~
- [ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 10 /04 / 2020 **to** 08 /05 / 2020

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 /04 / 2020

Doctor's address
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 01/17 0FA46CCA-50B7-4E6E-BF58-82E98A75C323

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- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to [redacted] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search [redacted]

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ MCFADYEAN

Other names MARY

Address 11 [redacted] STREET
AYR Postcode KA8 9PG

Date of birth 02 / 08 / 1969 **Mobile**

NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
25-Aug-2014 Dr K Ali (KALI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Bereavement Reaction Depressive Illness; Duration: 25/08/2014 - 22/09/2014)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Mary McFadyean

I assessed your case on: 25 / 08 / 2014

and, because of the following condition(s): Bereavement Reaction
Depressive Illness

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 28 Day(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 25 / 08 / 2014

Doctor's address
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/10- 139AF965-E0E3-4C15-B16C-9009F63A0E1C

For the patient – what to do now
Please [redacted] 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 [redacted] 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 **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ MCFADYEAN

Other names MARY

Address 11 [redacted] STREET
AYR Postcode KA8 9PG

Date of birth 02 / 08 / 1969

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: ☐