

Sandyford

Sexual Health Services for
Greater Glasgow & Clyde

Date: 26 February 2026

Dr Farah Gilani
40 Love Street
Paisley
PA3 2DY

Dear Doctor

Nicola Alexander DOB: 01/12/79 CHI: 0112793142

This is an automatically generated letter to advise that your patient Nicola Alexander underwent the following contraceptive IUD/IUS procedure in a Sandyford service on Wed, 25-Feb-2026

Type of procedure:	Removal/insertion
Type inserted:	Benilexa
Reason for insertion:	HRT
Type removed:	Mirena IUS
Reason for removal:	License limit
Immediate complication:	No
Performed by:	Yvonne Stanway

Please contact ggc.sandyfordprofessionalsupport@nhs.scot if you need any further clinical information about this patient.

On Behalf of

Sandyford Sexual and Reproductive Health Services

Sandyford is
hosted by



2-6 Sandyford Place, Glasgow G3 7NB
Tel: 0141 211 8130 | email: sandyford@ggc.scot.nhs.uk

sandyford.scot

Blood Sciences Biochemistry Report

Patient Details

Surname	ALEXANDER
Forename	NICOLA ANN
CHI	0112793142
Date of birth	01.12.1979
Sex	Female
Address	24c Inchinnan Rd Paisley PAISLEY RENFREWS PA3 2RA

Specimen Details

Specimen Number	B.26.7130803.M
Specimen Type	Blood
Date/Time Collected	18.02.26 / 11:55
Date/Time Received	18.02.26 / 15:53
Requested By	Dr Jennifer Coutts
GP Practice	87560
Date/Time Reported	19.02.26 / 09:12
Details	memory issues, LMP 1 yea....

Results

FSH - Authorised on 19.02.26 at 09:09

FSH 4.0 U/L

Comments:

No biochemical evidence of declining ovarian function.

End of Report

Surname	ALEXANDER
Forename	NICOLA ANN
CHI	0112793142
Date of birth	01.12.1979
Sex	Female
Address	24c Inchinnan Rd Paisley PAISLEY RENFREWS PA3 2RA

Specimen Number	B.26.7130803.M
Specimen Type	Blood
Date/Time Collected	18.02.26 / 11:55
Date/Time Received	18.02.26 / 15:53
Requested By	Dr Jennifer Coutts
GP Practice	87560
Date/Time Reported	18.02.26 / 17:42
Details	memory issues, LMP 1 yea....

End of Report

Blood Sciences Haematology Report	
Patient Details	
Surname	ALEXANDER
Forename	NICOLA ANN
CHI	0112793142
Date of birth	01.12.1979
Sex	Female
Address	24c Inchinnan Rd Paisley PAISLEY RENFREWS PA3 2RA
Specimen Details	
Specimen Number	B.26.7130827.G
Specimen Type	Blood
Date/Time Collected	18.02.26 / 11:55
Date/Time Received	18.02.26 / 15:59
Requested By	Dr Jennifer Coutts
GP Practice	87560
Date/Time Reported	18.02.26 / 17:12
Details	memory issues, LMP 1 year...

Results

Full Blood Count - Authorised on 18.02.26 at 16:23

White Blood Count	7.5	$\times 10^9/l$	(4.0-10.0)
Red Cell Count	4.66	$\times 10^{12}/l$	(3.80-5.80)
Haemoglobin	143	g/l	(115-165)
Haematocrit	0.432	l/l	(0.370-0.470)
Mean Cell Volume	92.7	fl	(83.0-101.0)
MCH	30.7	pg	(27.0-32.0)
Platelet Count	367	$\times 10^9/l$	(150-410)
Neutrophils	3.8	$\times 10^9/l$	(2.0-7.0)
Lymphocytes	2.9	$\times 10^9/l$	(1.1-5.0)
Monocytes	0.6	$\times 10^9/l$	(0.2-1.0)
Eosinophils	0.22	$\times 10^9/l$	(0.02-0.50)
Basophils	0.1	$\times 10^9/l$	(0.0-0.1)
Nucleated RBC	0.0	$\times 10^9/l$	

Report comments:

Clyde Haematology Labs are a UKAS accredited medical lab (No 8046) for all tests except Sick

ESR - Authorised on 18.02.26 at 17:08

ESR	9	mm/hr	(0-12)
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Report comments:

Clyde Haematology Labs are a UKAS accredited medical lab (No 8046) for all tests except Sick

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	ALEXANDER
Forename	NICOLA ANN
CHI	0112793142
Date of birth	01.12.1979
Sex	Female
Address	24c Inchinnan Rd Paisley PAISLEY RENFREWS PA3 2RA

Specimen Details

Specimen Number	B.26.7130803.M
Specimen Type	Blood
Date/Time Collected	18.02.26 / 11:55
Date/Time Received	18.02.26 / 15:53
Requested By	Dr Jennifer Coutts
GP Practice	87560
Date/Time Reported	18.02.26 / 17:27
Details	memory issues, LMP 1 yea....

Results

Bone Profile - Authorised on 18.02.26 at 17:18

Calcium	2.27	mmol/L	(2.20-2.60)
Calcium (adjusted)	2.38	mmol/L	(2.20-2.60)
Phosphate	1.28	mmol/L	(0.80-1.50)
Albumin	41	g/L	(35-50)
Alkaline Phosphatase	77	U/L	(30-130)

Urea & Electrolytes - Authorised on 18.02.26 at 17:18

Sodium	141	mmol/L	(133-146)
Potassium	4.4	mmol/L	(3.5-5.3)
Chloride	105	mmol/L	(95-108)
Urea	4.2	mmol/L	(2.5-7.8)
Creatinine	67	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 18.02.26 at 17:18

Total Bilirubin	8	umol/L	(<20)
ALT	30	U/L	(<50)
AST	30	U/L	(<40)
Alkaline Phosphatase	77	U/L	(30-130)
Albumin	41	g/L	(35-50)

Thyroid funct test - Authorised on 18.02.26 at 17:24

TSH	0.92	mU/L	(0.35-5.00)
Free T4	14.3	pmol/L	(9.0-21.0)
Total T3		nmol/L	

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	ALEXANDER
Forename	NICOLA ANN
CHI	0112793142
Date of birth	01.12.1979
Sex	Female
Address	24c Inchinnan Rd Paisley PAISLEY RENFREWS PA3 2RA

Specimen Details

Specimen Number	B.26.7130813.Q
Specimen Type	Blood
Date/Time Collected	18.02.26 / 11:55
Date/Time Received	18.02.26 / 15:52
Requested By	Dr Jennifer Coutts
GP Practice	87560
Date/Time Reported	18.02.26 / 16:52
Details	memory issues, LMP 1 year...

Results

Glucose - Authorised on 18.02.26 at 16:49

Glucose 3.7 mmol/L (3.5-6.0)

Comments:
Fasting sample

End of Report

Blood Sciences Biochemistry Report	
Patient Details	
Surname	ALEXANDER
Forename	NICOLA ANN
CHI	0112793142
Date of birth	01.12.1979
Sex	Female
Address	24c Inchinnan Rd Paisley PAISLEY RENFREWS PA3 2RA
Specimen Details	
Specimen Number	B.26.7059864.B
Specimen Type	Blood
Date/Time Collected	19.01.26 / 12:01
Date/Time Received	19.01.26 / 14:54
Requested By	Dr Jennifer Coutts
GP Practice	87560
Date/Time Reported	19.01.26 / 15:17
Details	CVD risk assessment

Results

HbA1c (IFCC) - Authorised on 19.01.26 at 15:12

HbA1c (IFCC) 34 mmol/mol (20-41)

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	ALEXANDER
Forename	NICOLA ANN
CHI	0112793142
Date of birth	01.12.1979
Sex	Female
Address	24c Inchinnan Rd Paisley PAISLEY RENFREWS PA3 2RA

Specimen Details

Specimen Number	B.26.7071196.W
Specimen Type	Blood
Date/Time Collected	19.01.26 / 12:01
Date/Time Received	19.01.26 / 14:59
Requested By	Dr Jennifer Coutts
GP Practice	87560
Date/Time Reported	19.01.26 / 16:27
Details	CVD risk assessment

Results

Lipid profile - Authorised on 19.01.26 at 16:22

Cholesterol	6.8	mmol/L	
Triglycerides	1.3	mmol/L	(0.2-2.3)
HDL Cholesterol	1.8	mmol/L	
LDL-Cholest (calc'd)	4.4	mmol/L	
VLDL-Chol (calc'd)	0.6	mmol/L	
Chol/HDL ratio	3.8		

End of Report

NHS Confidential: Personal data about a patient

Love St Medical
40 Love St Paisley
PA3 2DY
23/12/25

RE: Nicola Alexander, 0112793142

Dear Doctor,

Your patient, Nicola Alexander, 0112793142, was reviewed by myself in our Pharmacy First Plus clinic. She presented with a 4-day history of ear pain following a viral infection. Her left ear was red and inflamed looking on examination, with her TM bulging and discharge present behind it. She is going abroad tomorrow and is worried about plane travel. Her clinical observations were within normal ranges and she showed no red flags. I have treated her with a course of **clarithromycin 500mg BD for 5/7** (pt reported pen allergy) **and advised the use of Sudafed before flying to help with inner ear pressure.**

Currently, no action is required, however I have advised the patient that should her condition worsen or fail to improve, to contact the practice for further advice.

If you have any queries or concerns, please do not hesitate to get in touch with me.

Kind regards,

Jenifer McQueen
Pharmacist Independent Prescriber

Foxbar Pharmacy
57 Ivanhoe Road,
Paisley,
PA2 0JZ

NCCIAS >> Letter

NOT REG AM9 STEVENSTON.
Page 1 of 1



~~Dr F Gilani
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB~~

Colposcopy Unit
Women's & Children's Directorate
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN
Contact: Lynsey Anderson
Telephone: 0141 314 7356
Reference: LA /
21/10/2025

Dear Dr Gilani

Patient Details: CHI Number 0112793142
Unit Number ZRV1456127
Name Nicola Alexander
Date of Birth 01/12/1979
Address Flat C, 24 Inchinnan Rd
Paisley PA3 2RA

Your patient was seen at the clinic on 22/09/2025 and at this visit, a colposcopy was done but no treatment was undertaken.

Colposcopy assessment was CIN/Low Grade.

No smear was taken.

A diagnostic biopsy of the cervix was taken and the result was Normal (inc HPV and cervicitis).

The test results indicate that no further treatment of your patient is necessary. Your patient has therefore been discharged from the colposcopy clinic. I recommend that a follow up smear should be taken in 12 months time.

Your patient has been advised of the results and that she will be invited to attend for her next smear test. Your patient will therefore appear on your Recommended Call List (RCL) on SCCRS in due course.

Yours sincerely


Mrs KG Galbraith
Nurse Colposcopist

Copy to:

Alexander Nicola Ann

CHI: 0112793142

Clinical letter - GP: Results



Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-314-7294
Neurology
0141 314 6191
erin.connor@nhs.scot
11/04/2025
ADR/EC
02/04/2025
08/04/2025

Dr. F Gilani
The Love Street Medical Centre
40 Love Street
Paisley
PA3 2DY

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Dear Dr Gilani,

**Nicola Ann Alexander; D.O.B: 01/12/1979; CHI: 0112793142
FLAT C, 24 INCHINNAN RD, Paisley, Renfrewshire, PA3 2RA**

I have now received Nicola's brain MRI scan report.

I am pleased to see that her brain MRI is reassuring, without any concerning features noted.

Yours sincerely,

Dr Alexis de Roquemaurel

Consultant Neurologist

Electronically Signed: Dr Alexis De Roquemaurel, Consultant

cc. Ms Nicola Alexander
Flat C
24 Inchinnan Road
Paisley
PA3 2RA

Blood Sciences Biochemistry Report

Patient Details

Surname	ALEXANDER
Forename	NICOLA ANN
CHI	0112793142
Date of birth	01.12.1979
Sex	Female
Address	24c Inchinnan Rd Paisley PAISLEY RENFREWS PA3 2RA

Specimen Details

Specimen Number	B.25.7296935.B
Specimen Type	Blood
Date/Time Collected	21.03.25 / 08:22
Date/Time Received	21.03.25 / 11:34
Requested By	Dr Mahmoud Alkhalidi
GP Practice	87560
Date/Time Reported	21.03.25 / 12:27
Details	Candesartan

Results

Urea & Electrolytes - Authorised on 21.03.25 at 12:23

Sodium	139	mmol/L	(133-146)
Potassium	4.4	mmol/L	(3.5-5.3)
Chloride	+ 109	mmol/L	(95-108)
Urea	5.8	mmol/L	(2.5-7.8)
Creatinine	74	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

End of Report

Alexander Nicola Ann

CHI: 0112793142

Clinic Letter



Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. F Gilani
The Love Street Medical Centre
40 Love Street
Paisley
PA3 2DY

Main
Switchboard:
Department: Neurology
Contact Tel: 0141 314 6191
Enquiries to: erin.connor@nhs.scot
Letter Date: 11/02/2025
Reference: ADR
Dictated: 12/02/2025
Date:
Transcribed: 11/02/2025
Date:

Dear Dr. F Gilani,

**Nicola Ann Alexander; D.O.B: 01 Dec 1979; CHI: 0112793142
FLAT C, 24 INCHINNAN RD, Paisley, Renfrewshire, PA3 2RA**

Attendance: Specialty - Neurology; Clinic - RAADRNE4-DR A DE ROQUEMAUREL NEURO TUES
PM

Date and Time of Appointment - 11/02/2025 13:00

Clinical Comments:

It was a pleasure to meet this 45 year old patient in general neurology clinic at the royal Alexandra Hospital. She had been referred in April 2024. There is mention of bilateral frontal headaches occasionally interfering with her sleep and also occasionally present when waking up. Her headaches tended to respond transiently to naproxen but with wearing of symptoms after several hours. There was some concern about a potential sinister intracranial pathology although she denied any visual symptoms or vomiting, and her optician examination was normal. She has now been using Diclofenac for her migraine attacks with better outcome.

Upon repeat questioning, her episodic headache disorder started about 12 months without any preceding event or trigger besides some possible premenopause symptoms. She describes some frequent episodic non positional headaches with severe pulsing pain, at times bilateral, or unilateral but side shifting, aggravated by head movements and routine activities, and associated with nausea, photophobia and phonophobia. Her headaches have been refractory to paracetamol and ibuprofen. Episodes tend to last for several days before resolving. She also describes some allodynia over the right forehead. She denies any typical visual or sensory aura but she occasionally perceives some flashing lights / photopsia. She denies any prior history of migraine in childhood or early adulthood. She denies any travel sickness. There is no history of sleep apnoea. She doesn't take any regular medication. She spends on average 10 days per months with migraine and uses Diclofenac for less than 10 days a month (no overt medication overuse). She has limited information about her family besides her mother having been diagnosed with epilepsy.

Alexander Nicola Ann

CHI: 0112793142

OPCL 11/02/2025 v1

Her physical examination was entirely normal, including cranial nerve (besides some longstanding and mild right eye adduction weakness), range of neck movements, balance, coordination and speech.

Impression: Frequent episodic migraine without aura. Mid adulthood onset. No medication overuse.

Reassuring examination. No signs of raised ICP.

Plan:

I will arrange a Brain MRI and I shall be grateful if you could prescribe her with Candesartan 4mg od for her migraine (BP measured 101/59mmHg today) while monitoring her BP and electrolytes. She may also want to try Riboflavin/vitamin B2 supplement 400mg od. Migraine attacks could be treated with Eletriptan 40mg, to be used only once early during the episode.

I will review her in clinic and I have asked her to attend with a Headache diary.

Yours sincerely,

Alexis de Roquemaurel

Consultant Neurologist

Electronically Signed: Dr Alexis De Roquemaurel, Consultant

cc. Ms Nicola Alexander
Flat C
24 Inchinnan Road
Paisley
PA3 4TZ

Acute Services Division

Diagnostics Directorate

CT Scanning Department
Institute of Neurological Sciences
Queen Elizabeth University
Hospital
1345 Govan Road
Glasgow
G51 4TF



Dr Daniel Brandon
The Love Street Medical Centre
40 Love Street
Paisley
PA3 2DY

Tel: 0141 347 8379
Date: 27-Mar-2024
CHI No: 0112793142
Hosp Ref: G588C
Page No: Page 1 of 1

Dear Dr Daniel Brandon,

The following radiology request has been **RETURNED** for the reason below.

Patient: Miss Nicola Ann Alexander
Date of birth: 01-Dec-1979
CHI No: 0112793142
Date of Request: 26-Mar-2024

Examination(s) Requested: CT Head

Reason for Returning

Reject. Referral not meet GP referral criteria to the INS.

In many cases additional information is all that is required. Can you please therefore review this patient and either submit another referral form, giving additional information or contact a Consultant Radiologist for guidance.

Yours sincerely

Diagnostics Administrator



DALLAS McMILLAN

SOLICITORS GLASGOW
EST. 1875

Our Ref: DJM/LI/ALE006/AE

Email: lauren.irwin@dallasmcmillan.co.uk

08 February 2024

FIRST CLASS

Love Street Medical Centre
40 Love Street
Paisley
PA3 2DY

Dear Sirs,

Our client: Nicola Alexander

Date of birth: 01.12.79

Request for Updated Copy of Medical Records

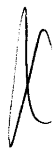
We act for the above named in connection with a claim for compensation which she is pursuing following an incident on the 30 October 2023.

For the purposes of the claim which we are pursuing on behalf of Ms Alexander we wish sight of any medical records you hold relating to her. Ms Alexander has signed a mandate requesting that you provide us with copies of her updated records (attached).

We would be obliged if you could have her full file of records from 16 February 2022 copied and sent to us (preferably in electronic format).

We look forward to hearing from you.

Yours faithfully,



DALLAS MCMILLAN

Regent Court, 70 West Regent Street, Glasgow G2 2QZ T: 0141 333 6750 F: 0141 333 6777 E: mail@dallasmcmillan.co.uk

Partners: Forbes G. Leslie J. Gordon Bell David J. McElroy David M. Hutchison Rosslyn Milligan Richard R. Andrew

Accredited Specialists: J. Gordon Bell - Personal Injury Law David J. McElroy - Personal Injury Law David M. Hutchison - Employment Law

Senior Associates: Rachel Hendry, Craig D. Murnead Consultant: Joyce Marshall

www.dallasmcmillan.co.uk

BMA/The Law Society consent form

Consent form (Releasing health records under the General Data Protection Regulation and the Data Protection Act 2018)

Your health records

Your health records typically contain information from almost all consultations and contacts you have had with health professionals in the practice and information sent to the practice about you from others, such as hospital letters.

The information they contain usually includes:

- why you saw a health professional;
- details of clinical findings and diagnoses, investigations, tests and scans;
- any options or recommendations for care and treatment the health professional discussed with you;
- the decisions made about your care and treatment, including evidence that you agreed; and
- details of actions health professionals have taken and the outcomes.

Why your records are needed and what may happen to them

If you are making, or considering making, a legal claim for compensation related to an injury to your health, your solicitor will likely need to see copies of all your GP records. They will also need any hospital records made in connection with the incident and others that may be relevant. This is to enable the solicitor to understand the incident and your injury and give you legal advice on the merits and value of your claim.

If you decide to go ahead with your claim, your solicitor may advise that it is sensible (or that it may be necessary) to give copies of your records to:

- the expert whom your solicitor or agent instructs to produce a medical report as evidence for the case;
- the insurance company for the person or body you are making a claim against;
- the person or the body you are making a claim against and/or their solicitors;
- any insurance company or other organisation paying or providing an indemnity for your legal costs; and
- any other person (such as a barrister) or body (such as the court) officially involved with the claim.

Once you start your claim, the court can order you to give copies of your health records to the solicitor of the person you are making a claim against so he or she can see if any of the information in your records can be used to defend his or her client. The solicitor of the person or body you are making the claim against will likely show your records to their client in the normal course of advising them and may show them to others too (such as a barrister or medical expert). If the person you are making the claim against does not have a legal representative the court can order you to give copies to them directly.

You do not have to give permission for your health records to be obtained and disclosed in your case but if you don't, it is unlikely that your claim will be able to proceed if the medical records are crucial evidence in your claim. The court may not let you go ahead with your claim and your solicitor may be unable to continue to represent you.

If there is very sensitive information in the records that is not connected to the claim you should tell your solicitor. They will then consider whether this information may be relevant and needs to be disclosed in the case. Your solicitor can advise you on this and if appropriate may advise you to discuss the matter with your medical practitioner.

Important

By signing this form, you are agreeing to the health professional, hospital and others named on this form releasing copies of your health records to your solicitor or agent. During the process your records may be seen by people who are not health professionals, but they will keep the information confidential.

Part c – your solicitor’s or agent’s declaration and signature

Before you ask your client to fill in and sign this form you should ask your client to read the notes above. You should explain that signing this form will permit release of his or her complete health records and how the information in them may be used. You should explain that this form only applies to the release of the medical record to you and that separate consent will be obtained for any onward disclosures which are required.

If your client is not capable of giving his or her permission in this form, it may be possible for someone to give consent and sign it on their behalf, for example:

- your client’s litigation friend;
- someone who has enduring/lasting power of attorney to act for your client; or
- your client’s deputy appointed by the Court of Protection.

You must only use health records for specific purposes that your client has agreed to in advance.

Under the General Data Protection Regulation and Data Protection Act 2018 you have responsibilities relating to sensitive information. The entire health record should not be revealed without the client’s permission, and you should not keep health records for any longer than is necessary for agreed-to purposes. You should return copies of health records to the client at the end of the claim if they want them. If they do not want them, you will be responsible for confidentially destroying them.

To health professionals

I have told my client the implications of giving me access to his or her health records. I confirm that I need the full records in this case.

Solicitor’s or agent’s signature



Date:

8 | 11 | 21

Notes for the medical records controller

This form shows your patient’s permission for you to give copies of his or her complete record, and any hospital and other records relating to this incident, to his or her solicitor or agent.

You must give the solicitor or agent copies of these health records unless any of the exemptions set out in Schedules 3 and 4 of the Data Protection Act 2018 apply. The main exemptions are that you must not release information that:

- is likely to cause serious physical or mental harm to the patient or another person; or
- relates to someone who would normally need to give their permission (where that person is not a health professional who has cared for the patient).

Your patient’s permission for you to release information is valid only if that patient understands the consequences of his or her records being released, and how the information will be used. The solicitor or agent named on this form must explain these issues to the patient. If you have any doubt about whether this has happened, you should contact the solicitor or agent, or your patient.

This form does not contain a comprehensive statement of solicitors’ or health professionals’ obligations under the relevant data protection legislation. If you are in any doubt about your legal obligations, seek advice.

The BMA publishes detailed guidance for doctors on giving access to health records. You can view that guidance by visiting: www.bma.org.uk/ethics

This form is published by the Law Society and British Medical Association. (3rd edition, October 2018)



Alexander Nicola Ann

CHI: 0112793142

Emergency Attendance Letter



Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 21/11/2023

Consultant: Dr Diane OCarroll

DJ Brandon
The Love Street Medical Centre
40 Love Street
Paisley
Paisley
PA3 2DY

Dear DJ Brandon

Re: **Alexander Nicola Ann**
FLAT C
Paisley PA3 2RA

DOB: **01/12/1979**

CHI: **0112793142**

Attended on: **21/11/2023 at 09:11 hrs.**

Departed on: **at hrs.**

Discharge Type: **01b - Discharge with follow up by
primary care team**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **0**

Presenting complaint
neck pain

Nursing Assessment:

**sudden onset of neck pain 3 days ago , can move head from sided to side baut not backwards , was
in rtc 3 weeks ago was fine after it**

Investigations in ED: **None**

Alexander Nicola Ann

CHI: 0112793142

Diagnosis:

Diagnosis	Side	Site
Other and Unspecified Skin Changes		
Multiple Superficial Injuries of Neck		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Jacqueline Boyd
Nurse

Copies to:

1. DJ Brandon (GP)

School Address:

Public Protection Referral 1 (PPR 1)

Adult Protection: If you know or believe an adult is or likely to be at risk of harm you have a statutory duty to refer to Social Work Child Protection: If you know or believe a child is or may be at risk of harm you have a responsibility to refer to the appropriate agency Further clarity of a child/adult at risk can be sought from the Public Protection Policy if required.					
Type of concern:			an Adult & Child Welfare/Wellbeing Concern		
Caller Name	Nicola Alexander	Date/Time of Call	SAP Record Number		
Caller Relationship to patient	Self	02/11/2023 15:10	28227061		
Mandatory: Provide details of the patient & person/s 'at risk' or whom you have a concern about.					
Patients Name	Nicola Alexander	Gender	Female	D.O.B, Chi & Age	0112793142 01/12/70 43
Subject's Name	Chloe Alexander	Gender	Female	D.O.B, Chi & Age	11/07/06 0583
Subject's Name	Click here to enter text.	Gender	Choose an item.	D.O.B, Chi & Age	Click here to enter text.
Subject's Name	Click here to enter text.	Gender	Choose an item.	D.O.B, Chi & Age	Click here to enter text.
Chi Address (Including Postcode)	Flat C / 24 Inchinnan Road / PAISLEY / PA3 2RA		Current Location (If Different)		/ 11 Orchard Street / PAISLEY / PA1 1UY
Phone Number	07449847797				
Detail your concern and document within the patient's clinical summary: If an OOHs service is required because you believe this is an Adult/Child at immediate risk of harm or you are aware a crime has been committed or there is a need for further assessment, you must contact and follow up with appropriate agencies as soon as practicably possible.					
Situation: (risk/concern)					
Patient driver in RTA 3/7. Anxiety++. 2 x episodes of panic whilst driving since RTA. Patient distressed during call.					
Background: (reason for call, include analysis of any relevant and proportionate information that is appropriate to share (i.e.: KIS, special notes, previous calls / Previous Public Protection Concerns, frequent caller)					
No previous calls, KIS or ECS.					
Assessment: in relation to your risk/concern:					
?Support from community mental health team required/ counselling.					
Recommendation : "If you took immediate action to ensure the Adult/Child was safe, please select from Option 1 who you contacted"					
Option 1:			Choose an item.		

Public Protection Referral 1 (PPR 1)

Additional Information (Provide the detail of any service/s contacted and include: names, incident numbers, attendance at A&E/PCEC etc.):		16.21 – Multiple attempts made to call GP surgery unsuccessful. 03/11/23 09:00 M.E – D/W GP – PT SPOKE TO DR WILSON 08:10 TODAY – SENT PRESCRIPTION ADVISED TO CALLBACK IN A FEW DAYS TO CHECK-IN WITH DR	
Option 2: "If you have assessed there is no immediate risk at the time of the call please indicate who you would like the public protection service to share your referral with: E.G: (SW, GP, HV, SN, LAC, CPNA):"			
GP, COMMUNITY MENTAL HEALTH NURSE			
Subject of Referral's GP Details			
Subject of Referral's GP Name	Parag Patel	GP Address	LOVE ST MEDICAL CENTRE / 40 LOVE STREET PA032DY
GP Phone number	0141 531 3430		
Health Board Area	NHS Greater Glasgow and Clyde		
Name of School if known (Child)	Click here to enter text.	Local Authority Area	Renfrewshire
Information Sharing: It is everyone's responsibility and everyone's job to share relevant, proportionate and necessary information with appropriate agencies in order to protect children, young people and adults.			
Have you gathered from the appropriate person their views that their information regarding the risk or wellbeing/welfare concern will be shared with social work or other relevant agencies? Yes			
If No, please state reason: Choose an item.		If Other please Specify Click here to enter text.	
Final Endpoint of Call:		GP in hours	
Referrers Details			
Staff Member's Name		ERIN TOLAND	
Designation (person identifying the public protection concern)		Nurse Practitioner	
Base		Lumina	
Clinician Supporting Referral (if applicable)		Click here to enter text.	
Once all actions are complete in real time, please save this form into the following folder: For Adult Protection and Wellbeing Referrals: <u>R:\Public Protection\1 Adult Support & Protection</u> For Child Protection and Wellbeing Referrals: <u>R:\Public Protection\2 Child Protection</u> For Breathing Space Referrals: <u>R:\Breathing Space</u> For Mental Health Hub: <u>R:\Mental Health Hub</u>			

PART 2 – NHS 24 PUBLIC PROTECTION TEAM FOLLOW UP

Public Protection Referral 1 (PPR 1)

Intentional Overdose?	Choose an item.	
If Gender Based Violence Concern, please specify:	Choose an item.	
Categories of Concern in Relation to Adult Support & Protection		
Vulnerable Adult Concern	Choose a Concern	If Other, Please Specify
If Care Home Concern, please specify:	Choose an item.	If Other, please specify
If Gender Based Violence Concern, please specify:	Choose an item.	
PART 3 – ACTIONS REQUIRED BY PUBLIC PROTECTION ADMINISTRATOR		
sdcchildrenandfamilies@glasgow.gov.uk ggc.cpadmin@nhs.scot ggc.gp87560clinical@nhs.scot socialcaredirect@glasgow.gov.uk		
NHS 24 Public Protection Administrator		
Date and Time Sent	03/11/2023 15:15	
Sent by	Lynn McGregor	
Nurse Specialist Public Protection	Choose an item.	
Nurse Practitioner Public Protection	Elizabeth Conaghan	
If you have any enquiries relating to a Public Protection Referral Please Contact: Public Protection Administrator NHS 24 Nursing and Care Headquarters Lumina 40 Ainslie Road Hillington Glasgow G52 4RU Email: nhs24.publicprotection@nhs.scot		

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7136999	Receive Date:	2-Nov-2023 15:08
Patient's Name:	Nicola Alexander		
Date of birth:	1-Dec-1979 (43 years)	Gender:	F
Address:	Flat C 24 Inchinnan Road Paisley PA3 2RA	Current Address:	11 Orchard Street Paisley PA1 1UY
Return Contact No:			
Tel No:	07449 847797		07449 847797
Mobile No:			
Priority:	Routine	Call Origin:	
Received:	2-Nov-2023 15:08	Calltype:	NHS24 Advised (Info Only)
Advised:	15:52	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Parag Patel
CHI Number:	0112793142		

NHSD details:

Receptionist:
ANXIETY AFTER RTA - 22 HOURS
NOA4 Pt advised to contact Practice within 4 Hrs - Info Only
Clinical summary created by: Melissa Flynn (Call Taker Si) () [02/11/2023 15:53:16]
Reason for call: ANXIETY AFTER RTA - 22 HOURS 02:11:2023 15:10:34
FLYNNM.. MULTIPLE CALLER 1 OF 2. RETURN CALLER - CALLED GP
SURGERY WHO ADVISED 111. CAR ACCIDENT WITH DAUGHTER ON
MONDAY MORNING, BURSTING SORE HEAD, BEEN USING
PARACETAMOL... NECK AND BACK TIGHT. LAST NIGHT DRIVING HOME
SOMEONE PULLED UP BEHIND CAR AND STARTED BEEPING , PT
STARTED SHAKING AND FAST HEART RATE AND PT CANT CONTROL
CRYING... ANOTHER EPISODE OF THIS MORNING WHILE DRIVING
DAUGHTER TO SCHOOL FEELS LIKE GOING CRAZ/LOSING MIND
BECAUSE OF FEELING THIS WAY.. DW SCN G RENNIE KW ADVISED
MENTAL HEALTH.. 02:11:2023 15:51:15 TOLANDE.. PT INVOLVED IN RTA
3/7. OTHER ROAD USER DROVE IN TO PATIENTS CAR, NO AIRBAGS

**DEPLOYED. RIGHT SIDED NECK AND SHOULDER PAIN. SENSATION
INTACT. ABLE TO MOBILISE. PT MOST CONCERNED RE ANXIETY.
ANXIOUS++ SINCE ACCIDENT. 2 X PANIC EPISODES IN CAR SINCE RTA...
EPISODE OF TUNNEL VISION AND FEELING LIGHTHEADED.
DISTRESSED DURING CALL. HEADACHE. BREATHING SPACE PHONE
NUMBER GIVEN. WELFARE FORM TO FOLLOW. ADVISE GP IN HOURS...
Outcome: Pt advised to contact Practice within 4 Hrs - Info Only**

Followups:

None

UK Covid-19 Test Report

Result

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

Patient Details

Surname	Alexander
Forename	Nicola
CHI	0112793142
Date of birth	1979-12-01
Sex	Female
Address	FLAT C 24 INCHINNAN RD PAISLEY PA3 2RA

Specimen Details

Specimen Processed Date	02-08-2022 18:26
Test Start Date	01-08-2022 09:36
Test End Date	01-08-2022 21:09
GP Practice	87560
Specimen Number	MWZ11426228
Administration Method	

End of Report

Report Date: 02/08/2022

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER
MEDICAL IN CONFIDENCE
 2021 GGC General Referral Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Neurology GGC General Referral	—— Consultant / receiving practitioner and/or specialty clinic
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	—— Hospital and hospital address
	Hospital location code. C418H
	Email address -
Urgency of referral Urgent	Date sent 15-Apr-2024
Date of referral 15-Apr-2024	

PATIENT DETAILS		Patient's address
Surname	Alexander	24c Inchinnan Rd Paisley PA3 2RA
Forename(s)	Nicola	
Title	Miss	Contact number(s)
Sex	Female	
Date of birth	01-Dec-1979	Voice: 0744 984 7797
CHI no.	0112793142	
Area of Residence	-	

1010327490155

Unique Care Pathway Number: 1010327490155

REGISTERED GP DETAILS		Practice address
Name	Dr Farah Gilani	40 Love Street Paisley PA3 2DY
GMC code	6163269	
GP code	39730	Contact number(s)
Practice name	Love St Medical Centre (19013)	
Practice code	87560	Voice: 0141 531 3430
		Facsimile: 0141 531 3435
		E-mail: gg-uhb.gp87560clinical@nhs.net

REFERRING GP DETAILS		Practice address
Name	Dr. Daniel Brandon	40 Love Street Paisley PA3 2DY
GMC code	3067961	
GP code	39519	Contact number(s)
Practice name	The Love Street Medical Centre (87560)	
Practice code	87560	Voice: 0141 531 3430
		Facsimile: 0141 531 3435

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: HEADACHES

Comment: Dear Dr

This 44 year old lady presented with recent onset of frontal headaches which can radiate to top of head. headaches can disturb her sleep and she can wake up with a headache .Seemed to improve with naproxen but reccurs in the evening .No blurring of vision No nausea or vomiting BP was normal 132/64 cranial nerves intact and no past pointing

I asked her to book eye examination and she has reported this is normal

I prescribed Diclofenac 50mg tds. She reports headaches have improved but still not completely settled

I requested CT but this was declined

I would be grateful for your assessment inorder to exclude any serious intracranial pathology

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
[D]Vertigo NOS	Hospital admission Low phosphate symptoms settled when level corrected	15-Sep-2019	15-Sep-2019
Ankle sprain (Left)	A&E	14-Apr-2014	14-Apr-2014
Convergent squint (Right)	Residual	09-Mar-2012	09-Mar-2012
Forceps delivery	Girl	11-Jul-2006	11-Jul-2006
Fracture of ankle	(R) - remanipulation	12-Aug-1993	12-Aug-1993
Fracture of tibia and fibula	(R) distal	01-Aug-1993	01-Aug-1993

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Computerised tomograph scan	Head-- Left sided otomastoid effusion	20-Sep-2019	20-Sep-2019
Introduction of Mirena coil	-	16-Jan-2019	16-Jan-2019
Eye muscle medial rectus recession+lateral rectus resection (Right)	-	13-Jun-2013	13-Jun-2013

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)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Diclofenac Sodium E/c tablets 50 mg	84	84 TABLET	1 TAB THREE TIMES A DAY	-	26-Mar-2024	15-Apr-2024
Lansoprazole Capsules (Gastro-Resistant) 30 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	26-Mar-2024	15-Apr-2024
Propranolol Hydrochloride Tablets 40 mg	56	56 tablet	ONE TO BE TAKEN THREE TIMES A DAY IF REQUIRED	-	03-Nov-2023	03-Nov-2023

Blood Pressure

Date Recorded Systolic Diastolic

26-Mar-2024	132	64
05-Mar-2024	102	68
07-Feb-2023	109	70
03-May-2019	100	80
28-Mar-2017	98	68

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
05-Mar-2024	161	70	27.01
07-Feb-2023	161	70	27.01
24-Apr-2015	161	70	27.01
13-Nov-2013	161	67.5	26.04
01-Mar-2010	162	83	31.63

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker:		05-Mar-2024
Current smoker:		07-Feb-2023
Current smoker:		03-May-2019
Cigarette smoker, 8 Cigarettes/day:		28-Mar-2017
Cigarette smoker, 7 Cigarettes/day:		24-Apr-2015
Alcohol consumption, 1 units/week:		05-Mar-2024
Alcohol consumption, 1 units/week:		07-Feb-2023
Alcohol consumption, 0 units/week:		24-Apr-2015
Alcohol consumption, 2 units/week:		13-Nov-2013
Trivial drinker - <1u/day:	Alcohol Intake\$.clm - Repeat after an Interval 12M	01-Mar-2010
Aerobic exercise 1 time/week:		24-Apr-2015

Clinical warnings**Allergies**

<u>Description</u>	<u>Date recorded</u>
[V]Personal history of penicillin allergy	11-Aug-2011

Additional Support Needs

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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



This Document has been Signed with a **secure electronic signature** via E-Sign.

Document Details

Title KA MEDICAL MANDATE Nicola Alexander
Author Dallas McMillan Solicitors (shannon@dallasmcmillan.co.uk)
Document Created on Wed, 16 Jun 2021 15:04:11
Digital Fingerprint 2AFnUGwL3OxTNUR4rqWHlcNWMqn1yA

Document Signers

Scan/Click the QR Code to view signature information

Name Nicola Alexander
Email mrbathrooms6paisley@gmail.com
Status SIGNED at Wed, 16 Jun 2021 15:37:01 UTC+01:00
Signature Fingerprint g!5qF_hydcX-AoauOreDva2WbV61-A



Name Kirsty Adams
Email kirsty.adams@dallasmcmillan.co.uk
Status SIGNED at Wed, 16 Jun 2021 15:05:09 UTC+01:00
Signature Fingerprint qmrGI39vT6sSE4RWUgeXl3T7bVYkbQ



Document History

Wed, 16 Jun 2021 15:37:02 Nicola Alexander Signed the Document
Wed, 16 Jun 2021 15:05:09 Kirsty Adams Signed the Document
Wed, 16 Jun 2021 15:04:11 Email Notification sent to Kirsty Adams
Wed, 16 Jun 2021 15:04:11 Email Notification sent to Nicola Alexander
Wed, 16 Jun 2021 15:04:11 Dallas McMillan Solicitors Created the Document



legislation.gov.uk



Part c – your solicitor's or agent's declaration and signature

Before you ask your client to fill in and sign this form you should ask your client to read the notes above. You should explain that signing this form will permit release of his or her complete health records and how the information in them may be used. You should explain that this form only applies to the release of the medical record to you and that separate consent will be obtained for any onward disclosures which are required.

If your client is not capable of giving his or her permission in this form, it may be possible for someone to give consent and sign it on their behalf, for example:

- your client's litigation friend;
- someone who has enduring/lasting power of attorney to act for your client; or
- your client's deputy appointed by the Court of Protection.

You must only use health records for specific purposes that your client has agreed to in advance.

Under the General Data Protection Regulation and Data Protection Act 2018 you have responsibilities relating to sensitive information. The entire health record should not be revealed without the client's permission and you should not keep health records for any longer than is necessary for agreed-to purposes. You should return copies of health records to the client at the end of the claim if they want them. If they do not want them, you will be responsible for confidentially destroying them.

To health professionals

I have told my client the implications of giving me access to his or her health records. I confirm that I need the full records in this case.

Solicitor's or agent's signature

K Adams
16/06/2021 15:05:08

Kirsty Adams

Date:

16/06/2021

Notes for the medical records controller

This form shows your patient's permission for you to give copies of his or her complete record, and any hospital and other records relating to this incident, to his or her solicitor or agent.

You must give the solicitor or agent copies of these health records unless any of the exemptions set out in Schedules 3 and 4 of the Data Protection Act 2018 apply. The main exemptions are that you must not release information that:

- is likely to cause serious physical or mental harm to the patient or another person; or
- relates to someone who would normally need to give their permission (where that person is not a health professional who has cared for the patient).

Your patient's permission for you to release information is valid only if that patient understands the consequences of his or her records being released, and how the information will be used. The solicitor or agent named on this form must explain these issues to the patient. If you have any doubt about whether this has happened, you should contact the solicitor or agent, or your patient.

This form does not contain a comprehensive statement of solicitors' or health professionals' obligations under the relevant data protection legislation. If you are in any doubt about your legal obligations, seek advice.

The BMA publishes detailed guidance for doctors on giving access to health records. You can view that guidance by visiting: www.bma.org.uk/ethics

This form is published by the Law Society and British Medical Association. (3rd edition, October 2018)



Part a – your details and those of your health professionals and your solicitors or agents

Your full name (and any other names by which you have been known):	Nicola Alexander
Your address:	24C Inchinnan Road, PA3 2RA
Date of birth:	1 st December 1979
NHS number (if known):	
Hospital number (if known):	
Date of incident:	19 th May 2021
Solicitor's or agent's name and address	Dallas McMillan Solicitors, Regent Court, 70 West Regent Street, Glasgow, G2 2QZ
GP's name and address (and phone number if known):	Love Street Medical Centre, 40 Love Street, Paisley, PA3 2DY
Ambulance Service used (if any):	
Name (and address if known) of the hospital(s) you attended in relation to this incident:	
If you have seen any other person or organisation about your injuries (for example, a physiotherapist) or have had any investigations (for example, X-rays) please provide details:	

Part b – your declaration and signature

I have read this form and fully understand the contents of it.

To health professionals

I understand that filling in and signing this form gives you permission to give copies of all my health records including complete GP records, and any hospital records relating to this incident, to my solicitor or agent whose details are given below.

Please give my solicitor or agent copies of my health records, in line with the Data Protection Act 2018, within 30 days.

Your signature:

N Alexander
16/06/2021 15:37:01
Nicola Alexander

Date:

16/06/2021

BMA/The Law Society consent form

Consent form (Releasing health records under the General Data Protection Regulation and the Data Protection Act 2018)

Your health records

Your health records typically contain information from almost all consultations and contacts you have had with health professionals in the practice and information sent to the practice about you from others, such as hospital letters.

The information they contain usually includes:

- why you saw a health professional;
- details of clinical findings and diagnoses, investigations, tests and scans;
- any options or recommendations for care and treatment the health professional discussed with you;
- the decisions made about your care and treatment, including evidence that you agreed; and
- details of actions health professionals have taken and the outcomes.

Why your records are needed and what may happen to them

If you are making, or considering making, a legal claim for compensation related to an injury to your health, your solicitor will likely need to see copies of all your GP records. They will also need any hospital records made in connection with the incident and others that may be relevant. This is to enable the solicitor to understand the incident and your injury and give you legal advice on the merits and value of your claim.

If you decide to go ahead with your claim, your solicitor may advise that it is sensible (or that it may be necessary) to give copies of your records to:

- the expert whom your solicitor or agent instructs to produce a medical report as evidence for the case;
- the insurance company for the person or body you are making a claim against;
- the person or the body you are making a claim against and/or their solicitors;
- any insurance company or other organisation paying or providing an indemnity for your legal costs; and
- any other person (such as a barrister) or body (such as the court) officially involved with the claim.

Once you start your claim, the court can order you to give copies of your health records to the solicitor of the person you are making a claim against so he or she can see if any of the information in your records can be used to defend his or her client. The solicitor of the person or body you are making the claim against will likely show your records to their client in the normal course of advising them and may show them to others too (such as a barrister or medical expert). If the person you are making the claim against does not have a legal representative the court can order you to give copies to them directly.

You do not have to give permission for your health records to be obtained and disclosed in your case but if you don't, it is unlikely that your claim will be able to proceed if the medical records are crucial evidence in your claim. The court may not let you go ahead with your claim and your solicitor may be unable to continue to represent you.

If there is very sensitive information in the records that is not connected to the claim you should tell your solicitor. They will then consider whether this information may be relevant and needs to be disclosed in the case. Your solicitor can advise you on this and if appropriate may advise you to discuss the matter with your medical practitioner.

Important

By signing this form, you are agreeing to the health professional, hospital and others named on this form releasing copies of your health records to your solicitor or agent. During the process your records may be seen by people who are not health professionals, but they will keep the information confidential.

UK Covid-19 Test Report

Result

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

Patient Details

Surname	Alexander
Forename	Nicola
CHI	0112793142
Date of birth	1979-12-01
Sex	Female
Address	

Specimen Details

Specimen Processed Date	07-09-2021 21:48
Test Start Date	06-09-2021 15:38
Test End Date	06-09-2021 15:39
GP Practice	87560
Specimen Number	AAI88094134
Administration Method	self

End of Report

Report Date: 12/09/2021

07/09/2021

Email - 87560lovestreetscripts (The Love Street Medical Centre) - Outlook

✂ Change of address ✂

Gary Dooley <mr Bathrooms6paisley@gmail.com>

Tue 07/09/2021 11:41

To: 87560lovestreetscripts (The Love Street Medical Centre) <ggc.87560lovestreetscripts@nhs.scot>

Good Morning

If I could have my address for myself and daughter updated on file
that would be perfect thank you.

Names are Nicola Ann Alexander DOB 01/12/1979 and Chloe Alexander DOB 11/07/2006

old address 15 Braehead Road - New Address is 24 C Inchinnan Road, ✓
Paisley PA32RA. ✓ *LP*

Many Thanks for your time.

Best Regards

Nicola Alexander

Alexander Nicola

CHI: 0112793142

Emergency Attendance Letter



Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:

Tel: 0141 314 6195

Fax: 0141 887 1386

Email:

Date Completed: 20/05/2021

Consultant: Dr Catriona Wallace

DJ Brandon
The Love Street Medical Centre
40 Love Street
Paisley
Paisley
PA3 2DY

Dear DJ Brandon

Re: **Alexander Nicola**
Flat C
Paisley PA3 2RA

DOB: **01/12/1979**

CHI: **0112793142**

Attended on: **20/05/2021 at 19:18 hrs.**

Departed on: **20/05/2021 at 20:44 hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **0**

Presenting complaint

RTA - Head, Neck and lower back pain.

Nursing Assessment:

driver in stationary car yesterday ?30mph, wearing seatbelt, back feels stiff, no c spine tenderness, taken own pain relief, no issues mobilising

Investigations in ED:

None

Alexander Nicola

CHI: 0112793142

Diagnosis:

Diagnosis	Side	Site
Sprain and Strain of Cervical Spine		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Alasdair Corfield
Consultant

Copies to:
 1. DJ Brandon (GP)
School Address:

Alexander Nicola

CHI: 0112793142

Clinic Letter



Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. DJ Brandon
The Love Street Medical Centre
40 Love Street
Paisley
PA3 2DY

Main
Switchboard:
Department: ENT
Contact Tel: 01475 504 613
Enquiries to: barbara.nicol@ggc.scot.nhs.uk
Letter Date: 30/03/2020
Reference: AR/DJ
Dictated: 30/03/2020
Date:
Transcribed: 02/04/2020
Date:

Dear Dr. DJ Brandon,

Nicola Alexander; D.O.B: 01 Dec 1979; CHI: 0112793142
1/1 15 BRAEHEAD ROAD, Paisley, Renfrewshire, PA2 8DZ

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - RAAREN1-MR ROBERTSON MON AM
Date and Time of Appointment - 30/03/2020 11:20

Clinical Comments:

Diagnosis: Resolved imbalance

I had a phone consultation with Nicola today. She tells me she is feeling much better. She has not had any dizzy turns and the balance is back to normal. Her ear does not feel blocked. She gets occasional pain in her ear brought on by chewing and she feels her jaw joint will click when she chews or yawns. There is no otorrhoea. She rarely gets tinnitus and her hearing is normal. I explained to her that the CT of temporal bones showed a little bit of mucus in the middle ear but nothing more than that. I am sure things will continue to improve and I have discharged her from further follow up.

Yours sincerely

Mr A Robertson

Consultant ENT Surgeon

Electronically Signed: Mr Alasdair Robertson, Consultant

cc.

THE LOVE STREET MEDICAL CENTRE

Dr Daniel J Brandon, Dr Julie Canning, Dr Parag Patel
Dr Paula Hendrie

40 Love Street
Paisley
Renfrewshire
PA3 2DY

Practice Manager: Elaine Manson

Tel: 0141 531 3430
Fax: 0141 531 3435

12 February 2020

Miss Nicola Alexander
Flat 1-1
15 Braehead Road
PAISLEY
PA2 8DZ

Dear Miss Alexander

TEST RESULTS – 20 January 2020

I wrote to you recently regarding the results of your recent test but note that you have not as yet been in touch with the Medical Centre.

Please call the medical centre and make a telephone appointment with Dr Hendrie who will review your results and any further action required.

Yours sincerely,

The Partners
Love Street Medical Centre

THE LOVE STREET MEDICAL CENTRE

Dr Daniel J Brandon, Dr Julie Canning, Dr Parag Patel
Dr Paula Hendrie

40 Love Street
Paisley
Renfrewshire
PA3 2DY

Practice Manager: Elaine Manson

Tel: 0141 531 3430
Fax: 0141 531 3435

Miss Nicola Alexander
Flat 1-1
15 Braehead Road
PAISLEY
PA2 8DZ

7 February 2020

Dear Miss Alexander

Following your recent review by myself at the surgery, I would be very grateful if you would be kind enough to either book a telephone consultation or a face-to-face review in the surgery in order that we can discuss your symptoms further.

Yours sincerely

DR P HENDRIE
General Practitioner

THE LOVE STREET MEDICAL CENTRE

Dr Daniel J Brandon, Dr Julie Canning, Dr Parag Patel
Dr Paula Hendrie

40 Love Street
Paisley
Renfrewshire
PA3 2DY

Practice Manager: Elaine Manson

Tel: 0141 531 3430
Fax: 0141 531 3435

4 February 2020

Miss Nicola Alexander
Flat 1-1
15 Braehead Road
PAISLEY
PA2 8DZ

Dear Miss Alexander

TEST RESULTS – 20 January 2020

The results of your recent test have now been received at the Medical Centre.

Please call the Medical Centre and make a telephone appointment with Dr Hendrie who will review your results and any further action required.

Yours sincerely,

The Partners
Love Street Medical Centre

West of Scotland Specialist Virology Centre.

 Glasgow Royal Infirmary, 10-16 Alexandra Parade, G31 2ER

 Tel: 0141 201 8722 e-mail:west.ssvc@nhs.net

Surname	Forename	CHI	DOB/Age	Sex
ALEXANDER	NICOLA	0112793142	01.12.79	F
Source	Consultant			
Love St MC Paisley	Dr Paula Hendrie			
Specimen				
Vulvovaginal swab	WoSSVC Lab No.	Source no.	Report Status	
	V,20.0304019.S		Authorised	

~~~~~

|                |                       |
|----------------|-----------------------|
| C. trachomatis | : Not detected by PCR |
| N. gonorrhoeae | : Not detected by PCR |

CT/GC: This is a VULVOLVAGINAL SWAB sample.

~~~~~

Date collected	Date received	Date authorised
16.01.20	20.01.20	22.01.20
Report for: Love St MC Paisley	Authorised by	Automatic release by system
Page 1 of 1		

Alexander Nicola

CHI: 0112793142

Letter to Patient:

NHS

Greater Glasgow
and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Nicola Alexander
1/1 15 BRAEHEAD ROAD
Paisley
Renfrewshire
PA2 8DZ

Main Switchboard: 0141-887-9111
Department: ENT
Contact Tel: 0141 314 6909
Enquiries to: Kerry.Gillies@ggc.scot.nhs.uk
Letter Date: 22/01/2020
Reference: PS/DJ
Dictated Date: 21/01/2020
Transcribed Date: 21/01/2020

Dear Ms Alexander,

Your CT scan of the inner ear bones has shown no specific abnormality on the right side. The left side shows possible fluid in your left mastoid cavity, however at the clinic the middle ear appeared clear and there are no obvious findings that can explain your symptoms.

We will see you as planned in March.

Yours sincerely

Mr P Sarode

Associate Specialist in ENT

Electronically Signed: Mr Pramod Sarode, Consultant

cc. Dr DJ Brandon
The Love Street Medical Centre
40 Love Street
Paisley
PA3 2DY

GP Links Microbiology Report	
Patient Details	
Surname	ALEXANDER
Forename	NICOLA
CHI	0112793142
Date of birth	01.12.1979
Address	1/1 15 BRAEHEAD ROAD PAISLEY PAISLEY RENFREWS PA2 8DZ
Specimen Details	
Specimen Number	M,20.5875935.H
Specimen Type	Vaginal swab, high
Date/Time Collected	16.01.20 / 16:26
Date/Time Received	17.01.20 / 13:49
Requested By	Dr Paula Hendrie
GP Practice	87560
Date/Time Reported	20.01.20 / 12:52
Results	

Report issued by NHS GG&C Microbiology South Sector
Enquiries 0141 354 9132

** FINAL REPORT **

INVESTIGATION: Routine Culture
SPECIMEN TYPE: Vaginal swab, high

CONS/GP: Dr Paula Hendrie Order No:IS11924801
LOCATION: Love St MC Paisley

Gram Film: Suggestive of Bacterial Vaginosis

CULTURE RESULT:

- a) Mixed Anaerobic Organisms
- b)
- c)
- d)
- e)
- f)

GROWTH:
Isolated

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Simon Pybus MIC QEUEH
Date/Time authorised: 20.01.2020 12:49
** END OF REPORT **

CHANGE OF PERSONAL INFORMATION		Date of Change: 14/11/20	
NEW		OLD	
Old Address/Name		New Address/Name (please only complete details which have changed)	
First Name:	NICOLA	First Name:	NICOLA
Surname:	ALEXANDER	Surname:	ALEXANDER
Date of Birth:	01/12/1979	Date of Birth:	01/12/1979
Address:	15 BRACKEN ROAD	Address:	14 LARKIN GARDENS
	FLAT 1/1		PAISLEY
Postcode:	PA2 8DZ	Postcode:	PA3 2AX
Telephone No:	0	Telephone No:	
Mobile No:	07449847797	Mobile No:	
Other members of the practice moving with you:			
Surname	Forename	Date of Birth	
ALEXANDER	CHLOE	11/07/2006	

Alexander Nicola

CHI: 0112793142

Clinic Letter



Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. DJ Brandon
The Love Street Medical Centre
40 Love Street
Paisley
PA3 2DY

Main
Switchboard:
Department: ENT
Contact Tel: 01475 504 613
Enquiries to: barbara.nicol@ggc.scot.nhs.uk
Letter Date: 11/11/2019
Reference: PS/SH
Dictated: 11/11/2019
Date:
Transcribed: 19/11/2019
Date:

Dear Dr. DJ Brandon,

Nicola Alexander; D.O.B: 01 Dec 1979; CHI: 0112793142
14 LARKIN GARDENS, Paisley, Renfrewshire, PA3 2AX

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - RAAREN2-MR ROBERTSON MON PM
Date and Time of Appointment - 11/11/2019 13:30

Clinical Comments:

Thank you for your letter regarding this patient who complains of recurrent episodes of right side hearing loss, unsteadiness and tinnitus which lasts for a few days. It started about 6 months ago, the first episode lasted for 3 weeks. It is not associated with any pain or discharge. She finds loud sounds are uncomfortable. She was admitted in September with the Medical Team with acute onset vertigo, vomiting and right sided deafness. A few days later she presented to A&E with right sided facial tingling and had a normal CT scan of the head. She is allergic to Penicillin, does not take any regular medication and smokes about 10 a day.

There was no spontaneous nystagmus both ears appear normal. Audiometry showed very slight low frequency hearing loss with thresholds up to 25 dB and symmetrical in both ears. A CT scan showed no obvious abnormality in the middle ears or mastoid.

Her symptoms could be indicative of Meniere's however there is no vertigo. She has unsteadiness.

I have requested CT of temporal bone to rule out dehiscence of superior semicircular canal and will see her back in 3 months time.

Alexander Nicola

CHI: 0112793142

OPCL 11/11/2019 v1

Yours sincerely

Pramod Sarode

Associate Specialist in ENT

Electronically Signed: Mr Pramod Sarode, Consultant

cc.

Alexander Nicola

CHI: 0112793142

Final Discharge Letter



Greater Glasgow
and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. DJ Brandon
The Love Street Medical Centre
40 Love Street
Paisley
PA3 2DY

Main
Switchboard:
Department:
Contact Tel:

Gastroenterology
0141 314 9776

Enquiries to:

Michelle.McLardie@ggc.scot.nhs.uk

Letter Date:

25/10/2019

Reference:

SL/YB

Dictated

11/10/2019

Date:

Transcribed

21/10/2019

Date:

Dear Dr. DJ Brandon,

Nicola Alexander; D.O.B: 01/12/1979; CHI: 0112793142
14 LARKIN GARDENS, Paisley, Renfrewshire, PA3 2AX

Admission: Specialty - General Medicine; Ward - RAH MAU Inpatient Ward

Consultant - Dr Selina Lamont; Date of Admission - 20/09/2019

Date of Discharge - 20/09/2019; Discharged to - Private Residence - no additional detail added

Clinical Comments:

This 39 year old with a three months history of tinnitus presented to the Medical Assessment Unit with right sided tinnitus and right facial numbness which had settled on review. No focal neurology was evident. CT head carried out showed left otomastoid effusion and right temporal was normal. ECG confirmed normal sinus rhythm, chest was noted to be normal on the 15th of September and bloods normal. She was discussed with ENT who were happy to see her as an outpatient. No further follow up from ourselves. She was sent home with advice to take Stemetil as and when required.

Yours sincerely

DR SELINA LAMONT

CONSULTANT GASTROENTEROLOGIST

Electronically Signed: Dr Selina Lamont, Consultant

cc.

Alexander Nicola

CHI: 0112793142

Final Discharge Letter



Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. DJ Brandon
The Love Street Medical Centre
40 Love Street
Paisley
PA3 2DY

Main
Switchboard:
Department: Gastroenterology
Contact Tel: 0141 314 9776
Enquiries to: Michelle.McLardie@ggc.scot.nhs.uk
Letter Date: 25/10/2019
Reference: SL/YB
Dictated: 11/10/2019
Date:
Transcribed: 21/10/2019
Date:

Dear Dr. DJ Brandon,

Nicola Alexander; D.O.B: 01/12/1979; CHI: 0112793142
14 LARKIN GARDENS, Paisley, Renfrewshire, PA3 2AX

Admission: Specialty - General Medicine; Ward - RAH MAU Inpatient Ward
Consultant - Dr Selina Lamont; Date of Admission - 20/09/2019
Date of Discharge - 20/09/2019; Discharged to - Private Residence - no additional detail added

Clinical Comments:

This 39 year old with a three months history of tinnitus presented to the Medical Assessment Unit with right sided tinnitus and right facial numbness which had settled on review. No focal neurology was evident. CT head carried out showed left otomastoid effusion and right temporal was normal. ECG confirmed normal sinus rhythm, chest was noted to be normal on the 15th of September and bloods normal. She was discussed with ENT who were happy to see her as an outpatient. No further follow up from ourselves. She was sent home with advice to take Stemetil as and when required.

Yours sincerely

DR SELINA LAMONT

CONSULTANT GASTROENTEROLOGIST

Electronically Signed: Dr Selina Lamont, Consultant

cc.

Alexander Nicola

CHI: 0112793142

Final Discharge Letter



Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. DJ Brandon
The Love Street Medical Centre
40 Love Street
Paisley
PA3 2DY

Main
Switchboard:
Department: Acute Medicine
Contact Tel: 0141 314 6882 & 0141 314 6826
Enquiries to:
Letter Date: 24/09/2019
Reference: MT/AW/WS3051857
Dictated: 20/09/2019
Date:
Transcribed: 24/09/2019
Date:

Dear Dr. DJ Brandon,

Nicola Alexander; D.O.B: 01/12/1979; CHI: 0112793142
14 LARKIN GARDENS, Paisley, Renfrewshire, PA3 2AX

Admission: Specialty - General Medicine; Ward - RAH AMU Ward 2 General Medicine
Consultant - Dr Maria Talla; Date of Admission - 15/09/2019
Date of Discharge - 16/09/2019; Discharged to - Private Residence - living with relatives or friends

Follow Up: Referred to ENT

Clinical Comments:

ADMISSION DIAGNOSIS: Right sided hearing loss and vertigo (awaiting outpatient ENT investigation)

This 39 year old lady was admitted to the RAH with unilateral right sided hearing loss associated with nausea, vomiting and dizziness. She reported similar symptoms occurring several months prior, however, resolved completely after several weeks.

Clinical examination was unremarkable apart from right sided hearing loss. There was no evidence of nystagmus and co-ordination was normal. Cranial nerves were otherwise intact. Otoscopy showed normal tympanic membranes.

The aetiology of her symptoms remains unclear. We discussed this case with the ENT team who have agreed to follow up this lady as an outpatient and arrange onward relevant investigations.

Alexander Nicola

CHI: 0112793142

FDL 16/09/2019 v1

I see that she has since been re-admitted with ongoing symptoms and a CT head was performed on 20th September 2019. This showed normal appearances of the brain parenchyma and CSF spaces with evidence of a left sided otomastoid effusion. The right temporal bone was noted to be normal.

Yours sincerely

DR MARIA TALLA

Consultant Physician in Endocrinology,

Diabetes & General Medicine

Electronically Signed: Dr Maria Talla, Consultant

cc.

NHS Confidential: Personal data about a patient

ALEXANDER NICOLA

CHI: 0112793142

DoB: 01-Dec-1979

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

DANIEL BRANDON The Love Street Medical Centre, 40 Love Street, Paisley, PA3 2DY

Royal Alexandra Hospital, Corsebar Road, Paisley, PA2 9PN
Main Switchboard: 0141 8879111
Date of Completion: 20-Sep-2019



Dear DANIEL BRANDON,

Name	CHI	DoB	Address
NICOLA ALEXANDER	0112793142	01-Dec-1979	14 LARKIN GARDENS, Paisley, Renfrewshire, PA3 2AX

Admitted	Type	Discharged	Destination
20-Sep-2019 14:11	IP	20-Sep-2019	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Medicine	Ray	RAH MAU Inpatient Ward	0141 8879111

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Stephen Paterson (Stephen Paterson - Advanced Nurse Practitioner MAU) on 20 Sep 2019 20:06

Discharge Medication:

NHS Confidential: Personal data about a patient

ALEXANDER NICOLA

CHI: 0112793142

DoB: 01-Dec-1979

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Prochlorperazine 5mg tablets	oral	1 tablet three times daily	Yes				Added

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments

There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints

No data available

Admission Category

No data available

Clinical Comments:	Possible Meniers. Attended ED sunday with Vertigo, WAS discharged with OP referral to ENT. Today woke with Right sided facial numbness.. CT scan carried out - Left sided Otomastoid effusion. Discussed with ENT no further intervention required, they will follow up as an outpatient. Prochlorperazine 5mg TDI PRN
Follow Up:	Yes ENT referral made.
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

NHS Confidential: Personal data about a patient

ALEXANDER NICOLA

CHI: 0112793142

DoB: 01-Dec-1979

Yours sincerely,

Stephen Paterson

Prescription Review

Checked by: Stephen Paterson (Advanced Nurse Practitioner MAU)

Discharged by: Stephen Paterson (Advanced Nurse Practitioner MAU)

Alexander Nicola

CHI: 0112793142

Emergency Attendance Letter



Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 20/09/2019

Consultant: Dr Euan McMillan

DJ Brandon
The Love Street Medical Centre
40 Love Street
Paisley
Paisley
PA3 2DY

Dear DJ Brandon

Re: **Alexander Nicola**
14 LARKIN GARDENS
Paisley PA3 2AX

DOB: **01/12/1979**

CHI: **0112793142**

Attended on: **20/09/2019 at 10:43 hrs.**
Discharge Type: **02 - Admitted**
Previous ED Attendance in last 12 months: **1**

Departed on: **20/09/2019 at 14:11 hrs.**
Destination: **Admission to this Hospital**

Presenting complaint
right handed numbness on face

Nursing Assessment:
R sided facial numbness,

Investigations in ED:

- | | | |
|--------------|--------------------------|---------------------|
| 1. CT Head | 2. Bone Profile | 3. CRP |
| 4. LFT | 5. Urea and Electrolytes | 6. Full Blood Count |
| 7. Magnesium | | |

Alexander Nicola

CHI: 0112793142

Diagnosis:

Diagnosis	Side	Site
Stroke, not specified as haemorrhage or infarction		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Admission over the weekend with acute onset vertigo. Today has presented with (R) sided facial numbness. Also has 1/12 Hx of (R) ear hearing loss. CT head in ED - normal. Admitted under medicine for further evaluation.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Gemma Balfour
Doctor

Copies to:

1. DJ Brandon (GP)

School Address:

NHS Confidential: Personal data about a patient

ALEXANDER NICOLA

CHI: 0112793142

DoB: 01-Dec-1979

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

DANIEL BRANDONThe Love Street Medical Centre,40 Love Street,Paisley, PA3 2DY

Royal Alexandra Hospital,Corsebar Road,Paisley,PA2 9PN
Main Switchboard: 0141 8879111
Date of Completion: 18-Sep-2019



Dear DANIEL BRANDON,

Name	CHI	DoB	Address
NICOLA ALEXANDER	0112793142	01-Dec-1979	14 LARKIN GARDENS, Paisley, Renfrewshire, PA3 2AX
Admitted	Type	Discharged	Destination
15-Sep-2019 21:00	IP	16-Sep-2019	
Specialty	Consultant	Ward	Telephone
General Medicine	Talla	RAH AMU Ward 2 General Medicine	0141 8879111
Primary Diagnosis			
There is no data to display.			
Secondary Diagnosis			
There is no data to display.			
Significant Operations / Procedures:			
There is no data to display.			

Last Discharge Review: Dmytro Borysov (Dmytro Borysov - FY1) on 18 Sep 2019 12:34

Discharge Medication:

NHS Confidential: Personal data about a patient

ALEXANDER NICOLA

CHI: 0112793142

DoB: 01-Dec-1979

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
------------------	-------	------	------	--------	-----------------	-----	-----------------

There is no data to display.

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments

There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
------	--------------------	-------	------	------	-----------------

There is no data to display.

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
------	-------------------	-------	------	------	----------------

There is no data to display.

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor This 39 year old lady was admitted to the RAH with an episode of vertigo, nausea and R sided hearing loss. PMH: nil The R sided hearing loss has been ongoing for the past few months. Vertigo, nausea and vomiting all recent onset. Similar episode 6 weeks ago. CXR: normal ECG: SR nil acute Otoscopy: normal Bloods: Phosphate 0.55 - replaced intravenously
---------------------------	--

NHS Confidential: Personal data about a patient

ALEXANDER NICOLA

CHI: 0112793142

DoB: 01-Dec-1979

	Upon phosphate replacement symptoms of nausea and vertigo seemed to have improved. ENT have been contacted for advice and a referral made to investigate the source of hearing loss. Ms Alexander is now medically fit for discharge. Yours sincerely Dr Borysov
Follow Up:	Yes ENT OP appointment
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	No

Yours sincerely,

Dmytro Borysov

Prescription Review

Discharged by: Dmytro Borysov (FY1)

Alexander Nicola

CHI: 0112793142

Emergency Attendance Letter



Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:

Tel: 0141 314 6195

Fax: 0141 887 1386

Email:

Date Completed: 16/09/2019

Consultant: Dr Chris MacDonald1

DJ Brandon
The Love Street Medical Centre
40 Love Street
Paisley
Paisley
PA3 2DY

Dear DJ Brandon

Re: **Alexander Nicola**
14 LARKIN GARDENS
Paisley PA3 2AX

DOB: **01/12/1979**

CHI: **0112793142**

Attended on: **15/09/2019 at 18:26 hrs.**

Discharge Type: **02 - Admitted**

Previous ED Attendance in last 12 months: **0**

Departed on: **15/09/2019 at 21:00 hrs.**

Destination: **Admission to this Hospital**

Presenting complaint

generally unwell

Nursing Assessment:

Investigations in ED:

1. Full Blood Count

4. Bicarbonate

7. Magnesium

2. CRP

5. LFT

8. Bone Profile

3. Urea and Electrolytes

6. Glucose

9. XR Chest

Alexander Nicola

CHI: 0112793142

Diagnosis:

Diagnosis	Side	Site
Other peripheral vertigo		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Nicola attended with vertigo and severe nausea and vomiting assc with a dullness in her right ear and unilateral tinnitus. I suspect this may be menieres however she was admitted for further investigations. Yours

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Emma3 Daly
Doctor

Copies to:

1. DJ Brandon (GP)

School Address:



SANDYFORD

caring about sexual, reproductive and emotional health

Date: 17 January 2019

Dr Daniel J Brandon
40 Love Street
Paisley
PA3 2DY

Dear Doctor

Nicola Alexander DOB: 01/12/79 CHI:

This is an automatically generated letter to advise that your patient Nicola Alexander underwent the following contraceptive IUD/IUS procedure in a Sandyford service on Wed, 16-Jan-2019

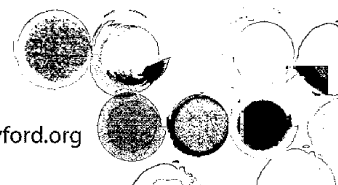
Type of procedure:	Insertion only
Type inserted:	Mirena IUS
Reason for insertion:	Contraception
Type removed:	
Reason for removal:	
Immediate complication:	No
Performed by:	Pauline Ward

Please contact our professional helpline on 0141 211 8646 if you need any further clinical information about this patient.

On Behalf of

Sandyford Sexual and Reproductive Health Services

2/6 Sandyford Place, Glasgow, G3 7NB, t.0141 211 8130, www.sandyford.org
Hosted by North West Sector of Glasgow City CHP



Royal Alexandra Hospital: Clinical Report

Page 1 of 1

Patient: ALEXANDER, Nicola		DOB: 01/12/1979
Referrer: Dr Parag Patel	Current Location	CHI No: 0112793142
Ref Loc: GP PRACTICE	GP	CRIS No: 25299566
Ref Src: The Love Street Medical Centre, 40 Love Street, Paisley, PA3 2DY,		
Clinical History : Two weeks of breathlessness.		
XR Chest :		
Normal. No cause identified for symptoms. No recent previous chest film for comparison.		
VERIFIED	Reported By: Dr Alexander MacLennan 2nd Reporter: Verified By: Dr Alexander MacLennan	
E-29440699		Exam Date: 21/04/15
Exams: XR Chest		

NHS Confidential: Personal data about a patient

Lab Report ID :	B,15.7166236.X	Coding Status	: Part Read Coded
Filed By User :		File Status	: Not Filed
Assigned to :		Task Status	: No Tasks

Patient Details : (85) Nicola Alexander DOB : 01/12/1979 CHI : 0112793142 SEX : F
ADR : 14 Larkin Gardens PAISLEY
Report Text :
-breathless at times. tire...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Serum Ferritin					
-Males 20-300 (<20 iron deficiency)					
-Females 15-200 (<15 iron deficiency)					
-15-50 intermediate result. Consider iron deficiency					
-in anaemic patients, older patients and those					
-with inflammatory disease.					
Serum Ferritin		23	ug/l	(15-200 U)	NK

Sample Collected Date : 24/04/2015 09:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/04/2015 11:27:00
Received Date : 24/04/2015 15:01:38
Requestor : PATEL, PARAG
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Lab Report ID : B,15.8113879.W
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (85) Nicola Alexander DOB : 01/12/1979 CHI : 0112793142 SEX : F
ADR : 14 Larkin Gardens PAISLEY
Report Text :
-breathless at times. tire...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count					
White Blood Count		6.0	x10 ⁹ /l	(4.0-11.0 U)	NK
Red Cell Count		4.45	x10 ¹² /l	(3.80-5.80 U)	NK
Haemoglobin		138	g/l	(115-165 U)	NK
Haematocrit		0.409	l/l	(0.370-0.470 U)	NK
Mean Cell Volume		91.9	fl	(80.0-100.0 U)	NK
MCH		31.0	pg	(27.0-32.0 U)	NK
Platelet Count		248	x10 ⁹ /l	(150-400 U)	NK
Neutrophils		3.0	x10 ⁹ /l	(2.0-7.5 U)	NK
Lymphocytes		2.5	x10 ⁹ /l	(1.5-4.0 U)	NK
Monocytes		0.4	x10 ⁹ /l	(0.2-0.8 U)	NK
Eosinophils		0.1	x10 ⁹ /l	(0.0-0.4 U)	NK
Basophils		0	x10 ⁹ /l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10 ⁹ /l		NK

Sample Collected Date : 24/04/2015 09:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/04/2015 11:26:00
Received Date : 24/04/2015 15:00:45
Requestor : PATEL, PARAG
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Lab Report ID :	B,15.7166236.X	Coding Status	: Part Read Coded
Filed By User :		File Status	: Not Filed
Assigned to :		Task Status	: No Tasks

Patient Details : (85) Nicola Alexander DOB : 01/12/1979 CHI : 0112793142 SEX : F
ADR : 14 Larkin Gardens PAISLEY
Report Text :
-breathless at times. tire...

SPECIMEN : Blood	Abn	Value	Units	Range	Status
R Thyroid funct test					
TSH		0.84	mU/L	(0.35-5.00 U)	NK
Free T4		12.1	pmol/L	(9.0-21.0 U)	NK
Total T3					NK

Sample Collected Date : 24/04/2015 09:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/04/2015 11:27:00
Received Date : 24/04/2015 15:01:35
Requestor : PATEL, PARAG
Requestor GMC Code :

Alexander Nicola

CHI: 0112793142

Emergency Attendance Letter



Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:

Tel: 0141 314 6195

Fax: 0141 887 1386

Email:

Date Completed: 14/04/2014

Consultant: Dr Neil Mukherjee

DJ Brandon
The Love Street Medical Centre
40 Love Street
Paisley
Paisley
PA3 2DY

Dear DJ Brandon

Re: **Alexander Nicola**
14 LARKIN GARDENS
Paisley PA3 2AX

DOB: **01/12/1979**

CHI: **0112793142**

Attended on: **14/04/2014 at 21:55 hrs.**

Departed on: **at hrs.**

Discharge Type: **01c - Discharge with referral**

Destination: **Not known**

Previous ED Attendance in last 12 months: **1**

Presenting complaint
injury to left ankle

Nursing Assessment:

Investigations in ED:

1. XR Ankle Lt

Alexander Nicola

CHI: 0112793142

Diagnosis:

Diagnosis	Side	Site
Sprain and strain of ankle	Left	

Procedures:

1. Double tubigrip
2. Advice card - ankle sprain

Immunisations:

None

Dispensed Medication:

Dispensed Medicine	Formulation	Dose	UOM	Route	Frequency	Duration
Cocodamol 30/500 2 tabs QID PREPACKED ONLY	Tablets (PP)	2	TABS	Oral	FOUR Times a Day	No duration defined
Diclofenac 50mg TID PREPACKED ONLY	Tablets (PP)	50	MG	Oral	THREE Times a Day	No duration defined

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Neil Mukherjee
Consultant

Copies to:

1. DJ Brandon (GP)

School Address:

NHS Confidential: Personal data about a patient

WEST OF SCOTLAND SPECIALIST VIROLOGY CENTRE

LEVEL 5, NEW LISTER BUILDING, GLASGOW ROYAL INFIRMARY, 10-16 ALEXANDRA PARADE, GLASGOW, G31 2ER

Tel: 0141 201 8722

Fax: 0141 201 8723

CPA: 0406

SURNAME ALEXANDER	FORENAME NICOLA	UNIT NO.	SEX DOB F 01.12.79
SOURCE 40 Love Street	CONSULTANT	CHINCHI: 0112793142 GP DR CANNING	
SPECIMEN cervical swab	LAB NO. V,14.0312917.A	REPORT STATUS Final	YOUR REF. NO.

N. gonorrhoeae :NOT detected by PCR

C. trachomatis NOT detected by PCR.

Clinical details	DATE COLLECTED 26.02.14	DATE RECEIVED 27.02.14	DATE AUTHORISED 28.02.14 16:50	AUTHORISED BY Ms J M Stewart
VIROLOGY				

Copy for :40 Love Street

CLYDE SECTOR MICROBIOLOGY

NHS GREATER GLASGOW & CLYDE

Enquiries 0141 314 6172

Patient / Specimen details

ALEXANDER NICOLA
14 LARKIN GARDENS
PAISLEY
PA3 2AX

CHI No. 0112793142
Hosp. No.
D.O.B. 01.12.1979
Sex F

Cons/GP Dr Julie Canning
Loc. Love St MC Paisley
Coll'd 26.02.2014 12:05
Rec'd 26.02.2014 13:48
Senders ref. no.

Routine Culture
Cervical swab

HISS No.

Copy to:
Love St MC Paisley

No Neisseria gonorrhoeae isolated

Authorised by Valerie Williams RAH MIC
Reported 28.02.2014 12:15

* FINAL REPORT *
Lab No. M,14.3854190.R

CLYDE SECTOR MICROBIOLOGY

NHS GREATER GLASGOW & CLYDE

Enquiries 0141 314 6172

Patient / Specimen details

ALEXANDER NICOLA
14 LARKIN GARDENS
PAISLEY
PA3 2AX

CHI No. 0112793142
Hosp. No.
D.O.B. 01.12.1979
Sex F

Cons/GP Dr Julie Canning
Loc. Love St MC Paisley
Coll'd 26.02.2014 12:05
Rec'd 26.02.2014 13:47
Senders ref. no.

Routine Culture
Vaginal swab, high

HISS No.

Copy to:
Love St MC Paisley

Microscopy: No Trichomonas Vaginalis seen

No evidence of Bacterial Vaginosis

Culture yields no significant growth

No Neisseria gonorrhoeae isolated

Authorised by Valerie Williams RAH MIC
Reported 28.02.2014 12:09

* FINAL REPORT *
Lab No. M,14.3854187.D

NHS Confidential: Personal data about a patient

Lab Report ID : B,14.7114347.P Coding Status : Part Read Coded
Filed By User : File Status : Not Filed
Assigned to : Task Status : No Tasks

Patient Details : (85) Nicola Alexander DOB : 01/12/1979 CHI : 0112793142 SEX : F
ADR : 14 Larkin Gardens PAISLEY

**** ABNORMAL ****

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Serum Vitamin B12					
-The Serum Vitamin B12 level is NORMAL.					
Serum Vitamin B12		432	ng/l	(189-883 U)	NK
R Serum Ferritin	Y				
-Ferritin may vary with age and sex of patient and can rise					
-during an acute phase response					
-Borderline LOW Serum Ferritin					
Serum Ferritin	-	10	ug/l	(20-300 U)	NK
R Serum Folate					
-The Serum Folate is NORMAL					
Serum Folate		4.4	ug/l	(2.7-20.0 U)	NK

Sample Collected Date : 26/02/2014 12:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/02/2014 13:49:00
Received Date : 27/02/2014 07:01:15
Requestor : Canning, Julie
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Lab Report ID : B,14.7114347.P Coding Status : Part Read Coded
Filed By User : File Status : Not Filed
Assigned to : Task Status : No Tasks

Patient Details : (85) Nicola Alexander DOB : 01/12/1979 CHI : 0112793142 SEX : F

ADR : 14 Larkin Gardens PAISLEY

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Urea & Electrolytes					
Sodium		139	mmol/L	(133-146 U)	NK
Potassium		4.8	mmol/L	(3.5-5.3 U)	NK
Chloride		105	mmol/L	(95-108 U)	NK
Urea		4.7	mmol/L	(2.5-7.8 U)	NK
Creatinine		64	umol/L	(40-130 U)	NK
Estimated GFR		>60	ml/min	(>>60 U)	NK
R GGT					
Gamma-GT		8	U/L	(<<40 U)	NK
R Liver Function Tests					
Total Bilirubin		8	umol/L	(<<20 U)	NK
ALT		13	U/L	(<<50 U)	NK
AST		16	U/L	(<<40 U)	NK
Alkaline Phosphatase		61	U/L	(30-130 U)	NK
Albumin		43	g/L	(35-50 U)	NK
R Thyroid funct test					
TSH		0.66	mU/L	(0.35-5.00 U)	NK
Free T4		14.0	pmol/L	(9.0-21.0 U)	NK
Total T3					NK
R FSH					
-No clinical details provided					
FSH		4.3	U/L		NK
R LH					
LH		10.2	U/L		NK

Sample Collected Date : 26/02/2014 12:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/02/2014 13:49:00
Received Date : 27/02/2014 07:01:02
Requestor : Canning, Julie
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Lab Report ID : B,14.8082893.X **Coding Status** : Part Read Coded
Filed By User : **File Status** : Not Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (85) Nicola Alexander DOB : 01/12/1979 CHI : 0112793142 SEX : F

ADR : 14 Larkin Gardens PAISLEY

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count					
White Blood Count		6.7	x10 ⁹ /l	(4.0-11.0 U)	NK
Red Cell Count		4.40	x10 ¹² /l	(3.80-5.80 U)	NK
Haemoglobin		136	g/l	(115-165 U)	NK
Haematocrit		0.400	l/l	(0.370-0.470 U)	NK
Mean Cell Volume		90.9	fl	(80.0-100.0 U)	NK
Mean Cell Hgb		30.9	pg	(27.0-32.0 U)	NK
Platelet Count		279	x10 ⁹ /l	(150-400 U)	NK
Neutrophils		3.9	x10 ⁹ /l	(2.0-7.5 U)	NK
Lymphocytes		2.2	x10 ⁹ /l	(1.5-4.0 U)	NK
Monocytes		0.5	x10 ⁹ /l	(0.2-0.8 U)	NK
Eosinophils		0	x10 ⁹ /l	(0.0-0.4 U)	NK
Basophils		0	x10 ⁹ /l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10 ⁹ /l		NK

Sample Collected Date : 26/02/2014 12:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/02/2014 13:49:00
Received Date : 26/02/2014 15:02:19
Requestor : Canning, Julie
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Lab Report ID : B,14.7526209.Q Coding Status : Part Read Coded
Filed By User : File Status : Not Filed
Assigned to : Task Status : No Tasks

Patient Details : (85) Nicola Alexander DOB : 01/12/1979 CHI : 0112793142 SEX : F

ADR : 14 Larkin Gardens PAISLEY

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Glucose					
Glucose		4.5	mmol/L	(3.5-6.0 U)	NK

Sample Collected Date : 26/02/2014 12:00:00

Collection Start Date :

Collection End Date :

Received by Lab Date : 26/02/2014 13:49:00

Received Date : 26/02/2014 15:02:31

Requestor : Canning, Julie

Requestor GMC Code :

Alexander Nicola

CHI: 0112793142

Clinic Letter



Dr. DJ Brandon
The Love Street Medical Centre
40 Love Street
Paisley
PA3 2DY

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Main Switchboard: 0141-887-9111
Email Inquiries to:
Contact Tel Details: 0141 314 7045

Dictated Date: 06/09/2013
By: L Esakowitz
Transcribed Date: 25/09/2013
By: Carri Pattison

Dear Dr. DJ Brandon,

Patient

Name: Alexander Nicola
CHI: 0112793142
DOB: 01 Dec 1979
Address: 14 LARKIN GARDENS
Paisley
PA3 2AX

Attendance

Attended: 06/09/2013 11:00
New/Return: R PRE/POST OP
Referral Source: General Practitioner
Consultant: Mr Leonard Esakowitz
Specialty: Ophthalmology
Clinic: RALEEY9-DR
ESAKOWITZ SQUINT
CLINIC FRI AM

Clinical Comments:

Diagnosis:	1) Recent squint surgery for convergent and vertical squint 2) Occasional diplopia on quick left gaze
Visual Acuity:	6/6 in either eye

Alexander Nicola

CHI: 0112793142

OPCL 06/09/2013 v1

Ms Alexander is very pleased with the improvement in her alignment. She is not particularly troubled by the very occasional double vision and I have left it to her to see me again.

Yours sincerely

DR L ESAKOWITZ
CONSULTANT OPHTHALMOLOGIST

Electronically Signed: Mr Leonard Esakowitz, Consultant

cc.

Alexander Nicola

CHI: 0112793142

Emergency Attendance Letter



Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:

Tel: 0141 314 6195

Fax: 0141 887 1386

Email:

Date Completed: 08/08/2013

Consultant: Dr Iain Young

DJ Brandon
The Love Street Medical Centre
40 Love Street
Paisley
Paisley
PA3 2DY

Dear DJ Brandon

Re: **Alexander Nicola**
14 LARKIN GARDENS
Paisley PA3 2AX

DOB: **01/12/1979**

CHI: **0112793142**

Attended on: **08/08/2013 at 13:45 hrs.**

Departed on: **08/08/2013 at 14:00 hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **0**

Presenting complaint
r arm problem

Nursing Assessment:

Investigations in ED: **None**

Alexander Nicola

CHI: 0112793142

Diagnosis:

Diagnosis	Side	Site
Contusion of elbow		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:
bruise post venepuncture right ACF

Followup :
Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Niall McMahon
Consultant

Copies to:
 1. DJ Brandon (GP)
School Address:

**Acute Services Division
Ophthalmology Department**

Clyde Acute Directorate
Consultant: Dr L Esakowitz

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Tel No: 0141 887 9111



Date: 19 July 2013
Dictated: 20 June 2013
Ref: KM/MAD/224718 CHI 0112793142

Secretary: M A Docherty
Direct ☎: 0141 314 7045
Fax: 0141 314 6626

Dr D J Brandon
Love Street Medical Centre
40 Love Street
PAISLEY
PA3 2DY

Dear Dr Brandon

ALEXANDER, Nicole **DOB 1.12.79**
14 Larkin Gardens, Paisley

DIAGNOSIS: Residual convergent squint

TREATMENT: Right medial rectus recession and lateral rectus resection with adjustable sutures under general anaesthesia

ADMITTED: 13.6.2013

OPERATION: 13.6.2013

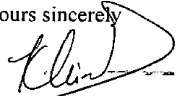
DISCHARGED: 13.6.2013

FOLLOW-UP Four weeks' time in the clinic with Orthoptist

DISCHARGE

MEDICATION: Gutt. Chloramphenicol qid for one week and gutt. Maxidex qid for one week

Yours sincerely


K MICHAEL
ST3 IN OPHTHALMOLOGY

**Acute Services Division
Ophthalmology Department**

**Clyde Acute Directorate
Consultant: Dr L Esakowitz**

**Royal Alexandra Hospital
Corsebar Road:
Paisley
PA2 9PN
Tel No: 0141 887 9111**



Date: 25 February 2013
Dictated: 18 February 2013
Ref: LE/MAD/224718 CHI 0112793142

Secretary: M A Docherty
Direct ☎: 0141 314 7045
Fax: 0141 314 6626

Dr D J Brandon
Love Street Medical Centre
40 Love Street
PAISLEY
PA3 2DY

Dear Dr Brandon

**ALEXANDER, Nicola DOB 1.12.79
14 Larkin Gardens, Paisley**

DIAGNOSIS: 1. Residual convergent squint
2. Poor binocular function and low risk for double vision after squint surgery

VISUAL ACUITY: 6/6 right and left unaided

MANAGEMENT: 1. For further cosmetic right squint surgery under GA using an adjustable stitch

Thanks for referring her again and she has plucked up the courage to go ahead with surgery which I hope will be in May.

Yours sincerely

A handwritten signature in black ink, appearing to be 'L. Esakowitz'.

**L ESAKOWITZ
CONSULTANT OPHTHALMOLOGIST**

NHS Confidential: Personal data about a patient

Lab Report ID : BL213792R Coding Status : Coded
Filed By User : File Status : Not Filed
Assigned to : Task Status : No Tasks

Patient Details : (85) Nicola Alexander DOB : 01/12/1979 CHI : 0112793142 SEX : F
ADR : 14 Larkin Gardens PAISLEY
SPECIMEN : BLOOD

	Abn	Value	Units	Range	Status
R Full blood count - FBC					
Haemoglobin estimation		127	g/L	(115-165 U)	NK
Total white blood count		6.9	10 ⁹ /L	(4.0-11.0 U)	NK
Platelet count		303	10 ⁹ /L	(150-400 U)	NK
Red blood cell (RBC) count		4.13	10 ¹² /L	(3.80-5.80 U)	NK
Haematocrit		0.393	L/L	(0.370-0.470 U)	NK
Mean corpuscular volume (MCV)		95	fL	(78-99 U)	NK
Mean corpusc. haemoglobin(MCH)		30.8	pg	(27.0-32.0 U)	NK
Mean corpusc. Hb. conc. (MCHC)		323	g/L	(310-360 U)	NK
Red blood cell distribut width		13.9	%	(11.5-14.5 U)	NK
Neutrophil count		4.0	10 ⁹ /L	(2.0-7.5 U)	NK
Lymphocyte count		2.3	10 ⁹ /L	(1.5-4.0 U)	NK
Monocyte count		0.5	10 ⁹ /L	(0.2-0.8 U)	NK
Eosinophil count		0.1	10 ⁹ /L	(0.0-0.4 U)	NK
Basophil count		0.02	10 ⁹ /L	(0.01-0.10 U)	NK

Sample Collected Date : 14/12/2012 08:48:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 14/12/2012 11:37:00
Received Date : 14/12/2012 15:00:47
Requestor : CANNING, JULIE
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Lab Report ID : BC213792P Coding Status : Coded
Filed By User : File Status : Not Filed
Assigned to : Task Status : No Tasks

Patient Details : (85) Nicola Alexander DOB : 01/12/1979 CHI : 0112793142 SEX : F

ADR : 14 Larkin Gardens PAISLEY

SPECIMEN : BLOOD

	Abn	Value	Units	Range	Status
R					
Plasma glucose level		4.6	mmol/L	(3.5-6.0 U)	NK
Serum sodium		139	mmol/L	(133-146 U)	NK
Serum potassium		4.4	mmol/L	(3.5-5.3 U)	NK
Serum chloride		108	mmol/L	(95-108 U)	NK
Serum urea level		3.5	mmol/L	(2.5-7.8 U)	NK
Serum creatinine		66	umol/L	(50-100 U)	NK
Serum total protein		62	g/L	(60-80 U)	NK
Serum albumin		38	g/l	(35-50 U)	NK
Serum alkaline phosphatase		54	IU/L	(30-130 U)	NK
Serum total bilirubin level		8	umol/L	(3-21 U)	NK
AST serum level		12	iu/l	(10-45 U)	NK
ALT/SGPT serum level		11	iu/l	(5-55 U)	NK
Serum gamma GT level		10	IU/L	(0-40 U)	NK
Serum globulin		24	g/L	(23-38 U)	NK
GFR calculated		>60	mls/min	(60-140 U)	NK
abbreviatd MDRD					
R					
Serum ferritin		21	ug/L	(15-275 U)	NK
-Normal Ferritin.					
-Reference range changed 25/10/12.					
Serum vitamin B12		369	ng/L	(180-1000 U)	NK
-Normal vitamin B12 level.					
-Reference range changed 25/10/12.					
Serum folate		4.8	ug/L	(3.0-20.0 U)	NK
-Normal serum Folate level.					
-Reference range changed 25/10/12.					
R					
Serum TSH level		1.1	mu/L	(0.35-4.0 U)	NK
-Euthyroid levels.					
Serum free T4 level		14.5	pmol/L	(9.0-21.0 U)	NK

Sample Collected Date : 14/12/2012 08:48:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 14/12/2012 11:37:00
Received Date : 14/12/2012 15:00:36
Requestor : CANNING, JULIE
Requestor GMC Code :



Ophthalmology Directorate
Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Tel: 0141 211 3000
Fax: 0141 357 4725
E-mail: jim.bretherton@ggc.scot.nhs.uk

Miss Nicola Alexander
14 Larkin Gardens
Paisley
PA3 2AX

23 May 2012

Enquiries to: Sheena Mackay
Email: sheena.mackay@ggc.scot.nhs.uk
Direct Line: 0141 301 7799

Dear Miss Alexander,

Ref: CHI No. 0112793142
D.O.B. 01/12/79

We have been unable to contact you by telephone over the past 4 weeks, nor had a response to the letter sent to your address on 26th April or 9th May 2012. We therefore have to presume that either you no longer require your operation, or have changed your contact details and have not informed us or your GP. We have discussed your case with Dr Esakowitz, consultant ophthalmologist, and this letter is to advise you that you have now been removed from the waiting list for your procedure.

Please note that a copy of this letter will be forwarded to your GP to advise them that we are returning you to their care. If you still require the procedure, please ask your GP to refer you back to the Ophthalmology Department at the RAH.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jim Bretherton'.

Jim Bretherton
Clinical Services Manager
Ophthalmology

cc. Dr D Brandon, GP Practice, 40 Love Street, Paisley, PA3 2DY.
Dr L Esakowitz, Consultant Ophthalmologist, Royal Alexandra Hospital, Paisley.

**Acute Services Division
Ophthalmology Department**

Clyde Acute Directorate
Consultant: Dr L Esakowitz

**Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Tel No: 0141 887 9111**



Date: 13 March 2012
Dictated: 9 March 2012
Ref: LE/MAD/224718 CHI 0112793142

Secretary: M A Docherty
Direct ☎: 0141 314 7045
Fax: 0141 314 6626

Dr D J Brandon
Love Street Medical Centre
40 Love Street
PAISLEY
PA3 2DY

Dear Dr Brandon

ALEXANDER, Nicola **DOB 1.12.79**
14 Larkin Gardens, Paisley

DIAGNOSIS:

1. Residual convergent squint
2. Poor if any binocular function and no double vision
3. Good vision in each eye

VISUAL ACUITY: 6/6 right and 6/5 left unaided

MANAGEMENT: 1. For further cosmetic squint surgery to right eye using adjustable suture under GA

Many thanks for referring her. An unsightly convergent squint and the above management is planned. I explained to her that because of her poor binocular function her brain does not lock the eyes together so there is some chance the eye will drift with time, going either back in to convergence or even into divergence. She was still keen to proceed with the surgery and will be added to my waiting list.

Yours sincerely

A handwritten signature in black ink, appearing to be 'L Esakowitz', written over a horizontal line.

L ESAKOWITZ
CONSULTANT OPHTHALMOLOGIST

Hospital use only	Clinic	Day Date	Time	Hospital No.
----------------------	--------	-------------	------	-----------------

REFERRAL LETTER
MEDICAL IN CONFIDENCE
GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO	
Ophthalmology GGC General Referral Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	—— Consultant / receiving practitioner and/or specialty clinic —— Hospital and hospital address Hospital location code. C418H Email address -
Urgency of referral ROUTINE Date of referral 18-Dec-2012 Date sent 20-Dec-2012	

PATIENT DETAILS		Patient's address
Surname	Alexander	14 Larkin Gardens PAISLEY PA3 2AX
Forename(s)	Nicola	
Title	Miss	Contact number(s)
Sex	Female	
Date of birth	01-Dec-1979	Voice: 889 2645
CHI no.	0112793142	
Area of Residence	-	

101004646642M	Unique Care Pathway Number: 101004646642M
-----------------	---

REGISTERED GP DETAILS		Practice address
Name	Dr Daniel Brandon	40 Love Street Paisley PA3 2DY
GMC code	3067961 GP code 39519	
Practice name	Love St Medical Centre (19013)	Contact number(s)
Practice code	87560	
		Voice: 0141 531 3430 Facsimile: 0141 531 3435

REFERRING GP DETAILS		Practice address
Name	Dr. Julie Canning	40 Love Street Paisley PA3 2DY
GMC code	3337347 GP code 38971	
Practice name	The Love Street Medical Centre (87560)	Contact number(s)
Practice code	87560	
		Voice: 0141 531 3430

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: RE-REFERRAL - RESIDUAL CONVERGENT SQUINT

Comment: Dear Dr Esakowitz

Many thanks for seeing this lady who has previously attended the Ophthalmology Clinic and was diagnosed as having a residual convergent squint. She was listed for surgery but unfortunately Nicola was unable to attend and claims to have cancelled her appointment. She is still keen to have surgery and I would be grateful if this could be arranged.

Many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Convergent squint (Right)	Residual	09-Mar-2012	09-Mar-2012

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

No current medications recorded

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

No recent medications recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker:	priority=2	16-Feb-2011
Current smoker:	priority=2	01-Mar-2010
Trivial drinker - <1u/day: Alcohol Intake\$.clm - Repeat after an Interval 12M		01-Mar-2010

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
[V]Personal history of penicillin allergy	priority=2	11-Aug-2011

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Resident GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

THE LOVE STREET MEDICAL CENTRE

Dr Daniel J Brandon, Dr Jacqueline McKeon, Dr Julie Canning, Dr Parag Patel.

40 Love Street
Paisley
Renfrewshire
PA3 2DY

Practice Manager: Elaine Manson

Tel: 0844 477 8794
Fax: 0870 428 0755

04/11/11

Dear Miss Nicola Alexander

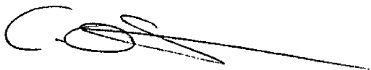
REQUEST FOR RECORDS

We have received a request for a copy of your complete medical record from Gildeas solicitors for which, you have signed a release form.

We would like to confirm that you are aware that your complete medical record will be sent to Gildeas Solicitors.

Please sign the tear-off slip below, confirming that you have given consent for your complete medical record to be sent. If you do not wish your complete medical record to be sent, please contact the surgery at your earliest convenience.

Yours sincerely



LOVE STREET MEDICAL CENTRE

I confirm that I have given consent for my complete medical records to be sent to the above.

NAME: Nicola Alexander DOB: 01-12-1979

SIGNATURE: Nicola Alexander

Our Ref: MM/mm /1026293
Your Ref: -
Please ask for: Marie Maclean - Ext 219
Date: 2nd November 2011

Dr Brandon
Love Street Medical Centre
Love Street
Paisley
PA3 2DY



97 & 99 West Regent Street,
Glasgow, G2 2BA

Tel: 0845 051 0810
Fax: 0845 051 0811

email: mail@gildeas.net
LP-21 Glasgow 1

Dear Sirs

Re: Miss Nicola Alexander 14 Larkin Gardens Paisley PA3 2AX
Accident: 15th September 2011

We attach hereto mandate signed by our client authorising the release of copies of their full unaltered GP records. Please let us have same by return.

We will meet your reasonable costs in the above regard.

Yours faithfully


Marie Maclean - Ext 219
Gildeas

4

PARENTAL MEDICAL MANDATE FORM

I, NICOLA ALEXANDER as Parent/Legal Guardian of Miss Chloe Alexander residing at 14 Larkin Gardens, Paisley, , , , PA3 2AX do hereby authorise Gildeas Solicitors to obtain a medical report in relation to the injuries sustained by my son/daughter as a result of the accident which occurred on the 15th September 2011.

I understand that the cost of this medical report forms part of my claim against the third party.

I also authorise the release of my son/daughter's full unaltered GP Records, any Hospital Records and any records held in my son or daughter's name by the Scottish Ambulance Service to Gildeas Solicitors of 97/99 West Regent Street, Glasgow, G2 2BA and/or any specialist appointed by them.

Date of Birth 11/07/2006

Signed Nicola Alexander Dated 24/9/2011

My son/daughter's doctors name and address is

DR. BRANDON LOVE ST. MEDICAL
CENTRE, PAISLEY

Doctor attendance dates were

If your son/daughter attended Hospital after the accident, please state the full name and address of the hospital.

Nature of the injuries sustained

SORE STOMACH, LOSS OF APETITE AND
SOME NIGHTMARES

Were X-Rays taken..... Did they stay overnight.....

Date attended.....

Did an Ambulance attend the scene of the accident? YES/NO

What Treatment was provided:

Have you now recovered from your injuries: STILL ONGOING ISSUES *

If yes, when was recovery achieved:

Would you be interested in receiving physiotherapy:

* CHLOE HAS SPEECH + LANGUAGE AND LEARNING DIFFICULTIES. THE ACCIDENT HAS LEFT HER CONFUSED REGARDING ROAD SAFETY. THE FIRST FEW DAYS AFTER THE ACCIDENT SHE BELIEVED SHE WAS AT FAULT AND THEREAFTER STARTED BELIEVING IT WAS A GAME WHICH HAS PUT MORE STRESS ON HERSELF AND I.

Acute Services Division
DEPARTMENT OF OTOLARYNGOLOGY

Clyde Acute Directorate
CONSULTANT: **MISS A WHITE**

Date: 25th October 2011
Dictated: 24th October 2011
Ref: AW/RT/AGM/224718

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Tel No: 0141 887 9111
Secretary: Amanda/Joanne
Direct ☎: 0141 314 6873
Fax: 0141 314 6616



Dr J McKeon
Love Street Medical Centre
40 Love Street
PAISLEY
PA3 2DY

Dear Dr McKeon

Nicola Alexander DOB 01/12/79 CHI 0112793142
14 Larkin Gardens Paisley PA3 2AX

Thanks for referring this lady who complains of a feeling of something in her throat which is intermittent. She also reports acid reflux despite being on Lansoprazole. There are no nasal symptoms. She has had a previous tonsillectomy and adenoidectomy. There is no dysphagia, otalgia, weight loss or voice change. She has noticed improvement in both her reflux symptoms and her feeling of something in her throat since starting on her Lansoprazole. However, she continues to be symptomatic with acid reflux. She smokes 10 cigarettes a day and consumes 14 units of alcohol a week and is currently not working.

On examination there were no neck masses. Her oropharynx was clear. Flexible nasendoscopy revealed erythema to the posterior pharyngeal wall in keeping with reflux but nothing else and cords were smooth and mobile.

I have reassured her I could not find any sinister pathology and feel she is suffering from globus pharyngeus secondary to gastro-laryngeal reflux disease. I have given her a handheld script to add in Gaviscon Advance 15mls t.d.s after food and I would appreciate it if you could prescribe this. I have not arranged to see her in our clinic again but will gladly do so at your request.

Yours sincerely

A handwritten signature in black ink, appearing to read 'R. Townsley'.

MR RICHARD TOWNSLEY
ST4 IN ENT

Delivering better health

CONSULTANTS: Miss A White
www.nhsggc.org.uk

Mr C D Murray

Mrs C MacAndie

Mr M Stewart

Mr A Robertson

40374

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO	
Ophthalmology GGC General Referral Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——— Consultant / receiving practitioner and/or specialty clinic Hospital and hospital address Hospital location code. C418H Email address -
Urgency of referral ROUTINE Date of referral 20-Jan-2012 Date sent 23-Jan-2012	

PATIENT DETAILS		Patient's address
Surname Alexander Forename(s) Nicola Title Miss Sex Female Date of birth 01-Dec-1979 CHI no. 0112793142 Area of Residence -	14 Larkin Gardens PAISLEY PA3 2AX Contact number(s) Voice: 889 2645	

101003069547F	Unique Care Pathway Number: 101003069547F
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REGISTERED GP DETAILS		Practice address
Name Dr Daniel Brandon GMC code 3067961 GP code 39519 Practice name Love St Medical Centre (19013) Practice code 87560	40 Love Street Paisley PA3 2DY Contact number(s) Voice: 0141 531 3430 Facsimile: 0141 531 3435	

REFERRING GP DETAILS		Practice address
Name Dr. Parag Patel GMC code 3288931 GP code 39896 Practice name The Love Street Medical Centre (87560) Practice code 87560	40 Love Street Paisley PA3 2DY Contact number(s) Voice: 0141 531 3430	

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: LONGSTANDING SQUINT

Comment: Dear Colleague

Thank you for seeing this 32 year old lady who presented because she is getting increasingly embarrassed about a squint that has affected her all her life. She tells me she had some surgery when she was a young child but that she was asked to re-present at the age of 16 for further consideration for squint surgery. Unfortunately time has passed and she has failed to seek attention for this to-date.

I have perused her paper notes and I can find no mention of any consultations relating to her squint.

Clearly she does have some form of squint although I could not really classify this. She says she uses glasses for reading and has regular eye checks.

I am unclear as to what her options are at this point in time but would be grateful for your assessment and advice in due course.

Thank you for your help.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history**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)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Clarithromycin Tablets 250 mg	14	14 TABS	1 Tab Twice daily	-	11-Aug-2011	11-Aug-2011
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPS	1 Cap morning and night	-	22-Aug-2011	22-Aug-2011
Lansoprazole Capsules (Gastro-Resistant) 30 mg	56	56 CAPS	1 Cap morning and night	-	19-Sep-2011	19-Sep-2011

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker:	priority=2	16-Feb-2011
Current smoker:	priority=2	01-Mar-2010
Trivial drinker - <1u/day: Alcohol Intake\$.clm - Repeat after an Interval 12M		01-Mar-2010

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
[V]Personal history of penicillin allergy	priority=2	11-Aug-2011

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No
 Referred By:Resident GP
 Electronic Attachment Present:No

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

NHS Confidential: Personal data about a patient

ROYAL ALEXANDRA HOSPITAL		BIOCHEMISTRY DEPARTMENT		0141 314 6157		RCOTH 81
CHI Number	 0112793142	Patient Address	14 LARKIN GARDENS PAISLEY	Clinician	DR. J. T. McKEON	
CRN	RAH224718 RAHM61535		PA032AX	Address	LOVE ST. MEDICAL CTRE LOVE ST. MEDICAL CTRE 40 LOVE STREET PAISLEY RENFREWSHIRE, PA3 2DY	
Surname	ALEXANDER	Sex	Female			
Forename	NICOLA	Date of Birth	01/12/1979			
Clinical Details	GLOBUS SENSATION, STILL ACID REFLUX			Laboratory Ref.	BC155766M	
					Page	1 of 1

TSH	1.0	mu/L	(0.35 - 4.0)	(a)
Free T4	13.8	pmol/L	(9.0 - 21.0)	
(a)	Euthyroid levels.			

Normal Adult Reference Ranges are for Guidance Only. They do not take into account age difference.		Date / Time Received	20/09/2011 15:11
		Date / Time Reported	20/09/2011 16:37
BIOCHEMISTRY	FERR,GGT,RLFT,TFT,UEL	Date / Time Collected	
		20/09/2011 12:49	Page 1 of 1

NHS Confidential: Personal data about a patient

ROYAL ALEXANDRA HOSPITAL		BIOCHEMISTRY DEPARTMENT		0141 314 6157		RCOTH 82
CHI Number	 0112793142	Patient Address	14 LARKIN GARDENS PAISLEY	Clinician	DR. J. T. McKEON	
CRN	RAH224718 RAHM61535		PA032AX	Address	LOVE ST. MEDICAL CTRE LOVE ST. MEDICAL CTRE 40 LOVE STREET PAISLEY RENFREWSHIRE, PA3 2DY	
Surname	ALEXANDER	Sex	Female			
Forename	NICOLA	Date of Birth	01/12/1979			
Clinical Details	GLOBUS SENSATION, STILL ACID REFLUX			Laboratory Ref.	Page BC155766M 1 of 1	

Ferritin 53 ug/L (30 - 400) (a)
(a) Normal Ferritin.

Normal Adult Reference Ranges are for Guidance Only. They do not take into account age difference.		Date / Time Received	20/09/2011 15:11
		Date / Time Reported	20/09/2011 16:52
BIOCHEMISTRY	FERR,GGT,RLFT,TFT,UEL	Date / Time Collected	20/09/2011 12:49
			Page 1 of 1

ROYAL ALEXANDRA HOSPITAL

BIOCHEMISTRY DEPARTMENT

0141 314 6157

RCNE
28CHI
Number

0112793142

Patient
Address14 LARKIN GARDENS
PAISLEY

Clinician

DR. J. T. McKEON

Address

LOVE ST. MEDICAL CTRE

CRN

RAH224718 RAHM61535

PA032AX

Surname

ALEXANDER

Sex

Female

Forename

NICOLA

Date of Birth

01/12/1979

LOVE ST. MEDICAL CTRE

40 LOVE STREET

PAISLEY

RENFREWSHIRE, PA3 2DY

Clinical Details
GLOBUS SENSATION, STILL ACID REFLUXFasting Laboratory Ref.
N BC155766MPage
1 of 1

Date Reported	GLUCOSE	SODIUM mmol/L	POTASSIUM mmol/L	CHLORIDE mmol/L	BICARBONATE mmol/L	UREA mmol/L	CREATININE umol/L	eGFR mls/min
20/09/2011		139	4.4	109*	21*	3.4	63	>60
Time Reported		(135 - 145)	(3.5 - 5.0)	(98 - 108)	(23 - 30)	(2.5 - 7.5)	(40 - 130)	(60 - 140)
15:55	CRP	ADJ CALCIUM	CALCIUM	PHOSPHATE	MAGNESIUM	URATE	CK	AMYLASE
Date Received								
20/09/2011								
Time Received								
15:11	BILIRUBIN umol/L	ALK PHOS IU/L	GAMMA GT IU/L	AST IU/L	ALT IU/L	TOTAL PROTEIN g/L	ALBUMIN g/l	GLOBULINS g/L
Specimen Type	10	67	16	19	17	69	40	29
BLOOD	(3 - 20)	(25 - 110)	(0 - 40)	(5 - 40)	(5 - 50)	(60 - 80)	(32 - 45)	(23 - 38)

Normal Adult Reference Ranges are for Guidance Only. They do not take into account age difference.

BIOCHEMISTRY	FERR,GGT,RLFT,TFT,UEL	Date / Time Collection 20/09/2011 12:49	Page 1 of 1
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ROYAL ALEXANDRA HOSPITAL		HAEMATOLOGY DEPARTMENT		0141 314 6157		RHFBC 64	
CHI Number	 0112793142		Patient Address	14 LARKIN GARDENS PAISLEY		Clinician	DR. J. T. McKEON
CRN	RAH224718 RAHM61535			PA032AX		Address	LOVE ST. MEDICAL CTRE LOVE ST. MEDICAL CTRE 40 LOVE STREET PAISLEY RENFREWSHIRE, PA3 2DY
Surname	ALEXANDER		Sex	Female			
Forename	NICOLA		Date of Birth	01/12/1979			
Clinical Details	GLOBUS SENSATION, STILL ACID REFLUX					Laboratory Ref.	Page 1 of 1
						BL155766Z	

HAEMATOLOGY

Normal Adult reference Ranges are for Guidance Only.
They do not take into account age difference.

Date / Time Received	Neut	Lymph	Mono	Eos	Baso	Meta	Myelo	Blast	Others	Atypical Lymph	NRBC
20/09/2011 15:11	10 ⁹ /L	10 ⁹ /L	10 ⁹ /L	10 ⁹ /L	10 ⁹ /L						
Date / Time Reported	(2.0 - 7.5)	(1.5 - 4.0)	(0.2 - 0.8)	(0.0 - 0.4)	(0.01 - 0.10)						
20/09/2011 15:29	3.5	3.1	0.4	0.1	0.02						
Date / Time Collected	WCC	Hb	RCC	Hct	MCV	MCH	RDW	Retic	Platelets	Infectious Mono Screen	ESR
20/09/2011 12:49	10 ⁹ /L	g/L	10 ¹² /L	L/L	fL	pg	%		10 ⁹ /L		
	(4.0 - 11.0)	(115 - 165)	(3.80 - 5.80)	(0.370 - 0.470)	(78 - 99)	(27.0 - 32.0)	(11.5 - 14.5)		(150 - 400)		
	7.0	139	4.48	0.414	92	31.0	13.3		262		

Royal Alexandra Hospital, Corsebar Road,
A & E Department
Paisley PA2 9PN 0141 887 9111

Dr BRANDON
40 Love Street
PAISLEY

PA3 2DY

September 16, 2011

Dear Dr BRANDON,
Re. NICOLA ALEXANDER, 14 Larkin Gardens, PAISLEY, PA3 2AX

Date of Birth 01.12.79 Hospital Number: 0112793142 CHI Number: 0112793142

Your patient attended Royal Alexandra Hospital, Corsebar Road, on the 16 SEP 2011 12:58.

The presenting complaint was: **RTA LAST NIGHT**

Triage Information:

The following investigations were carried out: **Nil**

The A&E diagnosis was: **SPRAIN - NECK - LEFT**

The following treatment was given: **CO-CODAMOL 30/500. 1-2 TABS, 4-6 HOURLY PRN (10 TABS SUPPLIED)
DICLOFENAC 50MG TDS-9 TABS SUPPLIED**

At the conclusion of treatment the patient was: **DISCHARGED - NO FOLLOW UP REQUIRED**

Follow-up: **NO FOLLOW UP ARRANGED**

The patient's departure destination was: **DISCHARGED**

Additional Information: **Nil**

Yours sincerely,
SANTOSH BONGALE
EMERG MED DOCTOR

Consultants:

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Single Stylesheet - [standard|dental|diagnostic imaging]

GGC General Referral Protocol (Glasgow, vR13.0)

REFERRAL TO

Ear, Nose & Throat (ENT)
GGC General Referral

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Consultant / receiving practitioner and/or specialty clinic

Hospital and hospital address

Hospital location code.

C418H

Email address

-

Urgency of referral

ROUTINE

Date of referral

23-Sep-2011

Date sent

23-Sep-2011

PATIENT DETAILS

Surname Alexander
Forename(s) Nicola
Title Miss
Sex Female
Date of birth 01-Dec-1979
CHI no. 0112793142
Area of Residence -

Patient's address

14 Larkin Gardens
PAISLEY
PA3 2AX

Contact number(s)

Voice: 889 2645

101002575425M

Unique Care Pathway Number: 101002575425M

REGISTERED GP DETAILS

Name Dr Daniel Brandon
GMC code 3067961 **GP code** C39519
Practice name Love Street Medical Centre
Practice code 87560

Practice address

40 Love Street
Paisley Renfrewshire
PA3 2DY
PA3 2DY

Contact number(s)

Voice: 0844 477 8794

Facsimile: 0870 428 0755

REFERRING GP DETAILS

Name Dr. Jacqueline McKeon
GMC code 3316830 **GP code** 34096
Practice name The Love Street Medical Centre (87560)
Practice code 87560

Practice address

40 Love Street
Paisley
PA3 2DY

Contact number(s)

Voice: 0844 4778794

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: SENSATION OF SOMETHING STUCK IN HER THROAT

Comment: Dear Doctor

Thank you for seeing this pleasant 31 year old girl who has had problems since July with the sensation of something stuck in her throat. This has unfortunately not settled despite adequate doses of PPI's and even doubling up the dose. Her weight is steady though she feels very tired. She is also complaining of some regurgitation of acid and food. She has no dysphagia.

Examination of Nicola's throat is entirely normal as is abdominal examination.

She is a generally healthy young woman.

I am grateful to you for seeing her and for your assessment.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history**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)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Lansoprazole	56	Gastro Resistant CAPS 30MG	1 Cap	morning and night	19-Sep-2011	19-Sep-2011
Omeprazole	56	CAPS 20MG	1 Cap	morning and night	22-Aug-2011	22-Aug-2011
Clarithromycin	14	TABS 250MG	1 Tab	Twice daily	11-Aug-2011	11-Aug-2011

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker:		16-Feb-2011
Current smoker:		01-Mar-2010
Trivial drinker - <1u/day:		01-Mar-2010

Clinical warnings**Allergies**

<u>Description</u>	<u>Date recorded</u>
[V]Personal history of penicillin allergy	11-Aug-2011

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Resident GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional)	Date

CHANGE OF PERSONAL INFORMATION

NEW
~~Old~~ Address/Name

First Name:	NICOLA
Surname:	ALEXANDER
Date of Birth:	01-12-1979
Address:	14 LARKIN GRONS PAISLEY
Postcode:	PA3 2AX
Telephone No:	0141 889 2645
Mobile No:	07413568003

Date of Change: _____

OLD
~~New~~ Address/Name (please only complete details which have changed)

First Name:	NICOLA
Surname:	ALEXANDER
Date of Birth:	01-12-1979
Address:	11 MERKSWORTH WAY PAISLEY
Postcode:	PA3 2QZ
Telephone No:	✓
Mobile No:	✓

Other members of the practice moving with you:

Surname	Forename	Date of Birth

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS	National Health Service Number		
	Surname (Block Letters)	Forenames (Block Letters)	
	ALEXANDER	NICOLA	
	Address <table border="1"> <tr> <td>Date of Birth</td> </tr> <tr> <td>1.12.79</td> </tr> </table>		Date of Birth
Date of Birth			
1.12.79			

Date	
8/93	Epiphyseal # Dntd. (R) Tib/fib - MVA
7/06	FORCEPS DELIVERY - FEMALE
2010	Uptb data

ROYAL ALEXANDRA HOSPITAL MICROBIOLOGY DEPARTMENT 0141 314 6172

RMVER
70

CHI Number	0112793142	Patient Address	11 MERKSWORTH WAY PAISLEY	Clinician	DR. D. J. BRANDON
CRN	RAH224718 RAHM61535		PA032QZ	Address	LOVE ST. MEDICAL CTRE LOVE ST. MEDICAL CTRE 40 LOVE STREET PAISLEY RENFREWSHIRE, PA3 2DY
Surname	ALEXANDER	Sex	Female		
Forename	NICOLA	Date of Birth	01/12/1979		

Clinical Details No clinical details provided.

Laboratory Ref. **MH062199J** Page **1 of 1**

Specimen Comment

Antibiotic Therapy **Not Stated**

HVS Microscopy

Motile Trichomonas vaginalis not seen
Direct film is suggestive of Bacterial Vaginosis
Suggest the use of Metronidazole or topical Clindamycin

HVS Culture

Candida species isolated
Neisseria gonorrhoeae culture
Neisseria gonorrhoeae not isolated

Technically Validated By : **J McSorley**

Printed : 19/03/2010 12:06
Received : 17/03/2010 12:46

MICROBIOLOGY

High Vaginal Swab : HVS Culture

Collected
16/03/2010 14:42

NHS IN SCOTLAND

Application to Register with a General Medical Practitioner

GPR

Please complete in **block capitals** and tick relevant boxes

Patient details

Surname **ALEXANDER**Forename **NICOLA ANN**

Previous Surname

Date of birth

01/12/79Male ☐Female ☒I wish the child named above to be registered at the practice for Child Health Surveillance ☐Address **11 MERKSWO****2TH WAY****GLOCKSTON****PAISLEY**Post code **PA3 2QZ**I will be in the area for more than three months ☒

Relationship to patient

Patient's / Patient's representative signature *Nicola Alexander*Date **01/03/0**

Voluntary consent to organ donation

If you wish to register on the NHS Organ Donor Register as someone whose organs can be used for transplantation purposes after your death, please tick relevant box(es) below:

Any Organ ☐Kidneys ☐Liver ☐Lungs ☐Heart ☐Corneas ☐Pancreas ☐

Patient's signature

Date

Please help us to trace your previous medical records by providing the following information if known

NHS No. (not National Insurance No.)

647794118

Previous address in U.K.

12 CROMER WAYTown **PAISLEY**County **RENFREWSHIRE** Post code **PA3 2QZ**

If returning from abroad

Date of departure from U.K.

Date of return to U.K.

Community Health Index (CHI) No.

0112793142

Name and address of previous doctor in U.K.

DR. D. BRANON**40 LOVE ST****PAISLEY PA3 2QZ**

If returning from HM Forces

Date enlisted

Service / Personnel No.

If none of the above information is known then please complete the following:

Town of birth

PAISLEY

County of birth

RENFREWSHIRE

Reg. district of birth (see birth certificate)

PAISLEY

Mother's maiden name

GRAY

Doctor's agreement

Enter 'D' if supplying drugs ☐

CHS acceptance

yes ☐no ☐Mileage claim road ☐ water ☐ footpath ☐

Enter date if registration examination completed

01/03/0

I accept this patient on my list and I claim payment in accordance with the Regulations.

CHS Ref No. of GP providing service if different from below

00000

Doctor's signature

Date

01/03/0

Doctor's name

Dr. D. Brandon

GP Ref. No.

391519

Name: NICOLA ANN. ALEXANDER

Date of Birth: 01/12/79

Choose **ONE** section from A to E, then choose **ONE** box which best describes your ethnic group or background.

A White

- ☒ Scottish
- ☐ English
- ☐ Welsh
- ☐ Northern Irish
- ☐ British
- ☐ Irish
- ☐ Gypsy/ Traveller
- ☐ Polish
- ☐ Any other white ethnic group

B Mixed or multiple ethnic groups

- ☐ Any mixed or multiple ethnic groups

C Asian, Asian Scottish or Asian British

- ☐ Pakistani, Pakistani Scottish or Pakistani British
- ☐ Indian, Indian Scottish or Indian British
- ☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- ☐ Chinese, Chinese Scottish or Chinese British
- ☐ Other

D African, Caribbean or Black

- ☐ African, African Scottish or African British
- ☐ Caribbean, Caribbean Scottish or Caribbean British
- ☐ Black, Black Scottish or Black British
- ☐ Other

E Other ethnic group

- ☐ Arab
- ☐ Other

If you would rather not answer this question,
please tick the box:

☐

DO YOU REQUIRE AN INTERPRETER: YES NO

IF YES WHICH LANGUAGE: _____

NEW PATIENT QUESTIONNAIRE AND EXAMINATION

Name: NICOLA ALEXANDER
 Date of Birth: 11/12/79 Contact Number: Mobile
 Next of Kin Details: DAD BRIAN ALEXANDER
31, ST JAMES AVE, PAISLEY 0141 887-9025
 Do You Smoke Yes ☒ No ☐ If Yes, how many per day 10
 (Please tick a box) (Enter Number)

Please tick if you or your parents/siblings have a history of any of the following:

	SELF	FAMILY
Asthma	☐	☐
Diabetes	☐	☐
Thyroid Problems	☐	☐
Heart Problems	☐	☐
Stroke	☐	☐
High Blood Pressure	☐	☐
Epilepsy	☐	☐
Chronic Bronchitis/Emphysema	☐	☐

Please list your current prescribed medication (including doses) Continue over the page if necessary.

Contraceptive implant insitu (1 arm) (Russell Institute)
Pt feels has gained 2st in weight since implant fitted
Trying to stick to healthy diet.

Do you have any known allergies to Medications Yes ☐ No ☐
 (Please tick a box)

If Yes, what are you allergic to:

Females Only

When was your last Smear Test: 2005 Result (if known): had attended Colposcopy clinic - not had smear or recall since

To be completed by Clinician:

Height: 1.62
 Weight: 13st
 Blood Pressure: 116/73 Pulse: 74
 Urinalysis: —
 Date Entered on GPASS: _____ Signature: [Signature]

States on patient history that she had immigrated. Not the case. both herself & daughter Chloe Alexander were removed from practice with this GP22.

Alexander, Nicola**DoB: 01/12/1979****Report Valid On 20/10/09 11:17**

Love Street Medical Centre

Page number 1

Registration**Miss Nicola Alexander****11 Merksworth Way****Gockston****PAISLEY****Renfrewshire****PA3 2QZ****Telephone: 840 2508**

Contact: ?

ContactRelship: ?

Email: ?

CHI Number: 0112793142

NHS Number: 647779/418

Patient ID:

Occupation:

Registered GP: Dr Daniel Brandon

Repeat Consultation: ?

Registered: 16/05/1980

Confirmed: ?

BMI: 0.0

Height: 0 m

Weight: 0 kg

Parity: 0

Gravida: 0

Service Code: Permanent

DoB: 01/12/1979

Age: 29

Dispensing: No

Road: 0 Water: 0 FootPath: 0

Marital Status: Single

Seen By GP: Dr Daniel Brandon

Acute Consultation: 14/08/2006

Records Received: ?

BP: 110/70

Priority Clinical / User Marker

Date Recorded	Start Date	Priority	Description
---------------	------------	----------	-------------

Modifier

Repeat Medication

Interval

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Pres.	Review
------------------	-------------------------	-------	------	-------	--------

Adverse Reactions

Read Code	Description
-----------	-------------

Clinical / User Marker

Date Recorded	Start Date	Priority	Description
---------------	------------	----------	-------------

Modifier

18/07/2006	None	Low	Notes summary on computer
------------	------	-----	---------------------------

11/07/2006	None	Low	Forceps delivery
------------	------	-----	------------------

Freetext:	Female
------------------	--------

29/04/2003	None	Low	Hip pain
------------	------	-----	----------

Freetext:	Attended A+E 28/4/03 - (L) hip - fell in nightclub 2/7 ago
------------------	--

21/05/2001	None	Low	1st hepatitis A vaccination
------------	------	-----	-----------------------------

Freetext:	R05708 :
------------------	----------

21/05/2001	None	Low	GP73 - immunisation claim
------------	------	-----	---------------------------

Freetext:	[FP73 - Immunisation claim]
------------------	-----------------------------

21/05/2001	None	Low	History/symptom NOS
------------	------	-----	---------------------

Freetext:	[Travel to thailand in 3/52.1st hep a l arm&typhim v1 r]arm,advised re yellow fever¢re addresses given
------------------	--

21/05/2001	None	Low	Other bacterial vaccine NOS
------------	------	-----	-----------------------------

Freetext:	TO280-5 :
------------------	-----------

12/07/1999	None	Low	Ca cervix - screen done
------------	------	-----	-------------------------

Freetext:	Non-GMS :
------------------	-----------

14/10/1996	None	Low	Ca cervix - screen done
------------	------	-----	-------------------------

Freetext:	Non-GMS :
------------------	-----------

14/10/1996	None	Low	Cervical smear result
------------	------	-----	-----------------------

Alexander, Nicola**DoB: 01/12/1979****Report Valid On 20/10/09 11:17**

Love Street Medical Centre

Page number 2

Freetext: Grade 2 :

12/08/1993 None Low Fracture of ankle

Freetext: (R) - remanipulation

16/05/1980 None Low Patient registered by HB

Screening

24/11/2006	Cervical Screening\$\$	Screening due	
Repeat after an Interval - 2 Months		Send recall when due	Do not send result letter
13/05/2005	Cervical Screening\$\$	Refer for colposcopy	
Repeat after an Interval - 6 Months		Do not send recall letter	Do not send result letter
15/04/2005	Cervical Screening\$\$	Cerv.smear: borderline changes	
Repeat after an Interval - 6 Months		Send recall when due	Result letter sent
15/04/2005	B P Screening\$\$	O/E - BP reading normal	
Repeat after an Interval - 6 Months		Do not send recall letter	Do not send result letter
25/07/2002	Cervical Screening\$\$	Cervical smear: negative	
Repeat after an Interval - 36 Months		Send recall when due	Do not send result letter
12/07/1999	Cervical Screening\$\$	Cervical smear: negative	
Repeat after an Interval - 36 Months		Send recall when due	Do not send result letter
12/07/1999	Cervical Screening\$\$	Cervical smear: negative	
No Action Required		Do not send recall letter	Do not send result letter
15/09/1994	Mmr Immunis.\$\$	Measles/mumps/rubella vaccn.	

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		Reason For Referral	Referred By	Attendance Type	
13/05/2005	Low	Royal Alexandra Hospital Dr Jacqueline McKeon	Gynaecology		1st Visit

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date
Doxycycline CAPS 100MG	14 1 Cap Twice daily	14/08/2006
Co-Magaldrox Sf 195mg/220mg In 5ml SUSP	500 10 ml prn	02/06/2006
Folic Acid TABS 400MICROGRAMS	56 1 Tab Daily	20/01/2006
Microgynon 30 TABS	63	18/04/2005
Piriton TABS 4MG	30 ONE THREE TIMES A DAY	10/07/2001

Inactive Repeat Drugs

Drug/Preparation	Quantity/Dose/Frequency	Intervals			
		Start	Last	Pres.	Review

Alexander, Nicola

DoB: 01/12/1979

Report Valid On 20/10/09 11:17

Love Street Medical Centre

Page number 3

Last Encounter

Screening:

Cervical Screening - Screening due - Repeat after an Interval - (Review 2M)

=====

Dr Julie Canning

Date: 14/08/2006

baby 5 weeks old has chlamydia script for nicola for doxycycline 100mg bd partner will attend his gp will make appt for swab

Acute Prescriptions:

Doxycycline - CAPS 100MG

1 Cap - Twice daily

14

=====

Clinical / User Markers:

Forceps delivery - - Female

Fracture of ankle - - (R) - remanipulation

Notes summary on computer - -

=====

Midwife

Date: 07/07/2006

39+wks Bp 110/70 urine NAD Fundus=dates Ceph FmF FHH c/o bachache await labour for r/v next tues at PMH R.U

=====

Midwife

Date: 23/06/2006

dna attending rah monitoring growth

=====

Dr Julie Canning

Date: 02/06/2006

35 weeks well stopped work last week mucogel for indigestion

Acute Prescriptions:

Co-Magaldrox - Sf 195mg/220mg In 5ml SUSP

10 ml - pm

500

=====

Midwife

Date: 19/05/2006

33wks Bp 108/60 no spec Fundus=dates cephalic fmf fhhr rah 3weeks

=====

Midwife

Date: 05/05/2006

31weeks urine nad bp 110/60 sl oedema ankles fundus=30cms cephalic pres fmf fhhr back to front info given uss on 16/05 r/v 3weeks

Alexander, Nicola

DoB: 01/12/1979

Report Valid On 20/10/09 11:17

Love Street Medical Centre

Page number 4

=====

Midwife Date: 31/03/2006

26weeks well fundus=dates fmf fhhr r/v 2weeks rah 4weeks

=====

contacted dr sakar's sec re new address, new appt will be sent out

=====

Midwife Date: 20/01/2006

Imp beginning oct, ?14 weeks, bp 96/60, fhhr with sonicaid well. pos test for chlamidia and attended colposcopy Dec 05 - cone biopsy done

=====

Dr Julie Canning Date: 20/01/2006

pregnancy test positive script for folic acid appt made for midwife

Acute Prescriptions:

Folic Acid - TABS 400MICROGRAMS 1 Tab - Daily 56

=====

Dr Julie Canning Date: 16/01/2006

Imp october 2005 periods have been irreg send pregnancy test has positive chlamydia test await result of pregnancy test will contact G U medicine meantime

=====

Screening:

Cervical Screening\$\$ - Refer for colposcopy - Repeat after an Interval - (Review 6M)

=====

Referrals:

Royal Alexandra Hospital(NHS) Gynaecology

=====

Screening:

Cervical Screening\$\$ - Cerv.smear: borderline changes - Repeat after an Interval - (Review 6M)

Alexander, Nicola

DoB: 01/12/1979

Report Valid On 20/10/09 11:17

Love Street Medical Centre

Page number 5

=====

=====

Dr Parag Patel

Date: 18/04/2005

char re contraception. prev depo -till aug - post depo amenorrhoea until 12/52 ag when started spotting. swabs / c smear taken on friday. discussed options - for m'gynon 30 X3op rev with results of swabs/ smear if approp

Acute Prescriptions:

Microgynon 30 - TABS

-

63

=====

Marie Nicholson

Date: 15/04/2005

=====

Marie Nicholson

Date: 15/04/2005

smear taken x2 swabs old blood at os + contact bleed ,tma for gp re; results and contraceptive needs no dr available at present.pt is going to work abroad in summer ,concerned re ;contraception.mn

Screening:

B P Screening\$\$ - O/E - BP reading normal - Repeat after an Interval - (Review 6M)

=====

=====

Marie Nicholson

Date: 07/04/2005

pt came off depo inj aug last year,periods irregular since,over last 8/10 weeks pv bleed weekly,nnil discharge /pain smear due also do x2 swabs.mn

=====

Clinical / User Markers:

Hip pain - - Attended A+E 28/4/03 - (L) hip - fell in nightclub 2/7 ago

=====

Dr Guy Haworth

Date: 24/01/2003

iucd removed

=====

Screening:

Cervical Screening\$\$ - Cervical smear: negative - Repeat after an Interval - (Review 36M)

=====

Screening:

Alexander, Nicola

DoB: 01/12/1979

Report Valid On 20/10/09 11:17

Love Street Medical Centre

Page number 6

Cervical Screening\$\$ - Cervical smear: negative - Repeat after an Interval - (Review 36M)

=====

Migrated Data

Clinical / User Markers:

Patient registered by HB - -

=====

Dr Daniel Brandon

Date: 10/07/2001

Acute Consultation

=====

Repeats Reviewed

=====

Dr Gordon Hamilton L

Date: 10/07/2001

Acute Prescriptions:

Piriton - TABS 4MG

ONE THREE TIMES A DAY -

30

=====

Screening:

=====

From Conversion

Date: 12/07/1999

Screening:

Cervical Screening\$\$ - Cervical smear: negative - No Action Required

Clinical / User Markers:

Ca cervix - screen done - - Non-GMS :

=====

Dr Saturday

Date: 14/10/1996

Clinical / User Markers:

Ca cervix - screen done - - Non-GMS :

Cervical smear result - - Grade 2 :

=====

Phlebotomist

Date: 21/05/2001

Alexander, Nicola

DoB: 01/12/1979

Report Valid On 20/10/09 11:17

Love Street Medical Centre

Page number 7

Clinical / User Markers:

1st hepatitis A vaccination - - R05708 :

GP73 - immunisation claim - - [FP73 - Immunisation claim]

History/symptom NOS - - [Travel to thailand in 3/52.1st hep a l arm&typhim v1 r]arm,advised re yellow fever¢re addresses given

Other bacterial vaccine NOS - - TO280-5 :

=====

=====

Appointments List:

Dr Julie Canning	Aug 14 2006 3:00PM	
Midwife	Jul 7 2006 2:15PM	
Midwife	Jun 23 2006 1:15PM	
Dr Julie Canning	Jun 2 2006 2:00PM	
Midwife	May 26 2006 1:15PM	
Midwife	May 19 2006 3:15PM	
Midwife	May 5 2006 1:00PM	
Midwife	Mar 31 2006 2:45PM	
Midwife	Jan 20 2006 3:15PM	
Dr Julie Canning	Jan 20 2006 3:00PM	
Dr Julie Canning	Jan 16 2006 10:00AM	
Dr Parag Patel	Apr 18 2005 10:40AM	
Marie Nicholson	Apr 15 2005 9:01AM	smear x2 swabs.mn discuss wdr contraception
Marie Nicholson	Apr 7 2005 12:15PM	discuss depo jag jd
Marie Nicholson	Dec 18 2003 4:30PM	kicked on leg 2 weeks ago badly bruised and lump appeared

Last 4 Clinical Notes

Date	Clinical Notes
14/08/2006	baby 5 weeks old has chlamydia script for nicola for doxycycline 100mg bd partner will attend his gp will make appt for swab
07/07/2006	39+wks Bp 110/70 urine NAD Fundus=dates Ceph FmF FHH c/o bachache await labour for r/v next tues at PMH R.U
23/06/2006	dna attending rah monitoring growth
02/06/2006	35 weeks well stopped work last week mucogel for indigestion

Alexander, Nicola
DoB: 01/12/1979

Report Valid On 20/10/09 11:17

Love Street Medical Centre
Page number 8

Post Natal Depression Questionnaire (continued)

5. I have felt scared or panicky for no good reason:

Yes, quite a lot

Yes, sometimes

No, not much

No, not at all

6. Things have been getting on top of me:

Yes, mostly I haven't been able to cope at all

Yes, I haven't been coping as well as usual

No, most of the time I have coped quite well

No, I have been coping as well as ever

7. Being unhappy has made sleeping difficult:

Yes, most of the time

Yes, sometimes

Not very often

No, not at all

8. I have felt sad or miserable:

Yes, most of the time

Yes, quite often

Only occasionally

No, not at all

9. I have been so unhappy that I have been crying:

Yes, most of the time

Yes, quite often

Only occasionally

No, not at all

10. The thought of harming myself has occurred to me:

Yes, quite often

Sometimes

Hardly ever

Never

Thank you.

(to be completed by health visitor)

Total Score: 1

To be reviewed Yes/No

(Please circle where appropriate)

If Yes, review date _____

(Cox, Trotter & Sagovsky, 1984).

Post Natal Depression Questionnaire

(to be completed by mother and discussed with health visitor/family doctor).

Once completed (and if mother agreeable) pages 17 & 18 will be removed from this record, discussed with the mother's own GP, and filed in her own GP medical records for information.

Mother's Name Nicola Alexander D.O.B. 1/12/79
 Address 12 Cromer Way Paisley PA3 2RX
 Today's Date 22 08 06

As you have recently had a baby, we would like to know how you are feeling now. Please underline the answer which comes closest to how you have felt in the past week, not just how you are feeling today.

Here is an example, already completed.

I have felt happy:

Yes, all of the time
Yes, most of the time
 No, not very often
 No, not at all

In the past week ...

1. I have been able to laugh and see the funny side of things :

As much as I always could
 Not quite so much now
 Definitely not so much now
 Not at all

2. I have looked forward with enjoyment to things:

As much as I ever did
 Rather less than I ever used to
 Definitely less than I used to
 Hardly at all

3. I have blamed myself unnecessarily when things went wrong :

Yes, most of the time
 Yes, some of the time
 Not very often
No, never

4. I have been anxious or worried for no good reason :

No, not at all
 Hardly ever
 Yes, sometimes
 Yes, very often

Date	
12.8.93	Ⓜ ankle # - remanipulation
20.1.06	Pregnant - EDD 9.7.06
11.7.06	Forceps delivery - Female
—	Summarised July 06

**NHS ARGYLL & CLYDE
ROYAL ALEXANDRA HOSPITAL (MATERNITY UNIT)**

DISMISSAL SUMMARY

MIDWIFE / HEALTH VISITOR

BOOKING

Hospital No: 
Name: **CHI: 0112793142**
DOB: **01/12/1979**
Address: **ALEXANDER NICOLA F**
12 DROMER WAY
PAISLEY
PA8 2QX
Tel. No:
DOB: **07818688140**

Consultant: *Dr Muir*

ANTENATAL

Hospital Admission: Yes/No

Reason/Complication:

DELIVERY

Date: **11/7/06** Time: **05:32**

Gestation: **Term + 2**

Perineum: Intact

Tear
Episiotomy

Baby: Male/Female

Remarks:

POSTNATAL: Discharge from Hospital

Mother Hb: **4.6** Anti D: **-**

Rubella: **Immune**

Sutures removed: Yes/No Date:

Postnatal: **GP/Hospital** **weeks**

Drugs: **Demerol Sulphate**

Remarks:

Discharge Address: **31A**

Date of Discharge - Mother: **13/7/06**

DISCHARGE FROM COMMUNITY

Mother: Baby:

Age: **26yrs** Parity: **Prim.** Blood Group: **OPOS**

Medical History: **-**

GP: **DR CANNING**

Address: **LOVE ST Paisley**

Team: **GREEN**

Gestation:

(Kellands) *Andersons*
Type of delivery: **Forceps**

Placenta: **Complete**
Incomplete

Repaired with:
Vicryl rapid

Alive/N.N.D./Stillbirth

Feeding at Birth: **Breast/Bottle**

Indication for L.U.S.C.S./Assisted:

Membranes: **Complete**
Incomplete

Blood Loss: **250mls**

Blood Transfusion:

Apgar: Weight: **41.615 9110 2.9kgs**

Baby Feeding: **Breast/Formula**

If Breast:

Feed other than at breast:

How was it given:

If water/formula was it medically indicated Yes/No

Water/formula/EBM

Syringe / Cup / Bottle

Dismissal Weight:

Cord: **On/Off**

Admitted to SCBU.: Yes/No

Reason:

Follow up:

Remarks:

Baby:

See Page 2
Signature of Discharge Midwife

Guthrie Test: Yes/No Date:

Feeding: **Breast/Formula**

If Breast:

Feed other than at breast:

How was it given:

If water/formula was it medically indicated

Water/formula/EBM

Syringe / Cup / Bottle

Yes/No

SIGNATURE: DATE:

Health Visitor at:

GREATER RENFREWSHIRE DIVISION

Dr Kenneth C. Muir
Dr Judith A. Gemmell
Dr Andrew Quinn
Dr Gour C. Sarkar
Dr Andrew Thomson
Dr Andrew Paterson
Dr Bibhas C Ray (Associate Specialist)
Dr Mugove Zwizwai (Staff Grade)

Women's & Children's Directorate
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Direct Line: 0141 314 7336
Fax: 0141 314 6824



Our Ref: JC.SAG.224718

Date: 7 March 2006

Dr J T McKeon
Love Street Medical Centre
40 Love Street
Paisley
PA3 2DY

Dear Dr McKeon

NICOLA ALEXANDER – 1.12.79 CHI No 3142
12 Cromer Way, Paisley.

Your patient failed to attend for colposcopy on 2.3.06.

A second appointment has been sent to the above address. If she should consult with you I would be grateful if you would encourage her to attend.

Kind Regards

Yours sincerely

A handwritten signature in black ink, appearing to be 'J. Crawford'.

DR JEANNETTE CRAWFORD
Staff Grade

GREATER RENFREWSHIRE DIVISION

Dr Kenneth C. Muir
Dr Judith A. Gemmell
Dr Andrew Quinn
Dr Gour C. Sarkar
Dr Andrew Thomson
Dr Andrew Paterson
Dr Bibhas C. Ray (Associate Specialist)

Women's & Children's Directorate
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Direct Line: 0141 314 6753
Fax: 0141 314 6824



Our Ref: KCM:SC:M61535

Date: 7th February 2006

Dr. Julie Canning
40 Love Street
Paisley

Dear Dr. Canning

NICOLA ALEXANDER 1.12.79.
12 Cromar Way Paisley

Nicola was seen for a booking visit on 7th February. A scan made her about 18 weeks therefore giving a scan predicted EDD of 9th July. An attempt was made to do fetal anomaly scan today but the views for certain anatomical regions weren't totally satisfactory and therefore she will come back in 2 weeks for a further scan. She has declined serum AFP and will be reviewed here in 10 weeks.

Note is taken that she had a biopsy of cervix last year and I will see her notes to confirm that this has been a punch biopsy only.

It is also noted that she had a positive Chlamydia swab and that this has not been treated because she was early in pregnancy. I think it would be a good idea now that she has reached 18 weeks she could have another Chlamydia swab taken during the course of the pregnancy and if it is still positive we could then discuss with the Bacteriologists the appropriate treatment. If it is negative then treatment would not be necessary.

Yours sincerely

Dr. Kenneth C. Muir
Consultant Obstetrician & Gynaecologist

DEPARTMENT OF LABORATORY MEDICINE : MICROBIOLOGY			
CHI Number	011 279 3142	Consultant / GP	Dr J Canning
Patient ID No.	224718	Address	General Practice
Surname	ALEXANDER	Sex	F
Forename	NICOLA	Date of Birth	01/12/1979
Clinical Details	Antibiotic Therapy		Not stated
Specimen Comment	Laboratory Ref. No.		MP034450
		Page No.	1
MEDMIC			

Pregnancy Test

Positive (>200 i.u./ml)

MICROBIOLOGY

MICROBIOLOGY	Pregnancy Test	Date/Time Reported	16/01/2006 15:57
	:	PREGNANCY TEST	16/01/2006

THE LOVE STREET MEDICAL CENTRE

Dr Daniel J Brandon, Dr Jacqueline McKeon, Dr Julie Canning, Dr Parag Patel.

40 Love Street
Paisley
Renfrewshire
PA3 2DY

Practice Manager: Paula Gallacher

Tel: 0844 477 8794
Fax: 0870 428 0755

Miss Nicola Alexander
12 Cromer Way
PAISLEY
PA3 2QX

30 December 2005

Dear Nicola

We have received a letter from the Colposcopy Clinic regarding tests that were done there. I believe the Colposcopy Clinic has been in contact with you about this.

I would be grateful if you could contact the surgery to discuss this with myself as it is extremely important that this is attended to.

Yours sincerely

DR J MCKEON
General Practitioner

GREATER RENFREWSHIRE DIVISION

Dr Kenneth C. Muir
Dr Judith A. Gemmell
Dr Andrew Quinn
Dr Gour C. Sarkar
Dr Andrew Thomson
Dr Andrew Paterson
Dr Bibhas C. Ray (Associate Specialist)
Dr Mugove Zwizwai (Staff Grade)

Women's & Children's Directorate
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Direct Line: 0141 314 7336
Fax: 0141 314 6824



Our Ref: JC.SAG.224718

Date: 15 December 2005

Dr J T McKeon
Love Street Medical Centre
40 Love Street
Paisley
PA3 2DY

Dear Dr McKeon

NICOLA ALEXANDER – 1.12.79
12 Cromer Way, Paisley.

Your patient was seen at the Colposcopy Clinic on 1.12.05 in view of a borderline cervical smear. She has been staying in Greece and has only just recently returned.

Colposcopy revealed an ectropion and a punch biopsy was taken. Her smear was also repeated. Swabs were taken and the chlamydial swab has been reported as positive.

Nicola requires treatment and I have asked her to contact yourself or us for referral to GUM Clinic for appropriate treatment.

She will be reviewed again in three months time. I will keep you informed of her progress.

Yours sincerely

A handwritten signature in black ink, appearing to be 'J. Crawford'.

DR JEANNETTE CRAWFORD
Staff Grade

Hospital Use only	Clinic	Day Date	Time	Hospital No:
----------------------	--------	-------------	------	-----------------

Ambulance required?

No

~ REFERRAL LETTER ~

- Medical in Confidence -

REFERRAL TO:

--	Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN
COLPOSCOPY CLINIC	
Hosp email:	
Hospital Unit No:	

URGENCY OF REFERRAL:

Routine

PATIENT DETAILS:

Alexander	11 Merksworth Way Gockston PAISLEY Renfrewshire
Nicola	
Previous surnames:	
Title: Miss	
Female	
01/12/1979	PA3 2QZ
0112793142	840 2508

REFERRING PRACTITIONER DETAILS:

Dr Jacqueline McKeon	Love Street Medical Centre 40 Love Street Paisley Renfrewshire PA3 2DY
Tel: 0870 428 0744	
Fax: 0870 428 0755	

REGISTERED GP DETAILS:

	Love Street Medical Centre 40 Love Street Paisley Renfrewshire PA3 2DY
Practice No: 87560	
Fax: 0870 428 0755	Tel: 0870 428 0744

History of Presenting Complaint

Reason for Referral (& Expectation of Outcome)

Dear Doctor

Thank you for seeing Nicola who had a smear test carried out at the surgery on 15 April 2005. In view of the suspicious cervix, referral to the colposcopy clinic has been suggested.

I am grateful to you for seeing her and for your assessment.

Past Medical History

Current and Recent Medication

Clinical Warnings (eg allergies blood-borne viruses)

Additional Relevant Information

Smoking

Alcohol

Yours sincerely

Dr Jacqueline McKeon
13 May 2005

DEPT OF CYTOLOGY - INVERCLYDE ROYAL HOSPITAL
Cervical Cytology Report

Name :	Nicola ALEXANDER	Lab No.:	CC010110/2005
Address:	11 MERKSNORTH WAY	D.O.B. :	01-DEC-197
	PAISLEY	CHI No. :	0112793142
	PA32Q2	Hosp. No. :	
Sender :	SISTER NICHOLSON	Date of Examination :	15-APR-200
	LOVE STREET M.C.	GP: DR MCKEON	
	40 LOVE STREET	LOVE STREET M.C.	
	PAISLEY	40 LOVE STREET	
		PAISLEY	

Date Received : 18-APR-2005 **jm25/04/2005** Date Issued : 22-APR-200

History: IMB 8-10 wks. Contact bleed.

Report: Mild squamous atypia. In view of the suspicious cervix, advise referral to Colposcopy.

Result: BORDERLINE CHANGES

Advice: REPEAT IN 12 MONTHS

Dr H C Scullion

THE LOVE STREET MEDICAL CENTRE

Dr Daniel J Brandon, Dr Jacqueline McKeon, Dr Julie Canning, Dr Parag Patel.

40 Love Street
Paisley
Renfrewshire
PA3 2DY

Practice Manager: Paula Gallacher

Tel: 0870 428 0744
Fax: 0870 428 0755

Miss Nicola Alexander
11 Merksworth Way
PAISLEY
PA3 2QZ

13 May 2005

Dear Nicola

Your recent smear test has shown the **possibility** of some changes at your cervix. This means that you are required to attend the Colposcopy Clinic at the Royal Alexandra Hospital for closer inspection and treatment if necessary. You should receive your appointment from the clinic shortly.

If you wish to speak to someone regarding this, please telephone either myself or one of our practice nurses at the surgery.

Yours sincerely

DR J MCKEON
General Practitioner

DEPT OF CYTOLOGY - INVERCLYDE ROYAL HOSPITAL
Cervical Cytology Report

Name : Nicola ALEXANDER
Address: 11 MERKSNORTH WAY
PAISLEY

PA32Q2

Sender : SISTER NICHOLSON
LOVE STREET M.C.
40 LOVE STREET
PAISLEY

Lab No:
CC010110/2005
D.O.B. : 01-DEC-1979

CHI No. : 0112793142
Hosp. No. :
Date of Examination : 15-APR-2005

GP: DR MCKEON
LOVE STREET M.C.
40 LOVE STREET
PAISLEY

Date Received : 18-APR-2005

Date Issued : 22-APR-2005

History: IMB 8-10 wks. Contact bleed.

Report: Mild squamous atypia. In view of the suspicious cervix, advise
referral to Colposcopy.

Result: BORDERLINE CHANGES

Advice: REPEAT IN 12 MONTHS

Dr H C Scullion

DEPARTMENT OF LABORATORY MEDICINE : MICROBIOLOGY



Patient ID No.	0112793142	Consultant / GP	Dr. J. McKeon	Royal Alexandra Hospital
Surname.	ALEXANDER	Address	General Practice	Paisley PA2 9PM
Forename.	NICOLA		40 Love Street	Tel. No. 0141 887 9111
Date of Birth	01/12/1979	Sex	F	Microbiology 0141 580 4463
				Biochemistry 0141 580 4068
				Haematology 0141 580 4068
Clinical Details		Antibiotic Therapy	No antibiotics	Laboratory Ref. No. Page No.
				MS001435 1

Specimen Comment

MEDMIC

Chlamydia Gene Probe Assay Negative

Date/Time Reported **18/04/2005 16:09**

MICROBIOLOGY	ENDO-CERVICAL SWAB : CHLAMYDIA INVESTIGATION 15/04/2005
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MICROBIOLOGY

DEPARTMENT OF LABORATORY MEDICINE : MICROBIOLOGY			
Patient ID No.	0112793142	Consultant / GP	Dr. J. McKeon
Surname.	ALEXANDER	Address	General Practice
Forename.	NICOLA		40 Love Street
Date of Birth	01/12/1979	Sex	F
Clinical Details	Antibiotic Therapy		No antibiotics
Specimen Comment	Laboratory Ref. No.		MH018240
	Page No.		1

MEDMIC

Streptococcus Groups A,C & G not isolated
 Motile Trichomonas vaginalis not seen
 Not consistent with Bacterial Vaginosis
 Neisseria gonorrhoeae not isolated
 Yeasts not isolated

MICROBIOLOGY

MICROBIOLOGY	HIGH VAGINAL SWAB	Date/Time Reported	18/04/2005 10:09
		STANDARD CULTURE	15/04/2005

ARGYLL & CLYDE ACUTE HOSPITALS NHS TRUST
ACCIDENT/EMERGENCY FORM

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
ROYAL ALEXANDRA HOSPITAL
CORSEBAR ROAD
PAISLEY PA2 9PN
TEL: 0141-887 9111

AE No. C/

BA

Surname		Forename		Age	Date of Birth	Arr Date	Time	AE Number
HAMILTON		NICOLA		24	01/12/1979	16/07/04	06:59	032067/04
Address			Sex	Religion		Date of Inc	Time	
11 HERKOWORTH WAY PAISLEY			FEMALE			16/07/04		
PC PA3 222			Marital Status	Occupation/School		Type of Inc	Mode of Arrival	
Tel 840 3308			SINGLE			OTHER	WALKING/OTHER	
Name			Address			Referred by		
HAMILTON			100VE STREET MEDICAL CENTRE 40 LOVE STREET PAISLEY			SELF REFERRAL		
Name			Address			Complaint		
NOT STATED						INJURY		
Relat.						19 JUL 2004		
Tel. No.								
ROAD TRAFFIC ACCIDENT PLACE				DETAILS				
HOME ACCIDENT PROBABLE CAUSE								

LETTER	OB
PHONE	JM
SCRIPT	JC
APPT	PP

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor.

The above-named patient attended Accident & Emergency Department today.

Diagnosis STI Both feetX-Ray film/ECG shows N.B.I.

Treatment given

AnalgesicTalar supportDrugs 3 days supply of Buten 400mg + Cocodamol 8-500 mg has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle 1. Discharge Home 2. Refer to G.P. 3. Irregular Discharge				4. Did not Wait 5. Ret A/E as advised 6. Ret A/E as necessary				7. Fracture Clinic 8. Refer to O.P. Clinic (see below) 9. Social Worker				10. Admit Ward (see below) 11. Trans. other Hospital (see below) 12. Died in dept. 13. Dead on Arrival			
Ward No. (if admitted)				Transfer to Hospital				Consultant (if admitted)							
Follow up		Not arranged		Arranged		To be arranged						Others Specify			
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.						
Medical Officers Name (in Block Letters)						CODE		Signature of Medical Officer							
<u>B. Davies</u> <u>ENP</u>						<u>165</u>		<u>[Signature]</u>							
Cons		SR		Reg		SHO/JHO		Clin Assist							

CLINICAL NOTES	National Health Service Number	
	Surname (Block Letters) ALEXANDER	Forenames (Block Letters) NICOLA
	Address Date of Birth 1-12-79	

Date

19/10/95

UPCL Chest Erythema 280/64

6/5/98

Turkey

Oral Pulse Tit Vacc.

Seasonal. REMNS 560148

Q fever, glaucoma. 100547C

21/5/01.

Travel to Thailand (Bangkok - Runway in 352. Requires 1st Hep A (1) chertoid + Typhim Vi

No Yellow fever vacs - advise pt + given other course N°s

500mg multivitamin. Discussed HIV also etc. + low malarial risk. NKA + no pregnancy. 4W.

18/11/03

Kicked top of (R) thigh 2/52 ago. concerned Re bruising + lump has now appeared, no pain, no problems with mobility. Jlw Dr Miller + Haemofrom no treatment ordered to ret cns kept 4W

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



		National Health Service Number			
LONG TERM DRUG RECORD	Surname (Block Letters)		Forename(s) (Block Letters)		
	Address			Date of Birth	
Allergies, Drug Reactions and Problems					
Drug	(1)	(2)	(3)	(4)	(5)
Strength/Form					
Quantity					
Dose and Frequency					
Date					
Review by Date					
Drug	(6)	(7)	(8)	(9)	(10)
Strength/Form					
Quantity					
Dose and Frequency					
Date					
Review by Date					



Drug	(1)	(2)	(3)	(4)	(5)
Strength/Form					
Quantity					
Dose and Frequency					
Date					
Review by Date					
Drug	(6)	(7)	(8)	(9)	(10)
Strength/Form					
Quantity					
Dose and Frequency					
Date					
Review by Date					
Drug	(11)	(12)	(13)	(14)	(15)
Strength/Form					
Quantity					
Dose and Frequency					
Date					
Review by Date					

IMMUNISATIONS AND SCREENING INVESTIGATIONS	National Health Service Number	
	Surname (Block letters)	Forename (Block letters)
	Address	Date of Birth

IMMUNISATIONS (Insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Meas- sles	Rubella	MMR	BCG
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

ALLERGIES & HYPERSENSITIVITIES

	Influenza	Hep.B.	Typhoid	Cholera
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				

IMMUNOLOGICAL STATUS

	Tuberculin Test	Rubella Antibodies	HIV	Hep.B.
Date				
Result				
Date				
Result				
Date				
Result				

SCREENING INVESTIGATIONS

[illegible][illegible]

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT																									
Dear Doctor Date <u>28/4/3</u> This patient attended Accident & Emergency Department today. Diagnosis: <u>Ⓢ hip - fell in nightclub 2/7 ago</u> X-RAY Film / ECG shows: <u>/</u> Treatment given: <u>analgesia</u> DRUGS days supply of has been given TT Booster HATI (please tick) Tetanus Prophylaxis has / has not been administered. DISPOSAL (please tick) <table style="width: 100%;"> <tr> <td>☒ GP</td> <td>☐ Admit Ward No.</td> <td>☐ Died in Dept.</td> </tr> <tr> <td>☐ No Follow up</td> <td>☐ Transfer to Other Hospital</td> <td>☐ D.O.A.</td> </tr> <tr> <td>☐ Return to A & E Clinic</td> <td>☐ Fracture Clinic</td> <td>☐ Irregular Discharge</td> </tr> <tr> <td>☐ Return to A & E Clinic (if necessary)</td> <td>☐ Other Clinic </td> <td>☐ Did not Wait</td> </tr> </table>	☒ GP	☐ Admit Ward No.	☐ Died in Dept.	☐ No Follow up	☐ Transfer to Other Hospital	☐ D.O.A.	☐ Return to A & E Clinic	☐ Fracture Clinic	☐ Irregular Discharge	☐ Return to A & E Clinic (if necessary)	☐ Other Clinic 	☐ Did not Wait	Patient No. <u>017399/03</u> At <u>ALEXANDER NICOLA</u> <u>153 SPRINGFIELD PARK</u> <u>JOHNSTONE</u> <u>PA58JT 01505348110</u> <u>01/12/1979 FEMALE</u> Would you please arrange: 29 APR 2003 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>LETTER</td> <td>DB</td> <td>☒</td> </tr> <tr> <td>PHONE</td> <td>JM</td> <td>☐</td> </tr> <tr> <td>SCRIPT</td> <td>GH</td> <td>☐</td> </tr> <tr> <td>APPT.</td> <td>EV</td> <td>☐</td> </tr> </table>	LETTER	DB	☒	PHONE	JM	☐	SCRIPT	GH	☐	APPT.	EV	☐
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APPT.	EV	☐																							
Medical Officer's Name (in BLOCK CAPITALS) <u>EASTON</u> CODE <u>128</u> Signature of Medical Officer <u>[Signature]</u> Consultant - St. Grade - Registrar - SHO - Clinical Asst. (please circle)																									

ROYAL ALEXANDRA HOSPITAL NHS TRUST ACCIDENT & EMERGENCY DEPT. Carsebar Road, PAISLEY PA2 9PN Tel. No: 0141 887 9111

RENFREWSHIRE AND INVERCLYDE
PRIMARY CARE NHS TRUST

Barrhead Health Centre
201 Main Street
BARRHEAD
G78 1SA

Date: 27-1-03

Tel No. 0141 880 6161

DEPARTMENT OF FAMILY PLANNING & REPRODUCTIVE HEALTH

Dear Dr

Nicola Alexander D.O.B. 1.12.79
153 Springfield Pl
Johnstone

24 JAN 2003

" had a [Signature] IUCD fitted today.

" had her IUCD removed today.

☐ had her old IUCD removed today and a new [Signature] IUCD fitted today.

" She will be returning to [Signature] for routine check-ups.

She is again using Depo provera
Could you please let me know if you remove the IUCD.

Yours sincerely

[Signature]

Medical Officer

LETTER	DB	
PHONE	JM	
SCRIPT	GH	
APPT	EV	

To make an appointment for Family Planning, Smear, Well Woman etc: Call in or phone

BARRHEAD Health Centre:	0141 880 6161	Thursday am and pm
ERSKINE Health Centre:	0141 812 6513	Monday am and Thursday pm
FERGUSLIE, Tannahill Centre:	0141 849 0554	Thursday pm
FOXBAR Clinic:	01505 813119	Tuesday am
JOHNSTONE Health Centre:	01505 320278	Wednesday pm and eve, Friday am
LINWOOD Health Centre:	01505 324337	Tuesday am and pm
RENFREW Health Centre:	0141 886 5921	Tuesday am and pm, alt Fridays pm
RUSSELL INSTITUTE, PAISLEY:	0141 889 8701	Monday 12 noon to 7.30pm, Thursday am, Friday lunchtime

MENOPAUSE CLINIC: Johnstone Health Centre, Monday pm (Doctor and Nurse Specialists)

SEX ADVICE CLINIC: Russell Institute, Tuesday pm (Nurse Specialist)

SHIFT (for Young People): Russell Institute, Tuesday 3.30 - 5.00pm (**DROP IN**)

RENFREWSHIRE AND INVERCLYDE
PRIMARY CARE NHS TRUST

Barrhead Health Centre
201 Main Street
BARRHEAD
G78 1SA

Date: 21.11.02

Tel No. 0141 880 6161

DEPARTMENT OF FAMILY PLANNING & REPRODUCTIVE HEALTH

Dear Dr

Hamilton
Nicola Alexander
153 Springfield Park
Johnstone PA5

D.O.B. 1.12.78

" had a *MVA 380* IUCD fitted today.

" ~~had her IUCD removed today~~

☐ had her old IUCD removed today and a new _____ IUCD fitted today.

" She will be returning to *Barrhead HPC* for routine check-ups.

Could you please let me know if you remove the IUCD.

Yours sincerely

[Signature]

Medical Officer

LETTER	DB	
PHONE	JM	
SCRIPT	GH	
APPT	EV	

25 NOV 2002

To make an appointment for Family Planning, Smear, Well Woman etc: Call in or phone

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RENFREWSHIRE HEALTHCARE TRUST

Community Services Directorate (Renfrew)

Date 11.12.95

14 DEC 1995

Russell Institute
Causeyside Street
Paisley PA1 1UR

Tel: 0141 889 8701

Dear Dr: Winton

Nicola Alexander D.O.B. 1.12.79

11 Merksworth Way

Paisley

visited the clinic this week, and expressed a desire to use Oral Contraceptives. I could find no contraindications on history and routine examination, and have supplied her with Microgynon tablets to start her next cycle.

Yours sincerely,

Hawthorn

Medical Officer

Method/GP1

CONSENT

FOR THE PARENT (AND THE STUDENT IF AGED 16 YEARS OR OVER):

Has your child had the MMR vaccine?
(please tick appropriate box)

YES

[] - no need for further action

NO

[] - immunisation recommended

DON'T KNOW

[x] - if previous immunisation cannot be confirmed, immunisation recommended

I consent to my child having the MMR vaccine.

Parent's Signature: E. Alexander Date: 1.9.94

Student's name: NICOLA ANN ALEXANDER

DOB: 1/12/79 Class: 4S1

School: MERKSWORTH HIGH

GP: DR WINTON GP's Address: LOVE ST. PAISLEY

(If student is aged 16 years or over, to be signed at time of immunisation)

I wish to have the MMR vaccine.

Student's signature: _____

For office use only:

Batch No: 1442 W8593300

Date given: 15/9/94

by J. Vanning

BE WISE IMMUNISE



Multi-part: gold - file
white - GP
yellow - HB

c:\pm4\sloan\mmrteen.pm4

ORTHOPAEDIC SERVICE:

Mr J H Hay
Mr D A R Aaron
Mr I J Cartlidge

ACCIDENT & EMERGENCY SERVICE AUG 1993

Mr J A Findlay
Mr C A Allister

Your Ref: *

If telephoning please ask for:
Mrs J. Christie Ext.4500

Our Ref: AA/JBC.224718

Date: 17 August 1993
(dictd. 5.8.93)

Dr.D B Winton
Medical Centre
40 Love Street
PAISLEY

ADMITTED: 03.8.93
DISCHARGED:
DIAGNOSIS: EPIPHYSIAL FRACTURE DISTAL END
RIGHT TIBIA AND FIBULA
TREATMENT: MUA EPIPHYSIAL FRACTURE
DISTAL END RIGHT TIBIA AND
BURSA
DRESSING ABRASION OVER LATERAL
ASPECT RIGHT ANKLE

Dear Dr. Winton

NICOLA ALEXANDER
11 MERKSWORTH WAY

1.12.79
PAISLEY

This 13 year old girl was an emergency admission, via Accident Emergency Department, on 3rd August, 1993 with a right ankle injury as depicted above which she sustained when she jumped off a moving bus. According to her story, as the bus was approaching the stop. She caught her right ankle in between the bus and the kerb sustaining a twisting injury to her right ankle.

She was treated in backslab POP and given analgesia in Accident Emergency Department and admitted to ward 17. She was taken to theatre the same day for MUA. In theatre the backslab was taken down and the ankle examined under anaesthetic. The findings were a very swollen ankle with an abrasion on the lateral side. The abrasion was dressed as above. Her ankle was manipulated into an acceptable position and above knee POP applied.

She is now making steady and satisfactory post operative course. She will be mobilised, non-weight bearing or at the very most, partial weight-bearing.

Further plan is to keep the patient until Monday and X-ray her in plaster. If the original plaster has become loose or the position has shifted she will require to be taken back to theatre and under general anaesthesia, the old plaster will be taken down with or without remanipulation and application of a new plaster. If she goes home when safe on her feet with crutches, she will be followed up regularly in the out patient clinic.

Yours sincerely

Adegbenro
A ADEGBENRO FRCS
LOCAL ORTHOPAEDIC REGISTRAR

ROYAL ALEXANDRA HOSPITAL

CORSEBAR ROAD, PAISLEY, RENFREWSHIRE PA2 9PN TELEPHONE: 041 887 9111

FAX: 041 887 6701

A NATIONAL HEALTH SERVICE TRUST

RAH

ORTHOPAEDIC SERVICE:

Mr J H Hay
Mr D A R Aaron
Mr I J Cartlidge

Your Ref: *

Our Ref: AA/JBC.224718

Date: 13 August 1993
(dictd. 12.8.93)

ACCIDENT & EMERGENCY SERVICE

Mr J A Findlay
Mr C A Allister

If telephoning please ask for:
Mrs J. Christie Ext.4500

Dr. D B Winton
Medical Centre
40 Love Street
Paisley

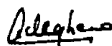
Dear Dr Winton

NICOLA ALEXANDDR 01.12.79
11 MERKSWORTH WAY PAISLEY

Further to my previous letter on this girl's admission, she is progressing well following remanipulation of her right ankle fracture.

On the ward round to-day I am told that she is safe on a pair of crutches, now weight-bearing. If she goes home to-day she will be kept under regular review at the fracture clinic.

Yours sincerely


A ADEGBENRO FRCS
LOCUM REGISTRAR IN ORTHOPAEDICS

18 AUG 1993

ROYAL ALEXANDRA HOSPITAL

CORSEBAR ROAD, PAISLEY, RENFREWSHIRE PA2 9PN TELEPHONE: 041 887 9111

FAX: 041 887 6701

A NATIONAL HEALTH SERVICE TRUST



Argyll and Clyde Health Board

School Health Service

I 3

Consent form for B.C.G. Immunisation

Child's name: NICOLA ALEXANDER Date of Birth: 1.12.79
 Address: 11. MERKS WORTH WAY
GLOCKSTON PAISLEY Sex: FEMALE
 School attended: MERKS WORTH HIGH Contact Tel No.: 840 2508
 Name of Family Doctor: DR WINTON
 Address: LOVE ST. PAISLEY

Has your child ever had B.C.G. Immunisation? YES
 If so where?
 and when?
 Is there a known case of tuberculosis in the household? NO
 If so, please give full name:

Please complete either 'A' or 'B'

A: I hereby CONSENT to the skin testing and B.C.G. immunisation or further investigation as necessary of the above named child.

Date: 21.10.92 Signature: E. Alexander (parent or guardian)

B: I hereby REFUSE the skin testing and B.C.G. immunisation or further investigation as necessary of the above named child.

Date: Signature: (parent or guardian)

For use of Medical/ Nursing staff:

Tuberculin testing

Date	Method	Induration in mm	Erythema	Other reaction	BCG reqd.	Invest. reqd.	Name of Observer
21.11.92	E2135D1A						SR Natta
20.11.92		12x15	15x20				

Particulars of Immunisations

BCG Vaccine		Local reaction (size in mm)								Abscess	Constitution	Name of Vaccinator
Date	Batch No	Date of manufacture	Date of reading	None	Papule	Vesicle	Infiltration	Ulcer	Glands			

Chest X-Ray Examination

Date	Report (see note)

Note abbreviations to be used in report
 N = Normal INF = Infiltration R = Right L = Left C = Cavity PE = Pleural effusion

Multipart 1 GP
 2 HG
 3 FILE

0
1
1
2
7
9

SURNAME (BLOCK LETTERS)		0092							
TITLE (Mrs, Miss)									
FORENAMES (BLOCK LETTERS)		PHONE NUMBER							
DATE OF BIRTH	SINGLE	N.H.S. NUMBER							
LSMC Computer No: 000092 SURNAME: Alexander FORENAME: Nicola A DOB: 01.12.1979 CHI: 3142 NHS: 647/79/418									
11 Merksworth Way PAISLEY PA3 2QZ Tel: 840 2508		ARDS <table border="1"> <thead> <tr> <th>DOCTOR'S NAME</th> <th>CIPHER & DATE</th> </tr> </thead> <tbody> <tr> <td>Winton</td> <td></td> </tr> <tr> <td>S. J. Brandon</td> <td>(01/03/10)</td> </tr> </tbody> </table>		DOCTOR'S NAME	CIPHER & DATE	Winton		S. J. Brandon	(01/03/10)
DOCTOR'S NAME	CIPHER & DATE								
Winton									
S. J. Brandon	(01/03/10)								
4.									
5.									
Cause of Death									
(1)		355-2090							
(2)		Form GP 111A (Rev. 5/87)							

Summarised June 06

ST217
 ST217 01-12-1979
 SKP: 476968147
 ALEXANDER
 NICKOLA
 R
 RT ID: 25
 122505535-000003
 C-02-03
 0105004570
 NEXT

G.P.111.

PATIENT TRANSFER NOTIFICATION FORM

Please enter the patient details below or alternatively attach a printed label if you prefer

Please enter the Practice Stamp in the box below

Forename Nicola

Surname Alexander

CHI No 0112793142
(please note the full CHI No)

Love Street Medical Centre
40 Love Street
PAISLEY
PA3 2DY

Does the patient have a paper medical record:

Yes, attached ☒

No, there is no paper record ☐

The Patient Summary is:

Scanned into Docman ☒

Within the Paper Record ☐

Attached (only document) ☐

Does the patient have Docman images:

Yes, already transferred ☒

To be transferred ☐

No images ☐

Use Ballpoint firmly

GYNAECOLOGICAL CYTOLOGY

INVERCLYDE 9915107 AL

Slide Number

SURNAME: H. E. X. A. N. D. E.		Previous Surname(s):		Hosp. Rec. No.: 9915107 AL	
FORENAME(S): N. I. C. O. L. A.		Title: Miss		Treatment Centre code: 04162	
ADDRESS (PERMANENT): 11, MIE-K-1010, ST. 11		Date of Birth: 01/12/72		Pers. Number:	
Postcode: P. 3. 3. 2. 2. 2		Address for Correspondence (if different):		Sender's Name and Address:	
Home Correspondence YES/NO		Date of LMP:		Date of Examination: 1.2.07	
Post Menopausal YES/NO		Date of previous Smear or Cytology Number: 9621182/1410196		Name and Full Postal Address of General Practitioner: Dr Winton, Low street, 11, 4, P. 3. 3. 2. 2. 2	
H.R.T. YES/NO		TEST TYPE:		REPORT:	
First Ever 1		None 1		Normal 1	
Routine Recall 2		PCB 2		Ectopy 2	
Action Recall 3		PMB 3		Cervicitis 3	
Clinically Indicated 4		IMB 4		Suspicious 4	
		Discharge 5		Polyp 5	
		Other (specify) 6		Wart 6	
				Not seen 7	
				Vaginal 8	
Contraception (current)		1 Oral		2 IUCD	
1 2 3					
CLINICAL COMMENTS: 11th in prot 312 - harn. had endocervix - age 40. No. taken - No. not band. Discharge taken - No. not band. (11/12/07)					
Signature: C. Winton					
PATHOLOGIST'S COMMENTS: NO ENDOCERVICAL CELLS IDENTIFIED					
Pathologist's Signature: [Signature]					
Date: 11/12/07					
INFLAMMATION:					
Trichomonas 1					
Yeast 2					
Virus 3					
At Gynae/Colposcopy 9					
FOR INFORMATION ONLY					